



The Peoplefirst Post

A Newsletter for Peoplefirst Employees



September 2005

Celebrating National Rehabilitation Awareness Week!

First Things First! with Ben Breier

Celebrate National Rehab Awareness Week, September 18-24



Dear Friends,

It's exciting to be part of the Peoplefirst team and I look forward to working with you throughout the year. In the short time I have been here, I have been impressed with the high caliber of our therapists, including those with expertise in areas such as geriatrics, wound care, pain management, neuro-developmental techniques, lymphedema, dementia, and orthopedics. I've already had the pleasure of visiting each region to meet with our leadership in the field. Again, I am impressed.

Since National Rehabilitation Awareness Week is upon us, I thought it was probably a good time to remind everyone that you are the focus of this important week-long celebration, September 18-24. If you are reading this, you are more than likely one of the best and brightest therapists in the country, and for that you should be proud.

The event is sponsored by The National Rehabilitation Awareness Foundation, whose mission is to educate people about the benefits and impact of rehabilitation, develop programs to increase opportunities for the nearly 50 million Americans with disabilities, and help those who are disabled live up to their fullest potential. One of the Foundation's main initiatives is to elevate this annual celebration to a greater level of prominence.

Currently, Peoplefirst is hiring approximately 125 therapists each month, which should give you some idea of how important you are to the future of our business. In fact, Peoplefirst currently has more than 4,400 therapists nationwide (including OTs, PTs, SLPs, Rehab Coordinators, aides, managers and directors in affiliated and non-affiliated nursing centers and hospitals).

So when you think of National Rehabilitation Awareness Week this year, think of the good work you and your fellow therapists do every day for our thousands of patients and residents. Just by being who you are and doing what you do, you improve awareness of the work rehab therapists do all year long.

Sincerely yours,
Ben Breier

President of Peoplefirst

The National Rehabilitation Awareness Foundation was established in 1996 by Allied Services, a not-for-profit healthcare system with headquarters in Scranton, Pennsylvania.

You may contact the Foundation at:

The National Rehabilitation Awareness Foundation
100 Abington
Executive Park
Clarks Summit, PA 18411

or by calling:
800-943-NRAF or
570-341-4637

or through email:
jbrogn@
allied-services.org

It's All About Putting People First.

Eliot Healthcare Grows a Garden Club!

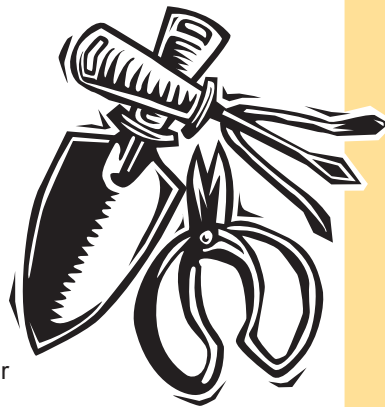
OTR **Patricia Cincotta** began a garden club at **The Eliot Healthcare Center** (Natick, MA) in June. Tricia felt there was a need for our residents to start a flower garden from scratch and enjoy the fresh air as well. The response was overwhelming! Before she knew it, over 20 residents had signed up. Everyone was so excited to plan, plant, water – and yes, even weed – the garden.

It started small with a few annuals and three bird feeders. Soon the news caught on and staff were bringing in perennials from their gardens for the residents to plant. Then decorations started. First, a red hat stake was added. Then the residents made a sign reading, "This garden is designed and planted and cared for by the residents of Eliot." Last came the white picket fence, which frames the garden beautifully.

Each week the residents love to attend their garden club meeting while enjoying the beautiful flowers, camaraderie, weather, and, of course, ice cream. But what they don't realize is the balance and strength it takes to walk on uneven ground, dig a hole, stoop to plant, weed and water. It takes motor planning and sequencing to complete these tasks. Obviously, there is more to watching your garden grow than we ever thought.

The "club" will continue year round with plans for fall flowers, pumpkins and decorations already underway.

We all thank Tricia for her enthusiasm, tireless energy and creativity in implementing the garden club and sustaining the momentum. Also, a special thank you to Activity Assistant **Deb Reynolds**, another major participant in the garden club's growing success.



Evacuated Employee Finds Temporary Job at Kindred Hospital Indianapolis

By **Alan J. McLean**
Rehab Manager
Kindred Hospital Indianapolis

On Wednesday, August 31, as I was asking department members if they would like to volunteer to travel to New Orleans to assist our fellow coworkers after the Hurricane Katrina disaster, I received a phone message from **Desiree Prout**. The **Kindred Hospital New Orleans** Rehab Aide explained how she and her family had been evacuated from the city over the weekend and were now living temporarily in Indianapolis. I immediately contacted **Steve Mantegani** (RRD), who in turn contacted **Allyson Wolfe** (HR), **Jan Centrella** (operational systems), and **Julie Feasel** (RRD), and was given the go ahead to hire Desiree.

