

WINTER 2014

# WAYS AND MEANS

METHODIST REHABILITATION CENTER



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



**YOU CAN'T KEEP A GOOD DAWG DOWN**

Trainer Storey is a man about campus at Mississippi State University less than a year after a devastating spinal cord injury.



**FILLING IN THE BLANKS**

Speech therapy helped stroke sufferer Lincoln Arceneaux overcome aphasia.



**HOME AT LAST**

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



**SHARING THE MESSAGE**

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

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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

In the wake of a paralyzing car accident, Trainor Storey of Flora knew he would need extensive rehab.

As his family began researching the best place for that next step, one name kept popping up.

"Just about everyone who came to visit me said I should go to Methodist," said Storey, whose amazing comeback from a spinal cord injury is featured on pages 36-41.

Among the MRC advocates was Whit Bain, a high school friend of Trainor's mom who had rehabbed with us after a brain injury. Bain traveled from Texas to visit Trainor at MRC, hoping to offer encouragement through his own story of recovery.

I'm proud that we have so many supporters among former patients and their families. It's encouraging, too, that our reputation for excellence has earned the trust of like-minded companies. As you'll learn on pages 46-49, international manufacturers go the distance to work with our Methodist Orthotics & Prosthetics team, giving staff and patients the opportunity to test new technology and spread the word to those who could benefit.

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

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

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

The tale of Robyn's unlikely comeback starts on page 30, and it's a success story that wouldn't have happened without MRC. "The Med may have saved Robyn's life, but Methodist Rehab gave her quality of life," says her mom.

It's disheartening to think how many people we could help who aren't learning of our expertise. So I have a favor to ask of our "graduates." When you hear of someone in your community who might benefit from MRC services, will you share your story with them? They'll surely be encouraged by your been-there-overcame-that perspective. And perhaps it will open their eyes to better options.

If you would like some MRC materials to share with potential rehab candidates, please call our PR department at 601-364-3334 or send an email to schristens@mmrc rehab.org. Information is also available at www.methodistonline.org. Referral questions can be answered by our admissions staff at 601-364-3477, and don't worry if you're in the hinterlands. We have outreach reps who work with hospitals and potential patients across the state.



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

# News Briefs

## McMillin joins Wilson Board

Lyn McMillin of Madison has joined the board of the Wilson Research Foundation, an addition that will help Methodist Rehab sustain and grow its life-changing research program, says board chairperson Ginny Wilson Mounger.



"Lyn is a wonderful leader and community servant," Mounger said. "She will be a tremendous asset."

McMillin says she's excited to be a part of MRC's mission. "Methodist Rehab is an amazing Mississippi success story, and this research program is a very worthy cause to help our patients recover more abilities."

McMillin has a bachelor's in business and a master's in journalism from the University of Mississippi. She is married to David McMillin, a financial operations manager with Xerox Corporation. David is a member of the MRC Board of Trustees.

McMillin is a board member for the Junior League of Jackson Sustainers and Goodwill Industries of Mississippi. She is immediate past chairperson of the Galloway Memorial United Methodist Church council. She also is president of Delta Delta Delta Jackson Area Alumnae and a member of the Mississippi Children's Museum Partners, the Garden Club of Jackson, the Jackson

Symphony League and the Mississippi Museum of Art Gallery Guild.

## Fifteen Join CRRN Ranks

Methodist Rehab now has 15 nurses who have gone the extra mile to obtain accreditation as Certified Rehabilitation Registered Nurses.

The certification recognizes registered nurses who have qualified for and passed an exam that tests their specialized knowledge in rehabilitation nursing. The specialty nursing practice focuses on helping people with disabilities or chronic illness restore and maintain optimal health.

Methodist Rehab CRRNs include Methodist Specialty Care Center nurse Deanna Daniels, stroke program nurses Jennifer Shoto and Tracy Combs, brain injury program nurses Callie Battle, Contrina Hayes, Faye McKee, Ruthie Adams and Conitra Wall and spinal cord injury program nurses Jennifer Averett, Karen Heinlein, John Irby, Gloria Gilmore, Sue Crowell, Patricia Buffington and Matthew Harmon.

## MSCC Recognized for Quality Improvement

Methodist Specialty Care Center, Methodist Rehab's 60-bed residential facility for people with severe disabilities, has received the Bronze Commitment to Quality award from the American Health Care Association and the National Center for Assisted Living. The award goes to providers of long-term and post-

acute care services who demonstrate their ability to implement a performance improvement system.

"It's a special honor to be recognized," said MSCC director Jan Robertson. "Our residents have unique medical complexities. And through education, training, dedication and compassion, we've improved the quality of life for many."

## Multiple Sclerosis Chapter Honors Geiger

Susan Geiger was named the 2012 Health Professional of the Year by the National Multiple Sclerosis Society's Alabama-Mississippi Chapter.



On staff at Methodist Rehab Outpatient Services, Geiger is someone who has been "resourceful and innovative" in her quest to bring quality health care to people with MS, said chapter president Jan Bell.

Geiger led an eight-week fall-prevention course for people with MS, and she also volunteers for chapter fund-raising events. She has been on the local community board of the National MS Society for five years and serves on the National MS Society Clinical Advisory Committee.

At MRC, Geiger is the manager of outpatient growth and development and maintains a clinical practice emphasizing balance and vestibular rehabilitation.

# Employees of the Year



**Donna Short**  
Clinical Services

**W**hen she first toured Methodist Rehab, Donna Short crossed it off her list of future employers.

"I was in high school, and I said I would never work there. It seemed like a nursing home."

But after becoming a registered nurse, Short found that MRC's hands-on style of caregiving suited her desire to connect with patients. She joined the staff in 1984 and "fell in love" with the rewards of rehab nursing.

"Some patients stayed almost a year, and you got attached," she said. "I've seen patients wake up from comas and that's amazing. Most return home, it's a place of hope, not anything like a nursing home."

Now, rehab stays are much shorter, but MRC's Clinical Employee of the Year is no less devoted to her patients. "Donna is very reliable and dependable," said Susan Jefferson, nurse manager for the spinal cord injury program. "She does a great job making sure their needs are met."

It isn't easy considering the scope and focus of Short's current posi-

tion. Since 2010, she has coordinated patient education on two critical subjects—bladder management and wound care. She also assists urologist Allen Haraway during monthly clinics and weekly rounds.

Susan Greco, vice president of patient care services at MRC, said Short quickly took ownership of her new responsibilities, revising policies and processes to best serve the needs of patients. "She is so patient when providing patient education, especially to those reluctant to learn such personal care," Greco said.

Fielding questions on intimate topics took some getting used to, admits Short. But she has learned to be matter of fact, and patients appreciate her candor. "I've had patients hug me and say: You made me feel so comfortable, I don't feel embarrassed."

As someone who has worked in MRC's stroke, brain and spinal injury programs, Short knows what's at stake if she can't help someone master self-catheterization. So she doesn't give up on patients who are struggling with the task. "I'll be thinking at 7 o'clock at night, what can I do better for them?"

When someone has success, "we do a little victory dance," she said. "I'll say: You're independent now."

Short had reason for her own celebratory dance when her name was announced at the Employee of the Year banquet.

"I was excited," she said.

But true to her generous nature—which even prompted a recent donation of her hair to Locks of Love—the mother of two sons didn't spend the award money on herself. Instead, she bought her youngest, a college music major, some needed parts for his trombone.

She sees her reward as the joy she gets from helping people adjust to life-changing injuries. "I don't think I would have the courage my patients have," she said. "I'm glad I'm here to help them."



**Mary Thomas**  
Support Services

**M**ary Thomas enjoys the bond between employees of Methodist Rehab's Nutrition Services department.

So MRC's Support Services Employee of the Year tells her kids: "When you look for a job, look for a family."

"Everyone in my department checks on each other," she says. "If you are 10 or 15 minutes late we're going to call and see if you're okay. I like that about us."

A 20-year veteran of the food crew, Thomas now serves as the a.m. nutrition services supervisor. But in the beginning, she wasn't even working in the kitchen. "I had a cart and I sold hot dogs, hamburgers and nacho chips at lunchtime," she said.

Over the years, Thomas has adapted to cafeteria and kitchen remodels and several new bosses. But it's the department's move to a healthier menu that makes her feel the most wistful.

"You have to get used to change," she says. "But I sure miss our two big deep fat fryers with fried chicken popping out of them."

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

So when dietary restrictions allow, Thomas might try to accommodate a teenage patient's taste buds or tweak the menu for someone with a weak appetite.

She's also flexible about filling in for her coworkers. "If someone doesn't come in, I jump in and get it done," she says.

"She has a can-do attitude," says Steve Davis, director of food and nutrition services at MRC. "She is the type supervisor that any manager would wish to have as a team member. She is extremely dedicated to her job."

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

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



**Corey Brown**  
Specialty Care Center

**T**eresa Henderson always knew her son was a good worker.

It's why she recommended Corey Brown for a housekeeping job at Methodist Specialty Care Center, where she works in nutrition services.

So she wasn't surprised when her 22-year-old son earned Employee of the Year honors after just four years of service at the residential care facility in Flowood.

Brown, on the other hand, was flabbergasted.

"When they said my name, I was

shocked," he said. "I looked at the check (for \$1,600) and said: 'This can't be right.'"

While the Jackson resident was only 18 when he started at the center, there was nothing immature about his work ethic.

"Whatever you want him to do, he does it," says Nita Thompson, the center's environmental services supervisor. "If you need him to come to work on his day off, he's here."

Brown said he was initially nervous about his new post, as he had never been around people with severe disabilities.

But it wasn't long before he had plenty of buddies among the center's residents. "They all love him to death," Thompson said. "He gets along with everybody."

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

When he's not washing linens or cleaning floors, Brown enjoys helping out with center activities—from in-house parties to recreational outings to Mississippi Braves games. "You've got to be excited to come to work, and I'm glad I'm here," he said.

Outside of work, Brown stays busy fixing up his GMC Sierra. So his \$1,600 check "came in right handy," he said. "I was putting my truck together from the ground up."



