

alternatives

the many roles of medical directors at Rehab Without Walls

They are advocates and teachers, advisors, consultants and, above all, physicians. These multi-talented doctors are the medical directors of Rehab Without Walls. Every location has one, and each is an important part of the treatment team. In this issue of *Alternatives*, we take a look at the many roles these physicians assume and the ways in which they support the Rehab Without Walls approach to neurorehabilitation.

Typical Medical Director Roles

Every medical director at Rehab Without Walls takes a slightly different approach to his or her position, depending on the branch's need and the specialized skills and interests each brings to the job. However, all are available to review charts, speak with other physicians, advise treatment team members on medical issues and provide the physician perspective on a plan of care. Some may give in-services to help train staff, others get involved in health community education and networking of the program. All are committed to keeping Rehab Without Walls on the leading edge of home and community based rehabilitation.

Medical Director as Educator and Ambassador

Toni Willis, MD, has been the medical director at the Rehab Without Walls Dallas location for more than five years. She also is a staff psychiatrist at Methodist Rehabilitation Hospital in Dallas. Before she took the Rehab Without Walls position, she referred patients into the program as often as she could. "I thought it was a great program with great outcomes—especially the way in which it could bring comprehensive rehab into the home," she says.

In 2002, she was approached to be on the branch's professional advisory council, and then two years later when the current medical director moved on, she was asked to take on that position as well. "I was excited to be a part of the team, and believe in the benefit of a team approach. I respect the expertise of each

professional on the team, knowing we can draw on each others' knowledge to return the patient to the highest level of functioning," Dr. Willis says.

Because she had experience referring into Rehab Without Walls, one of the roles she took on was outreach, in which she would liaison with new hospitals on the benefits of referring patients to Rehab Without Walls. She frequently talks with case managers and other medical directors about the program, speaks at professional meetings and recently hosted the Texas Association of Rehabilitation Professions and Providers of Services. She also presented a continuing medical education unit at the national meeting for physical medicine and rehabilitation professionals. "Not only was I able to share my experience as a physician, but it also was a good opportunity to connect with doctors throughout the country and raise awareness about the work we are doing at Rehab Without Walls." In addition, in her role as ambassador, she was part of the most recent CARF reaccreditation process at the branch. Dr. Willis helped the surveyors understand the role of the medical director in the program and the overall clinical model of home and community based rehabilitation.

Medical Director as Consultant and Strategist

Several years ago, Eric Hassid, MD, accepted the position of medical director at the Rehab Without Walls Sacramento location because it was such a good fit with his medical expertise. Dr. Hassid is also the founder of

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Toni Willis, MD

out of the box treatment for out-of-the-box thinkers

By Robyn Moug, Director of Clinical Management, Spokane Rehab Without Walls

LIGO, which stands for Laser Interferometer Gravitational-Wave Observatory, is a large physics experiment that is attempting to directly detect gravitational waves of cosmic origin—waves first predicted by Einstein's Theory of General Relativity in 1916. Sponsored by the National Science Foundation,

it is a joint project between scientists at MIT and Caltech. LIGO has the potential to open up a new branch of astronomy to complement electromagnetic telescopes and neutrino observatories.

You may ask, "This is not a scientific journal—why all the information about laser interfer-

ometers?" Answer: Rehab Without Walls employs a client-centered, "real life" approach to rehabilitation, and if laser interferometers are important to a client, then they are important to us.

In this case, the Rehab Without Walls traveling team in Spokane, Washington, used their out-of-the-box approach to neurorehabilitation at the LIGO facility to structure rehabilitation for one of its research physicists, Paul Schwinberg, PhD.

Dr. Schwinberg is recovering from an aneurysm that literally stopped him in his tracks and threatened to end his career. He recently participated in an intense home and community program incorporating a full rehabilitation team that included a clinical coordinator, registered nurse, physical therapist, occupational therapist, speech-language pathologist, social worker, neuropsychologist and rehabilitation specialist.

A Challenge for Client and Team Alike

According to the team's clinical coordinator, "This was one of the most challenging and complex cases I have ever served because there were so many facets to the client's rehabilitation. The complex cognitive factor added an additional challenge for all of us—a challenge I am happy to report that the team met with professionalism and typical out-of-the-box thinking."

