Bouncing Back from Back Pain
Photographer Chris Condayon gets back in the game after therapy for a ruptured disc.
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Adding Life to Years® — Helping You Live a Full and Healthy Life

Prepping for Painless Play

Hooray! The long, snowy winter of our discontent is a distant memory. Now we’re anxious to get outside and move our bodies. Spring invites exercise. But too much, too soon can also invite injury.

Before beginning to indulge in your favorite sport’s activity, proceed with caution, says Jason Pothast, MD, sports medicine expert at NRH Rehabilitation Network, Olney.

“Without some preparation you can leave yourself vulnerable to muscle, tendon and ligament injury,” he says. “It’s best to ease into your sport, particularly if you have been sedentary all winter long. When you suddenly move your body in a way you haven’t for months—or years—you open yourself up to injury.”

Build Strength Overtime

We need to strengthen and increase flexibility in our joints, muscles and tendons to prepare them for the rigors of sports, Dr. Pothast explains. “And before we play any game or take that first spring run, we should do something to build our aerobic capacity,” he adds.

“This is particularly important for people who participate in endurance sports, such as a marathon runner,” he adds. “These athletes need to spend at least a month or two building strength by increasing distance to their training over time.”

The same is true for any athlete, particularly those “weekend warriors” among us who may tend to jump all in without preparation.

“Don’t play a full-on game of basketball or a full round of golf your first day out,” Dr. Pothast advises. “Ease into the sport.

“Ideally, we should begin doing some stretching, strengthening and aerobic exercises before spring arrives—or at least several weeks before you play any sport.”

Cross training is the best option. Combining aerobic exercise—any activity that raises your heart rate—with a strengthening program to work on the large muscles in your legs and abdomen (your core) is the perfect regimen.

“Build Strength Overtime” is the perfect regimen.

“You don’t need to belong to a gym or take a class,” Dr. Pothast says. “There are plenty of web sites that can offer you all you need. A simple home workout that combines some jumping, lunges and squats will do the trick. This exercise routine should also continue during the season to help keep injuries at bay.”

But, Dr. Pothast adds, if you haven’t exercised in a few years, check with your doctor to be sure you don’t have any underlying condition that may pose a problem.

Sprains, Strains and Broken Bones

Despite all of your pre-sport prep injuries can still occur, and some injuries are more common than others. As a rehabilitation physician, Dr. Pothast has seen it all.

“Fractures are very common, as are ligament and tendon strains,” he says. “It’s most often the result of making movements that your body isn’t used to making. A fast sprint, twisting the body with your feet planted or shifting your body to the side quickly to block an opponent, for example, can be dangerous to unpracticed muscles.

“In endurance sports, overuse is often the culprit behind stress fractures and tendinitis,” Dr. Pothast says. “When we put continuous stress on bones, muscles and tendons, over time microscopic breaks or pulls can result in chronic pain that requires treatment.”

Self-Help or Rehab Doc?

What should you do if you suffer an injury? Dr. Pothast says, “If you have a sharp, stabbing pain see a doctor right away. You can treat less serious pain at home initially with ice at the site of the injury. Over-the-counter medication like acetaminophen is very good at relieving pain, as long as you don’t have liver problems. And take a week or two off from exercise to allow for healing.”

If pain persists, go to a sports medicine expert. “We can offer a number of non-surgical treatment options,” Dr. Pothast explains. “We use sophisticated ultrasound diagnostic tools to pinpoint the problem.

“Oftentimes physical therapy is enough to resolve pain. If not, we can use injections with medications, such as steroids, or with platelet-rich plasma or PRP. PRP is a promising treatment that uses a patient’s own blood spun into plasma, which is filled with natural healing properties.

“In addition, we work collaboratively with physical therapists to develop a conditioning program to help prevent another injury,” he adds.
An aching back—and a traumatic brain injury. The scope and diversity of MedStar NRH services are vast. We do see it all.

This range of care is the template for all of our clinical service lines—from amputee rehabilitation to stroke recovery. No matter the severity of the illness or injury, our goal is always the same: Restore patients’ function and independence.

