Opening Doors to Fitness for the Physically Challenged

MedStar NRH Adaptive Gym draws legions of fans.

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Fitness Program Coordinator Harsh Thakker (left) works with program participant Ray Bourgeois, who suffered a spinal cord injury.
“The best place to find a helping hand is at the end of your own arm.” There is truth in this old Swedish proverb. In any journey in life, you are your best guide.

That doesn’t mean we are always on our own to face challenges in our lives. But the first step in recovery from a serious illness—or in making a positive change in your life—is your personal commitment to the process.

Setting Goals

There are some problems that require the help of an expert, warns MedStar NRH Social Worker Judson Richardson, LGSW. “If you have clinical depression, serious anxiety, or a serious illness or injury, you need professional help. But for these issues and others, you can supplement that expertise with self-help,” he says.

No matter what you want to do—lose weight, run a marathon, or overcome a hurdle—Richardson says the first step to success is setting your goals. “Write down a list of objectives that you want to accomplish,” he says.

“‘They should be realistic and measurable. You may have an ultimate goal, but consider the stepping stones you need to take to reach it. That way you aren’t overwhelmed by what is far down the road. Instead you’re thinking ‘what’s the very next thing I need to do?’’” Richardson counsels patients at MedStar NRH not to focus on what their lives used to be. “That’s frustrating, overwhelming and non-productive,” he says. “I ask them to think about what they want to accomplish today. That helps keep people moving forward.”

Stay Motivated

Keeping motivated is often the biggest hurdle to overcome. “First take care of yourself,” Richardson advises. “Get sleep, eat a healthy diet and reward yourself along the way. Listen to music, experience nature—keep a journal of your experiences and feelings.”

Richardson also advises cultivating these three things everyday:

- **Trust the process:** You can do it whatever happens along the way.
- **Gratitude:** Ask yourself, “What would I miss today if it wasn’t there tomorrow?”
- **Compassion:** Don’t be hard on yourself or the people around you.

If you reach an impasse, don’t isolate yourself. “Reach out to a friend or family member. Volunteer to help someone else—or seek out some other type of supportive community.”

Support from Others

Support groups—literal or virtual—can give self-help a real boost. There is power in coming together with other people who share the same experiences or have the same goals. Sometimes people just need to be heard—other times they just want to listen.

Groups can come in many forms. People often find the type of community they need—no one formula works for everyone, Richardson explains. Find what’s right for you—a group that meets in person, online support, or just a group of friends.

“Making these important connections can be very beneficial,” he adds. “They can be a safe, non-judgmental core group to help you move forward toward a goal.”

**INTERESTED IN SELF-HELP?** Check out MedStar NRH Support Groups

- **Amputee Support Group** for amputees and their family and friends: Call 202-877-1501
- **Brain Injury Families & Friends:** Contact Ellen Ramsay at 301-641-4793.
- **Stroke Comeback Club** for stroke survivors, family and friends.
  - Washington, DC: Call Devin Reaves at 202-877-1445.
  - Mitchellville, MD: Contact Breanne Reynolds at 301-390-3076.
  - Bel Air, MD: Call Leigh Root at 410-638-9400, ext. 2.
President’s Message

Celebrating Achievement

Award seasons come and go, but at MedStar NRH we think recognizing excellence is important all year long. We’re happy to applaud those who demonstrate a high level of professionalism and caring. No doubt these individuals would work as hard without the accolades, but we believe in praising a job well done.

In this issue of MedStar NRH Today, we recognize kudos received by the MedStar NRH family—accomplishments that demonstrate the breadth and scope of our work.

Recent Achievements

Curtis Whitehair, MD, our energetic and creative physical medicine and rehabilitation residency program director, was one of just 10 program directors out of 9,800 nationwide recognized for educational innovation and quality clinical care with the Parker J. Palmer Courage to Teach Award.

In an historic publication in the prestigious medical journal JAMA, Alexander Dromerick, MD, VP of research, reported the results of one of the country’s most extensive stroke rehabilitation clinical trials for which he served as Principal Investigator.

