



**Rusk Institute of  
Rehabilitation Medicine**

NYU LANGONE MEDICAL CENTER

# the whole story

Rehabilitation that focuses on the whole person

Dear Friends,



## SUCCESSFUL VOCATIONAL PROGRAM TO BE MODEL FOR VETERANS WITH BRAIN INJURY

Robert Lindsey, CRC, LMHC, Associate Director, Vocational Services

**T**he Department of Veterans Affairs, N.Y. Vocational Rehabilitation and Employment Division, and the Department of Vocational Rehabilitation at the Rusk Institute are now partners in providing computer training to veterans with disabilities at the Bronx VA Medical Center. As an extension of the computer classes offered at the Rusk Institute and through the VA's No Man Is An Island (NMIAI) program, an adjunct to the VHA medical treatment program, the Department is teaching veterans with post-traumatic stress disorder, or a chronic history of restricted socialization and diminished communication skills, to use the computer to access the Internet and email. This past summer, twenty-one veterans graduated from NMIAI classes, the second class cycle taught by Vocational Services computer instructor Jennifer Schuler. The training she provides opens up a new and sometimes more effective way for the veterans to connect with family, friends, healthcare providers, other veterans, and the world at large. Within the supportive environment of the class, veterans are encouraged to develop real life relationships with classmates to reduce their isolation and withdrawal.

Traumatic brain injury (TBI) is a very common condition in the United States, each year accounting for 50,000 fatalities, well over 1 million emergency department visits and 235,000 hospital admissions. The Centers for Disease Control and Prevention estimates that there are 5.3 million Americans with chronic problems related to TBI. Although these figures are very large, it may underestimate its true burden as many individuals never seek medical treatment or are misdiagnosed by health care providers. Until recently, TBI was poorly recognized because many injured people appear to be physically healthy despite having very disabling problems regarding their cognitive skills and behaviors. For these reasons, people with TBI are often referred to as the "walking wounded" and the scope of the problem referred to as a "silent epidemic". However, because it has become the signature injury of the conflicts in Iraq and Afghanistan, TBI has garnered considerable media attention, which was highlighted when Bob Woodruff, the former anchor of the ABC Evening News, sustained a serious TBI while on assignment in Iraq. TBI is a unique condition in rehabilitation medicine because of the combination of

*Continued on page 2*

**Steven R. Flanagan, M.D.**

*Chairman of Rehabilitation Medicine and  
Medical Director of The Rusk Institute*

"This program helped so many veterans get a little handle on their lives when we didn't think it could happen."

According to the VA, NMIAI program outcomes have been positive. After more than 150 veterans completed training, follow-up contacts with program graduates showed a reduced incidence of medical and psychiatric treatment cancellations and, a significant decrease in their symptoms distress indexes. Only 2% of the graduates were readmitted to the hospital compared with a 17.7% re-hospitalization rate for non-graduates. The veterans seem to agree that the program works. One recent class graduate emails (appropriately): *"You have made my life more energized and have reduced my anxiety level greatly. I love coming here . . . I will now be able to communicate with my daughter in Aspen, Colorado regularly."* Another veteran comments, *"This program helped so many veterans get a little handle on their lives when we didn't think it could happen again."*

This successful partnership with the VA has afforded the Department of Vocational Rehabilitation additional opportunities to serve veterans. As part of a new initiative of the VA's New York Regional Office, Ms. Schuler is teaching veterans with spinal cord injuries how to use voice recognition software to prepare them for jobs as call center professionals. Even more, VA counselors are now referring veterans with neurological, physical, and psychiatric impairments in need of vocational rehabilitation to Rusk's evaluation, training and job placement programs.