The team first focused on building Dr. Schwinberg's levels of endurance, strength and balance to increase safety and independence in movement through physical therapy. At the same time, the speech-language pathologist provided cognitive support for orientation and short-term memory problems. Skilled nursing services helped with medication management and diabetic management education. The occupational therapist worked on independence and safety with activities of daily living (ADLs). The Rehab Without Walls neuropsychologist offered counseling support.

The client approached his rehabilitation with a commitment and a willingness to try just about anything if it would further his recovery. "To be a part of Paul's recovery was a professional high for me," says Colleen Cihak, rehabilitation specialist. "And to see his improvement has been exciting. He has come so far in both his stamina and ability to be a viable part of the team."

Because of the severity of the case and the size of the rehabilitation team, the clinical coordinator held extensive weekly meetings with the team members, client and family so that everyone remained informed, educated and in the loop. The clinical coordinator also gave frequent updates to the doctors involved in the case, as well as to the insurance case manager.

Making Coworkers Part of the Team

Dr. Schwinberg's case resembled many typical complex rehabilitation scenarios. However, when the client is a physicist who was a member of the Nobel Prize in Physics team in 1989, some additional measures were needed to return him to the workplace.

As the lay person can only imagine, the technical work that these scientists engage in daily is far beyond the comprehension of the average person. They literally speak a different language—one permeated with equations and mathematical probabilities. The Rehab Without Walls treatment team had the structure and neurorehabilitation knowledge to implement an effective plan to help Dr. Schwinberg gain the necessary skills to return to work. What it didn't have, however, was an understanding of the specifics of his work. That's where his colleagues stepped in.

Led by Rick Savage, PhD, these coworkers partnered with the Rehab Without Walls team to design and support a rehabilitation plan that provided the appropriate cognitive gymnastics, a gradual exposure to the scientific



Rehab Without Walls client Dr. Paul Schwinberg, at left, is back to work at LIGO thanks to the participation of his colleague Dr. Rick Savage, right, in his home and community treatment plan.

process and a framework for returning to this high-level work. As Dr. Schwinberg entered into the home stretch, his co-workers at LIGO became partners with his rehabilitation team, dedicating many hours to help him regain the focus of his life. In particular, Dr. Savage was a primary support and worked closely with occupational therapist Teresa Skinner, speech-language pathologist Doreen Nicholas and rehabilitation specialist Colleen Chihak.

Notes Nicholas, "Working with Paul, his colleagues and the rest of the Rehab Without Walls team gave meaning to the saying 'It takes a village.' The care, compassion and dedication of Paul's coworkers and friends contributed to his recovery in a way that can never be measured."

Echoes Skinner, "To be able to work with a client's coworkers is a dream! Creating meaningful and powerful 'rehab moments' is what Rehab Without Walls is all about. That is exactly what happened with the wonderful people at LIGO."

The Only, but Most Appropriate, Option

At discharge, Dr. Schwinberg was independent in a daily work schedule at LIGO and had returned to independence in his own home.

It is important to note that because of the remote area in which Dr. Schwinberg lives, Rehab Without Walls provided

the *only* option for rehabilitation. In fact, the team drove 2 1/2 to 3 hours each way to the Hanford nuclear facility near Richland, Washington. That said, Dr. Schwinberg, his coworkers and the Rehab Without Walls team believed it was also the most *appropriate* option—combining Rehab Without Walls' neurorehabilitation expertise with the highly specialized skills of the LIGO team to help get one of the world's great minds back to work.

As for the coworker perspective, says Dr. Savage, "I don't think any of this would have ever worked in a traditional clinical approach—it was the personalized, individual attention that made the difference. I believe that life overall is more interesting for Paul now. It was a real Rehab Without Walls lifestyle rehabilitation. He has a full life and is coming to work every day, completely independent with shopping and driving and attending church."

Dr. Schwinberg believes he would not have made such a strong recovery with standard, inpatient-style rehabilitation. "I don't think I would have gotten even close to this far without the personalized, creative, patient, tolerant, dedicated and good-natured care Rehab Without Walls provided. The kind of noble venture we perceive ourselves to be pursuing here at LIGO pales in comparison with what the Rehab Without Walls team members do every day to directly impact the lives of people like me." ●

INSIDE gentiva rehab without walls

Albuquerque Location Opens

Rehab Without Walls has continued to expand its reach by opening a new location in Albuquerque, New Mexico, in January of this year. Like all Rehab Without Walls locations, the Albuquerque branch was started in response to community need.