She toured our facility on Friday, obtained the appropriate paperwork, and started here at **Kindred Hospital Indianapolis/Peoplefirst** the following Tuesday, September 6. Desiree is obviously a great addition to our department, and we hope she can return home to some degree of normalcy soon. We're very pleased to be able to help Desiree during this difficult period.

Our hearts go out to all of our Kindred Hospital New Orleans colleagues and all those affected by Hurricane Katrina. ❤️

Peoplefirst Rehabilitation Success Stories

Lymphedema Patient Loses 110 Pounds of Fluid in Less Than Four Weeks!

By Patty Wallace, Director of Rehab

Kindred Hospital Tarrant County Arlington celebrated the success of their first out of state admission for inpatient lymphedema treatment in April 2005.

Jillian has suffered from undiagnosed lymphedema for over 25 years. The disorder only gets worse without intervention. Until her recent diagnosis, Jillian thought this disorder would eventually take her life. She and her family researched the diagnosis and located Kindred Arlington via the National Lymphedema Network website.

Jillian traveled via ambulance for 17 hours to get the help she so desperately needed. In just under four weeks with aggressive lymphedema protocol of manual lymph drainage, compression bandaging along with physiatry guidance and the most dedicated compliant patient,

Jillian lost a total of 110 pounds, equivalent to 72 liters of fluid. Jillian, from Illinois, is pictured with four jugs of water, equivalent to the fluid she lost in her lower extremities in less than four weeks of treatment.

Electing to stay in Arlington, Jillian continued therapy at our outpatient clinic and is elated with her new lease on life. She has regained her mobility and independence, and has a wonderful disposition and sense of humor. When asked about the continued reduction in her legs, she said, "The person I have lost just keeps getting bigger!" Her latest fluid reduction as of August 25, is 176 pounds.



Peoplefirst Rehabilitation Success Stories

Getting a Leg up on Pain

By Mary D. Natural, PTA

Pompano Beach, FL – Patient H. is a wonderful lady with a great smile and outgoing personality, 50ish, sometimes referred to as our "ambassador" or the "social butterfly" in our building. We want to return her to a comfortable, functional life.

While doing strength training to improve her functional mobility as a resident at **Pompano Beach Rehab** (a Peoplefirst client), the patient said she was in a lot of pain at the incision site in her left lower extremity. The patient had a previous femoral bypass incision prior to the amputation of her limb several months ago, and the area was extremely sensitive. We determined that the cause of the pain may be from scar tissue. The prosthetists and I were concerned that the patient would not be able to wear her prosthesis as she was having a great deal of trouble wearing her stumpshrinker.

This was where traditional therapy met non-traditional therapy. The patient was treated with subthermal ultrasound to left lower extremity incision site, including superior medial thigh to inferior incision site, avoiding bony prominences and using appropriate ultrasound technique. Ultrasound was followed by interferential EMS and moist heat. The patient was instructed to desensitize the area using a lotion made of essential oil (lemon with almond oil), which she applied every morning and afternoon for approximately two weeks. In addition, the patient continued with traditional therapeutic exercises for stretching and strengthening, balance and gait training.

Thanks to our prosthetist, when the big day finally came to fit the patient with her prosthesis, it fit perfectly and she was able to wear and ambulate without incident.

Initially, patient wore her prosthetic device approximately three hours during her fitting and training session without complaint. The next day, the patient was feeling muscles she hadn't felt in a long time, but she was grateful to be able to wear her prosthesis without increase in pain or skin breakdown.

By combining both traditional physical therapy modalities and newly learned pain management techniques, we were able to offer pain relief to this patient to allow her to wear her newly created prosthesis with little discomfort.

Back on Her Feet and to Life

By Dan Schaeffer, MSPT
Director of Rehabilitation,
Kindred Hospital Philadelphia

JM is a 60-year-old female who was admitted to the Hospital of the University of Pennsylvania on June 21, 2005, from Frankford Hospital for possible thoracotomy secondary to lung abscess, pleural effusions and R lung atelectasis. Due to JM's respiratory and medical status, surgical intervention was deferred and drainage of the abscess was performed. Unfortunately, JM required a tracheostomy and ventilator support due to respiratory failure.

Upon transfer to **Kindred Hospital Philadelphia** on July 8, 2005, JM continued to require ventilator settings of CPAP, Pressure Support of 10, and 50% oxygen. From a rehabilitation standpoint, JM exhibited severe functional deficits, rendering her unable ambulate, perform general ADLs, speak and/or eat.

