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U.S. News Ranks TIRR Memorial Hermann No. 3

For the 23rd consecutive year, TIRR Memorial Hermann has earned distinction among the top rehabilitation hospitals in the country. The rankings will be published in the August 28, 2012, Best Hospitals issue of *U.S. News & World Report*.



Reaching the Finish Line

Sixty-nine-year-old José Gasca Neri had nine days left to train for the Chevron Houston Marathon when he fell at home and broke his neck. “I was up at 4 a.m., preparing for a training run at Memorial Park,” he recalls. “I lost my balance and fell forward, hitting my head on the door-frame. When I awakened, some minutes passed before I realized what happened. To my surprise, I couldn’t move my arms or legs.”



Jose Gasca Neri at a 5K marathon

He called for his wife to dial 911 and was transported to Memorial Hermann-Texas Medical Center on January 11, 2011, with fractured C2 and C3 vertebrae and a severely damaged spinal cord. At the hospital’s Mischer Neuroscience Institute, he underwent two reconstructive surgeries performed by Michele Johnson, M.D., an assistant professor of neurosurgery at The University of Texas Health Science Center at Houston (UTHealth) Medical School. After 15 days of intensive inpatient therapy at the acute care hospital, he was transferred to TIRR Memorial

Hermann, still unable to move his arms and legs.

“I understood for the first time that my situation was delicate,” Gasca Neri says. “My vital signs were being closely monitored, and I had almost constant attention from the nurses on the floor.”

Gasca Neri began therapy under the direction of **Jeffrey Berliner, D.O.**, a TIRR Memorial Hermann attending physician, medical director of the spinal cord injury program and an assistant professor in the department of Physical Medicine and Rehabilitation at the UTHealth Medical School. “From the moment he arrived he was very positive and very motivated – an extremely thankful and grateful man,” Dr. Berliner says. “When he arrived at rehabilitation, he was not able to move any muscles below the level of his neck, but he was very determined.”

Gasca Neri says his determination arose in a very dramatic moment. “While I was in intensive therapy at Memorial Hermann-TMC, someone told me that it might not be possible for me to walk again. At that moment, I started to pray. I knew that if God kept me alive, he had a task for me, and I said, ‘Yes, I accept. Just let me know how, when and where.’ So when I was awake, I was constantly trying to move my arms and legs. One

Finish Line continues on page 11

FEATURED IN THIS ISSUE

Jeffrey Berliner, D.O.

Attending Physician
Medical Director, Spinal Cord Injury Program
and Respiratory Medicine
Assistant Professor of PM&R, UTHealth
Medical School

John Bertini, M.D., F.A.C.S.

Urologist at TIRR Memorial Hermann
Outpatient Medical Clinic

Margaret Rogers, B.S.N., B.C.

Coordinator of Urology Services

Adele Bosquez, P.T., D.P.T., A.T.C., L.A.T.

Physical Therapist

Monica Crump, M.D.

Attending Physician
Assistant Professor of PM&R, UTHealth
Medical School

Gerard E. Francisco, M.D.

Chief Medical Officer
Chair of the Department of PM&R, UTHealth
Medical School

Martin Grabois, M.D.

Professor and Chair of the Department
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Attending Physician
Assistant Professor of PM&R, UTHealth
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PM&R Outpatient Medical Director,
Memorial Hermann-TMC

Judy Thomas, M.D.

Attending Physician
Chief of PM&R, Lyndon B. Johnson
General Hospital
Assistant Professor of PM&R, UTHealth
Medical School

Monica Verduzco-Gutierrez, M.D.

Attending Physician
Assistant Professor of PM&R, UTHealth
Medical School

MESSAGE FROM THE CMO

Many factors go into the decision to become a doctor. Those of us who choose medicine as a profession have a strong



Gerard E. Francisco, M.D., CMO

with personal time and family life.

In the field of physical medicine and rehabilitation, maintaining a balanced life is particularly important. We're looked upon as scientists and clinicians, and while technical skills and knowledge of the science of rehabilitation are important, they must be balanced with the art of medicine. Psychiatrists who lead well-rounded lives are able to forge real human connections and build strong therapeutic alliances with their patients, both of which are essential to recovery.