This expertise has earned us a reputation as one of the nation’s top rehabilitation networks. Our sought-after programs and our rehabilitation experts attract men and women from across the country who are suffering critical disabling conditions. It has helped us forge important national alliances. But our regional network of services is also the “go-to” resource for thousands of men, women and children with less serious problems.

**Trusted Care**

Our Sports Medicine Program is an important model for this philosophy of care. Most recently, our own Jason De Luigi, DO, was named Head Team Physician for the Washington Wizards, and his MedStar NRH colleague Bryan Murtaugh, MD, is now serving as the players’ Team Physician. Dr. De Luigi was also recently named a member of the NBA’s Concussion Committee, and serves as Team Physician for the Washington Nationals.

These physicians have been entrusted with the health and well-being of athletes whose careers could be shattered by a simple injury. This level of expertise isn’t only coveted by professional athletes. We work as hard to help keep an active Baby Boomer playing a round of golf—and to keep a student athlete safely participating in soccer.

**Collaboration Across Specialists**

This expertise is also part of a larger collaborative network of services. As part of the MedStar Sports Medicine Program, MedStar NRH physical therapists and rehabilitation physicians collaborate with orthopaedic surgeons to provide comprehensive services to more than 50 sports organizations.

We work in tandem with a range of other medical specialists throughout the MedStar Health system to provide patients with services at every level from the onset of illness or injury to recovery. Increasingly, we are creating hubs for this kind of care in outpatient centers throughout the region.

In the fall, a new outpatient center in Friendship Heights in Northwest, D.C., will be entirely devoted to multidisciplinary spine services. Our rehabilitation physicians and therapists will work alongside orthopaedists to evaluate and treat back and neck problems—pain that affects millions of Americans.

We know that increasingly neck and back problems are being treated with non-surgical interventions. And we also know that when rehab physicians and surgeons work as a team, patients gain the advantage. The solution for their pain will be tailored to their individual needs—and the least invasive approach is always the first choice.

This is the model of the future and we are creating it today. Our cancer rehabilitation specialists coordinate care with oncologists. Our stroke rehab physicians work collaboratively with physicians who provide acute care services from the onset of stroke in MedStar Health emergency rooms. Clinical care—and clinical research—is integrated and connected across specialties and institutions.

That's the evolution of cost efficient care delivery, which results in our shared ultimate objective—better outcomes for our patients.

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**“Clinical care—and clinical research—is integrated and connected across specialties and institutions.”**

— John D. Rockwood, President, MedStar National Rehabilitation Network; Senior Vice President, MedStar Health
Getting in Front of Back Pain
MEDSTAR NRH SPINE SPECIALISTS OFFER NON-SURGICAL RELIEF

In May 2013, a fun trip to Tangier Island literally turned upside down for 46-year-old photographer Christopher Condayon. The ATV he was in toppled, and Condayon was thrown from the vehicle. He was airlifted from the accident site to an area hospital where physicians set his broken arm—and sent him on his way.

But 24 hours later, his arm was turning color and he soon found himself at MedStar Washington Hospital Center. He had a dangerous compartment syndrome injury inhibiting blood flow, and needed immediate surgery to save his arm.

“I thought that the surgery would put an end to the accident,” he says. “But soon my back was hurting and over several months continued to get worse. Eventually my leg became numb and walking was difficult.”

Imaging revealed his problem—a herniated disc. The discs act like shock absorbers—cushions between the bones of the spine. When they protrude out, they can press against nerves and cause pain that sometimes travels down the leg or arm. Disc issues can occur with or without an acute injury.

Non-Surgical Solutions

At first, Condayon’s primary care physician prescribed oral medication, but these didn’t prove effective. Then Condayon’s surgeon recommended that he see Bryan Murtaugh, MD, an interventional spine expert with MedStar National Rehabilitation Network.

Dr. Murtaugh is one of a group of physical medicine and rehabilitation physicians (physiatrists) at MedStar NRH who specialize in non-surgical treatment of spinal pain.

Millions of Americans of all ages suffer from back or neck pain. For many years, most had few treatment options—and many suffered a greatly reduced quality of life. Today, like Condayon, they’re seeking alternative therapies.

