MedStar Physical Therapy Wins Prestigious National Award

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MedStar NRH Today
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Practice of the Year 2019

MedStar Health
Physical Therapy

It’s How We Treat People
There are nearly 17 million cancer survivors in the United States. It’s likely that you are one or know one. With improved therapies and a growing older population that number is projected by the National Cancer Institute to grow to more than 26 million Americans by 2029.

**SURVIVING AND THRIVING AFTER CANCER TREATMENT**

Today cancer survivorship programs are being developed across the country. They are aimed at helping survivors live the rest of their lives fully and with limited impairment. In the Washington, D.C., region MedStar NRH is filling this critical need.

**Plan of Action for a Full Life**

“It’s a relatively new idea and there aren’t too many formal programs like ours,” explains Patrick Martone, DO, cancer rehabilitation physician. “Our program brings together MedStar NRH cancer rehabilitation specialists with oncologists from the Washington Cancer Institute to provide holistic care. We see patients following treatment and provide a complete physical exam and a full assessment of their functional abilities. Then we develop a plan of action. And we provide follow-up six months later to see how they are doing.”

“Rather than simply accept problems that are the result of the cancer or of treatment, the program offers patients a better way,” explains Katherine Power, MD, associate program director of the cancer rehabilitation fellowship. “We educate patients about what to look for, set goals and make improvements in their function wherever we can.”

What kind of health issues do some cancer survivors face following treatment? “There are a number of problems that may arise,” says Dr. Martone. “And there are a number of ways to effectively deal with them.”

Impairments cancer survivors may face include:
- Fatigue
- Memory issues
- Issues with range of motion
- Tightening of skin from radiation
- Swelling or edema in limbs
- Sleep problems
- Joint pain, numbness or tingling
- Weakness
- Problems with balance
- Swallowing issues

The plan of action is individualized and varies from person to person, Dr. Martone explains. “It may include physical therapy, adaptive equipment, medication, or interventional treatments such as Botox or steroid injections.”

“We take a multidisciplinary approach to care that may also include nutrition advice, exercise prescriptions, or emotional support,” Dr. Power adds.

Even if cancer survivors aren’t having troubling side effects, Drs. Martone and Power say there are some simple steps they can take to stay healthy and perhaps prevent a recurrence of the disease:
- **Exercise**—There is a good deal of evidence that higher levels of physical activity are linked to lower risks of several cancers and can help improve the quality of your life.
- **Eat a healthy diet rich in antioxidants** from fresh fruits, vegetables and grains.
- **Maintain a healthy weight**—Obesity has been linked to several cancers including colorectal cancer and cancer of the breast.

**Interested in learning more?**

**Call the Cancer Survivorship Clinic at 202-877-6998.**
President’s Column

Preparing for the Future

In health care standing still is not an option. At MedStar NRH, we are continuously moving forward to improve care delivery, enhance our facilities and discover innovative new treatments to help our patients live their best possible lives. This past year has been filled with activity that is keeping us on the cutting edge of rehabilitation medicine.

Across the network, we have refined our clinical programs and brought on board a number of additional physician specialists (see page 10 for a look at our new medical staff) and watched our reputation move upward across this region—and nationwide. MedStar NRH’s reputation score in the 2019-20 US News and World Report survey of physical medicine and rehabilitation physicians from across the country rose—an upward trajectory we are confident will continue. Our commitment to our patients has never been stronger and this is underscored by a prestigious honor presented this fall to our Outpatient Network, which received the 2019 ASCEND Practice of the Year. This special honor presented annually by one of our partners, WebPT, is given to the therapy practice that demonstrates a strong commitment to patient satisfaction, customer experience and assisting patients through the continuum of care. Our outpatient network was selected for this prestigious honor out of 8,000 physical therapy practices across the U.S. It goes without saying that our network of physical, occupational and speech therapists are the best in our region and the nation. John Brickley, VP of MedStar Health Physical Therapy Services and his teams are very deserving of this special recognition.

A thriving research program is a critical component of a comprehensive rehabilitation program. In the last year, MedStar NRH/Georgetown University Department of Physical Medicine and Rehabilitation research program is now 12th in the U.S. in National Institutes of Health funding alone for 2018. A prestigious five-year Rehabilitation Research and Training Center (RRTC) grant is among the most recent additions to our robust research portfolio. The grant provided by the U.S. Department of Health and Human Services is already underway and encompasses three investigations aimed at improving the lives of people living with spinal cord injuries and other neurological disorders, as well as educational initiatives for patients, and training for young rehabilitation clinician-researchers. Congratulations to Suzanne L. Groah, MD, MSPH, MedStar NRH’s director of Spinal Cord Injury Patient Care and Research, for leading this important effort.