Now, more than ever, psychiatrists must cultivate excellent interpersonal skills and use them to examine the patient's

desire to help people, and the perseverance to get through medical school and training. As we begin practicing our specialty, we have to learn how to balance the demands of a busy practice

physical problem in light of the whole – family, friends, support systems, economic situation, and how each of these aspects interacts with patient recovery. We've discovered that we're more effective when our patients know that their psychiatrist and therapists are real people, just like they are.

Dr. Martin Grabois, whom we recognize in this issue, and Dr. William Donovan, have set high standards for those of us who trained with them: both are outstanding clinicians who engage their patients in recovery and also serve as advocates for our field at the national and international levels. Ask them why they've persevered in a challenging field and both would say that they're here because they love helping people and can't imagine doing anything else. The same holds true for all of us.

Gerard E. Francisco, M.D.

*Chief Medical Officer
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The University of Texas Health Science
Center at Houston (UTHealth)
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Summer 2012

We have opportunities for outstanding rehabilitation professionals. If you are interested in joining our team at U.S. News & World Report's No. 3 rehabilitation hospital, contact Monica Kinnard, recruitment consultant, at 713.797.7281 or Monica.Kinnard@memorialhermann.org. All available opportunities can be viewed at memorialhermann.org.

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Tribute to Martin Grabois, M.D.



Martin Grabois, M.D.

Internationally recognized academic physiatrist **Martin Grabois, M.D.**, TIRR Memorial Hermann attending physician of nearly 40 years, has retired as chairman of the department of Physical Medicine and Rehabilitation at Baylor College of Medicine, following 35 years of service. He will continue in his teaching role at Baylor, his practice treating chronic pain patients at the Baylor Clinic and his involvement in national PM&R organizations. He is current president of the American Academy of Pain Medicine, historian for the International Society of Physical and Rehabilitation Medicine, and a board member and treasurer of Rehabilitation International, a worldwide network of people with disabilities, service providers, government agencies, academics, researchers and advocates working to improve the quality of life of people with disabilities.

After receiving his medical degree from Temple University in Philadelphia and completing an internship in pediatrics at the University of Wisconsin Hospital in Madison, he was drafted into the United

States Army Medical Corps. “In Vietnam, I saw people with disabling injuries, which piqued my interest in rehabilitation as a potential career,” he says. “When I came back to the States, I spent a year at Fort Dix in New Jersey and saw people undergoing therapy.”

After completing his residency at Temple University, where he was chief resident in 1972, Dr. Grabois taught at that institution for a year before moving to Baylor College of Medicine as an assistant professor of rehabilitation. He assumed the position of department head in 1977.

Since the early 1990s, Dr. Grabois has held dual appointments as professor of physical medicine and rehabilitation and professor of anesthesiology at Baylor. He is widely known for his expertise in acute and chronic pain syndrome and pain management.

During his years of service, Dr. Grabois led the growth of the department of PM&R from 10 faculty members and six residents to the 35 physiatrists and 30 residents of today. “We’ve grown both in clinical endeavor and in research,” he says. “We now hold millions of dollars in research grants, and as a result of that research, the quality of care at our affiliated hospitals has improved significantly. We’re doing things we wouldn’t have imagined 35 years ago thanks to advances in prosthetic devices, moderating the side effects of disability and assisted ambulation.”

“TIRR Memorial Hermann has always been the center point for clinical education and research in PM&R at Baylor. TIRR Memorial Hermann has always ranked high with *U.S. News and World Report*, which can be attributed to good clinical care, faculty, management and staff working well together. There are several facilities who provide good clinical care but TIRR Memorial Hermann has made it a point to educate people on what our

services and outcomes are,” says Dr. Grabois. Dr. Grabois worked closely with **William Donovan, M.D.**, former medical director at TIRR Memorial Hermann and former chair of the department of Physical Medicine and Rehabilitation at The University of Texas Health Science Center at Houston (UTHealth) Medical School. As colleagues, they integrated the UTHealth and Baylor residency programs, forming the BCM/UTHealth Alliance for Physical Medicine and Rehabilitation, a unique educational foundation for residency training in the field of physical medicine and rehabilitation. Since its founding in 1996, the program has expanded its educational, research and clinical activities.

TIRR Memorial Hermann has always been the center point for clinical education and research in PM&R at Baylor.

“Forming the alliance meant keeping our goal in mind despite adversities,” recalls Dr. Donovan. “Dr. Grabois was a true partner in establishing and continuing the alliance, which is now 70 faculty strong with 40-plus residency slots and 10-plus fellowship positions. Our combined educational endeavor has worked very well throughout its 16 years of existence. The work that went into forming it was done on a goodwill basis between myself as chair of the UTHealth department and Marty as chair of Baylor’s department, and we’ve always worked very well together.”

