In the world of pediatric rehabilitation this can be even more challenging since to use the functional muscles that remain to compensate for what was lost. Which inherently demands a tremendous amount of motivation as patients learn requirements considerable knowledge and skill acquisition on the part of the patient, which was once paraplegic, and accomplishment for someone who was once paraplegic, and attributable as much to the therapy Matt received as to his own determination.

For its entire history, Rusk has offered innovative care for the whole person, not just their illness or disability, but also their emotional, psychological and social needs; the upcoming transformation puts us on the path towards a very bright future. And nowhere can you find better evidence of this forward momentum than in the wealth of stories emerging from our programs about how Rusk Rehabilitation impacts the lives of individuals with disabilities.

“Rusk”—a name that has been synonymous with the highest quality rehabilitation care for more than six decades—will continue to represent our rehabilitation services as we move into facilities that better reflect the outstanding talent and dedication of our faculty and staff.

In this issue of The Whole Story, you will read how Rusk works with people with very diverse injuries and illnesses, impacting their ability to walk, think, work and even smile. You’ll learn how we support individuals with cardiac disease though an innovative program in association with the Visiting Nurse Service of New York. And, in the spirit of Howard A. Rusk and his protegé, Mathew Lee, both former chairs of Rehabilitation Medicine at NYU School of Medicine, you will understand that Rusk Rehabilitation is not limited to New York, or even the United States, but reaches over the vastness of oceans and cultures, to China and beyond.

I look forward to sharing more about our new locations, the far-reaching impact of Rusk Rehabilitation, and the stories that exemplify the world-class caring abilities of our staff. In the meantime, I hope you enjoy reading this latest set of stories that highlight how dedicated we are, at Rusk, to improving the lives of individuals with disabilities—yesterday, today and tomorrow.

Matt completed the five-mile Achilles Hope and Possibilities race in Central Park on his own two legs. He walked the entire five miles, negotiating the hills with the use of carbon fiber toe off braces and a single-point cane. It was an amazing accomplishment for someone who was once paraplegic, and attributable as much to the therapy Matt received as to his own determination.

Spinal cord injury rehabilitation spans the continuum of healthcare from the emergency room to the patient’s home and community. The rehabilitation process requires considerable knowledge and skill acquisition on the part of the patient, which inherently demands a tremendous amount of motivation as patients learn to use the functional muscles that remain to compensate for what was lost. In the world of pediatric rehabilitation this can be even more challenging since...
The Vocational Rehabilitation Department at Rusk has pioneered innovative services and programs to help individuals with disabilities find employment in the workplace or return to school. Our counselors work with clients across a range of disabilities—functional, psychological, developmental, cognitive and emotional—to develop personalized plans aimed at developing the skills needed to thrive in a professional or academic environment with pride.

John Walters (named changed for anonymity) struggles with post-traumatic stress disorder (PTSD) and generalized long-term anxiety. While a client in the Vocational Rehab Department, John undertook an exciting volunteer project to help him learn to engage in meaningful work despite his difficulties. The project is not only a splendid example of the productivity, love and humanity that is the hallmark of the Vocational Rehab Program, but also provides insight into the Rusk’s creative and storied history. John shared his experience with us during a recent interview.

How were you connected to the Rusk Vocational Rehabilitation Program?
I was first referred to the program through the State Education Department’s local Vocational and Educational Services for Individuals with Disabilities (VESID) office. I worked with a vocational specialist at Rusk to complete an initial Diagnostic Vocational Evaluation (DVE) to assess my interests and skills and to create a personalized employment plan. The goals I set focus on developing workplace skills through volunteer experience and counseling.

What does your project with the Vocational Rehab Program involve?
Rusk has a collection of nearly 400 dolls which have been donated by patients, families, friends, colleagues and ambassadors over the past 85 years. I am helping to organize, document, store and display these dolls to preserve them as Rusk embarks on its upcoming physical transformation—moving from the building at 400 East 34th Street to multiple locations throughout the medical center. The goal is to give the dolls a clean, clear, comfortable, well-lighted space—a home, where their wonderful history can be preserved.

What is the history of the collection in the Doll Room at Rusk?
The collection began when Dr. Howard Rusk received one or two dolls from their native countries. Dr. Rusk thought the dolls could be used in pediatric rehabilitation. So began a tradition of residents bringing dolls from their native countries to be used in rehabilitation therapy.