## Now I can...

### continue my life's work

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

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

"It's wonderful what Methodist Rehab is doing for me," she said. "I went there in a wheelchair that I couldn't get out of without assistance. They worked diligently with me and encouraged me that I would get better. And I have as you can see."



## Now I can...

### return to the spotlight

After falling six stories from the roof of her New York apartment building, Nicole Marquez woke up in the hospital on a ventilator with crushed vertebrae and other injuries. In her mind, she knew that she had worked hard for many years to reach the level of a dancer on Broadway. "At that point, I knew what I had to do. I had to start all over again, and I was prepared to do just that," she said.

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

Today, Nicole is back in the spotlight—doing choreography and traveling the country as a motivational speaker, inspiring audiences with her message of perseverance and hope.



## Now I can...

### be the bus boss again

The road to recovery took Audrae Barnes right where he wanted to be. But it was one bumpy ride for the Hattiesburg School District transportation director.

Complications after brain tumor surgery had left Barnes severely disabled. When he began therapy at Methodist Rehab Center, "he couldn't do anything but breathe," said his wife, Elaine.

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

And his hard work was rewarded. He's back in his beloved transportation center, happily managing the safe transit of some 3,000 students.

# Dizzy no more

Ridgeland woman overcomes vertigo via therapy that sounds like 'hocus pocus'

By Susan Christensen

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

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

Whitehead made a wise decision, said Susan Geiger, a physical therapist at Methodist Rehab Outpatient Services in Flowood who is specially trained to treat balance disorders. “Too many seniors assume that dizziness is a natural part of aging, and they don’t do anything about it,” she said. “But because Mrs. Whitehead wanted to maintain her active lifestyle, she found the right resources to solve the problem.”

Whitehead was referred to Geiger after being diagnosed with benign paroxysmal positional vertigo (BPPV). The condition causes about



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

half the dizziness experienced by people over age 50, but Whitehead had never heard of it.

What’s more, she thought the prescribed remedy—a series of head-twisting maneuvers—seemed a bit flaky. “It sounded like a lot of hocus-pocus. And I’ll be honest, I came in really skeptical,” she said. “But you know what, I’m getting better.”

Geiger said Whitehead’s vertigo was the product of misplaced calcium crystals in her inner ear. About the size of a grain of sand, the crystals normally stay attached to an area of the ear that helps the brain sense gravity.

But Whitehead’s had migrated to a part of the ear that senses head

position, giving her the false feeling that her head was turning.

“I told Mrs. Whitehead that everyone has rocks in their head, but she has loose rocks,” Geiger said.

“It made me feel terrible,” Whitehead said. “Everything is going round and round and you with it.”

To accurately treat BPPV, therapists put patients through a set of transitional moves to help confirm the diagnosis and pinpoint the affected area of the inner ear.

“The last thing is the Dix-Hallpike maneuver, a specific position you put the patient in to provoke symptoms of the condition,” Geiger said. “I am looking for eye movement called nystagmus. The eyeballs twitch, and it’s pretty wild. Some people grip my arm like they’re riding a roller coaster.”

Once the condition is confirmed, patients undergo Epley’s maneuver, also known as the canalith repositioning maneuver, to return the calcium crystals to their proper place.

After the treatment, patients must restrict their head movement for the rest of the day.

“They have to act like they have a crown on their head and keep their chin level,” Geiger said. “And that same night, they have to sleep



With her dizzy days behind her, Odessa Whitehead is back to babysitting great-grandchildren and working in her yard.



reclined 45 degrees. This gives the crystals an opportunity to stay.

“For some people, just one treatment clears up the BPPV. But for most people, it takes another session or two. Unfortunately, research says a high percentage of people will have it happen again.”

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

prolonged periods of inactivity.

The latter wasn’t an issue for Whitehead. Her busy days include socializing with friends, working in her yard and babysitting great-grandchildren. So her therapy was designed to get her back to all the activities she loves.

After Whitehead’s BPPV dizziness was resolved, she started an exercise regimen to address lingering balance issues. And she came a long way in just three weeks.

“I rated her confidence level doing different activities, and she first scored a confidence level of 64 percent,” Geiger said. “Now, she’s 95 percent confident. I also did a dizziness handicap inventory, and she

initially scored a 34 percent impairment. Now, it’s a 4 percent impairment.”

But the best measurement of Whitehead’s progress is her recovered ability to “get out and do.”

“Now, we have her to where she is totally independent,” Geiger said. “One day she came in for therapy and said she had been raking leaves that morning. She also is back driving to meet friends for lunch.”

*Methodist Rehab Outpatient Services in Flowood offers specialized therapies for people who have been referred by their physicians for treatment of balance and vestibular disorders. For more information, call 601-936-8888.*





Specialized therapy at Methodist Rehab Outpatient Services has helped Barbara Jones return to the activities she loves.

# Living big and loud

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

By Susan Christensen

Loss of confidence isn't an official symptom of Parkinson's disease.

But for Barbara Jones of Smithdale, feeling "weak and helpless" was as much a part of Parkinson's as her frequent and debilitating falls.

"I broke my knee cap, collar bone and busted my head open," said the 67-year-old retiree.

The tumbles were related to muscle stiffness and unsteadiness associated with the neurological disease. And Jones had no clue how to prevent them.

Then she attended a free screening for an innovative treatment offered at Methodist Rehab Outpatient Services in Flowood. Known as LSVT Big and Loud, the therapy addresses

two major challenges of Parkinson's—movement impairments and speech/swallowing problems.

LSVT stands for Lee Silverman Voice Training and is the "Loud" portion of the program. "Big" refers to an exercise regimen that helps improve mobility.

"Big doesn't replace medications," stresses Methodist Rehab physical

therapist Lisa Indest. "But it does address a lot of the impairments people have that get progressively worse, such as a shuffling gait, slow movements, loss of trunk rotation, postural changes and muscle rigidity."

Jones said she had considered doing LSVT Loud in the past to combat swallowing problems. But it was the recent addition of the "Big" component that sold her on the program. "When I saw I could do speech, physical and occupational therapy all at once, that's when I called Methodist Rehab," she said.

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

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

The program is custom-tailored to each patient's goals, even down to the words practiced in speech therapy.

"I ask them for 10 functional phrases they use most often," said Methodist Rehab speech therapist Kimberly Boyd. Since Jones' husband is hearing-impaired, one of her phrases was: "Get your hearing aids."

The irony of that, said Boyd, is most spouses of Parkinson's patients



MRC physical therapist Lisa Indest leads Barbara Jones through exercises designed to improve her mobility.

don't actually have hearing problems. Their spouses just think they do because they don't realize their speech is difficult to understand.

"Their perception of their voice is not what ours is, so they can't tell their voice is low," Boyd said. "We do voice recordings during their initial evaluation and throughout their therapy. After a couple of weeks, I'll have them listen and they are absolutely amazed. They can't believe how low their voices were when they started."

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

"I was so glad to know what to do to get better—it really does help," Jones said. "I hear the therapists' voices all the time: 'Keep a wide

stance. Take big steps."

Jones' therapists say they couldn't have asked for a more cooperative patient. "She was truly one of the bright lights," said Methodist Rehab occupational therapist Suzanne Colbert. "She came in with a smile on her face and worked hard."

"And she was very motivated and diligent about doing her home program," Indest said.

Jones said she was inspired by her renewed abilities. "After about two weeks, I could do some of the exercises without holding on,

my voice was stronger and I was having less trouble swallowing," she said.

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

She's also back to driving and recently managed a long day prepping her house for a weekend ice cream social. "When she got here that following Monday, she was worn out," Colbert said.

But her self-esteem wasn't suffering. "One thing Big and Loud does is give you confidence," Jones said. "It really helps your mental attitude when you know you're doing the right thing and you can get better."

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



## The pill problem

Alternatives to habit-forming drugs proven to be effective for many chronic pain sufferers

By Carey Miller

**D**r. Bruce Hirshman urges caution when it comes to potentially dangerous prescription painkillers.

“Opiate pain medications should be used only when everything else has failed,” said Hirshman, a board-certified physician at Methodist Pain and Spine Center in Flowood.

“They should be used at the lowest possible effective dosages only in selected patients who are appropriate candidates—and that’s not everybody. Opiates do not relieve all pain.”

That may be surprising coming from a doctor whose specialty is treating pain. But it’s sound advice considering the national epidemic of prescription drug abuse, which has been rising at an alarming rate.

Unintentional deaths by opiate overdose have tripled in the United

States over the past decade while sales and prescriptions have quadrupled, according to a report by the Mississippi State Department of Health.

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

In Mississippi, deaths have increased tenfold since 1990. In January 2013 alone, Mississippi doctors prescribed over 10 million doses of hydrocodone products, equal to three doses for every man, woman and child in the state.

When properly used opiates can be safe and effective, Hirshman says.

“Medication should be individualized to the person and their

disease,” Hirshman said. “We now have an improved arsenal of medicines. Some medications that work for pain include antidepressants, anti-inflammatories and medications that stabilize nerves such as Lyrica.”

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

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

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

“I saw doctor after doctor and went through everything imaginable,” she said. “I had been on medicine from everyone under the sun.”

While some prescriptions pro-

vided temporary relief, the pain that gnawed at her back and hip always returned, sometimes with a vengeance.

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

On the recommendation of a friend, Shotts went to see Hirshman, who provided the breakthrough alternative she was searching for.

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

Hirshman says recent advancements in his field have provided alternatives.

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

“About 15 years ago, we developed the technology to burn the little nerves that go to the joints in the back, offering peo-

ple often six months to two years of pain relief, some even more than that, such as Mrs. Shotts.”

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

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

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

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

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

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

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

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

*For more information on the services offered by Methodist Rehab’s Pain and Spine Center, please call 601-936-8801.*

## Role reversal

Car accident puts pain doc in his patients’ shoes

**D**r. Bruce Hirshman recently found himself seeking relief from pain rather than treating it. The doctor became the patient after an auto accident left him with lingering pain. He spoke to *Ways & Means* about the experience and how he has applied it to his practice.



### What happened?

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

### What kind of pain were you experiencing following the accident?

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

### What kind of treatment did you undergo for your pain?

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

### Was there anything surprising about your experience with pain?

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

### How have you applied this to your practice?

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

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

Yes, when patients tell me that physical therapy hurts, I believe them! Now I can reassure them that the effort is a crucial part of the recovery process.