“I didn’t want surgery, or to be dependent on medication, and I certainly wasn’t ready to lead a sedentary life with pain,” Condayon notes. “When I came to see Dr. Murtaugh I had a goal. I wanted to feel well enough to go to a photography show I was judging in Miami a few weeks later.”

Fortunately for Condayon there is an arsenal of non-surgical treatment options to offer patients, and a growing cadre of specialty trained interventional spine specialists who are filling a void in care.
“When he came to me, he was really suffering,” says Dr. Murtaugh. “But he was determined to improve. As with all patients, I did a complete assessment of his problem, reviewed his imaging and discussed with him his goals and his options,” he says. “Chris was a good candidate for physical therapy, as well as an epidural steroid injection in the spine where the nerve root is irritated,” Dr. Murtaugh explains. “These are fluoroscopic-guided injections, in which we use images to guide the needle to the epidural space—the area around the spine that contains the spinal nerve roots. “With his acute pain relieved, I prescribed a regimen of physical therapy focused on core strengthening and improving his posture and biomechanics,” Dr. Murtaugh adds.

Condayon was a motivated patient who was diligent about his therapy, and has followed that up with continued exercise to get back in shape. “When I was in pain I gained a lot of weight,” he says. “But with therapy and exercise I lost 52 pounds. Now I’m working to put on 10 pounds of muscle.”

**Interventional Pain Arsenal**

For 30-year-old Jacopo Namari, injections were also the answer to agonizing back pain. An avid skier, Namari herniated his discs in an accident when he was just 13. He had surgery at an early age, but last year it flared once again. “I was reluctant to do injections, but Dr. Murtaugh worked his magic,” Namari says. “Injections have helped relieve the pain. I also completed physical therapy and now I’m practicing Pilates to keep my recovery going. Dr. Murtaugh is my ‘go-to’ guy from now on.”

But these injections are just one technique in the physiatrist’s pain tool box. The key to success lies in pinpointing the area generating the pain. “We assess the area and target it with the procedure,” Dr. Murtaugh explains. “This can include pain related not just to the spinal discs, but pain from the facet joints along the spine and the sacroiliac joint that connects the spine to the pelvis, as well.”

Radiofrequency ablation is another treatment option for pain relief. In this procedure, physiatrists use X-rays to guide a needle to the location of the nerve. A tiny electrode inside the needle carries radiofrequency waves that create heat to destroy the nerve tissue that sends pain signals to the brain.

Other tools used for more precise diagnoses include musculoskeletal ultrasound, which can be performed dynamically while patients are in motion to help visualize muscle, nerves, or joints that may be the source of the problem. Electromyography is sometimes employed to record electrical activity in muscles and nerve conduction studies can determine if a nerve is functioning normally.

**Better Body Mechanics**

Despite the availability of advanced spine interventions, Dr. Murtaugh says that for many patients back and neck pain is the result of poor body mechanics and posture. “A big part of therapy is learning to adopt lifelong healthy spine habits to prevent a recurrence of chronic pain,” he explains.

“The way we sit, lift, reach, and transition can put stress on the spine. Poor posture with the shoulders and head forward can cause spine-related pain—and a sedentary lifestyle sitting in front of a computer or watching television is also not healthy for our spines.”

A part of every patient’s evaluation is a thorough assessment of range of motion and movement patterns, Dr. Murtaugh explains. “I work closely with our physical therapists to develop a regimen to not only improve patients’ current pain, but hopefully give them tools to help them prevent pain from coming back.”

No matter the source, Dr. Murtaugh and other interventional spine physiatrists always want to take the least invasive approach to relieving acute or chronic pain.

“Sometimes a patient’s pain is the result of a combination of problems. And no cookie-cutter treatment plan works for everyone. So I try to educate patients about their diagnosis, and lay out all of the treatment options so we can come up with a plan to meet their goals. It’s a comprehensive approach to care focused on improving the quality of a patient’s life,” he adds.

