

# the whole story



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# RUSK DEVELOPMENT EFFORTS FOCUS ON HONORING FACULTY & STAFF

By Christopher Sickels



**Christopher E. Sickels**  
*Senior Director of Major Gifts  
Office of Development*

Over the years, the doctors and staff at the Rusk Institute have helped thousands of patients regain their independence and start a meaningful new chapter in their lives. Many of these patients have made charitable contributions to support the work of the Rusk Institute. Our hope today is to work with grateful patients and their families to improve the programs and services offered at the Rusk Institute, by creating funding opportunities that honor

key faculty members and core staff.

There are a number of ways that a patient can honor the work of their doctor or favorite staff, ranging from making annual gift contributions to including the Rusk Institute in their estate plan. The highest honor a Rusk Institute employee can ever receive is a contribution made in their honor.

Over the next five years, the majority of our development efforts will be focused on creating endowment funds that honor some of the nation's leading rehabilitative practitioners and finding long-term philanthropic support for core Rusk Institute

programs. If we are successful, this funding will help sustain the Rusk Institute as one of the finest, most innovative rehabilitation medicine programs in the country.

It is important to take time to honor people who have made a difference in your life. Without philanthropic support, the Rusk Institute would not be able to provide the services necessary to help those in need.

If you are interested in discussing the various gift opportunities available at the Rusk Institute please contact:

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Thank You!

The Rusk Institute is pleased to thank  
Mr. Kerry Collins, the Helen Hoffritz Charitable Trust  
and the Intimate Apparel Square Club  
for their recent major gift support.

## DEAR COLLEAGUES

It is with great enthusiasm and excitement that I write to you regarding my appointment as Chairman of Rehabilitation Medicine and Medical Director of The Rusk Institute. Rusk has a rich tradition of providing outstanding rehabilitation care to individuals throughout the world with physical and cognitive impairments and I am honored to join your talented staff of healthcare providers.

Physical Medicine and Rehabilitation have changed over the many years since Howard Rusk left clinical practice. Today, we face challenges posed by governmental regulations, such as the 60% rule (formerly known as the 75% rule), shortened hospitalizations, limited research resources, and threats of reduced reimbursement for the care we provide our patients. Despite these challenges, there are numerous opportunities to grow and enhance the quality of services we provide individuals with disabilities. Rusk is well positioned to expand currently existing rehabilitation services, including those for brain injury, limb deficiency, neurological diseases and musculoskeletal disorders, while maintaining strong programs in the fields of cardiovascular, pediatric and stroke rehabilitation among many others. From this solid clinical base, we will be well situated to expand research efforts that will ultimately improve the life of our patients.

Over the past several months, I have met many individuals from various departments on the main campus and at NYU Hospital for Joint Diseases, as well as at

Bellevue and the Veterans Administration Medical Center. It has become quite obvious to me that there is a wealth of both clinical and research expertise, accompanied by a strong sense of collegiality. It is my goal to have Rusk work in collaboration with both clinical and basic science departments throughout NYU to build upon the history of excellence instituted by Howard Rusk many years ago.

I've also met many Rusk staff members over the past several months, all of whom have filled me with a great sense of confidence regarding the future of Physical Medicine and Rehabilitation at NYU. Although there are many more whom

I have yet to meet, I know everyone one of us is extremely important to our future successes and I look forward to begin working with all of you when I arrive this spring. By working together with a keen eye on the future while honoring the past commitments and ideals of Howard Rusk, I am confident that we will share an extremely successful future.

In closing, I must add a personal note of thanks to Matt Lee, M.D. Dr. Lee has led The Rusk Institute with dedication, professionalism, compassion and outstanding skill. I am comforted in the knowledge that he will remain at Rusk after I arrive. His continued insights, compassion, and devotion to Rusk will be vital assets to our continued success. •

With warm regards,

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



■ **The Annual Rusk Institute of Rehabilitation Medicine Review Course**

March 24th-March 30th 2008

At New York University Medical Center

■ **The Joan and Joel Smilow Cardiac & Pulmonary Rehabilitation and Prevention Center**

March 25th, 2008

With the sponsorship of FMED is invited by the NYU College of Nursing to collaborate with the Lighthouse International Diabetic Center on **March 25th, 2008 from 7 AM-1 PM** to perform a comprehensive cardiovascular screening in a community outreach on at 111 East 59th Street in Manhattan.

