

alternatives

we put the community in home and community rehabilitation

Ask anyone who works at Rehab Without Walls: The job is more than one-to-one client care. The job rarely ends after the last client session of the day. And, in fact, the job is not just a job. It is a vocation, and for many it is both their life work and greatest passion.

The medical professionals who make their careers at Rehab Without Walls also make their way in the world as experts in their fields. They volunteer in the community. They serve on boards. They advocate in Washington, D.C. They see unmet needs and find ways to meet them in order to improve the lives of people post-illness or injury.

The fact that they do this is remarkable. And the fact that they happen to work at Rehab Without Walls is no accident. “Rehab Without Walls attracts passionate people because the organization on the whole is fueled by passion—passion for advocating for others, passion for improving people’s lives, passion for making a difference,” says Miette Murphy, Executive Director, Rehab Without Walls Utah. “In addition, because a large part of our programming is designed to reintegrate our clients back into their communities, we are committed to staying on top of the resources available. We are big networkers, and because we believe so strongly in the role the community plays in rehabilitation, we can’t help but get involved.”

And involved they are. Here is a look at just some of the ways Rehab Without Walls employees are making a difference in the community.

Advocating for TBI

Miette Murphy doesn’t just talk about advocacy, she lives it. For the past four years, she has served on the Board of Directors and on an executive committee for the Brain Injury Association of Utah. She chairs the “Being Head Smart” committee, which oversees the implementation of the program that educates elementary school children on the importance of wearing a helmet, as well as other ways to avoid brain injury. To

date, the program has reached 80 percent of the targeted population. The committee also is responsible for program development and identification of funding sources for the “Being Head Smart” program.

Murphy is not the only person at her branch who is active in the community. Physical Therapist Lisa Carter serves on the American Heart Association’s stroke task force and participates in symposia and annual conferences. A team from the branch participates in the annual Run, Walk, Roll 5 K fundraising race for multiple sclerosis. And Jennifer Wright, the specialty account representative, chairs the Utah State TBI task force, serves on the Utah Case Management Association education committee and participates on the program committee for the Brain Injury Association of Utah annual family and professionals conference.

Wright is involved in pilot projects to meet pressing community needs, including the creation of a resource manual; a “teach the teacher” program that assists the health department, EMTs, case managers, emergency room personnel, doctor’s offices, and fire and police departments in diagnosing mild brain injuries so that



Clinical Assistant Jodina Mueller is just one of a group from the Seattle office who participated in this year’s annual fundraising walk for multiple sclerosis.

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A new feature in Alternatives, "In Their Own Words" gives you the client perspective on the Rehab Without Walls Experience. Here, former client David Bulfer of Los Altos Hills, California, shares his story in his own words.

"i am survivor of a severe traumatic brain injury"

I sustained a traumatic brain injury (TBI) in a bicycle accident. Today, after more than 3 1/2 years of work, I am fully recovered. This is the story of how my wife, with the help of Rehab Without Walls, brought me back to life.

I was a computer hardware engineer who had made the transition to senior engineering management. At the time of my TBI, I was consulting for a company in Seattle, commuting from the San Francisco Bay Area three days each week. I often went on bicycle rides when the weekend came. One particular Saturday, October 18, 2003, I took my high-tech graphite bicycle on a ride to a place where nobody would ever choose to go.

As I was coming down a mountain road not far from my home, cruising at about 25 m.p.h., the front of the bicycle separated from the frame. I hit the road hard, taking most of the impact on my helmet. A few minutes later, my wife, who was also out on a ride, came upon a group of cyclist standing around a fallen rider. Stopping to see if she could help, she found me lifeless on the ground. Paramedics rushed me to the hospital where I was assessed to be at a 7 on the Glasgow Coma Scale. CT scans revealed that I had five brain hemorrhages. When my wife arrived at the hospital, she was taken to a conference room and counseled on how to deal with the imminent loss of her husband.