Research grants held by alliance faculty are now in the millions, and the alliance is affiliated with the nine major health-care institutions in the Texas Medical Center, which together comprise more than 5,000 beds, 300 of which are dedicated to rehabilitation. The BCM/UTHealth Alliance integrates medical students, residents, fellows and continuing medical education programs, and

Martin Grabois continues on page 7

Infertility Services for SCI: A Little Miracle on the Way

Last June, Dan Hammers marked the 20th anniversary of an accident that changed his life. At the age of 19, he dove off a 10-foot building into a pool containing 4 feet of water.

“It’s one of those things you do when you’re young and don’t think about it,” he says. “I’d made the dive before, but this time it went wrong. It’s amazing I’m alive.”

Hammers, who is a C4 quadriplegic, considers himself better off for the experience. “I had a wild teenage life in Chicago and would have ended up dead or in jail,” he says. “I moved south with my parents, got my life straight and started going to church, which is where I met my wife, Kari.”

In 2009, after seven years of marriage, the couple decided they wanted to have a child. They started the process with a urologist in Lake Charles, Louisiana, where they reside, and eventually made their way to TIRR Memorial Hermann’s Outpatient Medical Clinic to see **John Bertini, M.D., F.A.C.S.**, a urologist. Dr. Bertini and his partner, James M. Harris, M.D., provide unique care that’s difficult to find in the community – infertility and impotence services for men with spinal cord injury and complex services for patients with urogenic bladder.

One of the challenges with Dan was the amount of time that had passed since his injury. SCI patients who want to have children need to find a physician with experience in infertility issues soon after their injury. The earlier they can get started, the better the chances are.

“Infertility in SCI is a challenge. Because the male reproductive tract is at the end of the spine, virtually all lesions along the spine affect fertility,” Dr. Bertini says. “Most men with significant spinal cord injury are unable to ejaculate. We have several techniques we employ to



Dan and Kari Hammers

produce an ejaculate, which is given to a fertility specialist to insert into the cervix at the time of ovulation to produce conception. One of the challenges with Dan was the amount of time that had passed since his injury. SCI patients who want to have children need to find a physician with experience in infertility issues soon after their injury. The earlier we can get started, the better the chances are. Unfortunately, the reproductive issue often gets pushed into the background because there are so many other issues to deal with – seating, pressure ulcers, bladder and bowel. We like to bring it forward to patients early and talk about the possibilities with them.”

In 2009, Dr. Bertini and the couple did a successful trial run using vibratory stimulation to test Hammers’ ability to ejaculate. But when Kari Hammers saw a Houston fertility specialist, she discovered she had stage 4 endometriosis and learned that there was less than a 1 percent chance she’d become pregnant using intrauterine insemination (IUI).

The couple tried their first IUI in April 2010. A second was done in November of that year, without success.

“The infertility process is very emotional in itself,” says Margaret Rogers,

B.S.N., B.C., Coordinator of Urology Services, who works with Dr. Bertini. “It’s very time consuming and requires a lot of planning. There’s great potential for frustration.”

After the failure of the second IUI, the couple took a break. Then in the fall of 2011, they decided to try in vitro fertilization (IVF). Out of 11 eggs, they produced four good embryos. Two were implanted without success.

“We were devastated,” says Hammers, who is now 39. “We’d spent nearly \$16,000, plus the expense of traveling to Houston 25 or 30 times.” After they tried a second IVF procedure in January 2012 with the remaining two embryos, they learned they were pregnant.

“Without TIRR Memorial Hermann and the support of Dr. Bertini, we would have been stuck forever,” Kari Hammers says. “Dan’s doctors told him after his injury that there was only a 50-50 chance he would be able to have a child.”

Asked about his success rate, Dr. Bertini says the numbers are skewed by his selection process. “I tend to enter into the infertility challenge if there’s a reasonable chance of success. There are a lot of barriers – expense, the couple’s stability and the biological issues themselves. I get an ejaculate and review the results with the couple. In Dan’s case, the quality of the ejaculate was good. Margaret and I work closely with our patients. We’re tremendously excited about what’s happening for Dan and Kari.”