**MedStar NRH Interventional Spine Program**

**Conditions Treated:**
- Back and neck pain
- Spinal stenosis; disc herniation; sciatica
- Sacroiliac joint pain
- Neuropathy
- Osteoarthritis and rheumatoid arthritis
- Sports injury and spinal pain

**Interventional Spine Locations**

MedStar NRH Interventional Spine specialists see patients at MedStar NRH Outpatient Physician Care locations in Washington, D.C., Maryland and Virginia. Go to MedStarNRH.org/Locations to find a center near you.
Help Us Reach Our Goal

The MedStar NRH Adding Life to Years® Capital Campaign is an ambitious fund raising effort to expand the hospital and build the National Center for Brain Injury and Stroke Recovery & Research. The campaign has already raised more than half of its $25 million goal.

The center will provide state-of-the-art care for people with neurological illness and injury, such as stroke. And it will bring together basic and clinical researchers, such as Dr. Mitroff, whose work is focused on a better understanding of how the brain functions following injury, and on developing new interventions to boost recovery.

To learn more, contact Emily Riffle, vice president of philanthropy, at 202-877-1784 or Emily.A.Riffle@MedStar.net.

Strobe Eyewear: Potential Avenue for Stroke Recovery?

Training using strobe eyewear is making a leap from sports performance to rehabilitation. The technique, in which participants use glasses that produce regular flashes of light, has been investigated as a method to improve athletic performance and visual-motor skills. Stephen Mitroff, PhD, MedStar NRH neuroscience researcher and associate professor of psychology & neuroscience at Duke University, is developing a pilot program to test its use in patients recovering from stroke who have visual impairments.

Andrew Ethier, OT, works with a volunteer stroke patient wearing strobe eyewear while playing a game to increase his attention, planning and organization.

“In research we conducted at Duke we tested stroboscopic training in both athletes and other Duke undergraduates,” Dr. Mitroff explains. “The studies compared one group with a group who wore the strobe eyewear during training. Then we evaluated their visual memory and ability to pay attention before and after training,” he says.

Lasting Power in Snapshots

The strobe eyewear, developed by Nike, Inc., creates temporary interruptions of vision in which users see only glimpses of the environment around them. The user has to adjust in order to perform tasks normally.

“Astrobic training using the eyewear had better short-term memory for the first 24 hours. The strobe training improved their ability to process information when it was presented very briefly. It forces people to compensate since they are trying to perform in less than perfect conditions,” Dr. Mitroff adds.

THE STROBE EYEWEAR CREATES TEMPORARY INTERRUPTIONS OF VISION IN WHICH USERS SEE ONLY GLIMPSES OF THE ENVIRONMENT AROUND THEM.

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“Anticipatory timing—the ability to sense where a moving target will be at a specific point in time—is an important skill for athletes. It means that they can imagine and act on what may happen next—what direction the puck may be coming from or where the ball may land, for example.

Pilot Stroke Study

Now Dr. Mitroff is implementing a first-of-its-kind pilot study at MedStar NRH to test the concept in rehabilitation. During the last several months, therapists have been working with volunteer stroke patients. They have performed regular training in skills of daily living with and without the strobe eyewear.

“What they have been reporting to us about their experience is helping us create our pilot study, which will soon get underway,” Dr. Mitroff says. Twenty stroke inpatients will be recruited in the first phase of the study—10 who will wear the strobe eyewear for brief time periods during occupational therapy and 10 who will not.

Dr. Mitroff believes that the stroke patients will benefit from the technique. “It will hopefully help to improve their ability to perform tasks when faced with the visual distractions of day-to-day life,” he says.

“This is a preliminary investigation, but I’m optimistic that use of strobe eyewear will prove its value—and the method may ultimately be effective when used in conjunction with other rehabilitation therapies and for patients with other neurological problems.”
Updates from MedStar NRH

The MedStar NRH Sports Medicine Pro Basketball and Hockey Connection

Jason De Luigi, DO, has been named Head Team Physician, Primary Care Sports Medicine for the Washington Wizards, and Bryan Murtaugh, MD, is now serving as Team Physician for the Wizards. MedStar Health was named the official medical team partner of the Wizards and the Washington Capitals late last year in an agreement with Monumental Sports.

With the addition of D.C.’s basketball and hockey teams, MedStar Sports Medicine now provides medical care to more than 55 sports organizations, including the Baltimore Ravens and the Washington Nationals.