In February, we celebrated our 30th birthday as a network at our Annual Team Member Awards Ceremony. The honorees were recognized for their contributions to improving patient safety, demonstrating leadership, and delivering excellence in customer service.

 DeVon Fordyce, 3 East, Team Member of the Year, Irving Street

 Carissa Colangelo, PTA, Athletic Training Coordinator and Physical Therapist, MedStar Harbor Hospital Sports Medicine

 Jill Anderson, AVP, Outpatient Rehabilitation Network, MedStar NRH Rehabilitation Network

 Camilo Castillo, MD, Interim Director and Attending Physician, Spinal Cord Injury Program, and Bridget King, Human Resources Business Partner, Outpatient Network

 MedStar NRH Rehabilitation Network, Lutherville, Maryland Hand Center – Outstanding Customer Service Award

 MedStar NRH Rehabilitation Network, Lake Ridge, Va. – Outpatient Network Site of the Year Award

 Megan Meekin, PTA, Clinic Coordinator, NRH Rehabilitation Network, Friendship Heights, Md., Access and HRO Ambassador of the Year

30 Years of Excellence

At our Victory Awards ® Gala in April, we paid tribute to several unique individuals who triumphed over adversity. You will read their remarkable stories in the next issue of MedStar NRH Today.

That evening we also celebrated the upcoming 2016 Paralympics taking place in Brazil this summer—and saluted Brazilian culture with our honorary International Chairs His Excellency the Ambassador of Brazil Luiz Alberto Figueiredo Machado and Mrs. Maria Angelica Ikeda.

“We’re happy to applaud those who demonstrate a high level of professionalism and caring.”

– John D. Rockwood, President, MedStar National Rehabilitation Network; Senior Vice President, MedStar Health

The Paralympic Games are an incredible opportunity to showcase the accomplishments of adaptive athletes. One of the highlights of the Gala was an exciting 10-minute, cell phone rally that raised more than $135,000 for our adaptive sports and fitness programs.

You will meet some of the several hundred people who have become regulars at our adaptive fitness gym on the pages of this newsletter. We have also highlighted our strong adaptive sports teams, who are competing nationally and winning!

These men and women demonstrate our long-held understanding that physical disabilities should not impede each individual’s desire to participate, compete and succeed, not only in the sports arena, but in all avenues of life. That has been our mantra for 30 years—and it will continue to guide us as we move forward into the next three decades.
Opening Doors to Fitness for the Physically Challenged

For people with physical limitations, each day is filled with challenges—a host of barriers to living their fullest possible life. Maintaining optimal health and fitness can be their biggest hurdle—and finding a gym to accommodate them may be impossible.

In August, 2014, with the generosity of a matching grant from the Gordon S. and Marilyn C. Macklin Foundation, MedStar NRH opened the doors to its unique Wellness Program to provide adaptive exercise opportunities to this growing population of men and women.

Four-days-a-week, 10 hours weekly, free exercise classes that feature open accessible gym time, circuit training, sports conditioning and boxing-based fitness are helping dozens of people with physical disabilities stay physically active. “Exercise is critical to maintaining the progress participants made during rehab—and preventing serious secondary conditions, such as heart disease, diabetes, respiratory illness and pressure ulcers,” explains Coordinator Harsh Thakkar.

To design the program, MedStar NRH looked to Devon Palermo, LPTA, CPT, founder of DPI Adaptive Fitness, who had previously been a MedStar NRH Team Member.

“This program is something I used to dream about doing when I worked in the outpatient network years ago,” he says.

“What makes it so successful is that it provides a fitness service individualized to each person in an encouraging, fun and energetic atmosphere where results are demonstrated daily.”

Initially implemented for people with spinal cord injury, adults with a broad range of disabling conditions including stroke, brain tumors, MS and genetic disorders have become a part of a close-knit fitness community at MedStar NRH.

Growing by Word of Mouth

Begun with just 14 participants, news of the classes spread by word of mouth. Today more than 200 people are making the gym a part of their fitness routine, participating in structured exercise, assisted by volunteer physical and occupational therapists, and trainers.