With a baby due in late September, the Hammers are thankful they found TIRR Memorial Hermann and Dr. Bertini. “First of all, the man is awesome,” Dan Hammers says. “He’s a doctor all the way, but he’s very down to earth. He made both of us feel comfortable throughout the process. We’re so glad we found him, and with the Lord helping us, we have our little miracle on the way.” ♦

Baby Hammers is due to arrive on September 24. Best wishes!

Profiles in Caring: Jacob Joseph, M.D.

Commitment to the art and science of medicine takes many forms, including giving up weekends to travel halfway around the world to assess a patient. That's what **Jacob Joseph, M.D.**, did last October when he flew to the United Arab Emirates to do a follow-up evaluation of a former TIRR Memorial Hermann patient.

"I decided to do this because I was having trouble identifying a provider who would be able to address my patient's rehabilitation needs," says Dr. Joseph, who is clinical chief of specialty rehabilitation at TIRR Memorial Hermann and an assistant professor in the department of Physical Medicine and Rehabilitation at The University of Texas Health Science Center at Houston (UTHealth) Medical School. "We regularly get international referrals, but it's difficult for us to determine whether a patient would benefit from rehabilitation based solely on medical records. Healthcare has made great

progress with telemedicine but psychiatric evaluation is still very hands-on. We find that we need to examine the patient to evaluate strength, tone and range of motion. Coming to this country for an evaluation can be complicated. For people with disabilities, the difficulties are magnified."

The problem is compounded by great variance in the availability and quality of rehabilitative care in developing countries. "Even in the United States, awareness of rehabilitation as a medical specialty is relatively low compared to other disciplines," Dr. Joseph says. "In some countries, awareness of rehabilitation principles is either limited or completely absent."

Dr. Joseph believes that international evaluation and consultation services can help fill that gap. "It's a brief few hours of evaluation. I fly in one day, assess the patient and fly out the next. Once we

evaluate the patient, we make recommendations that can be implemented by a physician or therapist in their home country. If their needs can't be met there, we can facilitate an admission to either TIRR Memorial Hermann's inpatient or outpatient program."

In recognition of the multidisciplinary nature of rehabilitation, TIRR Memorial Hermann's international program also allows for evaluations by other members of the team, including physical, occupational and speech therapists. "This is an area where we can meet the needs of many," Dr. Joseph says. "I have an interest in travel and also in international medicine. It's a learning experience for me. There are therapeutic approaches used in other countries that aren't considered standard here but could be adapted to benefit our patients." ♦

IN THE NEWS

Gerard Francisco, M.D., discussed the importance of continuity of care in ongoing healing and therapy following traumatic brain injury, and how recovery can prepare patients and their families for transition back to daily life. The story ran in *Los Angeles Times-Media Planet* on March 31.

More than 120 philanthropists honored former Congresswoman Gabrielle Giffords and her husband, Capt. Mark Kelly, at Vic & Anthony's to kick off *Revolutionizing Neuroscience*, a \$100-million campaign that will also benefit programs at TIRR Memorial Hermann. The story ran in the *Houston Chronicle* on April 2.

Teddy Wu, M.D., neurologist and director of the Telemedicine Program at the Mischer Neuroscience Institute at

Memorial Hermann, was interviewed about a relatively new program that uses robotic technology to ensure that stroke patients at outlying community hospitals receive the right treatment quickly.

Monica Verduzco-Gutierrez, M.D., an attending physician at TIRR Memorial Hermann, was featured in the story that aired on KPRC, Houston's NBC affiliate, on April 26.

Peter and Aaron Berry, who suffered spinal cord injuries in a tragic auto accident that killed their parents, were treated at Children's Memorial Hermann Hospital and are undergoing therapy at TIRR Memorial Hermann Adult and Pediatric Outpatient Rehabilitation. The article ran in the *Houston Chronicle* on April 28.

After a long struggle, Tram Le finally celebrated Mother's Day. Tram was pregnant when she suffered a traumatic

brain injury in an auto accident, received treatment and delivered her baby at Memorial Hermann-Texas Medical Center. After two hospitalizations, she was transferred to TIRR Memorial Hermann for rehab. **Rachel Applegate, R.N.**, a TIRR Memorial Hermann nurse, helped tell a heartwarming Mother's Day story in the May 13 edition of the *Houston Chronicle*.