At MedStar Good Samaritan Hospital in Baltimore, a new state-of-the-art Inpatient Rehabilitation Center facility opened this past summer. The 60,000-square-foot space features private rooms to care for patients recovering from amputations, brain and spinal cord injuries, orthopaedic injuries, and strokes. It features the latest innovations in care including the ZeroG®body weight system with a 210-foot track; ceiling lifts in rooms; a Technology Room featuring low- and high-tech devices, such as iPads, Roomba vacuum, low vision devices, robotic utensils, automatic medication dispensers; and a Low-Stimulation Gym for patients with brain impairment.

At our Irving Street facility, we are making enhancements to the building’s exterior—and soon will begin major renovations inside the hospital, as well. All of these changes are helping MedStar NRH remain a leader in rehabilitation medicine today and into the future.

“OUR COMMITMENT TO OUR PATIENT SATISFACTION, CUSTOMER EXPERIENCE AND ASSISTING PATIENTS THROUGH THE CONTINUUM OF CARE HAS NEVER BEEN STRONGER.”

— John D. Rockwood, President, MedStar National Rehabilitation Network; Senior Vice President, MedStar Health
Justin Burton, MD, National Center for Children’s Rehabilitation at MedStar NRH

Two important aspects of pediatric rehabilitation persuaded Dr. Justin Burton that it was the specialty for him: The vulnerability of children and the opportunity to follow patients through the entire continuum of care.

"I always liked the idea of pediatrics and I was very interested in neurosciences," he says. "But it was a rotation in an inpatient rehabilitation unit during medical school that sealed the deal. I could see there was a huge need for pediatric specialists in a relatively new field."

So, when he graduated medical school, Dr. Burton went on to complete a pediatric residency at Children’s National Health System, where each rehab patient was called by his fellow residents “more of a Justin patient.” Then he completed both a residency and fellowship in pediatric rehabilitation at the prestigious Rehabilitation Institute of Chicago.

With his training complete, the Annapolis, Md., native, his wife and daughter returned home to the D.C. area where Dr. Burton joined the medical team at the National Center for Children’s Rehabilitation at MedStar NRH (NCCR).

From ICU to Outpatient Therapy

Today Dr. Burton is medical director of NCCR, a unique 12-bed inpatient center developed in partnership with Children’s National. He also serves as chief of Pediatric Rehabilitation at Children’s—two concurrent positions that allow him to follow patients from intensive care all the way through to inpatient and outpatient rehabilitation.

“This is ideal and very beneficial to our patients,” Dr. Burton adds. "The knowledge we have by bridging all levels of care makes for a smoother rehabilitation and improved recovery."

NCCR serves patients ages three to 18 and who have suffered a disabling illness or injury. “The majority of our kids are at NCCR as the result of some type of brain injury—either traumatic, such as an automobile crash, or non-traumatic, the result of a brain tumor, for example,” Dr. Burton explains.

“We are treating patients with medically complex illness or injury—and providing care that no other facility in the area can match,” he notes.

Array of Disabling Conditions

Patients also come to NCCR for an array of other issues—everything from spinal cord injury, stroke, orthopaedic problems and cerebral palsy to multiple trauma and genetic disorders, such as SMA (spinal muscular atrophy).

“At NCCR, I like to say we work on everything all at once,” Dr. Burton adds. "We are involved in both their medical care and in their functional recovery. Patients will receive physical, occupational, and speech therapy. The rehab team also includes recreational therapists, nutritionists, nurses, psychologists, social workers and an educational coordinator, who is qualified to teach all grades. We also consider parents an important part of the care team."

Because patients are hospitalized for a month or more, parents are encouraged to visit and to be a part of therapy.
“Members of the care team visit at the bedside once or twice a day,” Dr. Burton says. “We also have separate conferences during which the whole care team meets with the family.

“Our goal is to ensure that they understand the child’s condition and the progress made in therapy, and to help them adjust to a new way of life for the family. That’s why Dr. Via Strong, our psychologist, meets with not just the patients, but the parents too. And our Social Worker Barbara Hughes works with parents during the child’s hospital stay and at discharge, as well.”