“On most days, 20 or so clients are lined up at the door before we open,” says Kathleen Seward, PT. “They tell me..."
if we weren’t here, they would have no place to go. That would mean a decline in their ability to function.”

The program has attracted people from throughout the Washington, D.C. region—and from all walks of life. Some are athletes getting into shape for an adaptive sports competition. Others are young people without access to adaptive exercise—and older adults on fixed incomes. Several participants are so appreciative of the program that they’ve made donations to keep the classes going.

“It’s a safe place for me to exercise,” says Lorena Bow. “The staff is well trained and they give me confidence to do what I have to do.”

“It’s been a tremendous benefit for me,” Ray Bourgeois adds. “I see the progress I’ve made—and the progress others have made, too.”

That sense of community has been an added benefit of the classes. “This is more than physical fitness,” says Joan Joyce, director of therapeutic recreation and community outreach. “People who attend the classes have formed important social connections—they learn from one another, encourage each other and have become friends.”

In 2012, Patty Dawn suffered a car accident that left her 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. 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.

Patty’s husband Donald is president of the Gordon S. and Marilyn C. Macklin Foundation. “The foundation is based in the Washington, D.C., area—and we like to support local institutions,” he explains. “Both Patty and I thought MedStar NRH was a natural fit for the foundation.”

The foundation not only provided a four-year matching grant to fund the MedStar NRH Wellness Program, but a Peer Mentor program for people with Spinal Cord Injury (SCI), as well. It matches newly diagnosed SCI patients with mentors who have faced the struggle and have succeeded in returning to an active life.

For more information about the program, email Harsh.V.Thakkar@MedStar.net or call 202-877-1859. To learn how to make a matching gift to the program, email Robert Marsteller, director of Philanthropy at Robert.Marsteller@MedStarNRH.net or call 202-877-1772.

In 2013, Samuel Dunston suffered a spinal cord injury in a car accident. After months of acute care, his physicians referred him to MedStar NRH for inpatient rehabilitation. A year after his initial injury Sam felt stuck—with no activity he knew his health was at risk. And when the doors opened to the hospital’s Adaptive Fitness program, Sam was nearly first in line. “I come as often as I can and go through a whole circuit of exercises, including the FES bike that provides electrical stimulation to my legs,” he says. “I may always use a wheelchair, but I want to be as healthy as I can.”

Just two months after his well-earned retirement, Washington, D.C., attorney Peter Kiefer suffered a serious stroke. “They call me the ‘miracle man’ because I survived,” Peter says. “Doctors told us to simply hope for the best,” his wife Leslie adds. “But he surprised them all and he’s been dedicated to improvement ever since—with his eyes on the prize.” Once his initial therapy ended, Peter didn’t want to lose ground. Today the Kiefers travel several times a week to attend fitness classes at MedStar NRH, and feel so strongly about the program, they became donors to help keep the gym doors open.

Retired teacher Lorena Bow has never been retiring. After decades in the classroom, she took to the roadways on her bike, and went skiing and scuba diving all over the world. But when she was unexpectedly diagnosed with a brain tumor, surgery left her with weakness on one side. “I got excellent care at MedStar NRH as an inpatient and outpatient,” says Lorena. “But I knew I needed to keep moving if I was going to continue to make progress. When my therapist told me about the program I knew what I had to do. Now I’m here at least once a week—and while I may not be back on my bicycle anytime soon, I’m thinking para-rowing may be my next sport.”

Lorena Bow with Patrick Johnson, rowing coordinator
Ray Bourgeois, a Floridian, was a new participant to winter sports. He and his wife chose snow tubing over downhill skiing thinking it was a bit safer. In February 2013, he learned that even snow tubing can be perilous when he crashed at the bottom of a hill and flipped over, snapping a bone in his neck. After months of inpatient care, Ray continued the progress he made with outpatient therapy at MedStar NRH. “I was concerned that if I didn’t continue exercising I’d lose ground, so I hired a personal trainer,” says Ray. “Then I heard about the Fitness Classes and was all in! When I began working with my personal trainer, I could only stand for two minutes. I have improved tremendously. Now, with the help of my physical therapist and using a platform walker, I have walked 400 feet! Without this program I might be back to default position—starting all over to regain my strength.”