In October, using the NMIAI program as a model, the VA and the Department of Vocational Rehabilitation at the Rusk Institute will be launching a new computer training effort directed at helping veterans who have sustained traumatic brain injuries. The staff of the Department of Vocational Rehabilitation at Rusk are passionate in their commitment to these programs and feel that this is an opportunity to serve disabled veterans and give back in some way to those who have sacrificed so much. ●



# FAMILY AND FRIENDS COPE WITH LIFE AFTER BRAIN INJURY

Kristine T. Kingsley, Psy.D., ABPP, Staff Psychologist, Renee Gross, LCSW Senior Social Worker

**C**oping with a brain injury can be life altering, not only for the patient, but also for families and friends involved. While family and friends may have different emotional and behavioral responses to a loved one sustaining a brain injury, there are often common themes to their reactions. Initially, concern is about survival and medical care. Focus soon turns to how the brain injury will affect the entire family unit. Throughout the rehabilitation process, friends and families will need to understand how cognitive changes and caregiver responsibility affect life following a brain injury.

Care giving responsibilities are concrete tasks that are performed for loved ones to assist and coordinate medical treatment. They also encompass the emotional and physical experiences of the primary caregiver. Feelings of hurt, anxiety about the future, and physical exhaustion are common feelings. As social roles often change, a spouse or partner may need to cope with financial strain, loss of previous

lifestyle, and intimacy issues. A parent may need to deal with the grief and loss of the potential for a “healthy” child and anxiety about who will care for the child as the parent ages.

The Adult Outpatient Psychology & Social Service Departments offer psychoeducational seminars and support groups for caregivers and families of individuals suffering from acquired brain injury. The program works to:

- a) Educate families about changes in daily functioning for the individuals with brain injury and related cognitive, personality and behavioral difficulties
- b) Promote ongoing Rusk services including couples, family therapy based and caregivers’ counseling, as well as access to community resources
- c) Provide coping skills to help relieve stress and fatigue which can result from prolonged care giving. ●

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## ACQUIRED BRAIN INJURY RESEARCH UNDERWAY AT RUSK

David Litke, Ph.D. Senior Psychologist and Clinical Instructor of Rehabilitation Medicine  
Ilana Grunwald, Ph.D. Senior Psychologist and Assistant Clinical Professor of Rehabilitation Medicine

Supported by the Anthony M. Solomon Fellowship, the Psychology Department at the Rusk Institute is involved in an innovative research project exploring the use of trained therapy dogs in psychotherapy for adults who have sustained an acquired brain injury (ABI).

Individuals with ABI have undergone an often sudden life changing event that typically results in the loss of cognitive, emotional and physical abilities. Often, their sense of self and personal identity has been traumatically altered as they struggle to deal with practical issues including loss of livelihood and independence, change in family and community role, and the multiple psychological effects of trauma.

The working hypothesis is that the inclusion of a therapy animal into psychotherapy will provide unique benefits. Trained therapy dogs are non-judgmental; they do not notice physical, linguistic or cognitive deficits and they provide unconditional affection. The goal is that patients will find it easier to begin treatment when a trained therapy dog is present.

The Department of Psychology has found that the animal’s presence helps to reduce the anxiety associated with beginning psychotherapy, and allows patients to receive the benefits of treatment earlier after ABI. Patients are reporting increased motivation for treatment, greater willingness to discuss difficult emotional material, improved ability to present themselves authentically, and a stronger relationship with the therapist.

As the project progresses, the hope is to develop a set of guidelines to share with other rehabilitation professionals. ●



Certified by Therapy Dogs International, Inc. ‘Freddy’ and ‘Tiago’ are emotional service dogs waiting for their next patient appointments

## DEAR FRIENDS *Continued from page 1*

physical, cognitive and behavioral problems, which frequently requires long-term care. Care is best provided by a specialized group of health care providers, ideally started soon after the injury, and often continuing for many years. The Rusk Institute and our partners are perfectly situated to provide the continuum of care that is so important following TBI.

Our rehabilitation faculty provides consultation services at Bellevue Hospital, a Level I trauma center and major teaching affiliate of the NYU School of Medicine, where many individuals with TBI are treated. Both Bellevue and Rusk provide acute inpatient rehabilitation, where we address all the needs of our patients through a multi-disciplinary team effort that includes physicians, therapists, nurses, psychologists and the patient’s family.