The Pediatric Care Assistance Fund, an endowment fund, provides $25,000 a year to assist families who may need financial help during long hospital stays. The funds were made possible by the generosity of donor Mitchell Davis, MD, and support is available for things such as paying for medication, home care, hospital parking and lunches, and child care for siblings. “This is a tremendous gift that is helping eliminate stress on our families,” Dr. Burton says.

“The ultimate goal? We try in every way we can to improve our patients’ function and quality of life. Our patients have long lives ahead of them and, like the MedStar NRH credo says, we are Adding Life to Years®.” – Dr. Justin Burton

“We also want to ensure that families have the resources they need when they do go home—everything from making their living environment accessible to fitting the child with adaptive equipment,” he adds.

“To help make life after hospitalization as normal as possible, we ask simple questions such as ‘what do you do for fun? We introduce them to the new possibilities, such as our adaptive sports program.”

The ultimate goal? “We try in every way we can to improve our patients’ function and quality of life. Our patients have long lives ahead of them and, like the MedStar NRH credo says, we are Adding Life to Years®.”

Unique Program Promotes SMA Treatment Outcomes

Spinal Muscular Atrophy (SMA) is a genetic disorder that can cause a range of problems for children. Caused by a defect in a gene, SMA results in motor deficits such as loss of function in the arms and legs, as well as breathing problems. Now two drugs are available to help these young patients.

Since 2017, patients at Children’s National have been treated with a drug called Spinraza, which helps increase production of a missing motor neuron protein that causes SMA. “It requires six spinal injections during the first 12 months and then every four months for life,” explains Justin Burton, MD, medical director of MedStar NRH’s National Center for Children’s Rehabilitation (NCCR). “During the last two years, we saw kids getting stronger and we wondered if intensive therapy would help even more. It seemed to be the missing piece.”

The NCCR program is the first-of-its-kind in the country to combine spinal injections with therapy and is gaining nationwide attention. “It appears that these patients are making faster gains,” Dr. Burton adds.

Another gene therapy drug called Zolgensma was recently approved by the Food and Drug Administration. It is a single infusion also aimed at increasing protein production. “It is an exciting development, and we hope to be able to offer this to patients soon—especially younger children with SMA.”

To learn more about the National Center for Children’s Rehabilitation at MedStar NRH, visit MedStarNRH.org/our-services/pediatric-rehabilitation.
A fully integrated program of acute care and rehabilitation for patients undergoing amputation is improving immediate recovery and long-term outcomes. MedStar NRH in conjunction with MedStar Georgetown University Hospital and MedStar Washington Hospital Center has implemented a program to navigate patients from amputation to rehabilitation and prosthesis fitting and beyond to help ensure patients’ best functional outcomes.

“We have brought together the best surgeons, the best prosthetists and the best therapy services in a fully integrated team approach to care,” says John Brickley, vice president for ambulatory care services. “We are also conducting research to document outcomes and the best possible model of care.”

Structured Support

“We have created a structured support program to keep patients engaged all along the care continuum,” explains Michelle Denning of the Hanger Orthotics & Prostheses Clinic at MedStar NRH. “By bringing all the appropriate caregivers together at the start of the process we are helping to ensure that patients receive the therapy they need at every juncture of their recovery.”

An Amputee Care Coordinator is the linchpin in the treatment paradigm—a neutral advocate who maintains contact with patients from before surgery to long after they have completed rehabilitation therapy. “She begins even before patients have had surgery by making rounds with the surgical teams at both MedStar Georgetown and the Hospital Center,” Denning explains.

“Our experience has shown us that patients do best when treatment begins at wound care and moves through rehab to prostheses fitting and beyond immediate care to lifetime recovery.”

“We have also found that patients perform best when they transition to an acute rehabilitation setting that specializes in the care of the amputee and transition as quickly as possible to our specialized outpatient rehab programs for amputees,” Braun says. “Patients have better long-term results when they move through a continuum of care that includes acute inpatient rehab and outpatient therapy, and in which surgeons, PM&R physicians, physical therapists and prosthetists work collaboratively.”

Creating a Preferred Protocol

“The optimal protocol includes evaluations of patients by a physical therapist while still in acute care—sometimes before surgery,” says Jaisie Stevens, PT. “We are coordinating with physicians and case managers at both hospitals to help ensure that patients receive the kind of specialized therapy that promotes the best outcomes, including acute rehab.”