# ARTIFICIAL LEGS

## *genuine heart*

Team Methodist Orthotics & Prosthetics makes a stellar debut at 2013 Endeavor Games

By Carey Miller

It was a hazy February afternoon when 22-year-old Bryant Camp of Tupelo first tried out his new pair of legs. As he ran around a high school track that was still damp and glistening with rain, he flashed a smile as wide as the track was long.

That smile never left his face, even as he fell a first time, then a second. Each time, he picked himself up and kept running. Though he knew his new legs would take some getting used to, they were bringing him closer to his dream of becoming a Paralympic athlete.

The four-sport high school athlete had planned to try out for his school's newly formed track team when he lost both legs in a car accident at age 16, so racing has been on his to-do list for a while.

"Literally the day after they amputated my legs, I got on the computer and was looking at running prosthetics," said Camp, who was fitted with Flex-Run running blades by Methodist Orthotics & Prosthetics in Flowood.

ics in Flowood.

Methodist O&P hopes to help many other amputees like Camp realize their dreams of competitive

sports after limb loss.

"It's all about getting kids involved with sports and the positive effect that has in their lives," said



Jennifer Long, a certified prosthetist at Methodist O&P. "It keeps them pumped up, it keeps them going. Bryant—since we gave him running legs—he doesn't take his walking legs with him anymore. He lives in his running legs."

Over the past few years, Methodist O&P tested the waters by sponsoring track and field athlete Shaquille Vance, who eventually made the 2012 U.S. Paralympic Team and competed in London. Vance brought home a silver medal in the Men's 200-meter. It's just the start of a promising career for the 21-year-old Houston native who had his right leg amputated above the knee after a football injury.

The next step for Methodist O&P was to assemble a team of athletes with disabilities with the intent of competing at the annual Endeavor Games, held in June in Oklahoma City.

Endeavor is an amateur-oriented event that provides athletes with disabilities the opportunity to try sports they might not have the proper equipment for or even access to.

With Long assuming the role of team leader, Team Methodist O&P had quite an inaugural showing, bringing home 12 gold medals, four silver medals and a bronze at the event.

"Our goals were absolutely exceeded," said Long. "We went out there with the hopes of introducing



Team Methodist O&P members include, from left, Bryant Camp, Tyler Jones and Shaquille Vance.

some of them to sport and it opened up their eyes to a whole new world."

In fact, Camp and the team's other two rookies made an impressive debut.

Camp took gold in the 200-meter in wheelchair racing and silver in table tennis.

"Everyone was so encouraging," Camp said of the event. "Even though I had never been there before or even tried some of the events, the people were so helpful. I was able to learn very quickly."

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

Marcus Sartin of Hattiesburg won a bronze in wheelchair basketball and a gold in javelin, where he

set a new American record in a sport he had never attempted.

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

Methodist O&P has plans to fit Sartin, who joined the team just weeks before the games, with running legs so he can compete in track events, something Long had been

suggesting to him for the last few years.

"I knew that if I could introduce him to what's out there, it would be eye-opening," Long said. "Endeavor is such an incredible avenue to introduce someone to the world of sports. It gives them a drive within themselves that they may not have known existed. It gives them hope. That's why I got into this field in the first place."

Bouchillon and Camp are friends who first became acquainted when Bouchillon came to the Regional Medical Center at Memphis (The Med) after losing both his legs in a bushhog accident in 2008.

"About three weeks after my accident things were still pretty rough, and Bryant came up to The Med for a check-up," Bouchillon said. "They introduced us because we were around the same age and simi-



Drew Bouchillon prepares to throw the discus at the 2013 Endeavor Games in Oklahoma City.



Marcus Sartin set a new American record and won the gold in javelin at his first Endeavor Games.



Paralympic medalist Shaquille Vance, at right, serves as a mentor to some of Team Methodist O&P's younger members like Cooper Blair, at left.

lar injuries—and Bryant got down on the floor and break danced. That cheered me up so quick!”

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

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

Bouchillon had never used a rac-

ing wheelchair but still scored gold in the two wheelchair racing events.

“I’m hooked now,” he said.

The three rookies did not compete head-to-head, as Endeavor Games events are divided by both age group and injury classification.

“The first day was culture shock, being around so many people like me,” Bouchillon said. “Where I’m from, I’m the only person for miles with an injury like mine.”

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

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

“Tyler did phenomenal,” Long said. “It’s been great for Tyler to join Team Methodist because he can look up to the other guys.”

Team Methodist’s resident superstar Vance had been recovering from a minor injury and limited his participation at the Endeavor Games

this year. The veteran was happy to provide support to his team.

“He got up every day and went out to the track to give pointers on running,” Long said. “It’s been great to see him not only grow as an athlete, but also as an individual.”

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

“Cooper and his family just fell in

love with Shaquille,” Long said.

Blair was running on Flex-Run feet, but he soon decided he wanted Cheetah sprinter’s running feet like his newfound hero and knew Methodist O&P could help.

“Basically his family decided that they wanted to come where Shaquille goes,” Long said.

The family flew to Mississippi in August so Blair could be fitted for the new feet, making him the first out-of-state member of Team Methodist O&P.

Vance recently represented Team USA at the IPC Athletics World Championships held in Lyon, France

in July. He placed fifth in both shot put and the 100-meter sprint.

Vance may not be the only Team Methodist O&P athlete to make it to the next level.

Long said that Sartin’s javelin record and Bouchillon’s and Camp’s performance in the wheelchair racing events drew the attention of Paralympic coaches.

“I think there’s a real shot for them to fast-track onto the team,” she said.

*For more information about Team Methodist Orthotics & Prosthetics or how to participate, please call 601-936-8899.*

# Home at Last

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

Story by Susan Christensen • Photos by Barbara Gauntt and Carey Miller



Jay Killen couldn't see with his eyelids sewn shut.

He couldn't talk with a breathing tube down his throat.

And he sure as heck couldn't move. All his muscles—even those that control blinking—had been put on strike by a strange, head-to-toe paralysis.

So the Horn Lake man could only listen in horror as doctors discussed removing his life support.

"I overheard them tell my wife, Amanda, that they wanted to take me off my feeding tube and ventilator. I thought: Oh my God."

And Amanda thought: Oh no you won't give up on my husband.

"They were talking about him being brain dead ...

and my gut was telling me it was not correct," she said. "I sat up with him, playing his favorite Rush album and music from a Wilco concert. I was talking to him and praying and bargaining with God. And he started shaking his leg.

"Nurses kept telling me it was an involuntary reflex. And I kept saying: 'No, when I tell him I love him, he shakes his leg.' My mom came the next

morning, and she is the one who got the doctors to start asking him questions."

Jay moved his foot to reply—one twitch for yes and two for no. But there was no answer for the biggest question of all: Why was he paralyzed?

It's not that doctors at Baptist Memorial-Desoto in Southaven weren't trying to solve the puzzle. "The chief of pulmonary medicine, the infectious disease doctor and the neurologist were all doing research," Amanda said.

Guillain Barré Syndrome was a possibility, but the progression of Jay's paralysis didn't fit. And he wasn't a big outdoorsman, so Amanda doubted rabies was right—"unless he had met a rabid raccoon at the trash can."

Finally, the neurologist suggested food-borne botulism, something he had only seen during his early training. Could Jay have consumed something contaminated

by *Clostridium botulinum* bacterium? Maybe some home-canned food or jarred or preserved meat?

"My husband is a redneck, so Spam is a staple in our house," Amanda told the doctors, who had never heard of the canned meat. "They are all from other countries, so I had to describe it to them. It was so funny, just the look on their faces."

The Killens will likely never know what dish did him in. By the time a test came back positive for botulism, Jay's mother-in-law had helpfully cleaned out their kitchen and fridge.

But at least they had an explanation for his quadriplegia—and soon he was taking an anti-toxin delivered by FedEx. The then 43-year-old was finally on the road to recovery, or was he?

Literally, one day they are telling me he has pneumonia, and the next day they're saying he's not going to wake up.

—Amanda Killen

## Answered Prayers

According to the Centers for Disease Control, the United States averages about 145 reported cases of botulism each year. About 65 percent are infant botulism, 20 percent wound botulism and 15 percent food-borne.

In 1735, German sausage caused the first recorded case of food-borne botulism, and

improperly preserved meats and fish are still a source of the toxin. But vegetables with low acid content are more common culprits, particularly home canned-asparagus, green beans, beets and corn.

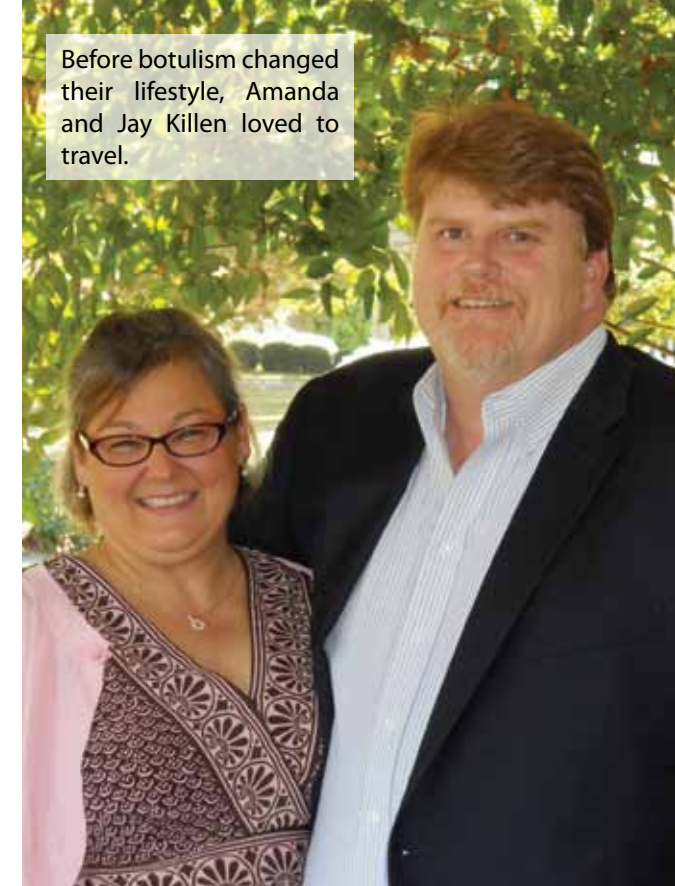
Foil-wrapped baked potatoes can be carriers, too, if they're not kept hot or refrigerated. In 2011, jailhouse moonshine made from a botulism-laced potato sickened eight prisoners in Utah.