■ **The New York Academy of Traumatic Brain Injury Eleventh Annual Conference: "The Assessment and Treatment of Traumatic Brain Injury at War and at Home"**

Preconference Workshops March 27th (Thu), 2008

Plenary Sessions March 28th and 29th (Fri & Sat), 2008

Friday Evening Reception March 28th, 2008

NYU Hospital for Joint Diseases

17th Street & 2nd Avenue New York, NY

Co-Sponsored by The Rusk Institute Brain Injury

Rehabilitation Program at 17th Street

The Michigan Neuropsychological Society

■ **Community Outreach for Stroke Prevention:**

April 1, 2008 at the Queens Nanshan Senior Center and

April 2, 2008 at Prince St. Senior Center

■ **4th Solomon Lecture in Neurorehabilitation**

May 29, 2008-4 PM

Speaker George Prigitano, PhD;

Director of Neuropsychology

Barrow Institute, Phoenix, Arizona

**Topic:** Recent Advances in the Study of NEGLECT

Sponsored by Rusk Psychology Department

■ **Rusk Institute's 10th Annual Community Wellness**

June 12th, 2008

To be held at New York University Medical Center

■ **Rusk at 34th Street PT Course: Research-Based Course in Lymphedema Management, Leduc Method**

September 24-26, 2008

by Anne Marie Valiant-Newman

■ **Rusk 34th street-OT Course: Strain Counter Strain- the Upper Quadrant by the Jones Institute**

Fall 2008

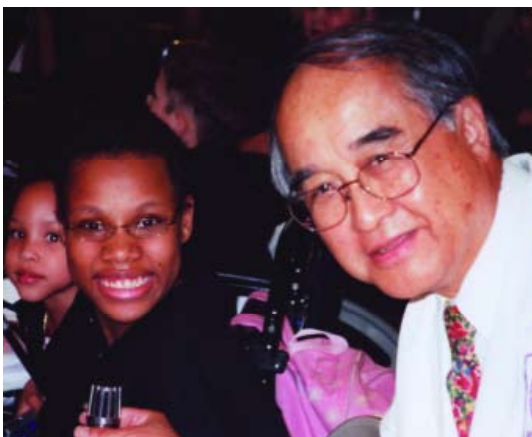
Hosted by the OT Department



# the whole story

Rehabilitation that focuses on the whole person

Dear Friends,



On May 8, 2008 I will step down as the Howard A. Rusk Professor and Chairman and will be assuming Emeritus status. It is with tremendous pride that I reflect on my tenure at Rusk and profound optimism that I look to the future for the Rusk Institute of Rehabilitation Medicine and the Department of Rehabilitation Medicine.

My association with the Rusk Institute of Rehabilitation Medicine and the Department of Rehabilitation Medicine commenced 45 years ago when the U.S. Public Service assigned me to Dr. Rusk to develop the prototype Delaware County Stroke Program. After my assignment I was prepared to return to Washington, D.C., having been the first U.S. Public Health physician with training both in rehabilitation medicine and preventive medicine, but Dr. Rusk encouraged me to pursue an academic career.

In 1965, I officially joined the faculty and was appointed tenured Professor in 1973, Dr. Rusk's youngest and last full Professor appointee. After two decades of leadership at Goldwater Memorial Hospital, I was appointed Medical Director of the Rusk Institute in 1989, The Howard A. Rusk Professor in 1997 and then Chair in 1998. Those exciting

*Continued on page 2*

**Dr. Mathew Lee**

*Howard A. Rusk Chair, NYU School of Medicine's Department of Physical Medicine and Rehabilitation Medical Director, Rusk Institute of Rehabilitation Medicine*

## OCCUPATIONAL THERAPY: THE SKILLS FOR THE JOB OF LIVING

Adrienne Dicembri, Supervisor Occupational Therapy – Tisch Acute Care Service

Steve Van Lew, OT, Associate Director of Occupational Therapy

Lauren Levin, OTR/L, MPA, Clinical Specialist, RUSK at 17th Street, NYU Hospital for Joint Diseases

It is not unusual for an occupational therapist to hear a patient say “Occupational Therapy? I don’t need a job?” Telling “The Whole Story” to our own friends and family and attempting to define all that is encompassed in the profession of occupational therapy (which we usually call simply “OT”) can be a truly daunting task.