The inpatient Amputee Rehabilitation Program at MedStar National Rehabilitation Hospital is the only one in the region certified by CARF—the national accrediting organization for rehabilitation. Directed by Howard Gilmer, DO, it features a team of nurses; a psychologist; physical, occupational and recreational therapists; a nutritionist; prosthetist; and case workers.
While still in acute rehab, patients are fitted with their prosthesis by the in-house experts at Hanger. Its staff of certified prosthetists design, fit and manufacture customized prostheses. After discharge, patients return to a MedStar NRH outpatient center for continued therapy and prosthesis training.

“There aren’t many outpatient clinics with the expertise to help patients improve their functional outcomes with prostheses,” Braun adds. “Having a team of physical and occupational therapists that specialize in amputee rehabilitation and prosthetic training and care has significantly improved patient outcomes. Additionally, we have seen people struggling to use their prosthesis when a simple adjustment by a prosthetist can make a big difference.

Training and Education

To further strengthen the program, training is underway to develop a team of therapists with a specialized skill set. “Therapists throughout the outpatient network are receiving instruction in treating amputees,” says Beth Ljung, PT. “Hanger also hosted the first of what will be a twice yearly, day-long educational program for amputees, physicians, PTs, OTs and prosthetists.”

“The team has also been taking a retrospective look at our patients to help develop the best practice, explains Braun. “We continue to record and analyze data to determine the ideal standards of care for patients. “We are looking at patient care from every angle possible,” adds Braun.
An innovative program to boost recovery in liver transplant patients is now underway—the result of a unique partnership between MedStar NRH and MedStar Georgetown University Hospital.

MedStar NRH physical therapists are “at the table” for every liver disease patient at MedStar Georgetown from the very start of their evaluation and assessment for surgery. “From pre-transplant to post-transplant, we now include MedStar NRH rehab expertise,” explains David Zwerski, assistant vice president, MedStar Georgetown Transplant Institute. “We are harnessing the experience of one of the nation’s busiest transplant centers and of the region’s most comprehensive rehabilitation network to improve patient outcomes.”

Boosting Recovery

“When patients come to us they are acutely ill and very frail—a precarious condition in which to face liver transplantation,” Zwerski adds.

“The more frail a patient, the more likely they won’t survive surgery,” explains Rohit Satoskar, MD, medical director of liver transplantation. “The challenge for patients with liver disease is the litany of digestive problems and nutritional deficits that leaves them weak and often homebound. It became apparent to us that if we improve patients’ functional ability before transplantation we will likely improve their ultimate recovery.”

Pre-Transplant PT

“Our PTs are now part of the patient evaluation process,” explains Dianne Braun, PT, CLT, clinic director, MedStar NRH Irving Street Outpatient Comprehensive Rehabilitation. “We are providing a frailty score at the outset that is the result of a very robust and detailed assessment of patients.

“Therapists screen patients for balance and weakness to determine frailty score. We also screen for lymphedema (swelling), complete a six-minute walk test, and evaluate for other functional impairments,” she adds. “The assessment lets us know if patients are appropriate candidates for pre-transplant therapy—and helps us develop a plan of action to reduce fragility and improve strength,” Braun says.

“There have been some studies that indicate if we can improve a patient’s six-minute walk distance by just a little bit we can decrease mortality by as much as 50 percent,” Braun adds.

“We have seen in our own program that pre-operative therapy shortens acute hospitalization times and post-surgery rehab times, as well,” Zwerski notes.

Therapy after Transplant

Prior to program implementation, some patients would go to MedStar NRH for acute rehab post-surgery, but most would go home after discharge, Zwerski explains. “Now with rehab experts on the team at every juncture of the transplant process, we are doing a better job navigating our patients’ ultimate recovery.”

Initial results are proving positive. “We are seeing an increase in utilization of post-transplantation acute rehab at MedStar NRH,” says Dr. Satoskar. “And we believe this is helping to improve long-term outcomes.”

To help clarify the value of pre-transplant outpatient therapy, a retrospective study is now underway and a treatment protocol is being developed that “could stand as a standard of care model for the liver transplant population,” Braun notes.

“This is a best way to utilize the strength of our system to create seamless transition and improve care,” says John Brickley, vice president for MedStar NRH ambulatory therapy services.

“We are able to assist so many patients after the comprehensive evaluation, as a part of the overall MedStar Health care team. We intervene early on with strengthening, energy conservation and other outpatient therapy services indicated. This improves patients’ ability to function day-to-day. When they face surgery, they are more prepared and are better able to respond well after the transplant to effectively return to their activities,” he adds.
Virtual Road Warriors

A brand-new piece of video technology is helping patients test their driving skills without traveling an inch. The Virage Driving Simulator, generously donated by GEICO, has a 180-degree view, a real car ‘cockpit,’ and motion platform just like a video game. High quality graphics, 3D sound with high fidelity motion make patients feel as if they are driving on a street in Washington, D.C.