TIRR Memorial Hermann neurologic music therapist **Maegan Morrow, M.T.-B.C., N.M.T.**, was featured in a Sam Houston State University video about the school's neurologic music therapy program. Watch it at youtube.com/watch?v=qjllhv3NzyI&sna=em. ♦

On Being a Physician and a Mother

Monica Crump, M.D.

I had been practicing for three years when I had my daughter Logan, who is now 2 years old. Before that, I had no major responsibility at home. My husband was busy with his job, and my work schedule was what I made it. Nights, I stayed until 6 or 7 p.m. and sometimes later. I stayed until the work was done and then I went home. After you have a child, it matters very much what time you leave. I have to pick Logan up at daycare so I leave at 5 p.m. Any work left to be done after that gets done from home. I've had to learn how to condense my day, and I did that by learning to trust my colleagues. As a new doctor, I felt that I should do it all. When I had Logan, I very quickly learned that my colleagues could do a good job of taking care of things. Now I have a good routine in place.

When I got ready to come back from maternity leave, I had the worst anxiety of my life. I was fortunate to find someone in my neighborhood who provides childcare out of her home. As Logan got older, I wanted her to be around other kids. She's still with the same person more than two years later. It's worked out great for us. My sister also lives close by and has been a huge support for us. It's truly a blessing to have family close by.

Having colleagues who understand what you're going through makes a big difference. If one of my colleagues has to leave early, I'll absolutely cover for her, and I haven't had any problems getting help from others. As mothers, our No. 1 priority has to be our families. Our whole culture is changing a bit, especially now that more of us are working mothers and



Monica Crump, M.D.

having children later. Being a mother changes your entire outlook on life and work, especially if you have kids at an older age. You learn to put your trust in others and allow them to help you.

Dr. Crump is an attending physician at TIRR Memorial Hermann and an assistant professor at The University of Texas Health Science Center at Houston (UTHealth) Medical School.

Danielle Melton, M.D.

I had my first son, Luke, during my internship at Baylor College of Medicine, and my second son, Michael, during my third year of residency. I had worked for five years before I went to medical school, and I didn't want to wait any longer to have kids. I was 32 when I had Luke. It just happened like that, and so you deal with it as you go.

The boys are just finishing first and third grade. It's been a lot of fun. I can't imagine life without them but it definitely is a challenge. It's one of those things I chose to do, and I'm glad that I did.

My husband is supportive but also very busy. He travels a lot for business, so we have a lot of backup childcare in place.



Danielle H. Melton, M.D.

Neither one of us has family in the area, so getting the right support structure in place was important, especially when you have to take call. You learn through trial and error.

Having good childcare in place allows me to spend quality time with the boys. Their interests are sports, sports and sports. In the evenings, we go outside and play whatever game they want to play. If I didn't have childcare in place, I wouldn't have as much opportunity for

fun time with the kids at night.

We schedule play dates with kids their age. From a social standpoint, you structure your extra time around their interests and activities. The parents of their friends have become our friends, and we now have some great friends with whom we have a lot in common. We're all working moms and trying to juggle work and family life. The kids play together in a nice, supportive environment.

It's been a blessing having colleagues who are sharing the same experience.

My colleagues and I are at different points along the child-rearing continuum. Some have kids who are either older or younger than mine. It's an interesting group, and we support each other, which makes it a great environment to work in. It's been a blessing having colleagues who are sharing the same experience.

Dr. Melton is an attending physician at TIRR Memorial Hermann, an assistant professor in the department of PM&R at the UTHealth Medical School and PM&R outpatient medical director at Memorial Hermann-Texas Medical Center.

Judy Thomas, M.D.

I had my daughter Maya in the middle of my fellowship in brain injury and spasticity management at Baylor. After taking 12 weeks off, I finished my fellowship and started practice in mid-March 2011. Maya is now 22 months, and I'm pregnant with my second child.

Each pregnancy was different because of where I was in my career, but both have been a good experience. My fellow attending physicians are great – everyone's very supportive and very understanding.

I've chosen to work part-time so I'm lucky to have more time to do various activities with my daughter during the day and evening. At 6 months, I started Maya in a baby music class that fosters an

Being a mother has changed my view of medicine. It gives me a different perspective on what the patients I treat are going through. I've learned things from being a doctor and being a mother that have impacted the way I practice medicine.

appreciation of music and learning through music at an early age. Rehab has given me an appreciation of the value of using different modalities to foster the development of skills. I have also started her in baby swimming and gymnastics.