"Albuquerque, New Mexico, was starving for this kind of program," says Program Manager Stephanie Telge, who is also a speech-language pathologist. "Typically, people with head injuries are sent out of state for treatment, so bringing a neurorehabilitation program to New Mexico fills a niche and has been a welcome addition to the community."

Telge explains that one of the reasons Rehab Without Walls was so welcome in the community was the reputation of its parent company, Gentiva, which has a strong home health care presence in New Mexico.

In addition, the location has brought in experienced occupational, physical and speech therapists who are well known in the community and well versed in neurorehabilitation. "In my mind, they are the best of the best," she says. "We are starting with a small caseload but are committed to growing the program. We want to see ourselves established in the community and, in the long term, expand into other locations in New Mexico."

Fly-In Educates Congress on Health Coverage Gaps

Rehab Without Walls' own Paul Folkert, Area Vice President, participated in a "Congressional Fly-in" in February to educate members of Congress on the lack of catastrophic health insurance coverage in the United States. Folkert was one of a group of advocates from across the country who met with approximately 50 Congressional staffs in Washington, D.C.

"What was encouraging was that everyone we met with really wanted our feedback to assist with drawing up new health care legislation," says Folkert. The major focus of the meetings was to raise awareness of the challenges of insurance coverage for diagnoses such as traumatic brain injury, stroke and spinal cord injury. "None of the people I met with were aware of these issues," says Folkert. "For example, they didn't know that insurers see TBIs as a limited event—and once you've met your benefit, coverage is over. We were able to educate them on how neurorehabilitation can lower health care costs in the long run."

By the end of the day, everyone with whom Folkert spoke—including staffers at the offices of Senators John McCain, Patty Murray and Jon Kyl—asked to be on our mailing list. "Because Rehab Without Walls is taking care of more brain injuries than any other provider in the country, they saw us as the experts that we are. We are happy to be a resource for them—and part of such an important conversation at such a critical time in our country."

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it's never too late: rehabilitation three years post-crash and family cope with tbi

Background: Two days before her wedding in June of 2005, 39-year-old Renee G. and her fiancé were in a horrific motor vehicle crash. The steering mechanism on Renee's car had failed and the car collided with an 18-wheeler truck, then went under its bed. The fiancé sustained moderate injuries and was hospitalized locally but Renee, who was the driver, was airlifted to a Level 1 Trauma Center. There she was placed in a medically induced coma for three weeks because of brain swelling. Her injuries included a right frontal hematoma and depressed skull fracture, contusions on the back of the head, facial injuries including shattered bone and a dislocated jaw, a left knee fracture, a right femur fracture with rodding and a left tibial fracture with a plate. After discharge from the hospital in August 2005, Renee participated in various home health care and outpatient therapies and was discharged after meeting clinical goals.

Rehabilitation Needs: Several years following the accident, Renee was still experiencing significant attention, memory and problem-solving deficits, as well as limited physical endurance. She often was angry and irritable. She knew she wasn't "herself" but didn't know what to do about it. Her two children were frustrated by the changes in her personality and abilities. Her parents, just so glad that she was alive, chose to overlook the changes—in their opinion minor compared with what Renee survived. But Renee was frustrated and unhappy. "I wanted my life back," she says. "I missed working. I couldn't focus. The house was a mess because everything overwhelmed me. I spent my days depressed, playing video games. I often found myself yelling at the kids. There were times I wished I hadn't survived. Finally, I went to my doctor and told her I couldn't take it any more. That's when she referred me to Rehab Without Walls."

The Rehabilitation Process: Following a neuropsychological assessment that confirmed symptoms of traumatic brain injury (TBI), the Rehab Without Walls Michigan office assembled a clinical treatment team consisting of a psychologist, physical therapist, occupational therapist, speech-language pathologist, recreation therapist and clinical coordinator. Together they worked with Renee, her fiancé and her family to, as she says, "get some semblance of our old life back." The process included:

- *Focusing on activities of daily living.*

"The OT helped me focus on one thing at a time," says Renee.

"Before, I would walk into the kitchen and get overwhelmed with everything I had to do and consequently wouldn't do anything. She taught me to go into the kitchen and just do the dishes but nothing else. This, in turn, gave me a sense of accomplishment which was crucial for my self-esteem."