Botulism symptoms generally appear 18 to 36 hours after eating a contaminated food and include abdominal cramps, nausea, vomiting, double vision and difficulty swallowing and speaking. Paralysis occurs when the toxin disrupts communication between the nerves and muscles.

Jay's astonishing descent began on Dec. 11, 2011. "I was having a hard time breathing, my voice became weak



EMT Beth White helps Jay try out an adaptive stylus for his iPad. White is among a team of caregivers who assist Jay Killen whenever he's home alone.



Before botulism changed their lifestyle, Amanda and Jay Killen loved to travel.



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



# Preventing Foodborne Illnesses

and I slowly started becoming limp," he said.

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

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

The couple had been married only two and a half years. Yet they were about to face an extreme test of their "for better or worse" vows.

Jay would eventually endure 17 straight months in hospitals, two Christmases in ICU and several trips

to death's door. And all the while, Amanda would be a fierce advocate for her husband.

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

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

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

Around the same time, Amanda appeared on local TV news and Mollie Kinard of Holly Springs

happened to be watching. Before becoming an outreach nurse for Methodist Rehabilitation Center, Kinard was one of Jay's ICU nurses at Baptist Memorial. And she hadn't forgotten all he had been through.

"I had seen what he was like the day he came in—from having his eyes sewn shut and communicating with his toe to spelling words and finally speaking," Kinard said. "He had touched a lot of hearts in the Memphis area. Not many people with botulism as bad as Jay's live to tell about it."

Kinard knew Jay needed the benefit of MRC's expertise, particularly the staff's experience with paralysis related to neurological illnesses. So she contacted the Killens to set a transfer in motion.

"She was the first one to tell us

we can help you," Jay said. "When I saw the fire in her eyes, I knew it was meant to be."

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

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

## Keep Working and Have Faith

Until he began rehab, Jay had spent 21 hours a day languishing in bed. At MRC, "it was hit the ground running," Amanda said.

"The first day they had him up in a wheelchair working and his spirit was good. I feel strongly if he had been able to stay there longer he would be a whole lot closer to walking. After having electrical stimulation and using a stationary bike, he made exponential improvement."

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

"If they had told me two years ago he would still be bedridden and paralyzed, I would have flipped out."

While at MRC, the Killens learned why Jay's impairments might

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

Source: National Institutes of Health, Centers for Disease Control



Wearing a "Life is Good" T-shirt, Jay Killen says a fond farewell to occupational therapist Stephanie Lynchard before heading home for the first time in 17 months.



Physical therapist Ann Howard monitors Jay Killen as he uses a standing frame to help increase his cardio endurance, circulation, range of motion and respiratory function.



While at MRC, Jay Killen learned to operate a QuadJoy, a hands-free navigation device for his computer.

# BOTULINUM: Beauty or BEAST?

Is it a deadly toxin or a helpful tonic? When it comes to botulinum poison, the answer is all of the above. At worst, it paralyzes muscles that control breathing, making it a lethal weapon-in-waiting for biological warfare. At best, it temporarily relieves muscle contractions, a godsend for patients plagued by spasms and stiffness.

Pharmaceutical companies began diluting, purifying and packaging the paralytic agent in the 80s, and it debuted as a treatment for eyelid spasms. But *USA Today* didn't dub it "the little neurotoxin that could" until it hit the big time as the wrinkle-relaxing potion in popular Botox injections. Today, it's also a remedy for migraine headaches, overzealous sweat glands and urinary incontinence.

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

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

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

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

While botulinum injections typically relax stiff limbs, Jones tells patients: "It's not going to make your arm work again." But she said some patients can make gains in the therapy gym when they're relieved of contractures.

The drug also offers only temporary relief, and injections are limited to once every three months. But those who benefit from the therapy aren't put off by the restrictions. "I've got some patients who have been doing it for six years," Jones said. And she's happy to oblige.

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

For information on spasticity and headache treatments at Methodist Rehab's outpatient clinic, call 601-364-3477.

be persisting. Tests indicated he had critical illness polyneuropathy and myopathy, which can develop after extended periods in ICU.

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

Doctors used to blame the condition on bed rest.

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

"It's another reason I've had slow progress," said Jay, who's grateful to have learned the source of his problem. "It made me feel good that someone was willing to take the time and delve a little deeper."

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

Jay also got to sample various tools to control his environment through sessions with George Gober, MRC research associate. It's how he learned to operate a QuadJoy, a hands-free navigation device for his computer.

On April 4, 2013, Jay was wearing a "Life is Good" T-shirt as he headed home for the first time in almost a year and a half.

And thanks to MRC, Amanda said they felt better prepared for what she jokingly calls "the care and feeding of your take-home quadriplegic."

Such wisecracks are a constant in the couple's life, a way to deal with the maddening ups and downs of a chronic illness.

"You can really get far down in a quagmire if you don't laugh," Amanda said.

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

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

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

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

"I don't know why God chose me for this or if he even did," he says. "But I do know this has been character-building and faith-building. And it has helped Amanda and I grow closer together."

As their recent fourth anniversary

approached, Jay used his QuadJoy to order Amanda some gifts online. He got her two massage gift certificates (for stress relief) and a St. Christopher medallion (for protection).

"She does so much for me, I don't know how I'll ever be able to repay it," he said. "I want her life to be easier, she has been through hell the past two years."

Amanda gave Jay a new wedding band, sized to fit a finger that now lies limp and swollen on the arm rest of his wheelchair. The old band hangs from a chain around her neck.

Jay was comatose the night doctors told her to remove the original ring, and she had no idea then how much their lives would change.

But come what may, she knew they would be together. "I've always felt, and I still feel, he is going to get better. We have to keep working at it and have faith."

*Methodist Rehab treats a variety of neurological illnesses and conditions. For more information, please call 601-364-3477.*

While expressing emotion can be difficult after a brain injury, Robyn Thomas can't help but smile while in the company of her new puppy, Karma.

# Sharing the Message

"Put your cell phone on silent and throw it in the back," says brain injury survivor

STORY BY SUSAN CHRISTENSEN • PHOTOS BY BARBARA GAUNTT

"Hey, what are you doing?"

If Robyn Thomas had answered that text, the reply might have been: Fighting for my life.

The Snow Lake teen lay trapped in her silver Ford Fusion, the victim of a brain-damaging crash.

"We believe she looked down at her phone and hit a tree going 60 miles per hour," said her mother, Kim.

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

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

Today, 20-year-old Robyn speaks out about the dangers of distracted driving. And it's a poignant message coming from someone who spent months unable to speak at all.

"Even when she was in pain, she did not yell out," remembers Lauren Pierce, Robyn's speech-language pathologist during her 45 days at Methodist Rehab. "It took her two weeks and 10 to 15 hours of therapy with me before she even mouthed a word."

Robyn had only recently emerged

from an almost two-month coma when she began therapy at MRC on July 3, 2012. She arrived slumped in a wheelchair, her chin resting on her chest.

"Her head control was so poor that we considered putting her in a cervical collar," said occupational therapist Chuck Crenshaw. "She didn't have any trunk control or balance. We put her in a wheelchair that tilts backwards to keep her centered in the chair and upright."

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

To improve Robyn's awareness, Dr. Zoraya Parrilla tried a variety of time-tested strategies, starting with fine-tuning her medications.



“You eliminate medications that are sedating or that might negatively impact cognition or motor recovery, then you try medications to enhance cognition and wakefulness,” explained the rehab medicine physician that leads MRC’s brain injury team. “All our team members got involved to come up with ways to get her to engage.”

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

Encouraged by the exchange, the brain injury staff began an all-out assault to get Robyn to talk.

“They were promising her anything to speak,” Kim said. “And she said Pepper (as in the drink Dr Pepper) and they got her one.”

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

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

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

“Her neurosurgeon told us she would never wake up and would have to be in a nursing home,” Kim said.

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

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

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

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

“I had to fight tooth and nail,” she said, because doctors had deemed Robyn “unresponsive.”

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

show you what she can do.’”

The video convinced one doctor to give Robyn a chance at rehab, and Kinard remembers getting the referral call. “They told me we were her last hope,” Kinard said. “Nobody could take her because she was so low level.

“When I first saw her, she couldn’t do anything but roll side to side on the bed. I wouldn’t have thought she would ever talk or walk. Then three or four weeks later, I went into her room at Methodist, and she said: ‘Hey and thank you.’ It blew me away.”

Robyn’s young age was “a big driving factor” in her



A framed note on the wall reminds the Thomas family of a breakthrough in Robyn’s recovery. By answering a doctor’s request to write her name, she proved she could communicate.



## First Responders: Everyday Heroes

Ashlund first responders Randy Hobson, center, and Vickie Gray, right, know Kim Thomas as the captain of the Snow Lake Volunteer Fire Department. So finding her daughter Robyn at the scene of a horrific wreck was sobering.

“When we opened her wallet and saw who it was, that’s when it hit home,” said Hobson, chief of the Abels Store Volunteer Fire Department, “I knew it was bad.”

“We were calling her name, but she wasn’t responding,” Gray added. So the rescue crew called for “wings,” shorthand for an air evacuation. “My two twin boys, Derek and Casey, set up a landing zone,” Hobson said. “Almost everybody came out to help that day.”

A crowd also came out to greet Robyn and her mom when they arrived back home some three months later. “They were standing on the side of the road and had signs up saying: Welcome home, Robyn,” Kim said. “It got me then. All you could hear was hoo-hoo-hoo, this big ugly crying.”



Walking on the family's rural property in Snow Lake gives Kim Thomas, left, and daughter, Robyn, some great exercise and a time to stay connected.

astonishing recovery, Parrilla said. But she also benefited from strong family and community support and a number of specialized therapies available at MRC.