“As the Wizards’ team physicians, we are responsible for the team’s medical care, helping players recover from injury or illness so they can get back on the court,” says Dr. Murtaugh.

Drs. De Luigi and Murtaugh are sharing coverage of all of the games, sitting at the sidelines, checking on the team in the locker room, and working with the team’s trainers when needed.

Dr. De Luigi, an internationally recognized leader in sports medicine, was also just named as a member of the NBA Concussion Program committee. “In this era of sports medicine, the evaluation and management of concussions has become a priority in all levels of athletics,” he says. “It is an honor and pleasure to represent MedStar NRH, MedStar Sports Medicine, and the Washington Wizards on the NBA Concussion Committee. Our goal is to maximize the health of the league’s athletics with prevention and management of acute injuries as well as the long-term problems posed by a concussive injury,” says Dr. De Luigi.

Dr. De Luigi also serves as the Team Physician for the U.S. Adaptive Alpine Ski Team, the Nationals, and for the Washington Spirit Women’s Pro Soccer team. He is also the Head Team Physician for Catholic University’s sports teams.

MedStar NRH Adaptive Sports Teams Winning Season

Congrats to the MedStar NRH Ambassadors for a remarkable winning season. The wheelchair basketball team was invited to play in the National Tournament in April, and earlier in the season was ranked third in the nation! The MedStar NRH Ambassadors competed in the 4th Annual Capitol Wheelchair Basketball Tournament, coming in third, but lost only one game to last year’s National Champions, the Carolina Tarwheels. Harsh Thakkar, who directs the MedStar NRH SCI Wellness and Mentorship Program, took away an All-Tournament award plaque.

For the first time in its history, MedStar NRH Sled Sharks junior sled hockey team made it to the second round of the finals in the Delaware Valley Hockey League. The players, who range in age from four to 18, played a tough game, losing in the end to the Blazers. Congratulations on a well-played, successful season.

MEDICAL STAFF NEWS

Elissa Newport, PhD, professor of neurology and co-director of the Georgetown University/MedStar National Rehabilitation Network Center for Brain Plasticity and Recovery, has been named 2015 Benjamin Franklin Medalist in Computer and Cognitive Science. The prestigious award made annually by The Franklin Institute honors Dr. Newport’s “illustrious contributions to understanding the nature of human language.” Dr. Newport is one of just nine scientists and innovators who have been selected to receive a 2015 Franklin Institute Award. Previous laureates have included distinguished men and women including Thomas Edison, Marie Curie, Nikola Tesla, Stephen Hawking, Jacques Cousteau, Jane Goodall and Bill Gates.

Curtis Whitehair, MD, program director of the MedStar NRH/MedStar Georgetown University Hospital PM&R Residency Training Program, has been appointed associate professor of rehabilitation medicine at Georgetown University.

Abha Lokhande, MD, attending physiatrist at MedStar National Rehabilitation Hospital, MedStar Georgetown University Hospital and MedStar Montgomery Medical Center, was appointed assistant professor of rehabilitation medicine at Georgetown University. Dr. Lokhande provides inpatient acute care for patients with brain injury, CVA, musculoskeletal disorders, amputation and spinal cord injury.

Sepideh Haghpanah, MD, attending physician with NRH Rehabilitation Network, Bethesda, was named assistant professor of rehabilitation medicine at Georgetown University. Dr. Haghpanah specializes in musculoskeletal/sports medicine, fluoroscopic spine injection techniques and occupational medicine.
A personal crisis in one woman’s life triggered an unexpected consequence—and dozens of people are reaping the benefits.

In 2012, a car accident left Patty Dawn with an incomplete spinal cord injury. A two-week inpatient stay at MedStar NRH—and months of outpatient rehabilitation—put Patty on the road to recovery. But a look back at her experience taught Patty its true value—and resulted in a generous gift to the hospital that helped get her back on her feet.

“Months after my inpatient stay I fully realized the importance of what I had learned,” she says. “It is such a well-rounded program that provides important physical and psychological support during a life-changing event,” Patty says. “The staff is so caring and the program is so responsive to your needs. That feels empowering to patients.”