- *Using tools and prompts to compensate for memory deficits.*

Renee began using a planner/datebook system that could keep notes, appointments and reminders all in one place. "The days are

divided by time so I can schedule everything for the day. It keeps me from getting crunched but also reminds me of what is coming up. This, in turn, helps me with my emotions. I can see, for example, that my daughter has a class trip coming up, which would explain why she would be behaving anxiously the day before. Previously, I'd just get angry with her, but now I have the tools to handle it."

- *Educating the family.* Psychologist Lee Sanders, MA, LLP, spent time with Renee's 13-year-old son and 11-year-old daughter. "They are both intelligent and active but didn't understand why their mom was different," says Sanders. "The whole situation was frightening to them, and they took Renee's outbursts personally. I was able to educate them in language they could understand about what TBI was and how



Renee and her children, post-rehabilitation.

Head-injury helps client

it manifested. Working with the OT, we were able to draw up a list of things that the children could do around the house to help their mom compensate."

- *Developing awareness of "danger signs" and learning intervention skills.* Sanders also worked with Renee and her fiancé to identify early symptoms of depression, anger triggers and situations that might prove overwhelming. "In particular, chaotic situations were difficult for Renee," says Sanders, "so we coached her on taking a break as soon as some of those feelings began to surface. For Renee, going off with a novel has become an effective coping mechanism." Adds Renee, "I've also learned to walk away from a situation that triggers me emotionally. I just tell my kids 'mom's going on brain overload' and they know to leave me be for a while. Now they have a context for my behavior, which really makes a difference."

- *Taking small steps and building on small successes.* One of Renee's biggest frustrations came from her being a self-described perfectionist. "The Rehab Without Walls team really helped me pace myself and not to try to do too much at once. They showed me what my limits were and I was gradually able to shift the way I approached things. There was a point when I slipped back into some old habits and was getting down, and the team reminded me to take things one day at a time, plan, write everything down, sit with my kids, talk with my kids and take my time."

Recovery and Results: As a result of Rehab Without Walls treatment, Renee says "I have been able to go back to the things I truly enjoy—books, spending time with my family, work." Before the accident she had been a social worker with an emergency shelter for women and families, helping first-time buyers purchase a home. She is now volunteering at the shelter. "Strangely enough, what I have gone through has given me a new understanding," says Renee. "There was a woman at the shelter who had a head injury and she told me that I was the first person she ever spoke with who knew exactly how she feels."

Renee credits Rehab Without Walls for giving her her life back. "After the accident, everyone else was so grateful I was alive. I looked the same but I knew I was different and I wanted to be me again. Now I am. I think the most important thing to know is that it is never too late to get help." ●

The essay below was written by Renee's middle-school-age son, David, for a class assignment on "my hero." If you ever wondered why Rehab Without Walls stresses functional rehabilitation and returning to a productive life again, look no further than this son's appreciation for getting his mom back.

my hero, my mom

When we think of heroes we see great big men and women with super powers flying in the sky, and we may always remember those super heroes. My hero hasn't ever flown through the sky, or gone into a building that is burning to save someone. Her name may soon be forgotten, but in my eyes that makes her no less of a heroine. My hero is my mom, and she has overcome the greatest hardship that a person could have had.

Three years ago she was driving back from Indiana to get some things for her wedding only two days away. Like most brides she wanted everything to be perfect. On the way back home she lost control of her car and, before she could slow down, she hit a semi truck head on. She was in pretty bad shape. She had never broken any bones in her life but in an instant she broke nearly 50.

There was trouble right away. There was no hospital that would send a helicopter that day because it was much too windy. After she was removed from the car by an emergency crew, however, a helicopter finally came. She needed help fast, and was flown to the nearest critical care center.

While all this was happening, I was at my dad's, not knowing how much trouble my mom was really in.

I remember I did pray for her, but I wasn't allowed to see her because of her condition. When I finally saw her, my soon-to-be step-dad told me everything: how she might not make it, and that there was a chance that she would not remember me. I couldn't imagine that the person who took me to school, the person who took care of me and looked after me since I was born, might not remember me!

She did make it, and she could remember me, but she couldn't come home for a very long time. It was months before we could see my mom again. When I got to see her, she wasn't in the best of shape, but she was alive. The thing that was even worse was that my little sister could not visit my mom for a while because she was too little to see our mom in her condition.