Staff used the Dynavision 2000 Light Training Board, an electronic device that employs game-like exercises, to address Robyn's vision and attention problems. And sessions on the hospital's weight-supported treadmill system helped improve her walking ability, as evidenced by her frequent jaunts around the hospital with her mom in tow.

"They used to keep track of the number of laps they did in the hallway and it was in the thousands," Crenshaw said. "I told her mom if she only weighed 20 pounds when she came back, we would know why."

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

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

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

"If anybody asks me, I'm like: Go there," adds Robyn.

Robyn is continuing therapy at a clinic close to home and has a long list of goals. "I want to get my license back and prove to my mom I can do anything by myself," she said.

On the weekend before July 4, Robyn achieved a milestone her mother had been longing for since the day her daughter lapsed into a coma. During a community celebration, Robyn got the giggles.

"She had not laughed or cried since the accident," Kim said.

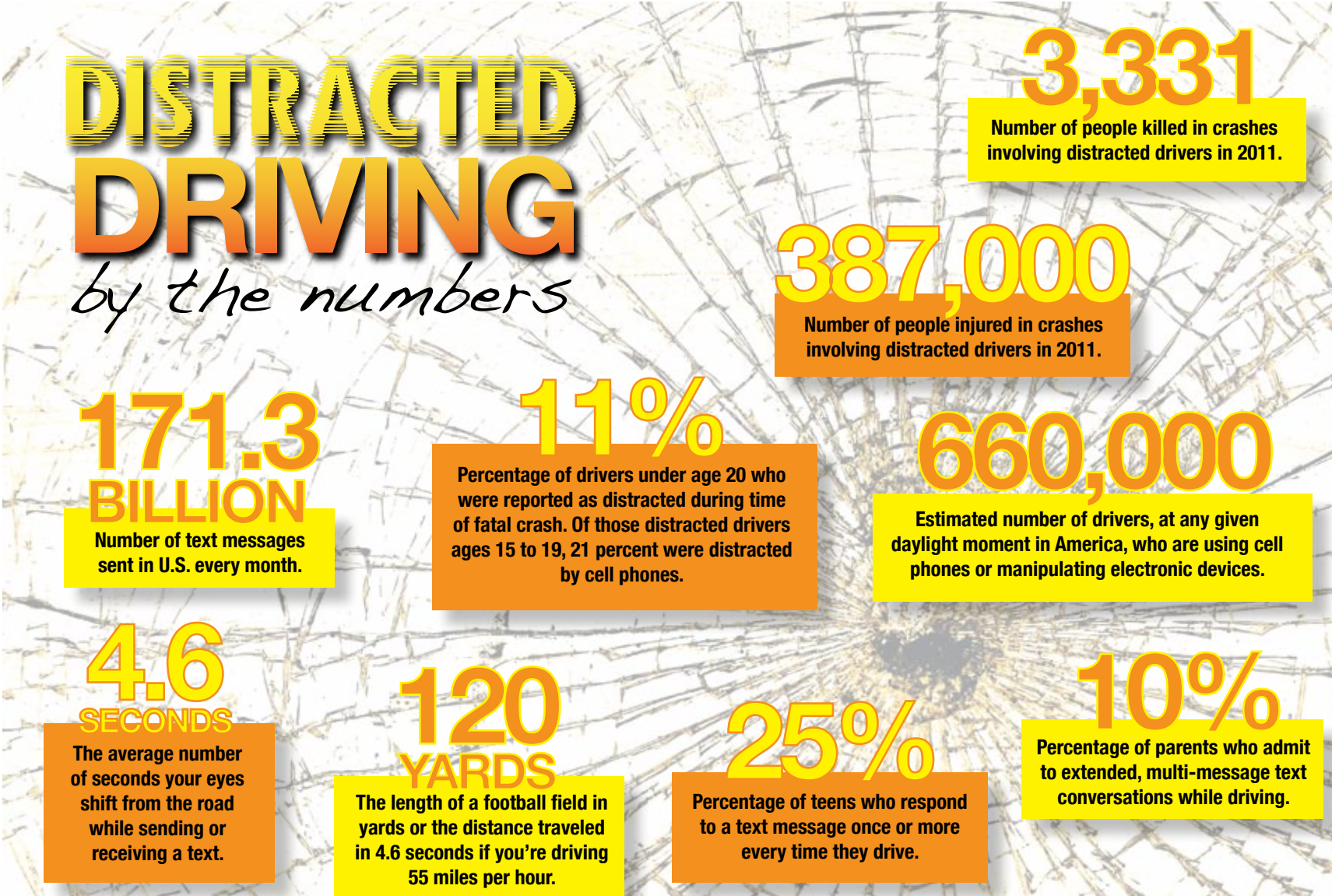
Like many brain injury survivors, Robyn had trouble expressing emotion. But it hasn't kept her from taking a passionate stand against texting while driving. "I say: Put your cell phone on silent and throw it in the back," she said.

While Robyn's parents are proud of her efforts, it hurt to face the likely cause of her accident. "It took a long time for my husband and I to

come to grips with the knowledge our daughter had made a mistake," Kim said.

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

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



# You Can't Keep a Good Dawg Down

Flora youth bounces back after devastating spinal cord injury to further his education

Story and Photos by Carey Miller

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

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

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

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

"I was in the back seat not really paying attention," Trainor said. "I heard Tyler yell, felt the truck swerve really hard, then I don't remember anything but waking up on the ground. I couldn't move anything but

some toes on my left foot. I tried to get up and help my friends, but I couldn't."

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

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

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



As a MSU student, Trainor Storey enjoys attending Bulldog football games. Here he is pictured at the famous "Junction," the tailgating hotspot by Davis Wade Stadium in Starkville.



Physical therapist Catherine Yates supervises while Trainor Storey walks on Methodist Rehab's weight-supported treadmill system. It helped Trainor maintain his posture and gait as he began to regain his walking ability.

already packed full of people from Florida.”

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

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

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

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

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

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

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



Trainor Storey lives off-campus and commutes, so walking from class to class is a big part of a typical day for him at MSU.

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

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

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

had some sensation or some motor movement, particularly in his legs.

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

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

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

immediately.

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

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

“I treated it like a competition— to go in there and try and do better



Trainer Storey continues his recovery on his own by working out at MSU's Sanderson Center.



Recreational therapy like this Nerf dart game sparked Trainer Storey's competitive nature.



Physical therapists Catherine Yates and Heather Maloney helped Trainer Storey work on his walking.



than I did the day before," he said.

His competitive spirit really came through in recreational therapy. Early on, he shot pool after therapist Courtney Jones taped the stick to his hands which were too weak to grip it properly.

"She said, 'What should your goal be, Trainor? Make ten shots?'" Marilyn said. "And he was like, 'Heck no, I'm going to run the table!'"

To help with Trainor's weak hands, Jones bought a Nerf dart gun and a bullseye. The toys encouraged his competitive nature, while the trigger-pulling strengthened his right hand.

"I could see how everything was designed to strengthen my muscles because I used to lift weights for football," Trainor said.

Trainor left inpatient care walking on his own, thanks in part to the time spent on the hospital's weight-supporting treadmill system. The therapy helped him maintain proper gait and balance as the strength in his muscles came flowing back.

Near the end of his inpatient stay, Trainor was visited by an old family friend who knew Methodist Rehab quite well.

"When I was a senior at Jackson Prep in 1977, a very good friend of mine was in a bad auto accident," Marilyn said. "He had a massive brain injury and nearly died at the scene. After months in the ICU, he came to Methodist Rehab. I would come and literally sit with him for hours."

Her friend, Whit Bain, recovered from the accident and eventually went on to a career as a bodybuilder. He drove from his home in Plano, Texas, to visit Trainor and share his story of recovery to provide inspiration.

When Trainor walked unassisted in the hospital's Wilson Foundation annual Walk & Roll fundraiser in April, many that knew him from his stay were amazed at his progress. But he still had work to do to on his upper body, and that's where Methodist Rehab Outpatient Services came in.

"What I had the most trouble with was my right arm," Trainor said. "It probably wasn't functional until I had been at outpatient for a few weeks. It was like trying to start from below zero and come back to normal."

Occupational therapist Suzanne Colbert believes dedication to continued recovery is crucial in the outpatient setting, something Trainor had no shortage of.

"He was very motivated, a real go-getter," Colbert said. "So whatever I gave him here, he doubled or tripled it at home. He did the homework, which a lot of times is what it comes down to."

Colbert helped strengthen Trainor's right arm by using the types of exercises he could perform on his own, using free weights, pulleys and exercise bands.

"Now it's completely functional," Trainor said. "As far as writing for school, well, it's probably just as neat as it used to be—I never had good handwriting."

Trainor continues on his recovery by working out at the MSU's fitness complex, the Sanderson Center.

"The whole right side of my body is still a little weak, mainly my upper body," Trainor said. "Even the abs on the right side of my body are smaller than on the left side. It's pretty wild. I can look in the mirror and see the difference."

Trainor attended East Mississippi

Community College at the time of the accident, but it had always been his plan to transfer to MSU and major in chemical engineering. He says in the spring he will be the equivalent of a first-semester junior, but he's already planning ahead for after graduation.

"I'm trying to get a co-op job somewhere working for a chemical company in the spring semester," Trainor said. "There's a real good chance that they would hire me on after I graduate."

It's uncommon to meet a college sophomore who has such a laser-like focus on the future. But that's Trainor Storey—always looking forward with the sunny optimism that helped carry him through his miraculous recovery.

"He has an indomitable will, that's for sure," Marilyn said. "Back when we were at the ICU and I was going through a rough time, he said, 'Don't worry mom, I'm going to be fine.'"

"All the while he had no doubts that he was going to be fine."

*For more information on Methodist Rehab's Spinal Cord Injury Program, call 601-364-3498.*

**A**s director of Methodist Rehab's spinal cord injury program, Dr. Samuel Grissom has seen too many patients whose lives were upended by auto accidents when their injuries could likely have been prevented with a seat belt.

"I am still so amazed that people get in the car in Mississippi and don't automatically buckle up," Grissom said.