Once back in their communities, individuals with TBI can continue their rehabilitation in our outpatient department, which

features specialty programs, such as our Brain Injury Day Treatment Program (BIDTP). Founded and directed by Yehuda Ben-Yishay, Ph. D., the BIDTP is an internationally renowned program that provides intense cognitive training, enabling people to better care for themselves. This Rusk continuum allows individuals with TBI to receive seamless care without the worry of being lost by an ever expanding and complicated health care system.

Our rehabilitation services are rated among the very best in the nation, yet we continually strive to improve the lives of those with TBI. We are expanding our research and clinical programs to better understand the nature of TBI, as well as to provide services to all those who require them, not only through our own efforts, but also in collaboration with other NYU Langone Medical Center departments and both private and governmental agencies. ●

## SUBACUTE CARE PARTNERS JOIN THE RUSK NETWORK'S QUALITY MANAGEMENT COUNCIL

Ann Thaler-Shore Manager Network Services  
 Ora Ezrachi, Ph.D. Manager Rusk Program Outcomes  
 Maria Cristina Tafurt MA, OTR/L Clinical Director Inpatient Rehabilitation Services

The Skilled Nursing Facilities of the Rusk Institute Rehabilitation Network provide care for both patients who need to gain additional strength before or after acute rehabilitation in a hospital, and patients discharged from a hospital's medical or surgical service who need less intense rehabilitation than they would get from a hospital-based inpatient program. The care these facilities offer is called "sub-acute" because it is essentially a midpoint on the spectrum of care—less intensive than hospital inpatient programs, but more extensive than outpatient or home-based options. As new legislation and insurance guidelines redefine the admission criteria for acute inpatient rehabilitation, sub-acute rehabilitation is becoming an increasingly useful option. Since 2006, patients in need of sub-acute rehabilitation who live in Manhattan, the Bronx, Brooklyn, Queens or Westchester are able to choose from high quality Rusk-affiliated facilities in their own communities.

During the last three years, Rusk and its subacute partners have worked diligently on program development and improved education and training. There has been extensive activity directed at ensuring the superior care provided for inpatients is available at all subacute care facilities. All seven of our Skilled Nursing Facilities are active members in the Rusk Network's Quality Management Council, whose mission is to ensure consistency in the quality of care and to work toward continuous quality and performance improvements.

Data on quality and outcome plays an important role in achieving both those goals. Because nursing homes have historically tended to be stand-alone institutions, measurement techniques specific to the sub-acute sphere are less formalized than those of acute programs. Rusk's Quality Management Council is taking important steps to fill the gap. This year, the Council has implemented new software to collect and analyze data on indicators specific to sub-acute patients, a huge step in ensuring continuity, particularly as patients move from one phase of recovery to another.

One tool, the "Functional Independence Measure (FIM™)" will be used to monitor the patient's progress in functional recovery. The FIM™ tracks the amount of assistance needed to perform 18 activities of daily living, from eating and walking to problem solving and memory. While it has been used at the Rusk Institute for many years, this tool is now available to track the progress of patients in sub-acute settings.

A second tool, already routinely used in nursing homes, has been enhanced to allow for the monitoring of clinical indicators of patient well-being specifically for sub-acute patients. Occurrences of falls, pain, pressure ulcers, and other relevant indicators of the quality of service delivery in these settings are being monitored.