Are there any dolls that are particularly interesting or distinguishable?
Each doll has a unique origin and represents a different nation and time period. Germany is well-known for its doll-making, so the dolls from this region first caught my eye. While my personal favorite is a hand-painted female doll from Hungary, the one I always show people is a female doll from Africa with a beautiful face and very vibrant dress.

There are also many embassy dolls in the collection. Because of Rusk’s proximity to the United Nations, many foreign diplomats have sent their children here for rehabilitation and have given dolls to the collection. The mother of the Dalai Lama donated male and female dolls from Tibet. The most meaningful doll in the collection, however, may be the doll that was handmade for a patient during their time at Rusk. We don’t know who exactly made the doll, but it was an individual—a family member, nurse or therapist—who was involved with a patient’s rehabilitation. The doll is an act of love.

You had a former career related to dolls and toys. How has your time working with the doll collection at Rusk added to your experience?
I’ve particularly enjoyed the international breadth of the dolls. They are not just American; there are dolls from all over the world including Africa, pre-revolutionary Russia, France, Korea, Japan, Iran and India. My imagination takes over when looking at and working with them. I can imagine a patient lying in bed, thinking about traveling to the doll’s native country or wearing the different clothes the doll is wearing. I can see the patient’s face light up as they imagine the doll’s story.

Working with the collection has also confirmed that art pieces such as these dolls are objects of love. They have the power to heal.

In what way can dolls heal?
Dolls are human likenesses, and people can use them to communicate their feelings, emotions and ideas. They are a way in which patients can dream, imagine and travel. They help patients get excited about a productive and fulfilling life ahead of them.

How has your experience at Rusk and with this project inspired you?
I will definitely continue with rehab-focused therapy. The staff at Rusk has shown that rehabilitation can extend beyond a clinical focus. There is a human element I wasn’t expecting. From secretaries to case workers, everyone is friendly, fun, and has a sense of humor. I am very grateful for the opportunity and resulting experience. Rusk is a family that has a connection filled with love, care and passion. I hope that my contributions to storing and preserving the doll collection will enable others to experience the human element of Rusk Rehabilitation and the joys of interacting with dolls.

We would like to thank John for sharing his experience with us. It is inspirational to hear how Rusk’s Vocational Rehabilitation Program not only helps shape productive lives, but also touches the hearts of its clients.

To learn more about Rusk’s Vocational Rehabilitation Program, please visit the website at http://rusk.med.nyu.edu/vocational-rehabilitation or call (212) 263-6033.
China is an ocean away and a world apart, but the connection between the Rusk Institute of Rehabilitation Medicine and China is closer than many people would imagine. Dr. Howard Rusk and Dr. Mathew Lee helped to establish the first rehabilitation facility in China in 1982 and laid the groundwork for Rusk’s efforts in China today.

In the spirit of developing quality rehabilitation programs around the globe, Rusk recently sent an interdisciplinary clinical team consisting of rehabilitation medicine physicians, physical therapists and rehabilitation nurses to Qingdao Municipal Hospital to begin a year-long training program in sports medicine and rehabilitation. This team delivered more than 20 lectures to Chinese physicians, nurses and rehabilitation therapists on the concepts and practices of Western-style rehabilitation medicine and consulted on numerous patients during the 10-day visit, with some remarkable and inspiring results.

In the United States, our medical practices have long demonstrated the need to ambulate patients soon after surgery, and we recognize the importance of rehabilitation medicine as a means to help the patient return to their home or community as quickly as possible. In China, for a variety of reasons, it remains fairly common to prescribe bed rest following surgery and patients are admitted to hospitals for much longer inpatient stays. In this context, the healing power of rehabilitation medicine can be awe-inspiring. Our clinical team assisted numerous patients in leaving bed to walk or exercise for the first time in weeks/months post-surgery. Seeing the response of the patients, their families and our Chinese counterparts was a reminder of why we chose healthcare as a profession.

In those moments of witnessing patients walk for the first time in months or watching the eagerness of our colleagues in China to learn new techniques, it was easy to forget the inevitable travel delays, foreign language challenges and differences in customs. It was all about helping patients get better.