Safe Driving via Computer
The driving simulator, recently installed at MedStar National Rehabilitation Hospital, helps patients safely use and control a motor vehicle before they ever get behind the wheel of a real automobile.

“Some patients just aren’t yet ready to drive even following their rehabilitation,” says Katie Fair, OT, driving program specialist. “The simulator is a good way to not just test their abilities but help them learn to use adaptive equipment that can be installed in their cars. It is a good complement to the MedStar NRH Driver’s Training Program as well.”

The Virage driving simulator records a driver’s performance, vehicle position, speed and reaction time for a variety of programmed traffic events. They can tackle skills such as lane keeping, turning, and avoiding collisions through the system’s different training modes.

Adaptations for Physical Challenges
“For example, if a stroke patient’s right side had been affected they may not be able to use their right foot,” Fair explains. “We can install an adaptor that allows them to use their left foot. And if a hand is affected, we teach patients to use a spinning knob that allows them to make full turns with only one hand on the wheel.”

Every patient is evaluated before using the simulator and “we test before and after training to assess what they have learned,” Fair adds.

“Generally, patients have four or five lessons and they can go through more than 30 different scenarios from highway driving to congested city streets. Reaction to the simulator has been very positive,” she says. “At first, the computer responds to patients with yellow when they are ‘almost there.’ When they move correctly the computer responds in green. They want it all in green! It makes patients feel more confident and more in control. The next step is a behind the wheel evaluation/training. But after our preparation using the simulator patients feel more confident to eventually get behind the wheel.”

“The simulator is a good way to not just test their abilities but help them learn to use adaptive equipment that can be installed in their cars. It is a good complement to the MedStar NRH Driver’s Training Program as well.” – Katie Fair, OT, driving program specialist
John N. Aseff, MD, has retired after 33 years of service as a member of the MedStar NRH medical staff. Dr. Aseff was a member of the very first medical staff when MedStar National Rehabilitation Hospital opened its doors in 1986. When he retired he was serving as director of Electrodiagnostic Services, medical director of the Post-Polio Program, and medical director, Admissions. He was also a clinical professor of Rehabilitation Medicine at Georgetown University School of Medicine and was the founding director of the MedStar National Rehabilitation Hospital PM&R Residency Program. Dr. Aseff received multiple awards and distinctions, including the Distinguished Clinician Award by the American Academy of Physical Medicine and Rehabilitation, and MedStar NRH’s Dr. John W. Goldschmidt Award for Excellence in Rehabilitation. He was also named multiple times as one of the areas ‘Top Doctors’ by Washingtonian Magazine. Dr. Aseff will continue to work in a part-time capacity with the medical staff.

MedStar NRH has been awarded a Christopher & Dana Reeve Foundation 2019 Expanded Effect Quality of Life $100,000 grant to support expansion of its popular Adaptive Sports & Fitness Program.

“We received one of only six grants awarded across the United States,” says Joan Joyce, director of Therapeutic Recreation and Community Outreach. “The majority of the grant will be used to purchase specialized fitness equipment including a FES bike that provides stimulation for patients with upper and lower extremity disabilities. We are also purchasing sports wheelchairs and specialized fitness equipment such as a special treadmill, cross country ski machine and a glider standing frame system that acts like an elliptical machine.”

The fitness equipment will be used for clients of MedStar NRH’s D.C., Northern Virginia and Maryland Adaptive Fitness Programs.

New Medical Staff on Board

MedStar National Rehabilitation Hospital
- Jared Aida, DO
- Laura Malmut, MD
- Patrick Martone, DO
- Emma Nally, MD
- Michael Wroten, DO
- Mackenzie E. Brown, DO
- Robin M. Pierre, PsyD
- Holly Gilliam, PsyD

MedStar Good Samaritan Hospital
- Paige Harrison, DO
- Salome Hawkins-Cole, MD
- Ezihe Nwadi, MD
- Ashley Tinney, DO

MedStar NRH Board Welcomes New Members

James C. Dinegar, director of American University’s Center for Business in the Capital, joins the Board of Directors. Dinegar was previously chief of the Greater Washington Board of Trade—a post he held for more than a decade.