However, 24 hours later, my hemorrhages stabilized without the need for surgery and I regained consciousness. I had lost my short-term memory capacity. I spoke with a heavy slur and was unable to walk without assistance and a walker. When unaccompanied, I was kept in a straightjacket to prevent me from accidentally injuring myself. A test used to gauge

my condition for release was my ability to know the current date. Despite my wife's coaching, it took me another eight days to remember to look at the calendar on the wall in front of me. On release, a nurse made an offhand comment to my wife that she would likely need help with my recovery. She suggested that Rehab Without Walls might be able to help.

When I returned home, I functioned at about the level of a two year old. I slept nearly 20 hours a day, did not talk and, generally, did not eat. My perception at that time was that the person who I was still existed and functioned normally, but was unable to interact with the world around me. In effect, my mind or spirit had been separated from my body. The person who I had once been was lost.

Rehab Without Walls sent Speech Therapist Vicky Fukuhara to assess and coordinate in-home therapy. I had a lot to rebuild. With the help of occupational and physical therapists, Vicky started the process of teaching me how to be alive again. I needed to relearn the most basic things: how to bathe, how to walk, how to find my way around my house, a store, a city block. My wife participated in all my therapy sessions. She was taught how to use measured challenges to encourage rehabilitation.

I had significant difficulty with repeated patterns (walking up and down stairs), actions requiring hand-eye coordination (catching a ball) and anything that



Following rehabilitation, David Bulfer was able to return to his passions, one of which is traveling. He is pictured here with his wife on a recent trip to Venice.

recommended reading

- Since his recovery, David has been interested in how the brain recovers. Here are some of his recommendations:
- "In The Trenches the Occupational Therapist: Coaching the Comeback" The New York Times, January 15, 2008
- "Train Your Mind, Change Your Brain" Sharon Begley, Ballantine Books, 2007
- "The Brain Fitness Program," a PBS program aired in December 2007

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did you know? financial waivers can provide help for clients

Sometimes the biggest rehabilitation hurdles are not physical but financial. How can a client focus on the road to recovery when faced with the additional burden of the financial responsibility for care? How can a client receive the necessary treatment when the reality of earning an income may be unclear?

To assist clients who find themselves faced with this dilemma, the Corporate Compliance Department at Rehab Without Walls has created a financial waiver, a legal process that allows the branch to reduce the client's portion of financial responsibility based on federal guidelines for income and dependant criteria.

"This is just another way that we advocate for our clients," explains Tracy Yoder, office manager at Phoenix Rehab Without Walls. Many clients have incurred incredible out-of-pocket expenses during their hospitalizations as well as a loss of income. By taking the financial worry out of the equation, clients can direct their energy on the gains they are making

with Rehab Without Walls. And the faster they recover, the sooner they can become productive in their home and community again."