With the guidance of our interdisciplinary team, JM was able to make remarkable progress.

On August 4, 2005, JM was discharged from Kindred Hospital Philadelphia to home with her husband, on 2L O₂ via nasal cannula. She was able to have her trach and PEG tube removed while here at Kindred Hospital. She was eating a regular diet, talking, and walking household distances with a cane and occasional supervision from her husband.

JM returned to KH Philadelphia on September 6, 2005, with her husband and granddaughter to have lunch with the rehabilitation staff. JM looks wonderful, is off oxygen, is ambulating without any assistive device and showed off by walking up and down a flight of stairs. She is enjoying her time at home with her husband, children and grandchildren. JM wanted to stop by and express her sincere gratitude to Kindred Hospital and the rehabilitation department for helping her obtain one of the most important goals of her life . . . returning home with her family.

Success Stories

Success in the South

David, a 61-year-old right hemisphere CVA patient, was admitted to the **Rehabilitation and Healthcare Center of Birmingham**, in Birmingham, Alabama, in June of this year. On admission he was completely flaccid on his left side, and required total care for all mobility and ADLs. Minimal progress was made over the first month or so. Electrical stimulation was initiated for muscle facilitation to the patient's left upper and lower extremities. Over the past six weeks of treatment the patient's mobility has improved to contact guard assist with a Hemi Walker to reach standing. Transfers, upper body dressing and feeding require only minimal assistance. Wheelchair mobility is now independent. **Ken Kotlowski, RM**, wants to recognize **Fannie Brown-Albright, COTA**, and **Valerie Shepard, PTA**, for their excellent work and assistance in getting David where he is now.

Another Anniversary

By Carrie Fife, Rehab Manager

A patient was recently admitted to **Savannah Rehabilitation and Nursing Center** from another long-term care facility. The patient was bed bound and frequently requested that she go back to bed when therapy was working with her. Her husband was a strong supporter of her participating with therapy. (He was a previous patient who returned home recently.) With encouragement from the staff, especially **Terren Frazier, PTA**, **Lilian Orobias, OTR**, and **Brandi Doming, SLP**, the patient made remarkable improvement. When she was discharged home with her husband, she was independent with transfers and was walking 50 feet with a walker. Her diet had also been upgraded to a regular diet from a puree diet. The patient was discharged home in time to celebrate her wedding anniversary with her husband. They also just returned to the facility to see the staff and thank them for their wonderful care.

Animal Assisted Therapy at Northfield Centre in Kentucky



PTA **Joey Kelso** brought in his border collie "Socks" to help with a patient who was progressing slowly because of frequent refusal of tx. Supervisor **Vic Reyes** describes what happened next:

"Joey learned that patient AD loved dogs, so he brought socks in one day to see if AD would come down for therapy if Socks was there. An instant bond formed between Socks and AD. Joey was able to work on neuromuscular re-ed, standing activities and activity tolerance. AD would throw a ball or a frisbee for Socks to retrieve, which challenged his balance

and improved his righting reactions. AD would need to bend and squat to retrieve the ball, which worked on his extensor



muscles to assist with sit to stand transition and vice versa. AD would also ambulate to retrieve the frisbee and the ball. Because the patient saw this as a worthwhile activity, he would stay longer for therapy and built up his activity tolerance. AD eventually went home with his wife and was able to ambulate with assist using a cane."



This captures the true essence of what rehab is all about: using our knowledge, our skills, and our instincts to motivate our patients and keep them from giving up on life. Way to go, Joey!

Coming Full Circle

By Nelson D. Galang
Rehabilitation Manager,
The Tunnell Center for Health
and Rehabilitation

Richard, "Dick" as he liked to be called, was a resident at **The Tunnell Center for Rehabilitation and Healthcare** from February to May 2005. Dick suffered multiple strokes that had left him with a dense right hemiplegia, dysphagia, dysarthria and mild depression. The initial stroke occurred in December 2004 at home and he was brought to UCSF Medical Center where he underwent a stent placement and placed on a triple antiplatelet treatment, and then transferred to St. Francis Memorial Hospital for aggressive rehabilitation. He showed significant improvements and then in January, he reported a rapid decline in his right upper extremity and his medical team suspected a recurrent ischemic infarction. He was transferred to Tunnell from St. Francis after a one month stay in their rehab program. His rehab team at St. Francis felt he was not making enough progress as he still required a significant amount of assistance to transfer and walk and was therefore unsafe to go home. With his Tunnell rehab team of PT, OT and Speech, he has regained tremendous functional mobility and is now able to live alone with the help of a part time housekeeper. He takes daily walks in his neighborhood and is challenged by the hilly terrain that is common in San Francisco! He is often remembered by his therapist for his "can-do" attitude and his deep commitment to his own recovery. He is currently continuing his rehab program in an outpatient setting and remains in contact with his Tunnell Rehab team.