You may be wondering why my mom is my heroine. It is because, though she is now home, and it is still hard for her, she does everything for us like a regular mom. She has overcome a huge challenge over the past three years, and even though every day is difficult, she continues to get stronger for herself and those she loves. ●

new thinking categorizes brain injury as a disease, not an event

For Brent Masel, MD, President and Medical Director of the Transitional Learning Center in Galveston, Texas, the idea came to him the way many of the best do: while doing something completely unrelated to his work. In his case, he was on an airplane when the thought occurred to him: “We are approaching brain injury all wrong. It is not a broken bone that can be patched up; brain injury is much more similar to a disease process—why not start looking at it like one?”

He then started scribbling furiously on the beverage napkins, much to the curiosity of his seatmate. But by the time the plane had landed, Dr. Masel had outlined the project that would occupy his waking hours for years to come.

Of course the idea did not come out of thin air. “I had been focusing on brain injury for the last 15 years, running a post-acute brain injury residential treatment program,” he explains. “For a long time I have felt that instead of treating the symptoms, we needed to get to the underlying problems. I think that taking a disease management approach is a step in the right direction.”

Defining traumatic brain injury (TBI) as a disease could have an effect on treatment modalities, approach to care and long-term outcomes. It could also have a major implication on medical insurance—and access to coverage is a hot-button issue in the TBI community.

In pulling together the research to make his case, Dr. Masel found a remarkable correlation between TBI and other diseases, as well as with a shortened lifespan.

- A 2004 study on mortality one year-post injury among individuals with moderate-to-severe TBI were twice as likely to die as a similar non-brain-injured cohort, and had a life expectancy reduction of seven years.
- Individuals surviving more than one year with a TBI are 37 times more likely to die from seizures, 12 times more likely to die from septicemia, four times more likely to die from pneumonia and three times more likely to die from other respiratory conditions.
- TBI accounts for 5 percent of all epilepsy in the population.
- Individuals who have had a TBI are three times more likely to die of circulatory conditions.
- Studies show that brain injury may be a risk factor in the development of Alzheimer’s Disease, and the worse the head injury the higher the risk.
- Individuals with TBI appear to have higher rates of depressive disorders, anxiety disorders, substance abuse and dependence, and suicidal tendencies.
- Growth hormone deficiency/insufficiency is found in approximately 20 percent of moderate-to-severe TBIs, which is associated with an increased risk of osteoporosis, hypercholesterolemia and atherosclerosis, as well as a significant increase of mortality from vascular disease.
- Vision disturbances occur in 30 percent to 45 percent of individuals who have had a TBI, including marked decrease in acuity and blindness. ●

excerpt
from
“brain
injury as
disease”

White Paper Summary: Historically, individuals living with a brain injury have been referred to as brain injury “survivors.” No one knows how that term came to be used in this situation. Perhaps the concept of merely “staying alive” was used because as little as 30 years ago, the majority of individuals with a moderate-to-severe TBI succumbed soon after their injury. Perhaps it was used to imply that the individual “outlived” their injury and persevered despite the hardship of the trauma.

This term, however, does not address the reality of brain injury. Cancer “survivors” are “survivors” because it is believed they are cured—and they indeed have outlived their disease. Many individuals who sustain a TBI recover 100%. They have truly survived their injury. However, in the United States alone, every year, over 90,000 individuals who

sustain a TBI become disabled. In this paper, we have discussed only a small percentage of the causes for their disability, and the ongoing and developing medical conditions they face. Presently, over 5.2 million individuals in the U.S. are disabled due to the myriad of sequelae of a TBI (Health, 1998). Their brain trauma has resulted in a condition that is disease causative and disease accelerative. As a result of their brain trauma, those 5.2 million Americans now have life-long Brain Injury Disease.

Their disease should be reimbursed and managed on a par with all other diseases. Only then will the individuals with this disease get the medical surveillance, support and treatment they so richly deserve. Only then will brain injury research receive the funding it requires. Only then, will we be able to truly talk about a cure.



At left, Eric Hassid, MD.

Below, Matthias Linke, DO.

the Institute of Restorative Health in Davis, California, a neurologist, and a neurorehabilitation specialist with a focus on functional neurology and anti-aging medicine.

"To me, rehabilitation is all about function, and Rehab Without Walls' multidisciplinary team focus on functional goals and outcomes meshes with the way I practice medicine. The team gets people out of acute care quicker, gets people home earlier and back to their lives sooner—and saves money in doing it," he says.