Twenty-two-year-old Hallie Smith wasn’t very good at sports when she was a kid. “I just thought I must be clumsy,” Hallie says. But her condition grew steadily worse with increasing paralysis, and many falls down stairways. Ultimately she found herself at Mayo Clinic searching for a diagnosis. “I was told I have hereditary spastic paraplegia. At first I was able to walk with some aid, but now I use a wheelchair. It’s been a big adjustment but I’m making it.” She credits MedStar NRH fitness classes for helping her get and stay active. “I tried my college gym, but this is much more structured and I can see that I’m making progress. I’ve already joined the para-rowing team.”

When Michael Brennan first came to MedStar NRH fitness classes, he could only use one piece of equipment. “Now I can complete the whole circuit,” he says with pride. Michael, a scientist working on global efforts to defeat TB, suffered a devastating hemorrhagic stroke last year. When coverage for inpatient and outpatient therapy ended, the classes became his—and his wife Kathy’s—refuge. “He’s gained weight and strength and I’ve made close friends,” says Kathy. “In fact, we’re starting a spouses’ group to share our experiences and help each other through the recovery experience.”

John Matty was racing down a hill on his ten speed when his bike hit an obstacle and he flew into the air hitting the hard ground. He broke his back and two ribs, but counts himself lucky. “I could have been paralyzed,” he says. Following surgery, John came to MedStar NRH for therapy four days each week. “But I told my therapist I missed going to the gym and she recommended the fitness classes. Having this option is wonderful,” John adds. “It’s such an important service to fill the gap. It’s not easy, but it’s well worth it!”
STRIVING FOR QUALITY AND SAFETY: Team Members, Patients and Families Collaborate for Positive Change

Rehabilitation is a family affair. Patients, spouses, children, parents and siblings often spend months—sometimes years—moving forward toward recovery. It can be an arduous journey—a roller coaster with ups and downs. No matter how long it takes, patients, loved ones and health care professionals share the same desire—a good experience and a positive outcome.

To help ensure both, in 2014 MedStar NRH formed the Patient and Family Advisory Council for Quality and Safety (PFACQS). The PFACQS is comprised of former MedStar NRH inpatients and family members, as well as Team Members: a diverse group of people with the desire to make a positive difference.

Representing Diversity

The council reflects the communities the Network serves and represents diversity in terms of disability, age, racial and ethnic makeup, and religion. The council’s goal is to work together to identify problems related to patient safety, quality care, and patient services and makes changes to resolve the issues and improve care delivery.

“We all want to keep patients safe, boost recovery and respect every individual’s dignity,” says Co-Chair Laura Long, MedStar NRH, manager for quality and performance measurement analyses. “In lively discussions, members discuss issues, sharing their unique personal perspectives. It’s eye-opening for all of us and the result is solutions that work for all the stakeholders.”

Solving Simple, Complex Issues

In one short year, the council has dealt with a wide-range of problems—everything from creating a more user-friendly admissions book for patients to developing a campaign to prevent patient falls in the hospital.

“We examine a real mix of topics,” explains Co-Chair Sheridan Chilcote, risk manager for MedStar NRH. “What seems trivial or is overlooked by some people can make a big difference in a patient’s hospital experience. In one recent discussion, speech-language pathologists noted a problem with the use of white boards in patient rooms that none of the rest of us ever considered,” she adds.

“We believe the white boards are used by nurses to post important information about patients’ therapy schedules and medications. But the speech therapists made us aware that stroke patients who have suffered ‘left side neglect’ can’t read anything on the left side of the board. With a simple fix, we have improved the hospital experience for these patients.”

Improvements In and Out

Admission and discharge have been targeted by the council as critical areas for improvement. In addition to the publication of a less complex admissions booklet, the council is now working to streamline the admissions process.

Members are also looking for ways to reinforce the information patients are given during admissions. “Patients and family members on the council have noted that this is a stressful time, and important information can be easily forgotten,” says Long. “That’s why we are exploring the development of a short-check list of important items to have at the bedside and better use of our patient education television station.”