I'm very lucky to have a lot of support from my husband and in-laws. It's always a fine balance between work and family,



Judy Thomas, M.D.

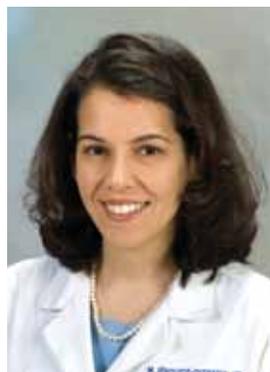
and you need support on both sides. Knowing that many of my colleagues are parents with families helps enormously. Being a mother has changed my view of medicine. It gives me a different perspective on what the patients I treat are going through. I understand the importance of families and their support. I've learned things from being a doctor and being a mother that have impacted the way I practice medicine. Many patients ask about my kids. It's important for them to know that I'm a real person, just like them. It's definitely challenging but also a rewarding experience being a mother and a physician, and I wouldn't have it any other way.

Dr. Thomas is an attending physician, chief of physical medicine and rehabilitation at Lyndon B. Johnson General Hospital and an assistant professor of PM&R at the UTHealth Medical School.

Monica Verduzco-Gutierrez, M.D.

I have two kids, a 5-year-old girl named Carolina and a 3-year-old boy named

Nicolas. I had both of them during my PM&R residency. I'm very lucky to have good support from my husband and family. As a resident I had to be in the hospital, but I wanted to have contact with my children. My husband would bring them over so I could see them before having to stay in the hospital all night.



Monica Verduzco-Gutierrez, M.D.

law takes care of dinner, and he helps me put them to bed.

We're lucky that our group at TIRR Memorial Hermann is big enough so that we only have to take call on the weekend once every six or eight weeks. With that kind of partnership and flexibility, I don't have to worry about getting a page and having to come in every weekend. I go to work at 8 a.m., do patient rounds and attend meetings, and leave to go home at 6 p.m. My goal is to get home and get them to bed by 7:30. Then I finish up any work I need to do on the computer. My colleagues are very supportive about covering and helping out if the kids are sick or if I really want to attend one of their activities.

We see rehab patients with such traumatic injuries. It makes you aware that things change in the blink of an eye. It makes me grateful to have children but also very cautious. I want them to have a happy, active life, but there will be no ATVs and no motorcycles.

Dr. Verduzco-Gutierrez is an attending physician at TIRR Memorial Hermann and an assistant professor in the department of Physical Medicine and Rehabilitation at the UTHealth Medical School.

Martin Grabois *continued from page 3*

sponsors active research.

"Dr. Grabois has been a strong partner in redesigning the residency program curriculum to meet the challenges posed by accrediting agencies," says Gerard Francisco, M.D., chief medical officer at TIRR Memorial Hermann and chair and residency program director of the department of PM&R at the UTHealth Medical School. "We could not have accomplished as much as we did without his leadership and commitment to the residency program."

Dr. Grabois has built a career with a long history of recognitions. In 2011, the Association of Academic Physiatrists, by unanimous vote, recognized him with one of its highest honors, the Distinguished Member Award. This award category of membership is reserved for the most distinguished physiatrists - individuals who hold international status and are recognized as major contributors to the field through teaching, research and scholarly publications. That same year, he received the Distinguished Member Award from the American Congress of Rehabilitation Medicine, an organization of which he was past president. In 2003, he was recognized with the Frank H. Krusen Award from the American Academy of Physical Medicine and Rehabilitation; in 2006 he received the Distinguished Clinician Award from the same organization. He was honored with the National Council on Disability Leadership Award in 2006, and was named a fellow of the American Congress of Rehabilitation in 2003. He has been named among the Best Doctors in America, Texas Super Doctors and Houston's Top Doctors.

Dedicated to furthering research and education as well as patient care, Dr. Grabois has been a peer reviewer for AAPMR's *PM&R* and other journals, has made numerous presentations to medical and professional organizations and authored a significant number of articles in peer-reviewed journals. ♦

One-on-One with David Cifu, M.D.