Conversely, when one of our patients asks how we can help the answer is quite simple. “I will help you learn to dress yourself now that your arm and leg are weak after your stroke.” “I will help work on the double vision you have had since your head injury.” “I will help you learn how to write your name to get ready for going to school.” “I will compile scale drawings on how to renovate your home now that you are using a wheelchair.” “I will help you learn how to access your computer with your eyes now that your arms and legs are too weak to move.” “I will help you to regain your motion and strength after your shoulder surgery so that you can go back to playing golf.” Occupational therapists help people of all ages return to doing the activities that “occupy” their time.

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“I will help you to regain your motion and strength after your shoulder surgery so that you can go back to playing golf.”

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The concept of occupation as therapy emerged in the late 19th and early 20th centuries when work and activity were seen as more vital to good health than the traditional medicine we know today. Patients in hospitals were required to do work as they recuperated. Women cared for other patients and sewed, while men cleaned and performed carpentry tasks. The concept of work and activity ultimately evolved into the rehabilitation profession of occupational therapy and the creation of the National Society for the Promotion of Occupational Therapy (1917), what we now know as the American Occupational Therapy Association (1923).

Reflecting both Dr. Rusk's founding vision of excellence and their own professional dedication, our OT team has been able to create therapy programs that treat the “Whole Person.” The Rusk Institute provides occupational therapy programs at its two main locations—34th Street and 17th

*Continued on page 3*





## “RUSK WITHOUT WALLS” SHARES EXPERTISE WITH COLLEAGUES IN CHINA

Dr. Jonathan Whiteson, Medical Director and Ana M. Mola, ANP, Program Director, The Joan and Joel Smilow Cardiac & Pulmonary Rehabilitation and Prevention Center

**D**uring 2007, physicians and nursing directors from Peking University First Hospital and Beijing Friendship Hospital Capital Medical University visited the Rusk Institute of Rehabilitation Medicine to observe the diverse patient care specialty programs that are provided by our professional staff. This international knowledge exchange of rehabilitation medicine has continued the vision of Dr Mathew Lee’s “Rusk Without Walls”.

The visits followed an October 2006 conference in China, where a delegation from the Rusk Institute presented on Rehabilitation Medicine and provided professional consultations for colleagues in and around the Beijing area.

The conference was held in the Shandong Province in the city of Linyi at Linyi People’s Hospital. For two days, the Rusk experts presented information on a variety of related topics, including stroke and cardiopulmonary rehabilitation, secondary prevention of cardiovascular disease, orthopedic and spinal cord rehabilitation, nursing care and the rehabilitation continuum, the unique health and rehabilitation issues facing Chinese

immigrants in New York City, and cultural variances in rehabilitation services. Following the conference, the Rusk delegation went to Beijing to meet with hospital and medical school clinicians and administrators at Peking University First Hospital and Beijing Friendship Hospital to discuss the development of international training programs and strategies to bring state-of-the-art physical medicine and rehabilitation practices to China.

The Rusk experts speaking at the conference included: Arthur Jimenez, M.D., Director of Rehabilitation at NYUHJD; Ana Mola, MA, R.N., ANP, Program Director of the Cardiac Rehabilitation and Prevention Center; Kate Parkin, M.S., P.T., Director of Physical and Occupational Therapy; Jonathan Whiteson, M.D., Director of Cardiovascular and Pulmonary Rehabilitation and Director of Outpatient Services and Continuing Care; and Victoria Zhang, M.D., Director of the Spasticity Laboratory. Also attending the conference was Arnold Stern, M.D., Assistant Dean for Extramural Education Programs, who represented NYUMC’s Institute for Community Health and who served as the liaison with the Chinese hospital representatives.

### DEAR FRIENDS *Continued from page 1*

years were filled both with exponential growth at our facility and international growth in rehabilitation medicine. My participation involved surveying rehabilitation services following a poliomyelitis epidemic in Micronesia, restorative leprosy services in Korea, and missions to Egypt, Mexico, and South America.

Under my stewardship, the *U.S. News & World Report* ranked the Rusk Institute #1 in rehabilitation medicine in the New York area for 18 consecutive years. Over the past 50 years, the Department has trained over 23 Department Chairs in the United States and several distinguished individuals abroad, one becoming the Secretary of Health of the Philippines and another Surgeon General of the Mexican Army. In the United States, Philip Lee became the 1st Secretary of Health under the Johnson Administration. From a physiatric training perspective, half of the practicing physiatrists in the United States have a 2nd or 3rd generation genetic link to Rusk. When one includes the rehabilitation team, thousands have been trained here.