As a direct result of former patients’ experiences, the council is also developing a discharge brochure to help patients navigate their transition to the next level of care.

“The council is tackling some major issues, which may have gone unaddressed without its input,” says Long. “We are all striving for quality care and understand that our different experiences are essential to success.”

Community Members

Cattette-‘La Verne Stephens: Senior advocate
Fran Sussman: Daughter of a former patient
Chanelle Houston: Former patient and spinal cord injury mentor
Brandon Bland: Former patient
Ellen Ramsay: Wife of a traumatic brain injury survivor
Theodore Jennings: Former patient
Anna Burns: Former patient
Tony Keye: Former patient

Team Members

Derek Berry: Communications
Eric Pitts, RPh: Pharmacy
Nora Neal-Daggett, LNE: Nursing
Olivia Glover-White: Occupational Therapy
Sheridan Chilcote: Risk Management
Laura Long: Quality and Performance Measurement Analysis

To learn more about the PFACQS, call 855-248-8800 or email PatientSafety@MedStar.net.
**Medical Staff News**

**Luis Guerrero, MD,** has joined the MedStar NRH team as an attending physician specializing in sports medicine, spine medicine, interventional procedures, medical acupuncture and musculoskeletal ultrasound. Dr. Guerrero graduated from Monmouth Medical Center, and completed a residency in Physical Medicine and Rehabilitation at Montefiore Medical Center, and a fellowship in Sports Medicine and Interventional Spine at MedStar NRH/MedStar Georgetown University Hospital.

**Fariba Shah, MD,** is now serving as a physical medicine and rehabilitation and sports medicine physician at NRH Rehabilitation Network/Olney, Md., on the campus of MedStar Montgomery Medical Center. Dr. Shah is a 2008 graduate of Howard University College of Medicine.

**Matthew Maxwell, MD,** is now serving as a physical medicine and rehabilitation and sports medicine physician at MedStar NRH Outpatient Physicians Clinic at Irving Street in D.C., and at MedStar NRH Rehabilitation Network, McLean, Va. Dr. Maxwell received his MD from the Chicago Medical School and completed his internship and residency at the University of Pittsburgh Medical Center. He received his fellowship training at Alleghany University Hospitals/Medical College of Pennsylvania, and specializes in Sports Medicine, and Botox joint and soft tissue injections.

**Deena Hassaballa, DO,** is a physical medicine and rehabilitation medicine physician with the inpatient Brain Injury Program. Dr. Hassaballa completed her residency at Loyola University of Chicago and last year completed a fellowship at MedStar Georgetown University Hospital in brain injury medicine. Dr. Hassaballa is a graduate of the Chicago College of Osteopathic Medicine.

**Richard Zorowitz, MD,** is a physical medicine and rehabilitation physician specializing in brain injury, neurology and spinal cord injury at the MedStar NRH Outpatient Physicians Clinic at Irving Street in D.C. Dr. Zorowitz is a graduate of Tulane School of Medicine and he completed his internship program at Long Island Jewish Medical Center and his residency at the Rehabilitation Institute of Chicago.

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**Winning Season for Adaptive Sports Teams**

**The Quad Rugby Team** traveled to Houston for the Quad Rugby National Tournament this April and secured 6th place. The team had a great season, succeeding at tournaments in Houston, Raleigh, Philadelphia, and Jacksonville and was promoted to 8th seed in Division 1 after competing in Division 2 the entire season.

**The Wheelchair Basketball Team** competed in Louisville, Kentucky, at the National Wheelchair Basketball Tournament this past April for the third year in a row. The team went into the tournament ranked 14th out of 75 Division 3 teams. They fought hard to place 6th in the tournament overall. The team ended their season with a record of 21 wins and 14 losses.

**Congratulations also go to MedStar NRH Boccia Ball Coach, Izzy Kessler, and the team** at the Bethesda Chevy Chase High School, Md., for their success at the 2016 Maryland State High School Championship. Many of the MedStar NRH Boccia Ball athletes competed for the championship title at this year’s Boccia Ball tournament.