Three years after her injury, Patty continues to put her “education” to work as she navigates life with neurological challenges. And when she and her husband Donald had the opportunity, they decided to help ensure that this type of care continues to be available.

“I’m president of the Gordon and Marilyn Macklin Foundation,” Donald says. “The foundation is based in the area—and we like to support local institutions. MedStar NRH was a natural fit. So we asked them to submit a proposal and now we’re providing a four-year matching grant to fund the MedStar NRH Peer Mentor and Wellness Program for people with Spinal Cord Injury (SCI).”

The Macklin Foundation’s support also allowed MedStar NRH to hire Program Coordinator Harsh Thakkar to head the effort. “When we began the project, I was told there was a perfect person for the job—and he really is ideal,” says Donald.

Harsh Thakkar’s own story is inspirational—and he serves as an exemplary role model to program participants. Harsh was just 19-years-old when he was robbed and shot at a restaurant close to home. The injury left him unable to walk, but after a year of rehabilitation he returned to college and earned his degree. Part of his education was made possible through a sport scholarship to Edinboro University where he played on the adaptive basketball team.
“Several years ago I began playing on the MedStar NRH Ambassadors and was periodically asked to talk with a newly injured patient,” Harsh says. “They were struggling the same way I had for a couple of years. I knew it was important for them to talk to someone who had been through the experience—and to see that they could live fulfilling lives.”

Building a Healthy Life

Harsh, who is still a member of the nationally ranked team, understands the value of exercise to spinal cord injured people. “Keeping active is a very important part of a healthy lifestyle,” Harsh says. “It can help prevent secondary conditions, such as heart disease, diabetes, respiratory illness and pressure ulcers, which can plague those of us with a spinal cord injury.

“We are excited that our Wellness Program has already been so successful. Just months since we began, we are now serving nearly 100 people every week and providing exercise options that aren’t available at area gyms for people with physical challenges,” he says.

The outpatient adaptive exercise program, which is the only one in the region, is offered three-days-a-week at the Irving Street location, with plans for expansion. Participants have their choice of group classes, or independent circuit training and boxing-based fitness.

“Spending time with someone who is leading a full life despite an injury is inspirational.”—Harsh Thakkar, Program Coordinator

Inspirational Role Models

The grant also supports the SCI Peer Mentor Program in which volunteers who have successfully adapted to their injuries provide quality support and education to mentees.

In the last few months, a group of volunteer mentors have been recruited and trained. “We are visiting with and introducing the Peer Mentor Program to all SCI patients, nine of whom have already requested an on-going mentor relationship,” says Harsh.

The mentors and mentees meet on a regular basis for three months—with the option to continue the relationship if they want. “Mentors provide their mentees with real world experience and emotional support that they can’t get from people who haven’t been through a spinal injury,” Harsh adds. “Spending time with someone who is leading a full life despite an injury is inspirational to them. For some, seeing me and other people in wheelchairs working at MedStar NRH is a positive experience.”

That’s something Patty clearly understands. “When you face such a profound change in your life, it is overwhelming. But having role models around you is critical. They understand what even the most loving friend and family member simply can’t.”

For more information about the program, email Harsh.V.Thakkar@MedStar.net. To learn how to make a matching gift to the program, email Robert.Marsteller@MedStar.net.
When Adrian and Roger Osborne brought their newborn son Christopher home from the hospital, they were bursting with joy. But 24 hours later, their sweet baby boy had stopped feeding—and was soon in congestive heart failure. Emergency surgery was successfully performed, but genetic testing revealed another health issue—a disorder called ATR-16. The genetic anomaly caused a number of problems, including developmental delays.

“We began early intervention for Christopher right away,” says his mom Adrian. “He had speech therapy and occupational therapy literally from infancy.” But at four-years-old, he aged out of the state program and the Osbornes began looking for an alternative so Christopher would continue to improve. When a physician they knew recommended MedStar NRH Rehabilitation Network, Bel Air, Md., the Osbornes followed his advice. “That’s where we found Kadie and she was just wonderful,” Adrian says.

Kathleen (Kadie) Southwick, a pediatric speech-language pathologist at the Bel Air center, has been working with Christopher for nearly three years. When he came to her, he was struggling to communicate—and was frustrated and angry because he could not make himself understood. Today he is in first grade and “doing well overall,” says his proud mom.