Members from our clinical team remarked throughout our trip to China that they had not previously experienced a more dynamic teaching environment and were humbled by the opportunity to provide training that could touch so many.

This trip is only the first of four planned over the next year for our clinical team, and there is much work to be done in building a sustainable academic model for rehabilitation medicine in the region. But as the Chinese proverb says, a journey of 1,000 miles must begin with a single step.

Seeing the response of the patients, their families and our Chinese counterparts was a reminder of why we chose healthcare as a profession.
HELPING PATIENTS REGAIN THEIR SMILE
By Sarah Zahluski, PT, DPT, Senior Physical Therapist

The Outpatient Physical Therapy Department is offering a new program to assist patients with facial nerve dysfunction. Severe facial droop can result from Bell’s palsy, Guillain-Barré, or post-cranial nerve tumor resections, and can last anywhere from several weeks to years.

In these cases, the body “overcorrects” in the healing process, leading to symptoms of muscle soreness and tightness. The facial nerves and muscles can also work in an uncoordinated way, a phenomenon called synkinesis, leading to unwanted movement in one area of the face when attempting to move another region. People with synkinesis may involuntarily close one eye or contract their neck when attempting to smile or pucker their lips. They may also notice their mouth pulling up and out to the side when closing their eyes tightly. They may also have tightness in several regions on one side of their face. Examples include: one eyebrow is higher than the other, one eye appears smaller, one cheek appears bulky, the mouth can be pulled up and out to the side, one may notice dimpling in their chin, or tendons contracting in their neck.

The combination of muscle weakness, tightness, and uncoordinated movement can make everyday things difficult such as chewing food, drinking from a cup, brushing one’s teeth, forming certain speech sounds, and making facial expressions. Facial dysfunctions may cause a person to limit their social interactions, or can create feelings of loss of personal identity.

Patients are amazed when comparing their before and after photos, often commenting that their smile is no longer crooked or revealing that they are no longer ashamed to smile in family photos.

The new facial program in Physical Therapy—developed in collaboration with NYU Langone’s Department of Otolaryngology (Ear, Nose, and Throat)—can help decrease facial muscle pain associated with tightness and muscle spasms, improve resting facial symmetry, and restore symmetry of functional facial movement. Patients are guided through stretches, relaxation techniques, and exercises that they can do at home to address their goals.

As a senior physical therapist treating facial dysfunction at Rusk, I ask my patients what bothers them the most about their condition. Most reply, “I want to be able to smile again.”

During initial evaluations, I take pictures of all of my patients at rest and while making specific facial expressions, and then photograph them again at follow-up appointments in order to track their progress. Noticeable improvements often occur immediately, and it is never too late for someone to start therapy. People like Mr. Pruce and Dr. Ashman aim to help Rusk work proactively to remove the barriers that exist between those living with brain injury and their families, and the professionals who serve them. The goal is to eliminate the gap between patients and community resources, particularly when dealing with the long and uncertain path of rehabilitation.

The recent trend of reallocating rehabilitation resources from traditional acute and post-acute inpatient settings to outpatient and home-based settings clearly indicates the need for community participatory action. As patients and their caregivers leave Rusk’s inpatient service, there is a great need for accessible coordination of care. Community advocates like Mr. Pruce can help these consumers understand and navigate the current system of services available in New York State and serve as a long-term liaison for patients and caregivers.

“Through advocacy, education and research, Rusk Institute of Rehabilitation Medicine and the Brain Injury Association of New York State bring hope, help and healing to the thousands of individuals who pass through our halls yearly,” says Dr. Ashman.

Dr. Ashman hopes to implement new dimensions of patient care by expanding Rusk’s mission to include patient participatory action. Rather than relying on state facilities, current and former Rusk patients can work together to form support networks and share their experiences. This effort will give individuals and their families a better sense of what to expect and how to maximize access to services. “We aim to expand the voices of our patients and their family members. Through advocacy, education and research, Rusk Institute of Rehabilitation Medicine and the Brain Injury Association of New York State bring hope, help and healing to the thousands of individuals who pass through our halls yearly,” says Dr. Ashman.
Rusk is world-famous for providing rehabilitation services to individuals recovering from disabling injuries or medical conditions, but it also plays an important role in the community, holding free public seminars and other activities to raise awareness about rehabilitation medicine, wellness, and preventive health. Over the past year, these outreach efforts stretched from Manhattan’s waters to a church in Brooklyn, and addressed issues ranging from sports concussions to rehabilitation for limb loss.