Finally, the **MedStar NRH Pararowers team** had a very strong showing at the Mid-Atlantic ERG Sprints indoor rowing races in late January, winning five Gold, five Silver and two Bronze Medals. In addition, for the second year in a row the team claimed the Top Fitness Club Trophy!
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Curtis Whitehair, MD’s Leadership Lauded by National Organization

Curtis Whitehair, MD, FAAPMR, program director for Physical Medicine & Rehabilitation (PM&R) residency program at MedStar National Rehabilitation Hospital/MedStar Georgetown University Hospital is one of just 10 recipients of the 2016 Parker J. Palmer Courage to Teach Award from the Accreditation Council for Graduate Medical Education (ACGME). He was chosen for this prestigious honor from among more than 9,500 residency program directors representing all specialties.

The award honors residency program directors who find creative ways to teach residents and fellows, while providing quality health care. It recognizes those leaders who have fostered innovation and improvement in their residency programs and serve as exemplary role models for residents.

“We are very proud of Curtis—not simply for this recent recognition—but for his day-to-day inspiring approach to resident education. He has brought real innovation to our program and helped propel it into one of the most sought after PM&R residencies in the country,” says Michael Yochelson, MD, MBA, MedStar NRH vice president for medical affairs and chief medical officer.

“Being a program director is very much like being the conductor of an orchestra. In order to succeed you need the support of all the players. I’ve been fortunate that the leadership at MedStar NRH has supported my efforts. They have made education a critical mission of this institution,” says Dr. Whitehair. “I’m grateful for their support—and very grateful to ACGME for this honor.”

Landmark MedStar NRH Stroke Research

Results of the historic ICARE research were published in the February 2016 issue of JAMA—the prestigious Journal of the American Medical Association. “The publication of a rehabilitation research study in a major medical journal is a once in a decade event,” says Alexander Dromerick, MD, vice chair of rehab medicine and VP of research at MedStar NRH and co-director of the Georgetown University Center for Brain Plasticity and Research. “The publication of this study is an encouraging indication of a shift in attitudes about the value of rehab research,” he adds.

“The ICARE investigation is one of the largest multi-center stroke rehabilitation clinical trials,” says Dr. Dromerick, who served as principal investigator for the MedStar NRH arm of the study—one of three U.S. sites.

The study compared an evidence-based arm therapy called Accelerated Skill Acquisition Program (ASAP) with two standard types of outpatient therapy in patients who suffered from arm weakness following stroke.

The study results themselves proved a bit surprising to investigators. “We expected that the new regimen of more intensive therapy would be superior—and that more therapy would also produce better outcomes,” Dr. Dromerick explains. Instead, researchers found there were no differences in upper extremity motor performance between those patients who received structured, task-oriented motor therapy for an average of 27 hours compared to those who received an average of 11 hours of a standard occupational therapy regimen.

“This is just step one in understanding the best outpatient therapeutic approach for these patients,” Dr. Dromerick adds. “At MedStar NRH, our next step is to conduct research to clarify the best therapy dosages for stroke patients during inpatient acute rehabilitation.”

The 18-month program is providing advanced clinical training in sports physical therapy (PT) to licensed physical therapists. “Residents receive substantial patient interaction, sideline experience, and conduct research. It’s among the most robust programs and offers experience in every aspect of the sports realm including adaptive sports, and high school, collegiate and professional sports,” says Michele Vita, DPT, OCS, MedStar NRH assistant vice president, ambulatory operations, and director of the residency program.

Residents are mentored by experienced sports physical therapists and spend six months in three different locations, concentrating on three different venues with multiple mentoring opportunities and exposure to a varied patient population.

Seven candidates have completed the program and earned their Sports Specialist Certification. One resident is currently training and three PTs will be selected for the next residency cycle.
The newly expanded NRH Rehabilitation Network at Olney outpatient center is now one of the Network’s largest and most comprehensive. Housed in the MedStar Montgomery Medical Center’s adjacent Physicians’ Office Building, the outpatient center now occupies 8,000 square feet of the building’s first floor.

“We have been very, very busy treating patients and space was the only limitation to the programmatic growth that this community requires,” says Chris Parker, PT, CSCS, assistant vice president, outpatient rehabilitation. “With this recently-completed expansion, we now have three therapy gyms, five physician offices and additional administrative space,” he adds.