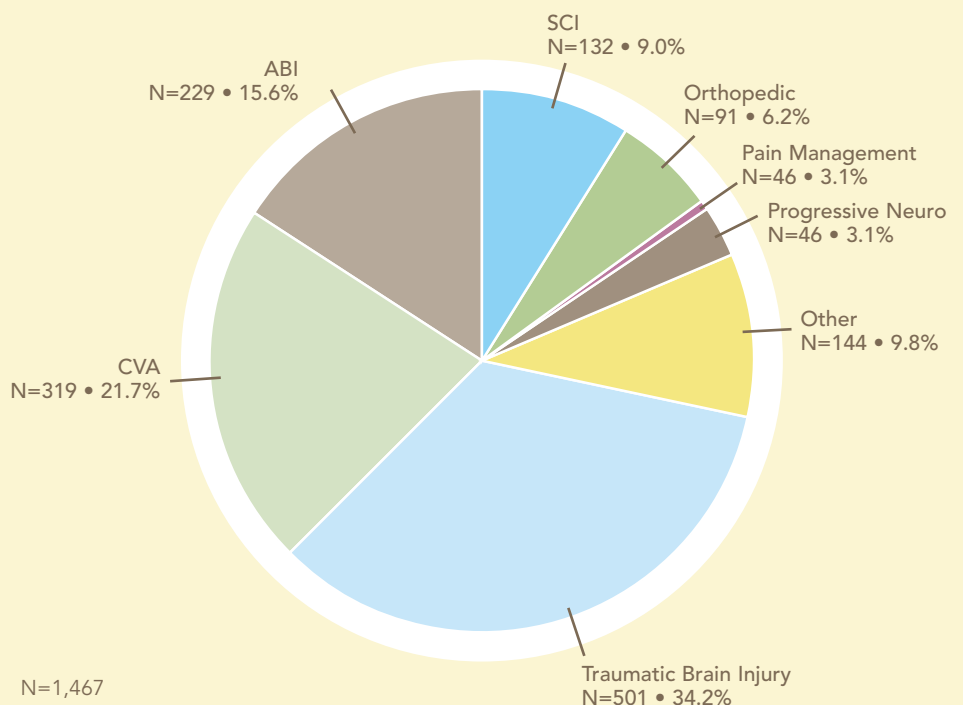
Realistically, the waiver is a rarely used tool. However, it is important to know that it is available for clients in a financial crisis and should be approved before admission, when possible.

The process involves gathering the proper documentation, having the clients complete a financial worksheet with information on their income and number of dependents. Branch management will review the client's anticipated financial responsibility, analyze the risk and work with the company's financial service unit for approval. Approval is based on federal guidelines and may be granted as a partial or complete waiver of responsibility.

For clients who qualify and benefit from waivers, "it's a wonderful thing," says Yoder. "Now all they have to focus on is trying to achieve the best clinical outcome possible." ●

client snapshot

Rehab
Without Walls
diagnostic groups
2005 and 2006



where are they now? *Because the goal of Rehab Without Walls is to return clients to maximum functionality, we frequently revisit former cases to see how they have progressed following discharge. Here are two case studies that illustrate a return to meaningful lives—and often in ways our clients never dreamed possible even before their illness or injury.*

case study **one**

wade justice, md: from relearning to walk and talk to teaching medical students

Three and half years ago, Wade Justice, M.D., a physician from Yakima, Washington, was struck by a drunk driver while riding in a rented convertible on vacation. Of his many challenges while recovering from the ensuing traumatic brain injury—which including learning to walk and talk



again, as well as regaining strength, balance and endurance—the one that hit him the hardest was cognitive impairment. As a respected radiologist and a leader in the medical community, Dr. Justice had devoted his life to his career. To not be able to serve as a medical professional was unthinkable.

That's why even after he had fully recovered physically during his year of treatment with Rehab Without Walls, he continued to work with a Rehab Without Walls occupational therapist on his cognitive issues. Only when he could act and look like he had not had sustained a head injury would he feel completely healed.

Dr. Justice's determination paid off. In 2006, he took the first steps to returning to his profession by teaching a class on basic radiology for family practice medical residents. The class was so successful that he was asked to return for a second year. In 2007, he was voted "teacher of the year" by the residents.

A New Approach to Life Pays Off

Dr. Justice credits his popularity as a teacher in part to his new approach to life post-injury. "Before the accident I did some teaching," he says, "but I was so busy that I couldn't give it much time. Now, I make myself available to the students; I take time with them; I don't get frustrated or angry with them. I'm much more apt to go with the flow now."

He's quick to point out that he doesn't "spoon feed" them but, he says, "I use the Socratic method to dialogue with them about patients. I don't care if we spend a half hour talking about one patient, I'll go at their speed. I also take time to get to know the residents as people...it just seems like a more humane way to teach medicine—as opposed to the old school way that made residents feel horrible."