Following is a roundup of the major community events organized and hosted by Rusk’s faculty and staff in 2011:

In March, as part of National Brain Injury Awareness Month, two lectures on “Concussion: The Invisible Injury”—one for parents, another for coaches—were held at the Chelsea Piers Sports & Entertainment Complex. The lectures, hosted by Rusk pediatric physiatrist Renat Sukhov, MD, and Marie Briody, PhD, a senior pediatric psychologist, focused on the fact that a concussion is actually a brain injury, and that athletes should be removed from play immediately if there’s any possibility a concussion may have occurred.

On May 20, 2011, a morning-long seminar on “Living Successfully with Stroke” drew a capacity crowd to the Rusk Pavilion as part of National Stroke Awareness Month. The seminar for stroke survivors and their caregivers included a Q&A session with Rusk stroke rehabilitation specialists. This was followed by a powerful panel discussion on which stroke survivors discussed what it means to live successfully after experiencing a stroke. Later that day, attendees were invited to tour Rusk’s Motor Recovery Research Laboratory, directed by Preeti Raghavan, MD, where they learned about research on innovative approaches to helping patients recover motor function following a stroke.

In mid-September, Rusk staged its most extensive celebration to date of National Rehabilitation Awareness Week (September 18–24, 2011), hosting a broad range of events for the community and for healthcare professionals. The kick-off took place early Sunday morning, when Mary Kocy, of Rusk Rehabilitation, water-skied 30 miles around Manhattan to raise money for vocational rehabilitation research for war veterans. Kocy’s trip took an hour and forty minutes and raised $20,000.

That same day, a presentation on “What You Need to Know about Head Injury in Children” was held at the Bedford Central Presbyterian Church in Brooklyn, attracting more than 50 attendees from the community. Participants listened and interacted with the Rusk pediatric team as they discussed brain “basics”—facts about brain injury in children and the role of rehabilitation medicine in helping children recover from brain injury. Experts on hand from Rusk included physiatrist Renat Sukhov, MD, pediatric psychologist Marie E. Briody, PhD, speech-language pathologist Ellyn Levy, SLP, occupational therapist Samantha Muscato, OTR/L, pediatric rehab nurse Paula Reynolds, RN, and pediatric physical therapist Carie Starnida, PT.

In mid-week, the First Annual Amputation Rehabilitation Educational Conference, an informational and social event, took place aboard a sightseeing ship circling Manhattan. The event, hosted by the NYU Langone Amputee Support Group—which meets monthly at Rusk—highlighted the importance of rehabilitation care in helping people regain mobility and quality of life following the loss of a limb.

The week’s activities also spotlighted Rusk’s pediatric rehab patients, who were the featured artists at a pediatric art show and auction titled “The Art of Ability.” The event, held in an actual art gallery, was created in partnership with Bear Givers, a nonprofit organization that brings joy to children and adults through the symbolic gift of a teddy bear.

The week also featured accredited, professional educational events. These included a CME course spearheaded by Rusk physiatrist Jeffrey M. Cohen, MD, on headache and neuromuscular disorders, as well as courses on helping children with cerebral palsy transition to adulthood, and on nurturing diversity and reducing disparities in healthcare.

Rehabilitation Awareness Week was rounded out by an interactive exhibition on “Rehab and its Role in the Continuum of Care,” held at NYU Langone Medical Center, in which Rusk experts met with the public and members of the NYU Langone community to showcase the multidisciplinary specialties involved in rehabilitation medicine.

On October 19, 2011, Rusk also hosted a group for National Disability Mentoring Day for the third consecutive year. The event matches people with disabilities with mentors at various organizations, giving them a unique opportunity to explore potential jobs. Over a dozen participants visited the Medical Center’s new automated pharmacy; Sterile Processing, where the hospital’s surgical instruments and medical devices are cleaned and sterilized; and the Food Services Department. Each participant was then paired with a mentor to get hands-on experience with various jobs in the medical center environment, including therapeutic recreation, speech-language pathology, social work, and administrative positions.

