

RUSK

Capturing the Momentum of Rehabilitation Medicine
at NYU Langone Medical Center

SPRING/SUMMER 2013

From The Chairman



The opening of our new pediatric inpatient and outpatient rehabilitation facilities at NYU Langone’s Hospital for Joint Diseases (HJD) marks a major milestone for Rusk—the completion of our transition from the historical location on East 34th Street. The move caps a two-year period of immense change. Rusk Rehabilitation is now operating out of four principal NYU Langone locations: the Center for Musculoskeletal Care (CMC) on East 38th Street and First Avenue, site of our sports medicine, musculoskeletal and orthopaedic rehab programs; the Ambulatory Care Center (ACC), one block west on 38th Street, where our adult outpatient rehabilitation services are located; Tisch Hospital, where inpatient rehabilitation for adult cardiopulmonary and complex medical conditions is delivered; and HJD, which houses our adult inpatient brain injury, stroke and orthopaedic programs as well as our full continuum of pediatric services.

Relocating to these spacious, state-of-the-art settings has been a great boon, in itself—but as this issue of *RUSK* shows, our new sites also enable us to collaborate more closely with other Medical Center departments. Working at CMC, our outstanding sports medicine physicians, Dr. Wayne Stokes and Dr. Alex Moroz, interact regularly with NYU Langone’s orthopaedists, rheumatologists, radiologists and pain management specialists, and partner closely with our musculoskeletal therapists there. Our Women’s Health Rehabilitation Program now has office hours at the Joan H. Tisch Center for Women’s Health on Manhattan’s Upper East Side, where program director Dr. Jaclyn Bonder is treating patients in conjunction with the center’s obstetrician-gynecologists, urologists and other women’s health specialists.

This collaborative care isn’t limited to our main locations. You’ll read about how our physicians and therapists are expanding their activities at subacute facilities, and how our therapists at Tisch are helping inpatients in non-Rusk units get out of bed and walking—an essential step that speeds recovery and prevents complications. And NYU Langone’s new Concussion Center is a multidisciplinary program born from the collaboration of our neurologists, orthopaedists and brain injury physiatrists, who realized that concussion patients would benefit from a single, centralized service linking them to the appropriate specialists for diagnosis and treatment.

Such collaboration is representative of the spirit of Rusk Rehabilitation as well as the future of medicine. We are proud to be a part of that future, teaming with our world-class colleagues to offer the highest quality, comprehensive patient care.

I look forward to continuing to share our news and progress in future issues of *RUSK*.

A handwritten signature in white ink, reading "S. Flanagan". The signature is written in a cursive, flowing style.

Steven R. Flanagan, MD

The Howard A. Rusk Professor of Rehabilitation Medicine
Chair, Department of Rehabilitation Medicine
Medical Director, Rusk Rehabilitation

Top Five at Rusk

01



Rusk Takes Sports Medicine to the Next Level

For Wayne Stokes, MD, Rusk’s director of sports medicine rehabilitation, sports medicine is a way of life. “I’ve treated every type of athlete, from the pro skier to the 75-year-old fitness walker,” says Dr. Stokes. “Rusk’s sports medicine program has the best diagnostic equipment, the best rehabilitation gym, and the best physical therapists. Whatever the injury, we can get our patients healthy and back to their favorite activity.”

Operating out of NYU Langone’s Center for Musculoskeletal Care (CMC), Dr. Stokes and his colleague, Alex Moroz, MD, are both board-certified in sports medicine, as well as physical medicine and rehabilitation.

This rarely seen dual credential combines extensive knowledge of how to heal painful joints and tissues with an understanding of the muscle weaknesses and imbalances that can leave recreational athletes more vulnerable to sprains, strains and inflammation. In addition to their own expertise, they share the building with NYU Langone’s top-ten-ranked Department of Orthopaedic Surgery and the CMC’s world-class imaging facilities, including X-ray and MRI machines and EOS®, a new ultra-low-dose imaging system that provides high-resolution, 3-D, full-body images.