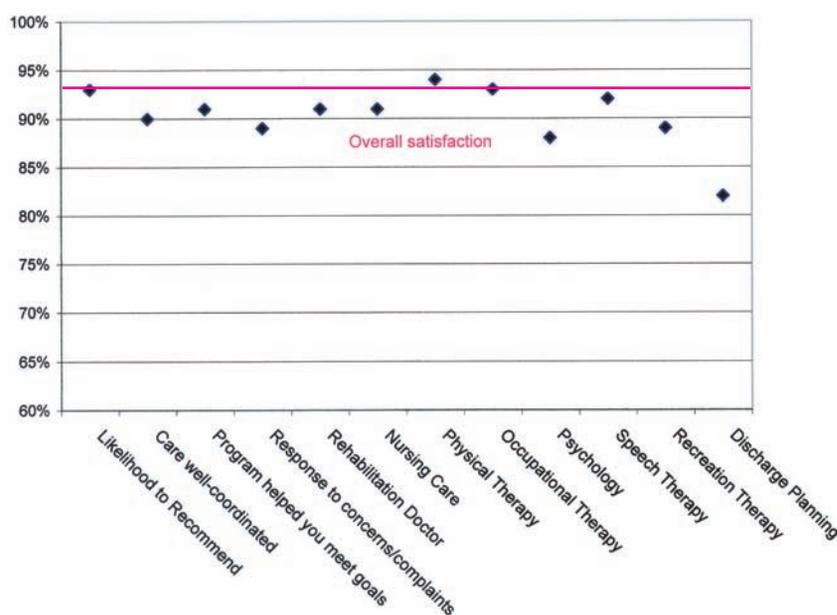
For both tools, each facility can access its own report, while also contributing to an aggregate report for the Network as a whole.

Patient Satisfaction is also closely monitored, with results reviewed in detail every quarter with each facility's Quality Management representative. "We've embarked on a very exciting and challenging journey which will ensure that the sub-acute facilities in the Network continuously display the high quality standards of service delivery, functional improvement and patient satisfaction that have always exemplified the Rusk Institute," says Ora Ezrachi, Ph.D., Chair of the Rusk Network's Quality Management Council. "It's very exciting to have the opportunity to participate with all our partners in this process, and to contribute to the optimal provision of care for all those whom we serve." ●

## 2007 ANNUAL MANAGEMENT REPORT FOR ACUTE REHAB

### PATIENT SATISFACTION

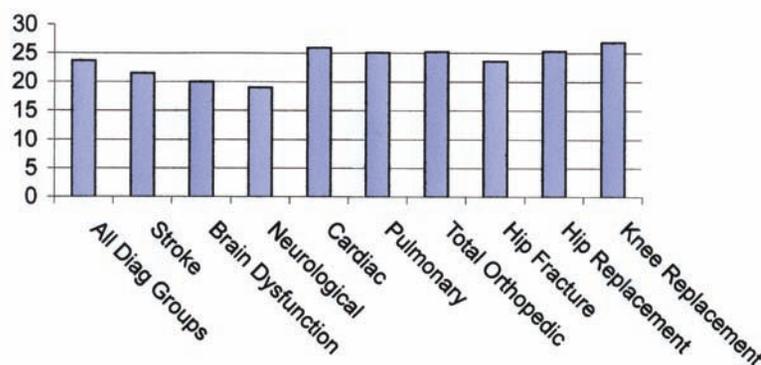
Post discharge satisfaction scores were collected from 620 (26%) patients using the Press-Ganey Inpatient Rehabilitation Survey to allow for benchmark comparisons. As indicated on the graph below, almost 95% of patients would recommend Rusk to someone in need of inpatient rehabilitation. Department-specific results indicated fairly high ratings for therapy services.



### PATIENT OUTCOMES

More than 2,400 adult patients received inpatient rehabilitation treatment at Rusk during 2007. The average age of our adult patients was 74, five years older than the regional average age of 69. Most of our patients (70%) were admitted from our own acute care hospitals, Tisch Hospital and NYUHJD. This adjacency provides a breadth of knowledge and subspecialty consultants, which is rarely available in freestanding inpatient rehabilitation facilities. Seventy-four percent (74%) of our patients were discharged to home after a successful admission, above the regional standard of 71%.