Truly, a busy and momentous year for Rusk’s ongoing community engagement!
Rusk in Action

Clockwise, from top left: A Rusk therapist works with an amputee program patient; Rusk Medical Director, Dr. Steven Flanagan, examines a patient; a Rusk employee displays an award received for research initiatives; a patient and therapist in vision therapy, one of Rusk’s occupational therapy offerings; a pediatric patient works with a Rusk therapist in the sensory playroom.
Clockwise, from top left: hand therapy, part of Rusk’s occupational therapy program; a young patient and her father work on a puzzle in the pediatric playroom; two patients in the Joan and Joel Smilow Cardiac & Pulmonary Rehabilitation and Prevention Center; pediatric patients on the Lokomat®, part of Rusk’s robotic-assisted walking therapy program.
CIRCLE OF CARDIAC CARE: 
A TRANSITIONAL CARE APPROACH

Ana Mora, MA, RN, ANP-BC, CTTS, Program Director, Joan and Joel 
Smilow Cardiac & Pulmonary Rehabilitation and Prevention Center

The Patient Protection and Affordable Care Act, also known as the healthcare reform bill, promotes greater efficiencies and timely patient access to outpatient services, including outpatient cardiac rehabilitation. Many patients with cardiopulmonary problems require home care, including nursing and physical therapy, after discharge from acute hospitalization or inpatient cardiopulmonary rehabilitation units. The Rusk Institute of Rehabilitation Medicine Cardiopulmonary Rehabilitation and Prevention Center has partnered with the Visiting Nurse Service of New York (VNSNY) to put this new legislation—passed in March 2010—into practice for the enhancement of the patient’s transition from inpatient cardiopulmonary services to community reintegration.

Patients are not always ready to begin a comprehensive outpatient program in cardiac or pulmonary rehabilitation right after discharge from the hospital. The partnership between Rusk’s Cardiopulmonary Rehab Center and VNSNY was organized to bridge individualized, patient-centered therapy services from inpatient settings to the community. The professional teams of both Rusk and VNSNY are transdisciplinary, with physicians, nurses, physical and occupational therapists and mental health counselors collaborating to enhance the patient’s transition.

Through the partnership, the individualized physical activity treatment plan developed and implemented in the hospital is communicated to the VNSNY team to ensure its continuation with the patient, thereby increasing his or her ability to perform the activities of daily living. Dr. Jonathan Whiteson, the medical director of the Rusk Cardiopulmonary Rehabilitation and Prevention Center stated, “With this seamless transition of care, both hospital and community clinicians can implement the needed services that ensure world-class care. The teams are focused on keeping patients healthy and functional in the community, with an emphasis on quality of life.”

The teams are focused on keeping patients healthy and functional in the community, with an emphasis on quality of life.

The partnership began over two years ago as VNSNY selected care teams in the borough of Manhattan to participate in the pilot patient program. A referral process was established so that consistent, accurate information would be communicated between participating Rusk patients and VNSNY members upon patient discharge. The Rusk Cardiopulmonary Rehab team provided nine hours of cardiopulmonary rehabilitation in-service training to the VNSNY Manhattan team, and then more than fifty VNSNY nurses and therapists spent a half day observing at the Rusk Cardiopulmonary Rehab program to gain greater insight into the inpatient care of cardiopulmonary patients. Ongoing, collaborative meetings between Rusk and VNSNY to review patient cases ensures adherence to VNSNY standards and overall quality of case management. Today, the partnership program has expanded to Brooklyn and Queens.

One of the goals of the partnership program was to educate VNSNY staff and encourage them to speak to the patient’s providers as a way of enhancing the standard of care for referred patients. Nationally, the current referral rates for cardiac patients to outpatient cardiac rehabilitation programs is between 25% and 30%. This circle of cardiac care—a transitional approach encompassing the patient’s journey from hospital to home to outpatient cardiac rehabilitation—begins to address the challenge of the Affordable Care Act and its mandate to promote “greater efficiencies and timely access to outpatient services.”

Readers of “The Whole Story” are invited to submit comments, feedback, or questions to rusk.info@nyumc.org. To be removed from our mailing list, please call 212.404.3514 or email rusk.info@nyumc.org.