Trainor Storey didn't buckle up, and suffered a spinal cord injury when his neck whipped backward as he was thrown from the vehicle.

"That's the real importance of being restrained and having a good headrest, so that your head doesn't whip back and hyperextend," Grissom said. "But even a headrest can't save you if you're not restrained."

And even seat belts can't save lives if there aren't enough available.

"Having the right number of passengers that can be properly restrained is important," Grissom said. "Even if you're properly restrained, if there's another body that doesn't have a seat belt on, that's like a 150-pound projectile bouncing around the car."

When properly used, seat belts are proven to be effective in injury prevention. That's why in the state of Mississippi and many others buckling up is the law. And the numbers prove it.

**Traffic collisions result in a death every 12 minutes and a disabling injury every 14 seconds.**

**1 out of 244 people will die as a car occupant in their lifetime.**

**86% of fatality victims are occupants, 14% are pedestrians, bicyclists and others.**

**Safety belt use has increased to a national rate of 73%, resulting in the prevention of many injuries.**

**Between the years of 1975 and 2001, safety belts saved an estimated 147,246 lives.**

**In the year 2001 alone, safety belts prevented 12,144 deaths.**

**In the year 2001, 39% of passenger car occupants involved in fatal crashes were unrestrained. An additional 9,167 deaths could have been prevented by the use of restraints.**

**60% of crashes occur on roads with posted speed limits of 40 mph or less.**

**75% of motor vehicle crashes occur within 25 miles of home.**

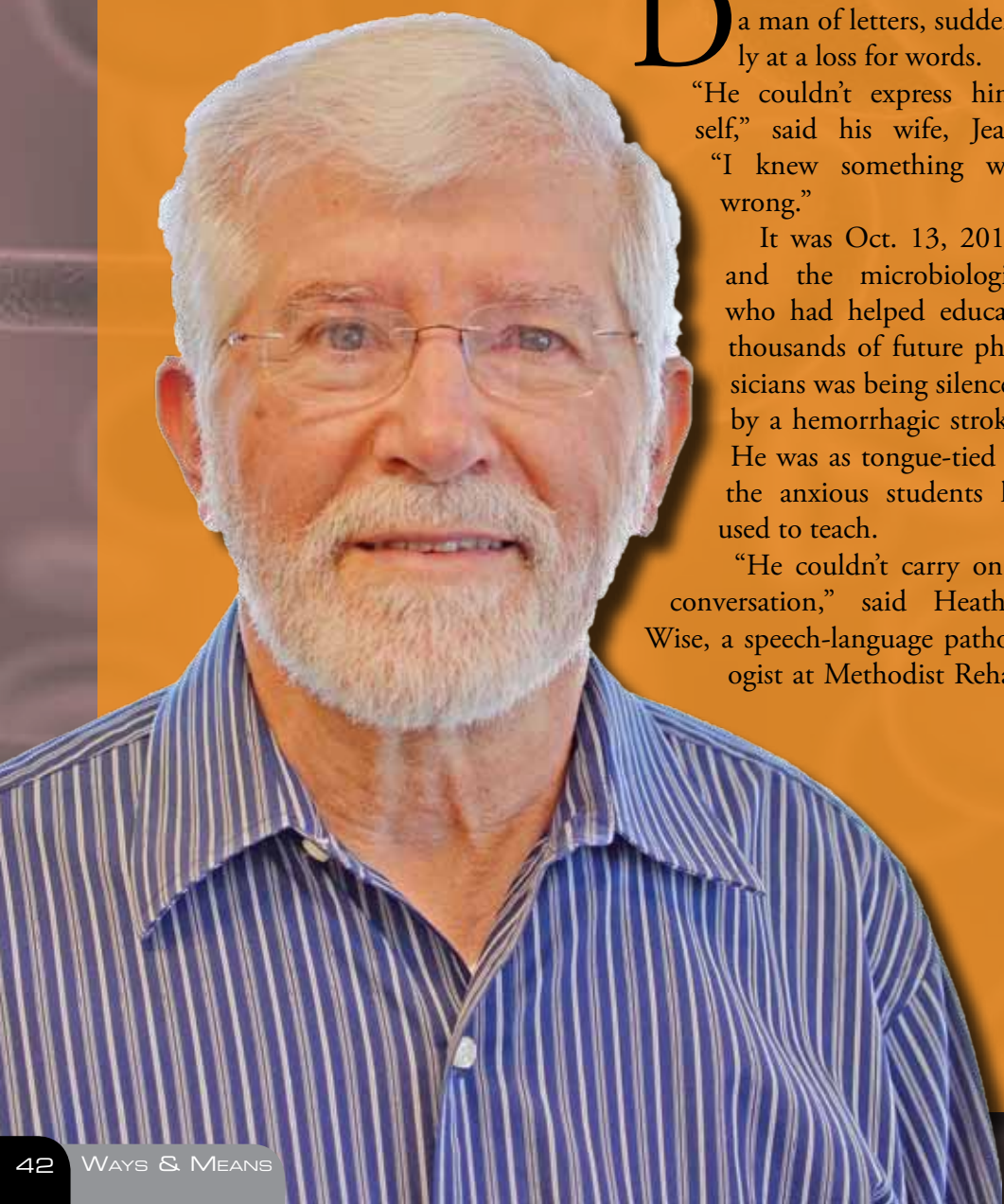
**Rural areas have higher motor vehicle crash incidence rates and death rates than urban areas.**

**Two out of five deaths among teens in the United States are the result of a motor vehicle crash.**

Source: ThinkFirst.org

# FILLING IN THE BLANKS

HOW FORMER MEDICAL SCHOOL PROFESSOR LINCOLN ARCENEUX RECLAIMED HIS SPEECH AFTER A STROKE  
STORY BY SUSAN CHRISTENSEN · PHOTOS BY CAREY MILLER



**D**r. Lincoln Arceneux was a man of letters, suddenly at a loss for words. “He couldn’t express himself,” said his wife, Jean. “I knew something was wrong.”

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

“He couldn’t carry on a conversation,” said Heather Wise, a speech-language pathologist at Methodist Rehab

Outpatient Services in Ridgeland and Flowood. “He knew what he wanted to say, but he couldn’t get it out.”

The retired professor was showing signs of aphasia and apraxia. The two language disorders are linked to damage on the left side of the brain, an area considered command central for language and expression.

Between 25 to 40 percent of stroke victims experience some form of aphasia. And for Arceneux, the condition was an assault on his sense of self.

Being a successful communicator had been central to his 38-year career at the University of Mississippi School of Medicine in Jackson. So Jean wanted more for her learned husband than a lifetime of strained conversations.

“Our goal was to repair, recover and get better,” she said.

Today, the Madison couple can claim success. And by sharing their story, they hope to encourage others struggling to overcome language disorders.

“It can be done,” says Arceneux.

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

The race began for Arceneux when he started outpatient therapy at Methodist on Dec. 31, 2012.

“His doctor said he needed something aggressive,” Jean said. And she believed Methodist could deliver. She was also happy that Arceneux could do his therapy close to home at Methodist’s Ridgeland clinic.

Methodist treats hundreds of stroke patients each year with a team approach that includes intensive physical, occupational and speech therapy.

But in Arceneux’s case, speech therapy took prominence. Much depended on his ability to comprehend instructions. “If he couldn’t understand what we were saying, he couldn’t follow our directions,” Wise said.

Arceneux’s early responses were not promising. He couldn’t point to requested items and often offered off-the-wall comments. But Jean said she was never told: “We can’t do

this.”

Wise kept trying new approaches, employing everything from iPad apps to old-fashioned word puzzles to improve Arceneux’s language skills.

“And we would spend 10 to 15 minutes of each session just talking to help push him to converse,” she said.

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

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

“My mind, fortunately, is there,” Arceneux said. But the 72-year-old knew he needed to work harder on responding to others and conveying what he was thinking. So Wise gave him some homework.

“He pushes himself,” Wise said. At night, Arceneux works diligently on word exercises and has to be gen-

Worksheets are among the tools used to improve language skills.





Like a lot of Heather Wise's speech therapy patients, Lincoln Arceneaux liked using iPad apps to improve his skills.



Physical therapist Lori Towery shows Lincoln Arceneaux the tricks of donning compression socks.

tly reminded sometimes to get some rest. "I'll say: You can go to bed now," Jean said.

While Arceneaux still struggles with expression, Wise said his extra efforts have paid off.

"He did so much more by the end of therapy than I had ever predicted. He has made beyond unbelievable improvements. Starting out, I wanted him to answer yes/no questions and have simple conversations. But now he is able to go to the doctor's office and tell them how he feels."

He's also doing simple emails, and his analytical nature has been showing. "He's at the point he can edit word-find puzzles," Jean said. "He noticed one of the words asked for was replicated."

When he retired over four years ago, Arceneaux was associate dean for student affairs in the School of

Medicine. During his long tenure, he touched many lives on the UMMC campus.

"He started out there as a young faculty member," Jean said. "And in his capacity in student affairs, he really shepherded 30 years of medical students."

Even now, he still wants to stay involved. "I'd like to be able to visit and be around people I've worked with," Arceneaux said.

And his progress in speech therapy has helped make that possible.

"Recently, one of his former colleagues walked over and started talking," Jean said. "He had no idea Lincoln had had a stroke, and they were actually having a reasonable conversation."

*For more information on Methodist Rehab's Madison-Ridgeland Clinic, please call 601-856-5493.*

# Apps that will get you talking


An iPad screen is only 45 square inches, yet it may be the next big frontier for speech therapy. Thanks to a growing number of innovative apps, smart tablets have become a popular resource for therapists and patients alike.

Here are some reasons why more people are thinking "inside the box" to achieve therapy goals.

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

**Affordability.** Hardware and software designed specifically for people with disabilities is often pricey. Wise says an augmentative communication device can cost a minimum of \$8,000 and isn't fully covered by many insurance companies. Yet the

 **Language TherAppy**  
(iOS, \$59.99, free trial version)  
Four bundled apps that focus on comprehension, naming, reading and writing. (Apps also available separately.)  
**Best for:** Improving receptive and expressive language skills.