Cristina Aragona is a Neurosurgical Physician Assistant at MedStar Washington Hospital Center. Prior to her current role, Aragona was a practicing attorney at the international law firm of Hunton & Williams. Aragona serves on the MedStar NRH Board’s Quality, Safety, and Professional Affairs Committee.
MEDSTAR NRH ADAPTIVE SPORTS TEAMS WIN BIG

The Punishers Wheelchair Basketball team traveled to tournaments in Phoenix, Dallas and Philadelphia and hosted a local tournament in D.C. this past season. They finished their regular season with a record of nine wins and seven losses. They qualified for the Division I National Wheelchair Basketball Tournament in Ohio and finished with a 2-2 record, taking 4th place in the nation. One Punisher team member, Trevon Jenifer, attended the USA Paralympic Training Camp in Colorado this past summer.

The MedStar NRH sled hockey team (aka D.C. Sled Sharks) won their playoff tournament at the Delaware Valley Hockey League in Aston, Pa. “This is the first time our team has taken first place since we started!” says Joan Joyce, director of Therapeutic Recreation and Community Outreach at MedStar NRH. The team headed to nationals in April and made it through to the semifinals.

The D.C. Sled Sharks is a junior sled hockey team, competing in the Delaware Valley Hockey League. Players range in age from 4 to 18 years old, have some type of lower body disability and are seated in sleds during play. During the season, the team practices weekly at MedStar Capitals Ice Plex in Arlington Va., the same rink used for practice by the Washington Capitals.

New EEG Machine Enhances Neuroscience Research

A new high-density EEG machine is now enhancing research and improving the recovery outlook for patients suffering from the effects of stroke and traumatic brain injury. The machine was purchased through funds from the Greenberg Motor Recovery Lab, a part of the MedStar NRH/Georgetown University Center for Brain Plasticity Research and Recovery. The lab has been funded in part by a generous donation from Leonard and Linda Greenberg. The focus of the center is on research studies aimed at restoring motor function in neurological injury.

After stroke, there is a brief window of high neuroplasticity—the ability of the brain to repair itself. Brain cells oscillate at different frequencies to communicate with each other. A high-density EEG system allows us to measure these frequencies down to the millisecond. Knowing when this period of high neuroplasticity occurs can help enhance stroke recovery. Clinicians can time non-invasive treatments during this window of opportunity when the brain is at its most “plastic.”
Ellen Leone, who served as vice president for clinical services and chief nursing officer for MedStar National Rehabilitation Network since 2013, retired this past July.

“Ellen has been a trusted and valued part of the Network leadership team,” says John Rockwood, President of MedStar NRH. “During her tenure, MedStar National Rehabilitation Network made great strides in nursing and clinical services. Under her leadership, we moved towards a contemporary primary nursing model and enhanced professional practice,” he adds.

“I have always felt that there is a master plan; that there is a reason why we choose certain opportunities,” Leone says. “I found this to be so true from the first day that I walked through the main lobby doors at Irving Street in 2013. I will miss the relationships that I have made and know that I will remain lifelong friends with many of the people I’ve come to know at MedStar NRH.”

MedStar Good Sam’s $17.5 Million Inpatient Rehabilitation Center Opens

MedStar Good Samaritan Hospital in Baltimore opened a new $17.5 million Inpatient Rehabilitation Center on Aug. 21, welcoming patients to an enhanced rehabilitation experience with innovative technology, compassionate caregivers, and a 50-year history of reputable, expert practices.

“Our new state-of-the-art technology will complement our long-standing expertise in care, allowing patients to gain independence and return to the community,” said Kritis Dasgupta, MD, MBA, MSc, chair of Physical Medicine and Rehabilitation for MedStar Good Samaritan Hospital and Associate Medical Director for MedStar National Rehabilitation Network, Baltimore region.

The 60,000-square-foot facility, which cares for patients recovering from amputations, brain and spinal cord injuries, orthopaedic injuries, and stroke has 37 new private rooms and six semi-private rooms. Features include B’More Independent Way to help patients transition back to the community; ZeroG® body weight system with a 210-foot track; ceiling lifts in rooms; support from Nash, the rehab facility dog; a Technology Room featuring low- and high-tech devices, such as iPads, Roomba vacuum, low vision devices, robotic utensils, and automatic medication dispensers; a Low-Stimulation Gym for patients with brain impairment and more.