### FIM Improvement



### NEUROREHABILITATION UNIT WELCOMES NEW PHYSICIAN

Michal E. Eisenberg, MD joined the NYU Langone Medical Center Staff this past summer 2008. She is currently an Instructor in the Department of Neurology and in the Department of Rehabilitation Medicine, with board certification in Physical Medicine and Rehabilitation. After graduating from medical school at Albert Einstein College of Medicine of Yeshiva University, Dr. Eisenberg completed an internal medicine internship at Jacobi Medical Center and then residency in Physical Medicine and Rehabilitation at UMDNJ-New Jersey Medical School/Kessler Institute for Rehabilitation. Dr. Eisenberg continued her training in a one year fellowship in Traumatic Brain Injury at UMDNJ-New Jersey Medical School/Kessler Institute for Rehabilitation, graduating this past June 2008.

The Rusk Institute is pleased to thank the hundreds of grateful patients and their families who have made gift contributions over the past year. As we move forward, grateful patients and their families will be one of the most important sources of philanthropic support and the backbone of our future services. We will tell you more about some unique gifts in the next issue of this newsletter. If you are interested in discussing the various gift opportunities available at the Rusk Institute please contact: Christopher E. Sickels by phone 212.404.3646 or by email christopher.sickels@nyumc.org

# THE EYES OF PATIENCE

Alice Landry, MS, ATR-BC, LCAT, Art Therapist

In 2006 the Therapeutic Recreation, Child Life and Creative Arts Therapies Department began a phototherapy program with adult patients in the Rusk Institute. Initially, the program was designed for inpatients to document their personal journey through the rehabilitation experience using photography as the expressive



modality. Due to the participant requests, the program was expanded to outpatients. The program included several phototherapy group sessions facilitated by two art therapists, including education on the history of photography and how to use Photoshop.® The groups also included experiential elements as the participants were asked to write about their work and process their experiences. The project culminated with

a full blown gallery exhibit called The Eyes of Patience at ClampArt Gallery in Chelsea. The program and exhibition was made possible by the Christopher Reeve Paralysis Foundation, the family of Nathan Boritz, Whitehall Business Archives and ClampArt Gallery.

The following excerpt was written by one of our participants, J.M., a patient at Rusk for several months.

*"I was privileged to participate in Rusk's project to photograph life as a rehab patient. Only months before entering Rusk, with full mobility, and even agility, I'd been one of 26 people completing the Creative Center's Still Life, documenting life as a cancer survivor. Then suddenly there was injury, operations, complications and greatly limited mobility: a great shock! It was frightening, made me very sad and angry, and allowed a sense of isolation to take hold. The Eyes of Patience project gave access to a lifelong love and avocation: photography. Photography sparked my interest and imagination as little else could do at the time. It was hard to adjust to the very restricted visual perspectives from the wheelchair and bed, a great insight into another part of the world of disability. Despite near daily visits from family and friends and the attention of the medical*

*professionals who peopled my days in rehab, I felt lonely and cut off from even the limited "new normal" life years of cancer treatment had fostered.*

*"The Eyes of Patience project helped me confront the fact that yet again, my life had been altered radically by illness. You created an oasis and respite from the intense demands of hospital/ rehab life... It was a clear place to begin exploring life with spinal cord injury.*

*"The first group exhibition of the photos in ClampArt Gallery was a great joy and revelation. Just being able to physically be there and*

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Just being able to physically be there and connect with other photographers outside of a hospital setting was a deep part of healing

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*connect with the other photographers outside of a hospital setting was a deep part of healing. More recently, our group's images displayed in the Rusk hallways extend the connection beyond the hospital-time in Rusk. May the images bring some beauty and pleasure into the lives of those who see them. The healing continues, mobility continues to improve...holding the time with you is one of the connections that now informs my life. Thank you!"*

The second phototherapy program is now underway with 25 patients participating and an exhibit planned for this fall. ●

Designed & Produced by Nathan Grau

## the whole story

The whole story is published by the Rusk Institute of Rehabilitation Medicine of NYU Langone Medical Center. Readers are invited to submit letters to the editor, comments, and story ideas to Mara Epstein, Director of Operations, [Mara.Epstein@nyumc.org](mailto:Mara.Epstein@nyumc.org)

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