 **Prologquo-2go**  
(iOS, \$19.99)  
Provides age and character-appropriate speech for those who use typed text or symbols to communicate.  
**Best for:** Giving voice to those who are unable to speak or have difficulty speaking.

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

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

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

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

 **Where's My Water?**  
(iOS and Android, free)  
Multi-level physics puzzles featuring animated Disney gator.  
**Best for:** Enhancing cognitive skills.

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

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

 **Tactus Therapy**  
(iOS, free)  
Matching game.  
**Best for:** Enhancing cognitive skills.

most expensive augmentative communication app sells for \$160 and will work on a device that a patient may already own. "So many more people are tech savvy now that a lot of our patients have something at home," Wise says. Another plus of smart phones and tablets are the built-in accessibility features

that address speech, visual, hearing and mobility issues. "You can program them so that when you type, they will speak for you," Wise said. Or you can adjust type to be more readable, synch hearing aids with the sound via a Blue Tooth connection or make it easier for people with limited mobility to use input devices.

**The Fun/Cool Factor.** MRC therapists say most patients embrace therapy sessions on the iPad. "Patients love it—even ones you think would be scared of," Wise said. "We've even had some patients' families want to purchase iPads for home because they like them so much."



Ann Marie Rivera

Brad Kennedy

Lynn Gaddis

Kenny Buford



# SHOWING A LITTLE LEG

*How Methodist Orthotics & Prosthetics became a “model” practice for the world’s top prosthetic manufacturers*

Story by Carey Miller • Photos by Chris Todd

And they say long-distance relationships don’t work.

Roughly 3,600 miles separate Methodist Orthotics & Prosthetics’ flagship Flowood location and prosthetic manufacturer Össur’s home of Reykjavik, Iceland.

Yet when Össur needed a patient model for a series of commercials for their new Unity vacuum system foot, they called Methodist O&P.

Why deal with a practice located an ocean away? Because Methodist O&P’s high number of patients and experience testing new products

makes them a valuable resource to prosthetic manufacturers around the world.

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

Methodist O&P has four loca-

tions in Mississippi—Meridian, Hattiesburg and Cleveland in addition to Flowood—and one in Monroe, La.

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

Methodist O&P patient Ann Marie Rivera of Pineville, La., was just what Össur was looking for, and the company flew a team of photo and video professionals across the







Ann Marie Rivera modeled for Össur in commercials, ads and this image which appears on the cover of one of their product catalogs.



Brad Kennedy helped illustrate the mobility possible with Otto Bock's C-Leg during his modeling sessions.



Kenny Buford poses with his Össur ad that is framed at Methodist O&P's Flowood office.

pond to produce the ad.

Rivera is a pediatric nurse who suffered a sports injury that led to a below-the-knee amputation.

"Being a nurse, I always like to help people," she said. "I was glad to show that people can do whatever they love to do without any limitations."

While Rivera is Methodist O&P's first international patient model, Methodist staff has been helping out with modeling duties for a number of years.

"It all started when we fit one of the early C-Legs on Brad (Kennedy)," Wallace said.

The C-Leg is the world's first microprocessor-controlled knee that was introduced in 1997 by Otto Bock, another international prosthetic manufacturer that works closely with Methodist O&P. (Otto Bock is headquartered in Germany. That's roughly 5,000 miles from Flowood, for those keeping score).

"It was a night and day difference from anything I'd ever worn," said Kennedy, whose left leg was

amputated through the knee after an auto accident at age 17. "I did quite well with it right off the bat and put it through its paces, and that impressed Otto Bock along the way, so they asked me if I would be a patient model at their C-Leg training courses and at a lot of their national conventions."

Kennedy put his C-Leg through the paces quite literally, using it on a 1,300-mile bicycle tour in the spring of 2004 that was sponsored by Otto Bock.

"Being a patient model opened a lot of doors for me," said Kennedy, who works at Methodist O&P as a certified prosthetist. "I got to work with some exceptional people and to be on the front end of technology at the time."

When Kenny Buford first came to Methodist O&P as a patient he met Kennedy, who suggested he volunteer at the clinic. He was hit by a car in 2000, leading to a below-the-knee amputation of his left leg.

"I was coming four days a week just to get out of the house," said

Buford, whose injury kept him from returning to his work in the industrial field. By volunteering, Buford picked up the tools of the prosthetic trade, and the Navy veteran and Canton native eventually went to work full-time for Methodist O&P as a technician before earning his certification as a prosthetic assistant last year.

Össur tapped Buford to appear in a print ad for their Reflex/Rotate foot thanks to his familiarity with its products.

"I had done a lot of beta testing for Össur," Buford said. "They were like, 'We want you to come out and do a photo shoot out here in California,' and I was like, 'Well, OK!'"

But there's more perks than vacations to the west coast.

"An advantage for us is that we get early access to a lot of these products and have experience with them before other people may ever see them in the marketplace," Wallace said.

Lynn Gaddis helped with beta testing for Össur's Symbionic Leg for above-the-knee amputees.

"She was one of the first in the country to be fit with it and did a couple of different trips for Össur to model it at trade shows," Wallace said.

Gaddis' left leg was amputated above the knee from complications due to cancer in 1973, but she chose to rely on crutches for mobility rather than a prosthetic leg.

"I went about 30 years without wearing a prosthesis," she said.

When a family friend referred her to Methodist O&P to check out a revolutionary new microprocessor knee, things changed.

"Not only did I fall in love with the knee, I fell in love with the people at Methodist," Gaddis said.

When the position of patient care outcomes coordinator needed to be filled at Methodist O&P, Wallace knew Gaddis' experiences as an amputee made her perfect for the job, which involves peer support.

"I was ready for a change," said Gaddis, who said she was at the time already looking for a new career. "And after just the first month of talking to patients, I could see that I was helping people, and nothing gives me greater satisfaction than

helping someone."

So when Össur asked for her to model, she was eager to help out.

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

Gaddis also takes satisfaction in knowing her feedback on the devices she tests helps others.

"I'm a very analytical person," she said. "I love doing research and giving feedback, both positive and negative."

It's efforts like hers that help the O&P division contribute to Methodist Rehabilitation Center's overarching dedication to research.

"Part of the mindset of beta testing is really about research," Wallace said. "We're finding what does and doesn't work for our patients. Our prosthetists are interested in research and willing to spend the time and effort though there's not an immediately apparent benefit. We see the value of research for improving our profession in the long term."

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

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

# WHERE are they now

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

They are our “boomerang” patients—but in a good way. We’re talking about the folks who finish therapy at Methodist Rehab, then come back to help out.

Here’s a look at three of our “grads” who are regular hospital volunteers.

**Jerry Bowles** has a heart for people in need, as evidenced by what happened the night he got hurt. In 2000, he was trying to help someone at the scene of a car accident when he was struck by a car himself.

Both of his legs had to be amputated. And after a couple of surgeries, the Reservoir resident turned to Methodist Rehab to learn how to adjust to life in a wheelchair.

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

something to offer.”

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

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

On June 1, 2011, **Ken Boone** took an 11-foot tumble off a deck with no railing.

He broke his collar bone, two vertebrae in his back and damaged his spinal cord. He spent 10 days in a New Orleans hospital and his physician wasn’t optimistic about his prognosis. “He told my wife, ‘He is never going to walk again I don’t

think,’” Boone said.

When Boone arrived at Methodist Rehab, he told rehab tech Janet Barnes: “I’ll walk out of here.” Fifty-six days later, he did just that—albeit with the help of a walker.

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

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

“I had one patient’s dad tell me that the doctor could come in and tell his son something, but he wouldn’t listen. But I could come in and it was like—been there, done that, got the T-shirt. He said his son would listen because I had been through it.”



Shirley Jones and other volunteers work at the reception desk on Methodist Rehab’s second floor admissions department.

**Shirley Jones** of Jackson was on her way to Sunday School when a car wreck put her on the Hillcrest Baptist Church prayer list.

“I was coming around a curve and hit some people’s mailbox and ran into a tree,” she said.

A long-time registered nurse for Baptist Health Systems, Jones was suddenly the one needing medical help. A head injury had left her fighting to breathe.

Quick emergency help and “a big prayer meeting in the waiting room” helped Jones survive. But after some time in recovery, she wasn’t progressing as rapidly as she had hoped. “I said: I’m not getting enough care,

and I don’t want to be parked on a bench somewhere,” she said. “Then they got an appointment for me at Quest.”

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

Jones said the therapy helped her recover enough to start volunteer work. And she found her niche working once a week at MRC’s second floor reception desk. “The patients are friendly, and they remem-

ber me,” says the 73-year-old. “I only work on Thursdays, and one of the patients asked to have appointments then.”

*We’re always looking for a few good volunteers. If you’re interested, contact Bettye Sullivan, director of volunteer services, at 601-364-3474 or by email at [bsullivan@mnrcrehab.org](mailto:bsullivan@mnrcrehab.org).*

**If you would like to catch us up on your life, send an email to [schristens@mnrcrehab.org](mailto:schristens@mnrcrehab.org) or call Susan Christensen at 601-364-3334.**



# GYM dandy

Methodist Rehabilitation Center's Outpatient Services in Flowood underwent significant renovation in 2013. The therapy gym was completely redesigned, making it more open, bright and inviting. The waiting room was also remodeled to make it more comfortable. The facility offers a wide array of outpatient therapy services. For more information, visit [www.methodistrehab.org](http://www.methodistrehab.org).



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

## Room to grow

Assistive Technology services continue to evolve

By Carey Miller

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

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

Since 2008, research associate George Gober has managed the adaptive computing lab on the hospital's third floor, helping patients become proficient with the proper

devices that might allow them to continue to use their home computers after their injuries.

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

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

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

One advantage of the larger space is that he now has room for two

power wheelchairs used for demonstrating "integrated controls" which allow the patient to use the wheelchair as a mobile environmental control unit.

"The idea is that if there is something available that will really be beneficial to a patient, we hope to have an example of it," Gober said.

The facility will also allow Methodist Rehab staff such as physical and occupational therapists to familiarize themselves with the devices to be able to better serve their patients.