For details, visit MedStarGoodSam.org/InpatientRehab.
In Memoriam

MARK FRENCH
Entrepreneur, Stroke Advocate, Vice Chair of MedStar NRH Board

Mark French, vice chair of the MedStar National Rehabilitation Network Board, died last spring after a brief illness. "Mark was such an important member of the MedStar NRH family," says MedStar National Rehabilitation Network President John Rockwood. "His enthusiasm knew no bounds and in a short time, he made a tremendous impact on the Network's efforts to serve our patients and the community."

Just a few months before Mark passed away, his film about stroke survivors called A Teachable Moment, featuring MedStar NRH VP of Research, Alexander Dromerick, MD, was released. The film is now available on Amazon Prime.

"Mark was a patient who became a friend and a partner in advancing the fight against stroke and disability," says Dr. Dromerick. "Mark's determination to recover and to help others was unforgettable, and we feel his impact every day."

Mark gave everything he had to all he did, and his hard work paid off with success during his decades-long career in business—and during his recovery from a devastating stroke he suffered in July 2015. His tenacity and indomitable spirit were rewarded when he was a recipient of a 2016 Victory Award® at the MedStar NRH 30th Anniversary Gala.

When he received his award, Mark credited the care team at MedStar NRH for his remarkable recovery. "After my stroke and before I came to MedStar NRH, my life was a very different--and frightening--place," he said. "But at MedStar NRH, I became excited because everyone there said I would recover, and I did. Recovery from stroke is the hardest thing I've ever done. But with the help of the fabulous doctors and therapists at MedStar NRH, I could see that I was moving forward every day. I'm so grateful to them all."

Mark was founder, president, and CEO of Leading Authorities, Inc., one of the nation's most prominent strategic event firms and lecture agencies. He was well respected--and well loved--by his coworkers and friends. Accolades poured in following his death and those close to him shared memories of a man who loved life, adored his family and never walked away from a challenge. As one friend posted online, Mark was a "devoted husband, father, grandfather, brother and colleague. A friend who was beyond loyal and ferocious in his loyalty. An insatiable intellect. A serial entrepreneur. A force of nature. A pioneer."

Mark is survived by Carol, his loving wife of 36 years, a daughter Lauren, son Brian and two grandchildren.

"He was an indomitable force of nature and we were lucky to be the beneficiaries of his spirit on the MedStar NRH board," says Daniel Cohen, board chair. "As our vice chair, Mark was able to start and lead a process for us that will make us a better hospital, a better rehabilitation network and a better system partner. It will be a living testimony to his tenacity that both his spirit and vision will continue to be incorporated into our work."

"He brought his inexhaustible energy and abundant talent to everything he did," Rockwood says. "We were so blessed that he shared these with us, and we will miss him dearly."

1954-2019
Mark French, Vice Chair of the MedStar National Rehabilitation Network Board

“HE WAS AN INDOMITABLE FORCE OF NATURE AND WE WERE LUCKY TO BE THE BENEFICIARIES OF HIS SPIRIT ON THE MEDSTAR NRH BOARD.”
– Daniel Cohen, Board Chair
ThinkFirst Puts Traumatic Brain Injury Prevention First

Melons are teaching D.C. second graders a critical lesson: ThinkFirst.
Think before you act and ask, “Is this going to hurt me?”

“We explain that the brain is like a melon,” says MedStar NRH Physical Therapist Ann Onzik. “Then we put a bike helmet on the melon and throw it hard against the floor where it sits unharmed. Then we take the helmet off, throw it on the floor again, smashing it into pieces. You can hear a collective ‘ugh’ from the kids.”

The demonstration vividly illustrates what can happen to unprotected brains in a bike accident. Then the classroom of 30-plus children is fitted with free bike helmets.

“It is part of a MedStar NRH and MedStar Washington Hospital Center (MedStar WHC) program to teach brain and spine injury prevention to kids and adults as ThinkFirst’s Washington chapter, part of the ThinkFirst National Injury Prevention Foundation,” says J.J. Current, MedStar WHC Trauma Prevention/Outreach Coordinator.

“Our helmet-fitting is an important component of bike safety curriculum for D.C. second graders,” explains MedStar NRH Community Relations Director Joan Joyce. “In three years, we’ve given away 1,000 helmets.”

From Infants to Seniors

In area YMCAs, another D.C. school partnership is turning an after-school program into valuable safety training for kids. “An all-volunteer army of educators from MedStar NRH and MedStar WHC conduct five weeks of classes on a variety of safety issues,” says Heidi Armonda, RN, volunteer founder of ThinkFirst D.C. “We talk about everything from safely crossing busy D.C. streets to safety on the playground. We also provided the program for children in affordable housing in D.C.