Even more impressive, however, is Dr. Justice's latest venture: He was invited to be a professor at a new medical school being built in Yakima, Washington, to train doctors of osteopathic medicine (D.O.s). "Osteopathic learning takes a more wholistic approach than traditional medical schools," he explains. "Training is more hands-on, and it relies on detailed knowledge of the musculoskeletal system."

This is where his pre-injury expertise and his post-recovery vocation perfectly dovetail. "I'll be teaching anatomy to first year medical students," he says. "It's important to get a radiologist involved early so they can see what a body looks like via imaging technology such as x-ray, scans and ultrasound—which is very different than working with cadavers. It's a great way to train doctors and I'm thrilled to be a part of it."

"Like a Phoenix Rising from the Ashes"

Dr. Justice expresses both delight and surprise in the way his career has evolved. "I always felt I had an inclination for teaching, but never had the time or structure to pursue it. I have found another outlet that I didn't know existed. It's like I've been picked up from the ashes like a phoenix and been reborn." ●

laura carter: on the path to a new career

Like Dr. Justice, 18-year-old Laura Carter of the Las Vegas area also was struck by a drunk driver. She, however, was a pedestrian at the time. Her injuries included a ruptured spleen, more than 20 bone fractures and a brain injury that the acute rehabilitation facility where she first received treatment missed.

When Laura's mother Lisa Frazier brought her daughter home, she was far from recovered. "Laura was not moving forward at all," recalls Lisa. "She couldn't read or even do simple math. Her mobility was poor so there was a constant fear of falling. I was helping her with most of her activities of daily living, including bathing. She was not safe to leave alone, but after already missing five weeks of work, I had to get back or face losing my job."

That's when she called in Rehab Without Walls. A team came to their home, evaluated Laura's condition, identified the brain injury, performed a safety assessment of the house and recommended a plan of treatment.

"A Miraculous Transformation"

"Within four weeks of the start of treatment with Rehab Without Walls, Laura was safe to be on her own for extended periods of time," says Lisa.

"It was a miraculous transformation. I could keep my job and not worry about my daughter's safety." This, in part, was due to the diagnosis of Laura's head injury, which the speech language pathologist recognized at the onset of treatment. "The team immediately began working on Laura's cognitive issues. They took a fairly aggressive approach and really pushed her. They used reading strategies, flash



"The rebuilding of her self-esteem was just as important as the rebuilding of her physical body. The team also helped us grieve for the person she was and accept the new person with a new set of capabilities and limitations."

cards and books on tape. Then they gave Laura a check book to balance, a meal budget to work out, bills to pay—all the practical things that would prepare her for independent living," explains Lisa. "This practical approach kept her motivated."

Lisa believes that the constant motivation and positive reinforcement of every success, no matter how small, was one of the keys to Laura's rehabilitation. "Laura had gone through a devastating time in her life. Initially, doctors said she would lose her legs. She was unable to care for herself. The rebuilding of her self-esteem was just as important as the rebuilding of her physical body. The team also helped us grieve for the person she was and accept the new person with a new set of capabilities and limitations."

Emphasizing What Is Possible

The emphasis, however, is on capabilities. Today, nine years after the accident, Laura has earned her GED and is now in cosmetology school training for a new career. She drives a car, goes out with friends, and manages her own life with confidence and competence. Although fully capable of living on her own, she currently lives at home to save money while attending school.

"What impressed me the most about Rehab Without Walls," says Lisa, "is that they always emphasized what was possible." ●

patients don't become "the walking wounded"; and the creation of a resource guide available on a state website in both English and Spanish. "I'm a passionate champion of education," says Wright. "Not just on the Rehab Without Walls program, but on all the resources available. It's heartbreaking to see people who did not receive the proper interventions, so whatever I can do to make information about TBI accessible, I'll do it."