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

# A friend in knee

Methodist Rehab wins research grant to examine benefits of microprocessor knee

By Chris Blount

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

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

Prosthetic microprocessor knees are known clinically to offer significant benefit, though the published research is limited and insurance coverage is selective. Lower activity-level amputees are generally not approved to receive a microprocessor knee, which seems counterintuitive considering that the device should improve stability and prevent falls in those people.

"This technology is exciting and innovative, but there is an obvious need to validate the expense against benefits provided to the user," Wallace said. "This grant provides just such an opportunity. And it shows that Methodist



Wallace



Stokic



Howard

Rehab is in a unique and enviable position to provide clinically relevant research and advanced care in clinical prosthetics."

Howard outlined the project plan:

"We will assess the microprocessor knee's ability to adjust to different walking speeds, reduce the cognitive load required to walk with a prosthesis, and improve patients sense of security while performing their usual activities.

"With a combination of weekly gait analysis here at MRC's motion lab and data collected from our research participants in real-world situations, we will gather a comprehensive picture of the use and benefits of microprocessor knees."

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

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



Presenting a framed resolution to honor the family of the late Earl R. Wilson: from left, Matthew Holleman III, chairman of the Methodist Rehab Board of Trustees; Chris Blount, director of the Wilson Research Foundation; Ann Wilson Holifield; Wilson Holifield; and Mark Adams, president and CEO of Methodist Rehab.

## It runs in the family

Wilson's honored for \$1 million in giving

By Carey Miller

Boutonnieres aren't usually worn for meetings of the Methodist Rehabilitation Center Board of Trustees.

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

The gesture was a sentimental salute to the late Earl R. Wilson, one of the founders of MRC and the patriarch of a family whose gifts totaling \$1 million have helped sustain the foundation that bears his name.

"Mrs. Wilson loves to tell the story of why Mr. Wilson wore a fresh rosebud on his lapel," explained

Chris Blount, director of the foundation. "Following a heart attack, the doctor had warned him that he needed to stop and smell the roses. And his response was: 'I will smell the roses, but I'm not stopping.'"

Wilson was the catalyst for the creation of Methodist Rehab. And when the Jackson hospital opened in 1975, Wilson began 25 years of service as board chairman.

"Earl was Methodist Rehab Center's heart and soul, a wonderful mentor to all of us and a very hands-on chairman who invested countless hours to help us grow into a recognized center of excellence," said Mark Adams, president and CEO of

Methodist Rehab.

Two months before Wilson's death in 2000, the hospital was named one of America's best by *U.S. News & World Reports*, a source of immense pride for the Jackson businessman, said his family.

In the years since, Wilson's family has continued his legacy. His widow, Martha Lyles Wilson of Madison, serves on the foundation board. Daughter Ginny Wilson Mounger of Jackson is chairperson of the foundation board. Daughter Ann Wilson Holifield of Ridgeland is a trustee of the hospital. Daughter Amy Lyles Wilson of Nashville, Tenn., volunteers public relations

counsel. And grandson Wilson Holifield of Birmingham, Ala., is a member of Methodist Accessible Housing Corporation, a sponsored entity of MRC.

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

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

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

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

"Research-based care helps our patients recover more abilities, and it has a global impact through our publications. This is a cause that truly changes lives," Blount said. ✦

# Leave a legacy

## Estate giving can help impact future generations

By Chris Blount

The late John and Maxine Tullos of Jackson were wonderful members of our community. Mr. Tullos was a senior executive with Trustmark National Bank and they were longtime members of Galloway Memorial United Methodist Church. Among their many friends were Methodist Rehabilitation Center's founders, board members, volunteers and patients.

They witnessed firsthand the creation of this center, and they knew of the importance of the center's Wilson Research Foundation to discover better ways for our patients to recover abilities after a disabling injury or illness.

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

The Wilson Research Foundation is a 501(c)(3) nonprofit organization that supports Methodist Rehab. Have you thought about remembering this life-changing mission and ministry in your will? There are a number of simple and flexible ways

to make a lasting gift, with significant savings on estate, capital gains and other taxes. Here are some of the possibilities:

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

**A gift of real estate** allows you to eliminate all capital gains taxes. And you may deduct the fair market value of your gift. If you wish, you can transfer the deed to us and live in or use the property for your lifetime.

You will receive a current charitable deduction based on your life expectancy and the value of the home or property.

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

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

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**"Have you thought about remembering the Wilson Research Foundation in your will?"**  
—Chris Blount

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

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

**A gift of stock** results in twofold tax savings: You can avoid paying any capital gains tax on the increase

in value of the stock since its purchase, and you receive a tax deduction for full market value.

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

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

It was our founders' vision that the Wilson Research Foundation establish and build a thriving research program here at Methodist Rehab. With more than 240 peer-

reviewed, published studies and the daily translation of our research discoveries into clinical practice, the foundation has indeed helped build Methodist Rehab into a nationally recognized center of excellence. Yet there is so much more good we can do with your support!

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

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

# Earl R. Wilson

## A legacy of hope

Every dream fulfilled begins with someone who sees a need, imagines a solution and works tirelessly to bring that vision to life. For Methodist Rehab, that dreamer and doer was Earl R. Wilson—the hospital's founding chairman who led the Board of Trustees for 25 years.

Mr. Wilson knew firsthand how families are affected by a loved one's disabling injury or illness. His own father suffered a stroke at a young age, and his struggles opened Mr. Wilson's eyes to the appalling lack of rehabilitation services in our state at that time.

As he traveled across Mississippi as a businessman, Mr. Wilson saw his family's predicament repeated in community after community. Victims of devastating stroke, brain and spinal cord injuries mostly languished at home, unable to gain the skills to live more indepen-

dently. And their needs nurtured a vision that became a guiding force for Mr. Wilson's philanthropy.

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

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



# Research

## Publications 2012-2013

(Methodist Rehab researchers' names are in blue type)

### 2012

**Chow JW, Yablon SA, Stokic DS.** Coactivation of ankle muscles during stance phase of gait in patients with lower limb hypertonia after acquired brain injury. *Clinical Neurophysiology* 2012;123:1599-1605.

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**Gontkovsky ST.** Auditory/verbal learning and memory deficits among individuals with traumatic spinal cord injuries may be attributable to undocumented traumatic brain injuries. *Functional Neurology, Rehabilitation and Ergonomics* 2012;2:9-16.

**Howard C, Wallace C, Stokic DS.** Lower limb preference on goal-oriented tasks in unilateral prosthesis users. *Gait and Posture* 2012;36:249-253.

**Leis AA, Stokic DS.** Neuromuscular manifestations of West Nile virus infection. *Frontiers in Neurology* 2012; 3: 37.

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**Lim YT, Chow JW, Chae WS.** Lumbar spinal loads and muscle activity during a golf swing. *Sports Biomechanics* 2012;11:197-211.

**Nevels RM, Hancock A, Spofford JL, Atherton B, Gontkovsky ST.** Adverse drug events associated with anticonvulsants. In: Berhardt LV, ed. *Advances in medicine and biology*. Hauppauge, NY: Nova Science, 2012:89-112.

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*Clinical and Experimental Neuropsychology* 2012;34:571-579.

**Silva MA, Nakase-Richardson R, Sherer M, Barnett SD, Evans CC, Yablon SA.** Posttraumatic confusion predicts patient cooperation during traumatic brain injury rehabilitation. *American Journal of Physical Medicine and Rehabilitation* 2012;91:890-893.

**Stokic DS, Yablon SA.** Effect of concentration and mode of intrathecal baclofen administration on soleus H-reflex in patients with muscle hypertonia. *Clinical Neurophysiology* 2012;123:2200-2204.

**Umfleet LG, Ryan JJ, Gontkovsky ST, Morris J.** Estimating WAIS-IV indexes: Proration versus linear scaling in a clinical sample. *Journal of Clinical Psychology* 2012.

### 2013

**Chow JW, Stokic DS.** Impaired force steadiness is associated with changes in force frequency composition in subacute stroke. *Neuroscience* 2013;242:69-77.

**Gontkovsky ST.** Influence of IQ in interpreting MMSE scores in patients with multiple sclerosis. *Neuropsychology, Development, and Cognition. Section B, Aging, Neuropsychology and Cognition* 2013 (in press).

**Howard C, Wallace C, Stokic DS.** Stride length-cadence relationship is disrupted in below-knee prosthesis users. *Gait and Posture* 2013; 38: 883-887.

**Leis AA, Szatmary G, Ross MA, Stokic DS.** West Nile virus infection and myasthenia gravis. *Muscle and Nerve* 2013 (in press).

**Nakase-Richardson R, Sherer M, Barnett SD, Yablon SA, Evans CC, Kretzmer T et al.** Prospective evaluation of the nature, course, and impact of acute sleep abnormality after traumatic brain injury. *Archives of Physical Medicine and Rehabilitation* 2013;94:875-82.

**Nevels RM, Weis N, Killebrew A, Gontkovsky ST.** Methylphenidate and its under-recognized, under-explained, and serious drug interactions: A review of the literature with heightened concerns. *German Journal of Psychiatry* 2013 (in press).

**Spofford JL, Nevels RM, Gontkovsky ST, Bell TP.** Meditative practices predict spirituality but mindfulness does not predict alcohol use in African American college students. *Mental Health, Religion and Culture* 2013 (in press).

**Sullivan AL, Bailey JH, Stokic DS.** Predictors of oral health after spinal cord injury. *Spinal Cord* 2013;51:300-5.

**Tarkka IM, Stokic DS.** Left prefrontal cortex contributes to motor imagery. *Research in Neuroscience* 2013 (in press).



The fifth annual Walk & Roll for Research raised over \$46,000 for the Wilson Research Foundation. Please join us again on April 5, 2014, for the next event.





## 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 2013 issue of Ways & Means. We strive for accuracy, so please let us know if we have neglected to recognize your contribution.

To make a donation or to learn more about The Wilson Research Foundation, contact Chris Blount or Juanita Lester at (601) 364-3598 or email [wfgift@wilsonfoundation.org](mailto:wfgift@wilsonfoundation.org). Or, you may make a secure online donation with your credit card: [www.wilsonfoundation.org](http://www.wilsonfoundation.org)

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