At the United Nations celebration in 1998 when I was appointed the Howard A. Rusk Professor, I announced the concept of “Rusk

Without Walls” as an instrument to achieve world peace. Through this project, I have lectured and consulted in rehabilitation medicine in over 40 countries. I hope to continue and expand upon this concept with the World Health Organization and the United Nations and contribute towards furthering international rehabilitation.

Dean Robert Grossman has expressed his support to revitalize our department. Knowing his commitment to excellence, I feel that now is the time for me to pass “the baton” forward to my successor. I am confident that you will give Dr. Steven Flanagan your support and guidance to ensure the leadership role the Rusk Institute and Department will continue into the 21st century and to maintain its rich heritage.

Without the support of each one of you, our achievements over the decades would not have been possible. Thank you for your loyal and dedicated support of the Department and the Rusk Institute during my Chairmanship and Medical Directorship. ●

Sincerely,  
Dr Mathew Lee

## A PATH TO RECOVERY

Ann Thaler-Shore M.P.T Manager of Network Services Office of Continuing Care

*A patient's wife, Elaine Keehn, reflects on her experience at Rusk at 17th street and Cabrini Center for Nursing and Rehabilitation, one of the Rusk Network affiliate facilities.*

**O**n April 1, my husband Jack had brain surgery at the VA Hospital to remove two blood clots from his brain after a fall. After three and a half weeks in the ICU, I was informed that Jack was to go into rehab. I knew my husband was a great fighter and would not give up. I literally prayed for Rusk. Thankfully, Jack was admitted to Rusk at 17th Street.

When you walk into a hospital setting such as Rusk at 17th Street, it is quite intimidating, but that soon passes. Jack came in with a trach, oxygen, a PICC line for medication, and a PEG for nutrients. To me it looked as if he had a thousand lifelines attached to one body. For the first few days, I went to the hospital quite early so I could meet the doctors, the therapists, and the nursing staff, but after a few days, I came in later so as not to disturb the therapists and distract Jack. What was so assuring was when you reached the nurses' station, there in front of you was this huge bulletin board telling you when the various therapists would be working with your family member. When you went into the room, tacked onto their bulletin board was a schedule marked "Goal of the Week," which told you the therapists had to work with each other to attain these goals...The well-trained nurses were wonderful – ready to answer any questions. The aides were so diligent and so were the doctors and surrounding staff. Jack came into Rusk definitely not in great shape, but because of the great staff, when he left, he was tremendously improved and on the road to better health.

After five weeks of acute inpatient rehabilitation, Jack was ready to move to a Skilled Nursing Facility for further rehabilitation. I did some research to identify the right facility, including getting reports on the qualities of the facilities that would fill Jack's needs. I also visited them in person. But let me tell you that as soon as Hilda Tong at Cabrini met with me, I knew where I wanted Jack to be. "Threshold appearances do count" I was overwhelmed with relief to learn that Cabrini was a member of the Rusk Network. I had no doubt that the quality of rehabilitation initiated at Rusk at 17th Street would be carried over to this new level of subacute care.

The wonderful nurses, the LPNs, the aides all showed such caring and compassion for those they looked after. Nothing was too hard or too messy for them to do. No complaints, no "laters." Just quietly doing their job. Also it was not unusual to see a hug or hear a gentle word to their patients, even in



Adrienne Goldberg, MPT, Manager, Clinical Programs and Therapy Services, Rusk Institute Rehabilitation Network and the patient's wife Elaine Keehn

the hallways or the gym. This even extended to the Speech, Occupational, and Physical Therapists. Some patients even enjoyed the gym ever so much more because of the singing to make the time pass more pleasantly. All the professionals who cared for Jack met with me as a group to brief me on his progress and to answer any concerns I might have.

When Jack came to Rusk for acute rehab, he was practically a vegetable, but when he left Cabrini – five months and six days after his surgery – he walked out practically on his own, but with a walker! He is now 88 years young and we have been married for 55 years and I now have my handsome husband home with me. Almost like a miracle. It never could have happened without the dedicated Rehabilitation staff at Rusk and Cabrini. And the connection between these two great centers only makes it truly better for those at the two facilities. For that, I can only say from the bottom of my heart, a simple – *Thank you.*

## OCCUPATIONAL THERAPY Continued from page 1

Street— serving children and adults across the rehabilitation continuum, from acute care to the outpatient setting.