This past September, the first Falls Prevention Day was held at MedStar NRH in conjunction with the D.C. Office of Aging and provided seniors with education and screening aimed at reducing their risk of accidental falls. “MedStar NRH team members screened participants for mobility, hearing and visual issues, and University of Maryland pharmacy students reviewed their medication,” says Current.

“We screened 20 people,” says Onzik. “Now we’re making this an annual event in celebration of National Falls Prevention Day.”

“We are proud of what we have achieved. Now we are growing with a $75,000 grant from D.C. Safe Sleep to promote back sleeping for infants,” says Armonda. “We are also going to provide high schoolers with gun safety education using compelling speakers such as MedStar NRH’s own Peer Wellness Specialist Harsh Thakkar, whose paraplegia is the result of a gunshot wound.”

D.C. second graders learn how their brains can be injured if they ride bikes without their helmets during the MedStar NRH ThinkFirst program. Then the kids are fitted with a free bike helmet.
In awarding this honor, WebPT noted that MedStar Physical Therapy was recognized for its “commitment to its patients, helping them meet their goals and overall quality of service.”

“In presenting MedStar Health Physical Therapy with the ASCEND Practice of the Year Award, WebPT is proud to recognize the tremendous innovative strides MedStar has taken within our industry,” says Dr. Heidi Jannenga, PT, DPT, ATC, WebPT co-founder. “But, what really sets this team apart is their steadfast commitment to the communities they serve. Their people-first, patient-centric approach to business helps demonstrate the value of physical therapy and the integral role it plays in health care at large.”

WebPT also said the award recognized MedStar Health’s commitment to diversifying and expanding services across all patient populations. It also noted MedStar Health’s Environment of Learning (EOL) program, which provides continuing education and mentorship opportunities to increase the expertise of therapists, which has helped produce a high level of patient satisfaction.

“To be recognized as the Ascend Practice of the Year for outpatient therapy is an incredible honor,” says John Brickley, PT, MA, vice president of MedStar Health Physical Therapy services. “To be presented with this honor by esteemed colleagues from across the country in the rehabilitation profession is immensely satisfying for our team.”

Brickley cites a team-oriented approach along with greater access to care for patients as one of the key drivers of MedStar Health Physical Therapy’s success. The practice employs outpatient physical, occupational and speech therapists as part of the MedStar National Rehabilitation Network, across Washington, D.C., Maryland, and Northern Virginia.

“We have worked relentlessly throughout the years to make positive changes within the physical, occupational and speech therapy landscape as well as the communities in which our patients, and future patients, call home. Our successes are attributable to our team’s determination to help provide patients with the best care and the best patient experience possible.”

Brickley also thanks WebPT for their partnership and role in MedStar Health Physical Therapy’s success, highlighting their collaboration on improving care delivery. “WebPT and our other partners have been instrumental in helping us discover new territories within our industry,” he adds.
Adrienne Sarnecki Named Chief Nursing Officer

Adrienne Sarnecki, MSN, RN, CRRN, NEA-BC, has been named vice president, clinical services and chief nursing officer for MedStar NRH, succeeding Ellen Leone, MSN, who retired this past summer after serving in the position since 2013. Sarnecki had served as assistant vice president for nursing services at MedStar NRH since July 2018.

“Adrienne was recruited as part of a multi-year succession plan, and we are fortunate to have her experience and leadership to build upon Ellen Leone’s successful tenure as chief nursing officer,” says John Rockwood, president of MedStar NRH.

Sarnecki previously served as a consultant to the chief nursing officers of Partners HealthCare, a not-for-profit health care system. Prior to her consulting position, she was the system chief nurse executive for The Spaulding Rehabilitation Network, a multi-facility system anchored by the Spaulding Rehabilitation Hospital in Boston.

Sarnecki began her career at the Rehabilitation Institute of Chicago (RIC) in 1985. During her 25 years with RIC she rose through the ranks, ultimately serving as its director of nursing from 2005 to 2010.

“I began my nursing career as a student nurse at RIC where I developed my passion for the care of individuals requiring rehabilitation services,” she says. “The ability to provide holistic care to patients and their families in a collaborative interdisciplinary practice environment is extremely gratifying. I see that excitement at MNRH. Through progressive leadership positions, including Pharmacy, Therapy and Nursing, I have learned that my impact on favorable outcomes can go farther. As we continue through Fiscal Year 2020, I am excited to partner with outstanding associates from all departments to continue MNRN’s legacy of adding life to years.”