“Christopher is a great kid, and he has made terrific progress,” Southwick says. “It’s really exciting to see late talkers like Christopher come alive with speech.”

**Filling the Service Gap**

Christopher is one of thousands of children with communication disorders for whom speech therapy is a critical pathway to living full lives. “There is a great need for this service,” says Leigh Root, SLP, coordinator of speech-language pathology services at the Bel Air center. “We began our program six years ago and it’s still the only program of its kind in Harford County, Md.

“There are early intervention and school programs, but these can’t provide the time these kids really require to make progress. Parents come to us to supplement this therapy,” Root says.

The Bel Air center recently added a therapist and expanded hours to weekend and evenings for parents’ convenience. “The program is just exploding and the growing number of clients is the result of word-of-mouth from parents whose children we have helped,” says Root.

**Expanding Reach**

Additional MedStar NRH Rehabilitation Network centers are equipped to treat this specialized—and growing population—as well. Pediatric speech services are available at MedStar NRH Rehabilitation Network at Dundalk and at Irving Street. Therapy is provided to clients from toddlers to young adults with a wide range of communication problems, including those related to feeding and swallowing disorders, late talkers, language/learning delay, autism spectrum disorder, articulation and...
that the inability to communicate dramatically impacts a child’s world,” Ball notes. “But they learn so quickly and that makes working with children so gratifying.”

A variety of therapeutic methods are employed to help children, everything from language immersion activities—to the use of devices to augment spoken communication.

“We focus on being flexible and meeting the needs of each individual child. This may include attending the child’s school to implement specialized language treatment plans and coordinating treatment with other professionals involved in the care of the child, among many other approaches,” comments Root.

“Collaborating with parents and schools is an important component of therapy and it helps our clients a great deal,” says Southwick.

“As a parent, you don’t have a manual and dealing with a child with communication problems can be difficult,” says Root. “We give them strategies to help.”

“Kadie has gone the extra mile by meeting with Christopher’s teachers and his school speech therapist,” says Adrian Osborne. “My husband and I were concerned about Christopher going to first grade, but then Kadie came to his school and we felt reassured. We all love Kadie, and can’t praise her enough,” Adrian adds.

“For some speech language therapy programs, there is a more than six month wait list,” says Fletcher. “And these kids just can’t wait. So we’ve been stepping up to provide these services—and hope to expand to other outpatient centers throughout the region.”

To learn more about pediatric speech-language pathology services at our Bel Air location call 410-638-9400; Irving Street, 202-877-1760; Dundalk, 410-650-2145.

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stuttering. Children are also seen for brain injury and concussion.

At MedStar NRH Rehabilitation Network at Irving Street, speech-language pathology services often focus on medically complex conditions, explains Patricia Fletcher, director of outpatient speech-language pathology. This center offers families a seamless transition from the hospital’s inpatient pediatric unit (a joint venture with Children’s National Health System) to its outpatient speech-language pathology pediatric services.

Individualized Care

No matter the problem, each child is unique, explains Pediatric Speech-Language Pathologist Julie Ball. “We evaluate each patient and tailor an individualized plan of therapy for them,” she adds. “One-on-one therapy is important, but we also pair children together to encourage practice in a real world environment. We understand

“We understand that the inability to communicate dramatically impacts a child’s world.”

– Julie Ball, Pediatric Speech-Language Pathologist
Step up, roll in, or just mosey over— to the area’s most fun-packed 5K. Everyone is welcome to this celebratory event— from serious competitors with and without physical challenges to families with their beloved pets!

All proceeds benefit the fantastic MedStar National Rehabilitation Network Adaptive Sports Program—and its winning teams (see page 7 of this newsletter). The MedStar NRH program provides people of all ages the opportunity to participate in paralympic sports including wheelchair basketball, wheelchair tennis, sled hockey, quad rugby, sit volleyball, hand cycling, rowing, paralympic archery and much more.

Registration begins at 7 a.m. on race day and the race begins at 8 a.m. Your registration fee includes a post-race party with food and entertainment. You can register early beginning June 1. Registration fee is $35 until September 1.