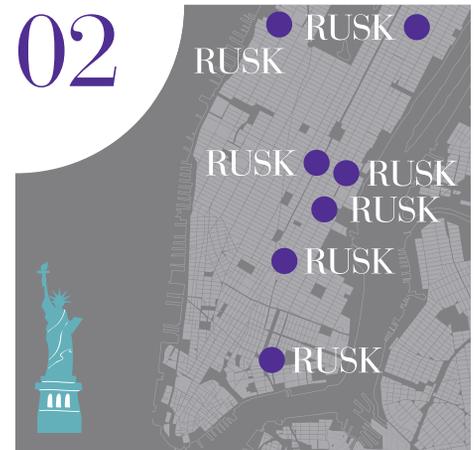
Once an injury is diagnosed and a treatment plan is drawn up—which may involve anti-inflammatory injections and acupuncture as well as physical therapy—patients have the option of continuing their treatment right down the hall, in a spacious rehabilitation gym containing some of the most advanced equipment in the world, including sophisticated Pilates devices, the Alter-G (a supportive treadmill that can reduce a runner’s weight by one-third) and a machine that lets users “swim” on dry land.

Here, over a dozen experienced Rusk physical therapists guide patients through therapeutic stretching and strengthening, deep-tissue massage, and modalities such as deep heat and electrical muscle stimulation. For those who want to take their skills to the next level, the gym also houses the Sports Performance Center, where the biomechanics of a golf swing, tennis stroke or soccer kick can be videotaped and analyzed.

“Because we’re all in the same place, I can walk over to the gym any time,” says Dr. Moroz, who is director of Rusk’s Integrative Sports Medicine Program and a certified acupuncturist. “I’m constantly discussing our patients’ progress with the therapists. The vision for Rusk at CMC was seamless, comprehensive care; it’s pretty exciting to see how it’s come to life.”

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A New Paradigm of Care: Innovative Partnerships Bring Rusk Expertise to Subacute Settings

Imagine referring patients to a subacute facility with complete confidence that they’ll transition seamlessly and receive world-renowned, high-quality inpatient rehabilitation. It’s happening—and Rusk Rehabilitation is at the helm, as it teams with a pair of skilled nursing facilities to reshape the way intensive rehabilitation care is delivered.

One of the new partnerships has established a postsurgical rehabilitation unit for orthopaedic patients at Gouverneur Health’s (GH) newly renovated skilled

nursing facility in Manhattan's Lower East Side. The other, a collaboration with the Jewish Home Lifecare (JHL) organization, will oversee a 25-bed unit for cardiac rehab patients at JHL's campus on West 106th Street in Upper Manhattan.

The new partnerships are a creative response to a growing dilemma: with Rusk's inpatient rehab beds at NYU Langone Medical Center increasingly devoted to complex neurological patients, there was a need to develop other rehabilitation venues for their cardiopulmonary and orthopaedic patients—a group that traditionally comprised over half of Rusk's inpatient census.

“Our goal was to design programs for this patient population in subacute settings that offered comparable quality of assessment and care provided in Rusk's more intensive settings,” explains Geoffrey Hall, administrator for the Department of Rehabilitation Medicine.

To ensure this high quality, Rusk physicians and therapists will have a significant presence at both sites. Rusk physiatrist Amit Bansal, DO, has been appointed associate medical director of the GH program, where he will attend to patients three days a week. In addition, the facility's physical, occupational and speech therapists have been trained by Rusk's clinical team, receiving the same advanced training given to all Rusk therapists.

At JHL, where the cardiac rehab patients tend to have multiple comorbidities, an NYU Langone geriatrician will be at the facility full time, while an NYU Langone cardiologist and a Rusk physiatrist will both be on-site two days a week. Rusk will also provide training to the therapists, nurses and rehabilitation medicine personnel at this location.

While patients transferring from NYU Langone will make up a significant portion of rehab patients at the new sites, both units will accept rehab cases from medical centers throughout the area. As these programs gain traction, Rusk will also be exploring the possibility of developing new rehabilitation programs elsewhere in the New York area.