The Tunnell Center also recently piloted a new "One-on-One Peer Counseling" program for stroke patients and invited Dick to meet with one of our former stroke patients and her family to provide "wisdom" with credibility granted by direct experience. As a patient at Tunnell facing a dramatic change in his life as a result of a stroke, and now as a peer counselor helping patients who have also suffered a stroke, Dick has truly come full circle.

Deep Physical Agent Modality Success Story At Britthaven of Somerset

By Lisa Cash, OTR/L and Lauren Lloyd, L/PTA

In April of 2005, a 72-year-old female was admitted and referred to the rehabilitation department for Physical and Occupational Therapy at **Britthaven of Somerset**. Britthaven is one of Peoplefirst's largest external contracts. This patient had history of a Myocardial Infarction five years ago and a CVA with left hemiplegia seven years ago. Upon therapy evaluation this resident demonstrated only trace movements in her left knee with severe hyperextension. She was maximal assist with her self-care, transfers, and bed mobility. She could ambulate with minimal assist, however she dragged her left foot and kept her body rotated at 40 degrees to the right. She also had to use a fixed ankle brace for support. This resident's left upper extremity was flaccid with her hand held in a fist position.

The resident expressed skepticism that therapy would be able to help her because she had received several courses of rehab in the last seven years. The resident was told that the department had recently received training in some new and exciting innovations in technology that provide deep physical agent modalities. The rehab department utilizes Accelerated Care Plus technology. The resident agreed to try therapy and started with the FX-Estim prior to strengthening. The therapist and resident began to see immediate results.

Over the next few months it was easy to see active movements in this resident's upper and lower extremities. After noticing the first movements, the resident said, "I can't believe it, I haven't been able to move my arm and leg like this since before my stroke."

Currently the resident is wearing a flexible AFO with just lateral supports during gait and is now modified independent with bed mobility. She can ambulate 50-75 feet without rotation of her body and no hyperextension of the lower extremity. The resident can now toilet herself with modified independence and dress herself with stand by assist to modified independence. She can use her left upper extremity to assist with her wheelchair mobility. Her left hand is now able to functionally assist her with all her daily activities with a gross grasp/release and 2/5 overall strength.

The staff at Britthaven of Somerset is excited to share this success story with other therapists. On behalf of the rehab team at Britthaven of Somerset we would like to give special thanks to Peoplefirst Rehab for providing us with this incredible opportunity and for helping us to truly make a difference in our community.

Lady from the North Pole

By Catherine Byrne, MHA, RPT
Director of Rehabilitation, Kindred Hospital Denver

Recently we treated a woman whose home was in North Pole, Alaska. Yes, there really is such a town! It's located about 13 miles south of Fairbanks. Our patient had multiple medical issues. Her condition was so serious, in fact, that it required her to be airlifted from Alaska to Denver for immediate treatment.

She came to **Kindred Hospital Denver** after about six weeks in an ICU. She was very weak and debilitated. Our rehab staff worked very hard with her and within about two weeks she was ready for discharge back home to Alaska. There was only one problem: she had to fly back in a



commercial airplane and she was nervous about how to manage transferring in and out of an airplane seat. This is where the therapists' creativity kicked in.

The OT and PT lined up chairs in rows of three to create a mock "airplane" at the hospital and allowed her to practice getting in and out of the "airplane" for a couple of days before her actual flight back to North Pole with her husband.

We are glad to report that our lady from the North Pole arrived home safely and was very grateful to all involved in her care.

The rehab team at Kindred Hospital Denver

Where's Logo Man?

In each issue of the *Peoplefirst Post*, we will hide our logo man somewhere in the issue. He could be disguised in a photo, an article, anywhere! If you find him, email **Patti Mullins**. The first five employees to email Patti with the correct answer will receive a *Peoplefirst* coffee mug!



Fun Stuff

We Want to Hear from You!

Complete the form below if you have ideas or suggestions on topics that you would like to see in the *Peoplefirst Post* newsletter.

Name/Title: _____

Location: _____

Phone: _____

Topic you would like to see addressed in the newsletter:

Send to:
Peoplefirst Rehabilitation • 680 South Fourth Street
Louisville, Kentucky 40202 • Attn: Mary Van de Kamp
or fax to: 502.596.4871