Convenient, First Class Care

“We’re responding to what the community and referring physicians want,” says Parker. “They not only expect top-quality acute care services in their neighborhood, they also want rehabilitation services that are close to home. We’re convenient, have close relationships with their primary care and specialist physicians—and provide extended hours in the evenings and weekends for our patients.”

“We also pride ourselves on seeing patients within 48 hours of referral,” adds Clinic Director Danielle Scogland, PT, COMT. “That’s a standard we want to maintain. This is especially important for post-operative patients for whom immediate therapy results in improved outcomes. We are also planning a further expansion to the third floor of the office building, near the orthopaedists and neurosurgeons whose patients we care for routinely,” she adds.

“This is a very active practice with MedStar Georgetown Orthopaedic Institute specialists, and MedStar Georgetown neurologists who focus on spine, movement disorders, general orthopaedics and sports medicine,” explains John Brickley, PT, vice president of ambulatory operations and network development. “Co-locating these specialists with MedStar NRH physiatrists and therapists provides patients with all the services they need under one roof.”

A Full Range of Services

The family-oriented center cares for patients of all ages from adolescents to seniors. Head-to-toe services are provided by a clinical staff of 18.

“In addition to therapists, the center features the expertise of a rehabilitation neuropsychologist, and a team of fellowship-trained physical medicine and rehabilitation physicians specializing in interventional spine, musculoskeletal issues, pain management and sports medicine,” says Curtis Whitehair, MD, associate medical director, regional physiatry.

It also boasts special programs, including a Running Injury Clinic staffed by Sports Medicine physicians and therapists.

“We’re treating everyone from amateur runners who overdo it on the weekend to ultra-marathoners, helping them recover from injury, prevent future injury—and enhance their performance,” Parker adds.

Highly specialized services include certified hand therapy, TMJ and facial palsy therapy, laser-guided vestibular therapy to treat balance disorders, and lymphedema therapy. It is also a LSVT BIG & LOUD program site for patients with Parkinson’s.

“Our cancer rehabilitation services will be expanding in conjunction with MedStar Montgomery Medical Center’s growing oncology program,” says Scogland.

“We are also looking at the feasibility of including the expertise of cancer rehabilitation physiatrists who will collaborate with our therapists, and MedStar Montgomery cancer specialists,” Dr. Whitehair adds.
One-of-a-Kind Research

Late last year, a first-of-its-kind research study got underway at MedStar NRH to compare a tool routinely used to assess the condition of adult patients when they enter the hospital with the Fulmer SPICES framework, which is used to assess patients 65-years-old and older.

“SPICES is an evidence-based tool that is used in the geriatric population nationwide, but hasn’t been tested in any significant way in an inpatient rehabilitation setting,” Smith explains.

The SPICES assessment includes screening questions in four areas: sleep disorders, problems eating and feeding, incontinence, confusion, evidence of falls, pain, and skin breakdown.

The goal of the investigation is to identify the best way to assess risk for illnesses related to care, and to identify those at-risk patients as quickly as possible.

“At the end of the project year, we will analyze the data,” Smith says. “I’m hoping the information gathered will prove the value of SPICES to our older patients. We believe it will give caregivers valuable information to improve care and recovery for these patients, who are increasingly becoming a large majority of our admissions.”
Super H 5K Walk, Run & Wheel, Sunday, September 18.

Join us for the 13th annual Super H 5K! The race draws hundreds of participants every year who enjoy the friendly competition, the party, food, music and awards! Best of all, you will be supporting a great cause: the Washington Paralympic Sports Program and the DC Chapter of BlazeSports America, MedStar NRH’s community-based sports programs for children and adults with physical disabilities.

Since its inception, the race has raised more than a quarter of a million dollars—support that has allowed MedStar NRH adaptive sports teams to host regular clinics that open the world of sports to individuals with disabilities.

The race will once again be held at Sport & Health in Tysons Corner, Va.

To learn more, and take a look at a photo gallery from past Super H races, visit MedStarNRH.org/superh5k.