“This is a ground-breaking step,” concludes Hall. “We're essentially redesigning the model of care—and changing the way rehabilitation medicine is practiced in the process.”

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03



The Power of Place: Women's Health Rehabilitation Comes to the Joan H. Tisch Center

It's often said that “it's all about location, location, location.” This certainly rings true for Rusk's Women's Health Program, which has expanded its practice to NYU Langone's Joan H. Tisch Center for Women's Health on East 84th Street and Third Avenue in Manhattan—and the program's

patients and caregivers agree that the setting couldn't be better.

While the program's medical director, physiatrist Jaclyn Bonder, MD, continues to see women's health patients at the main Rusk outpatient site in NYU Langone's Ambulatory Care Center (ACC), she now holds office hours at the Joan H. Tisch Center three days a week. Like ACC, the center was custom-created, and features a newly constructed physical therapy clinic and two full-time Rusk physical therapists.

“The feedback we've been getting on the facility has been really positive,” reports Angela Stolfi, PT, Rusk's director of physical therapy. “Our patients love the open, bright space, as well as the welcoming environment and convenient location.”

The program treats a range of gender-specific conditions, from general musculoskeletal disorders in women such as back, knee and hip pain, to chronic pelvic pain, pelvic floor dysfunction and sexual discomfort, to urinary or bowel incontinence and pain or weakness related to pregnancy. Treatment typically involves a mix of therapeutic exercise, manual therapy and modalities such as biofeedback and electrical stimulation. In addition, patients may be referred to other specialists to address underlying medical conditions—yet another reason the center is a good fit, since it's also home to more than two dozen other physician specialists.

These doctors, most of them women, offer comprehensive, gender-sensitive care, including gynecology, gastroenterology, cardiology, endocrinology, internal medicine,

dermatology, psychology, neurology, otolaryngology and pulmonology. The center also offers X-rays, mammographies and colonoscopies, as well as bone density, pulmonary and vascular testing.

“Treatment of musculoskeletal and pelvic pain in women is multidisciplinary by nature,” explains Dr. Bonder. “To have direct access to so many other physicians specializing in women’s health is very helpful.” Often, she adds, patients who come to her for a specific condition end up becoming regular patients of other doctors at the center as well. “It’s very barrier-free and collaborative here. If a patient needs a gynecological exam, I simply refer her to one of our gynecologists. A number of my patients also see one of our internists, who is very focused on preventive care. All in all, it’s an amazing place.”

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04



Fine-Tuning the Process: Quality Improvement Efforts Bear Fruit

When Jeffrey Cohen, MD, was asked to head up Rusk’s quality improvement effort in 2009, he drew on Rusk’s own multidisciplinary rehabilitation model for

inspiration. The multi-pronged approach that he’s helped lead has resulted in a wide-ranging group of initiatives that have enhanced both the quality of Rusk’s patient care and the teamwork of those delivering it.

One of those initiatives, the Rusk Patient Satisfaction Project, launched in December 2011 by the cardiopulmonary rehab team, was designed to improve the patient experience in areas such as how well physicians and therapists kept patients informed on their progress, and how well patients were being prepared for discharge.

“Survey results in our cardiopulmonary rehab unit in September 2011 showed a clear need for better communication between staff and patients,” says Dr. Cohen. In response, the team created a Patient Satisfaction Committee, established daily rounds in which the unit’s medical director and nurse manager checked in with each patient on satisfaction-related issues, began scheduling meetings between the rehab teams and patients’ families at a fixed time each week, and arranged to have their rehab staff receive formal training in communication skills.

A year later, the improvement was evident: patients who gave positive ratings for overall care rose from 55% to 81%, while “likelihood to recommend” Rusk jumped from 52% to 84%.