The occupational therapists at Rusk are specialized in treating individuals with a variety of conditions, such as brain injury, cardiac and pulmonary disease, and orthopedic injuries. Our specialty programs cater to the unique needs of each occupational therapy patient. The Barrier Free Design Program recommends individualized architectural and environmental design solutions that will enhance a patient's abilities. The Seating and Mobility Program offers a comprehensive physical evaluation to recommend the most appropriate and safe seating system and will train the patient to use it. The Assistive Technology Program offers individualized technology solutions to enhance a patient's abilities, for example through devices that help the

patient communicate or use a computer. The Upper Extremity and Hand Therapy Program offers rehabilitation by certified hand therapists for nerve/tendon repair/injuries, fractures, repetitive motion syndromes and custom splinting needs. Therapists are also specialized in providing individual and/or group treatment programs for chronic pain and Multiple Sclerosis.

April is Occupational Therapy Month. This year, occupational therapy has been named one of *U.S. News & World Report's* "Best Careers." Rusk occupational therapists celebrate our "Best Career" with a yearly raffle, donating proceeds to a local charity. In 2008 and beyond, the OT Department looks forward to continuing to develop new clinical programs to meet the unique needs of our patients.

Happy OT Month Rusk OT's!!!!



## HEART HEALTHY LIFESTYLE FOR WOMEN

Amber L. Spitzer, PT, DPT -Assistant P.T .Supervisor of Cardiac Rehabilitation

Sofiya Prilik, M.D. Inpatient Cardiac Rehabilitation Service Coordinator

**N**early one in three American women will die of cardiovascular disease. Heart attacks alone kill 267,000 women per year, six times more than breast cancer. One reason for these alarming statistics is that women are less likely to exhibit “familiar” symptoms commonly associated with cardiovascular disease. As a result, women with suspected coronary artery disease have traditionally been treated less aggressively than men. More women than men die of heart disease each year, yet women only receive 33% of angioplasties, stents and bypass surgery; 28% of implantable defibrillators; and 36% of open-heart surgeries. Furthermore, the number of women participating in outpatient cardiac rehabilitation in the United States has been reported between 5%-20%.

The ideal solution, of course, is to avoid the problem, to the extent possible, by maintaining a heart-healthy lifestyle. Unfortunately, many women are still unaware of precautionary measures that may save their lives.

The major modifiable cardiac risk factors that contribute to heart disease include smoking, high blood pressure, high cholesterol, obesity, diabetes and physical inactivity. Fortunately, positive lifestyle changes can greatly reduce these risk factors. Smoking can be addressed through counseling, nicotine replacement

and various smoking cessation therapies. Increased physical activity, alcohol moderation, sodium restriction, weight control and a diet high in fruits and vegetables and low-fat dairy products can decrease high blood pressure. Reducing saturated fats in the diet to less than 7% of total calories is an effective way to address high cholesterol. In very high-risk women with heart disease, reducing LDL cholesterol to 70 mg/dL, through a combination of cholesterol lowering drugs, may be recommended. For women who are overweight or obese, increased physical activity, preparation of food in healthy ways and controlling portion size can be extremely effective. In fact, by decreasing daily calorie intake by as little as 200-300 calories (approximately the number of calories in a candy bar) one can expect to lose half a pound per week.

Diet alone, however, is not sufficient to bring about great change in someone who is physically inactive. At least 60 minutes of moderate-intensity physical activity, such as a brisk walk on most days of the week, is highly recommended. It is also extremely important for diabetic patients to control blood sugar levels.

As part of a national movement to educate and empower women to prevent heart disease, each February, NYU Medical Center’s Cardiac & Vascular Institute sponsors the “Go Red For Women” campaign. The Joan and Joel Smilow Cardiac Rehabilitation and Prevention Center of the Rusk Institute collaborates with the Cardiac & Vascular Institute to offer health screenings and cardiac health education seminars that bring women together in an effort to beat heart disease.

It is often said that knowledge is power, which in turn can direct women to make positive changes and embrace a heart-healthy lifestyle.

### the whole story

The whole story is published for NYU Medical Center Rusk Institute of Rehabilitation Medicine by the Office of Communications and Public Affairs. Readers are invited to submit letters to the editor, comments, and story ideas to Mara Epstein, Director of Operations, Mara.Epstein@nyumc.org

Designed & Produced by Nathan Grau

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