Education on Brain Injury in the Military

In April 2007, Paul Folkert, Area Vice President, Rehab Without Walls, was invited to Washington, D.C., as part of the Brain Injury Association of America to educate Capitol Hill on brain injuries in the military—one of the most severe problems for returning service men and women. During that time, he met with six members of Congress. "Capitol Hill has been very open to learning how to best help military personnel who have sustained brain injury," he says. Folkert then returned in early 2008 to meet with John McCain's office as well as with a representative from the armed services sub-committee on veterans affairs.

One of the most pressing issues Folkert has been



***Honored for Expertise.** Ricki Ray, (left) Clinical Coordinator, Arizona Rehab Without Walls, presents a plaque of appreciation from the Glendale City Council to William Jacovini, Director of Physical Therapy at the Day Treatment Clinic, for his work on the City of Glendale Commission on Persons with Disabilities. Jacovini brought his professional expertise on accessibility issues and other quality of life concerns for people with disabilities to the commission.*

working on with government and military officials is how to integrate civilian expertise in diagnosing and treating traumatic brain injuries with the existing military providers. The military has been particularly interested in the Rehab Without Walls approach not only for the scope of experience, but also for the acuity model (originally developed for workers compensation providers) that creates a working grid with assessment tools, treatment options, functional goals, timeframe and other key parameters.

And while Rehab Without Walls is just one of two non-Medicare providers to take care of active military, what's equally important right now, says Folkert, is being part of the greater conversation on how to create a national best practices treatment model. "You need to be involved and you need to sit at the decision tables if you want to help effect change," says Folkert. Rehab Without Walls was recently offered a permanent seat on the TBI Council, made up of professionals from across the country who deal with TBI. The council's goal is to create common goals and keep providers on the same track. "It's the first construct of such a coordinated effort by the rehabilitation profession—and is especially important to legislators who need to vote on funding of programs for TBI," he says.

On a Roll with Wheelchair Sports

Occupational Therapist Teresa Skinner from the Spokane location had her "aha" moment years ago when she was a traveling OT and spent time at a local skilled nursing facility. There she saw a group of young men barely 30, quadriplegics, who had been told that they would always have to live in a nursing home. "I tried everything as therapist but nothing could get through to them," she recalls. "But I had an idea that sports could be a catalyst. I went to a local non-profit agency and set up a wheelchair rugby program. I had seen it done in Atlanta at a rehab facility that had hosted the Special Olympics in 1996 so I knew it could work. And guess what? It did. It actually changed everything. These men became functional again. One



***Dogs to the Rescue.** Two Spokane staffers, Robyn Moug and Colleen Cihak, along with their dogs Bailey and Max (pictured here), are active members of the Intermountain Search Dog Team. They also participate in the Spokane County Search and Rescue Program. These organizations help locate and rescue hikers, campers and other participants in outdoor sports who may have gotten lost or injured in the wilderness.*



Fit to Ride. Seattle staffer Lisa Farrell-Roberts mans the bike helmet fitting booth along with her husband Mark Roberts and their three children, Austin, Meg and Evan.



Team RWW. A team from the Seattle Rehab Without Walls office participates annually in a walk for multiple sclerosis. This year the team met their goal of raising nearly \$3,000.

was able to go back to live with his wife and child. Another went back to school. Another started his own business.”

Because success begets success, Skinner couldn't stop there. On her own time she has since organized wheelchair programs across the state, including wheelchair basketball, power soccer, hand cycling, lifting and track. She now runs a program (outside of her job at RWW) for students called Team St. Luke's that serves all athletes with disabilities, one of whom just qualified for the U.S. Para-Olympic Team in track and field—at age 14, the second-youngest qualifier ever. “With kids, it is amazing what being involved in sports does. Many times they come to us not at all independent; in the program they gain the confidence and the skills to become completely independent. They say they couldn't imagine what their lives would have been like without it.”