At his location, Dr. Hassid holds regularly scheduled meetings with Rehab Without Walls treatment team members in which they can discuss ongoing cases, medical issues and any challenges that have arisen during the course of treatment. "I'll work with them to devise strategies for patients and find the most appropriate and effective solutions." Also, as he continues his work in functional medicine, he shares his knowledge with the team by holding in-services. "As new ideas come to the forefront, I bring them to the team. It's one of the ways we continue to remain a leader."

Like the other medical directors, Dr. Hassid makes himself available for consults whenever a medical opinion is needed. He also will interface with medical directors at insurance companies who may have questions about the Rehab Without Walls process. "I can give them the medical perspective and talk with them in their language," he says.

Medical Director as Team Member and Resource

Matthias Linke, DO, a board-certified physical medicine and rehabilitation doctor, is new to Rehab Without Walls, joining the Phoenix office as medical director just over a year ago. But he is already one of its strongest advocates.

"When I was approached by Rehab Without Walls and asked to consider the medical director position, I didn't know that much about the program, so I spent some

time investigating it," he explains. "I really liked what I learned—the fact that it is neuro-based and focused on returning people back into the community and into productive lives again. Getting back to life, that's always been the cornerstone of my approach to rehabilitation. I also was impressed with the enthusiasm of the team members and how much of a personal stake they have in their patients' recovery."

As medical director, Dr. Linke participates in a chart audit of every single case on a quarterly basis. "I review them from a physician perspective, looking at things like if there has been appropriate intake, appropriate clinical monitoring of medications, appropriate follow-up with a doctor or psychologist, and appropriate medical interventions."

He also meets with the treatment team clinical coordinators every Thursday to offer input, answer questions and review medical issues. What kinds of topics may come up? "For example, there may be a patient with behavioral problems that are interfering with treatment progress. The therapist might ask me to review the medical records, medication dosages and plan of treatment to see what modifications we can make to get treatment back on track. The clinical coordinators also see me as a resource. They'll often ask me medical questions—'Does this make sense?' 'Is this normal?'"

Dr. Linke, who is also the medical director of the spinal cord injury program at St. Joseph's Hospital in Phoenix, is active outside of his official capacities—volunteering his time, teaching courses, and working with national and local associations. Like every Rehab Without Walls medical director, the commitment to rehabilitation goes far beyond the barriers and into the communities they serve.



Medical Director as Clinical Leader

On the whole, while medical directors take on a variety of roles, perhaps the most important job they have is maintaining the highest level of clinical care at their location. Their clinical training, watchful oversight and commitment to advancing the practice of medicine keeps Rehab Without Walls on the leading edge of rehabilitation services. It also allows us to evolve our clinical practices so that we continue to deliver the kind of care that has built our reputation: innovative, evidence-based and client-focused. ●

Seattle Office Opens New Pediatric Outpatient Rehabilitation Center

In response to the overwhelming need for outpatient services in the Seattle/Everett area—and in the wake of closures of a half-dozen area pediatric therapy centers over the last three years—Rehab Without Walls opened a new pediatric outpatient rehabilitation center in May 2009.

Clinical Director Hunter Hendrickson leads a team of 12 experienced therapists from a wide range of disciplines. The center provides physical therapy, occupational therapy, speech therapy and therapeutic recreation to children and teens from birth through age 21. Diagnoses treated include cerebral palsy, traumatic brain injury, autism, stroke, orthopedic rehabilitation and developmental delays.

In addition to the traditional therapy approaches, the center is the only facility in the State of Washington to offer an intensive therapy program utilizing the Therasuit Method. This cutting-edge approach to therapy uses specialized equipment and high frequency, extended-duration therapies focused on achieving significant functional gains in a short period of time. Particularly successful with children who have cerebral palsy or a traumatic brain injury, the Therasuit Method is a highly sought out treatment. In fact, clients have traveled from as far away as Alaska to receive the benefits of this treatment.

The quick and early success of the pediatric outpatient rehabilitation center bodes well for future growth. Says Hendrickson, “We see this program not only as meeting the obvious need for pediatric outpatient services, but also as the next step in the continuum of care for many of our pediatric clients being served by the home and community team.”●

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

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This newsletter was developed pursuant to requirements of the Health Insurance Portability and Accountability Act (HIPAA). All required authorizations were obtained from each patient appearing in this newsletter prior to its development.

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