Another quality program involved encouraging patients in Tisch Hospital 17 East and West medical units—served by Rusk therapists—to spend more time out of bed. After internal surveys revealed that nurses and patient care technicians (PCTs) on the floor did not feel as confident about their ability to mobilize patients as they would have liked to, a Rusk therapist was

assigned to each unit to assist in patient mobilization. Rusk staff also trained the medical unit’s nurses and patient care technicians in safe transfer techniques, and attended morning rounds to evaluate and address each patient’s activity level. As a result, the percentage of patients spending two hours or more out of bed each day rose from 75% to 95%. A similar approach is now being employed with patients in the Intensive Care Unit.

A third project to streamline the discharge process also showed solid results, and other projects showing similar success involve increasing compliance in using a dysphagia assessment tool to screen at-risk populations, and the development of a bladder algorithm aimed at preventing urinary tract infections in brain injury patients.

Besides improving clinical care, the quality initiatives have had the added benefit of boosting staff morale, notes Dr. Cohen. “People are communicating better, and there is increased cohesion between the Rusk team and the medical teams we work with. This has really become a self-fulfilling prophecy, with success breeding even more success.”

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05



Brain Trust: NYU Langone Launches New Concussion Center

As the danger of concussions grows ever more clear, the need to identify and treat concussion promptly has become more urgent than ever. The problem: since concussions can produce subtle and multidimensional symptoms, it takes an experienced brain injury team to diagnose and treat them.

NYU Langone Medical Center has stepped into this gap with the launch of its multidisciplinary Concussion Center—a consortium that includes physiatrists, physical therapists and occupational therapists from Rusk Rehabilitation, as well as neurologists and neuroradiologists, neuropsychologists, sports medicine orthopaedists and emergency medicine physicians.

With U.S. News & World Report top-ten-ranked specialties of rehabilitation, neurology and orthopaedics, NYU Langone's Concussion Center brings an unprecedented combination of resources and expertise to bear on what Steven Flanagan, MD, chair of NYU Langone's Department of Rehabilitation Medicine, calls "a silent epidemic."

Dr. Flanagan, a leading expert on traumatic brain injuries, will serve as co-director of the center, along with Laura Balcer, MD, vice chair of neurology, and Dennis Cardone, DO, chief of primary care sports medicine for the Department of Orthopaedic Surgery.

"While most concussion victims recover fairly quickly, 10% to 20% are at risk for chronic problems, such as anxiety or depression, headaches or problems concentrating," notes Dr. Flanagan. "If you don't know what to look for, it's easy to miss the signs. That's why it's important to get treated by experts."

The center had its official launch in March with a community symposium on concussion in sports, which drew 200 attendees and featured presentations by Drs. Flanagan and Cardone; Dr. Steven Galetta, chair of neurology; Tara Denham, head of Rusk's vestibular therapy program; and Dr. David Salsberg, assistant director of Rusk's Pediatric Psychology Division. The event's guest speaker was Adam Graves—a two-time Stanley Cup champion and former NHL All-Star with the New York Rangers—who is no stranger to concussion.

Since concussions often require a range of therapies, the center is designed to provide seamless, comprehensive care based on a thorough diagnosis, including brain imaging, where appropriate. A dedicated program manager—a registered nurse—coordinates appointments with the various specialists and oversees each patient's care. The center will also serve as a platform for cutting-edge research, such as investigations being spearheaded by Dr. Galetta, who is also a world-renowned brain injury expert, on biomarkers that can predict which concussion victims are at highest risk for ongoing problems.

The center's services include a hotline (855.698.2220) manned Monday through Friday by registered nurses who review each caller's symptoms, then schedule an appointment with the appropriate specialist. If symptoms indicate a potential emergency, the caller will be directed to a nearby emergency room or urgent care facility. In addition, the center is partnering with schools to raise awareness of concussion's signs and risks—including the concerning, emerging research indicating that severe brain damage can occur if someone suffers two concussions in close succession.

The center has seen significant patient volume in the months since it's been open, a clear sign of a critical—and growing—need; a need for the multidisciplinary brain power that NYU Langone and Rusk have put behind this important program.

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