Today, Skinner is considered an expert in the adaptive sports field. In fact, she has been selected to go to Beijing this summer as a member of the support staff to the U.S. Para-Olympic team. Her proudest achievement to date is integrating wheelchair athletes onto their high school track teams. “We are just one of two states in which the wheelchair participant can receive team points. Currently, we have 17 athletes fully integrated onto their high school teams; the other state only has two, so we have become a national model. We even have an athlete who earned a \$12,000 track scholarship to college.” Her schedule might seem punishing to a less passionate person—in April she had a game every single night—but she thrives on it. “While I'm blessed with time and ability, I want to give back. These kids are my kids and I can't imagine not doing it.”

Keeping Kids in the Community Safe

Sometimes it is not just individuals but entire offices that get involved. Take the Seattle location. For the past decade it has partnered with the Cascade Bicycle Club (the largest bike club in the country) and the Seattle Parks and Recreation Department to fit and distribute bike and multi-use helmets. Volunteers from the office do so one Saturday a month during the summer. The office has also held fittings at health fairs, children's hospitals and rehabilitation facilities. Two years ago, they expanded their reach to include life jacket fittings. “These community programs align perfectly with what we do,” explains Michael Gluck, Area Executive Director, Seattle/Spokane. “We are using our extensive expertise in TBIs to help prevent them from occurring. It's just another way we can be a part of the community.” ●

“We are big networkers, and because Rehab Without Walls believes so strongly in the role the community plays in rehabilitation, we can't help but get involved.”



Volunteer Extraordinaire. Specialty Account Executive Jennifer Wright, pictured here with Ron Roskos of the Brain Injury Association of Utah, devotes much of her free time to improving resources for traumatic brain injury.

in their own words, continued from page 2

relied on short-term memory (following directions or reading). My brain was easily overloaded by the simplest external stimulation. Rehab Without Walls used my home, a place where I felt comfortable and safe, as an anchor for my rehabilitation.

Over the next few months, the treatment team spent approximately 14 hours a week with my wife and me. They migrated my in-home therapy to the environment in which I lived at a measured, controlled pace. Initially we would walk through a neighborhood store. Later, I would be given the task of locating a store using the shopping mall directory and then finding my way, unassisted, out it. The team also identified the key enjoyments of my prior life (for example, cooking and reading) and slowly guided me through rebuilding those abilities. By leveraging the key aspects of the person I used to be, Rehab Without Walls made it easier for me to find my lost person.

Early on, the doctors said that there would be little improvement past six months post-injury. Two years into my recovery, I was told I would not see further improvement. Nonetheless, recovery did continue. I believe it did because of a lesson we learned during the first week with Rehab Without Walls: **Therapy is part of every waking moment for as long as it takes.** Rehab Without Walls taught my family and me how to weave therapy into my life. Initially, by using something as simple as preparing a muffin mix to force me to work on my short-term memory. And then, two years later, taking a cooking class to rebuild the skills of being a contributing member of a team.

Today, I am fully recovered. I can travel on my own, making multi-day journeys. I can read complex books, understand them and then explain them to others. I have been able to return to work in senior technical management. I am experiencing life again because of the efforts of my family and Rehab Without Walls. Thank you, Rehab Without Walls! ●

About Rehab Without Walls

With a focus on functional goals and measurable, durable outcomes, Rehab Without Walls® provides comprehensive rehabilitation in the setting that we've found most effective: the client's home and community. Using an interdisciplinary clinical treatment team developed to meet the specific needs of each client, we help clients return to life as quickly, fully and independently as possible equipped with the functional skills necessary to participate in practical, daily activities at home, school and the workplace—often at a significant cost savings. For more information or to make a referral, please call 1-866-734-2296 or visit us at www.gentiva.com/rww

Editorial Board Members

Janet Ayers, PhD
Diana Berry
Paul Folkert
Jennifer Lally
Shannon Swick, Editor

For comments, questions or letters to the editor, please contact:

Shannon Swick, Editor
Gentiva Health Services
3 Huntington Quadrangle, Suite 200S
Melville, NY 11747
Shannon.Swick@gentiva.com

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3 Huntington Quadrangle, 200S, Melville NY 11747