David Cifu, M.D., is chairman and the Herman J. Flax, M.D., Professor in the department of Physical Medicine and Rehabilitation at the Virginia Commonwealth University (VCU) School of Medicine in Richmond, Virginia; chief of Physical Medicine and Rehabilitation Services of the VCU Health System; executive director of the VCU Center for Rehabilitation Sciences and Engineering; and national director of the PM&R Program Office and a member of the senior executive staff of the United States Department of Veterans Affairs. In this interview, he talks about changes in the way rehabilitative care is delivered, the future of the discipline and the strong foundation he received as a resident in the department of Physical Medicine and Rehabilitation at Baylor College of Medicine and TIRR Memorial Hermann.

Q: In the 22 years since you completed your residency at TIRR Memorial Hermann and Baylor College of Medicine, you've made significant contributions to your field. What motivated you to choose PM&R as a specialty?

A: When I was an undergraduate at Boston University, the general awareness of my field among medical students was low. Fortunately, I was blessed with getting to know a group of three outspoken academic psychiatrists who became my first mentors. I met them when one of my classmates in the combined B.A./M.D. program suffered



a spinal cord injury that left him a C5 quadriplegic. We became close friends as I supported him through rehabilitation at Boston University Medical Center. During his intense period, I began to really learn about the rehabilitation process.

My second motivation was my future wife, who now practices gynecology. We had started dating, and her program required her to do volunteer work, part of which was helping people with disabilities reintegrate into the community. If I wanted to see her on Friday nights, I had to volunteer along with her. I discovered that I liked working with people with cognitive disabilities, and also realized that these are people who need advocates for good care. Based on these life experiences, I believed that PM&R was for me. One of my mentors in PM&R at Boston University suggested that I look into the Baylor program.

Q: What do you consider your most significant accomplishment?

A: Of course, staying happily married for 26 years and having two wonderful daughters are my biggest accomplishments. On the professional side, I take most pride in being able to assist in the leadership of programs across the country, giving back to the field by training others and advocating for clinical and research needs in the field. My chairman at Baylor, Marty

Grabois, my residency director at Baylor, Barry Smith, and my research mentor during residency, Bill Donovan at TIRR Memorial Hermann, taught me how to do that. From them, I learned how to be an effective leader, how to effectively spread the word about the needs of the field of PM&R, and how important it is to continue to give back to the field and to the world. A great training program, like TIRR Memorial Hermann's, teaches people to look beyond the specifics of their daily practice and think about how to advance the overall field and help to carry it to the next generation of providers, researchers and patients.

Q: How has the way we deliver rehabilitative care changed?

A: Like everything else in the world, PM&R has seen dramatic change in the past score of years. There's been exponential growth in the musculoskeletal and pain management subspecialties. When I was a resident in the mid-1980s, 20 percent of graduates chose musculoskeletal rehabilitation. Today, that figure has jumped to nearly 70 percent.

Additionally, because of the conflicts in Iraq and Afghanistan, there has been a huge growth of PM&R within the Veterans Affairs system, specifically in neurological rehab, which is the part of PM&R that I love. Fortunately, the need for neurologic rehabilitation services awareness has spilled over into academic institutions and the community. Pain and musculoskeletal rehabilitation services have also grown considerably in the VA system.

When it comes to the specifics of care, what goes around comes around. In the 1980s we talked about delivering personalized, patient-centric care. Then medicine got swept up in the technology revolution, and everything was automated and

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electronic. We lost touch with our roots.

Today, I'm seeing more integrative medicine and a return to the holistic approach in PM&R, an approach that looks at the person's health within the social context of who they are as a human being. How does a person's overall wellness fit in with what's important to them and their family? If you're a young physiatrist, you have to understand what's important to a 70-year-old, their family and social circle. If you don't do that, you may have a short-term impact on their lives, but you won't necessarily be able to optimize their abilities. The same holds true when it comes to understanding and appreciating differences in culture, race and other elements of backgrounds. Until we find cures for spinal cord injury, pain, brain injury and other disabling conditions, we'll take care of one person at a time using individualized, integrative medicine.

Obviously, we've seen great growth in technology - everything from smart phones to assistive technology robots that help people walk in therapy. Then there's the promise of stem cells and bioengineering. While technology and futuristic research potential allows people with disabilities to function more effectively in the community and have hope for a future cure, and makes rehab more attractive to younger physicians, I'm still a big believer in the power of the human touch. We will help you to regain your sense of self-worth and productivity regardless of your impairments.

Another big change came about in the early 1990s, as managed care focused on shortening length of stay as one of the big components in controlling costs. There was a certain spotlight on PM&R because rehabilitation is a long process. We're caring for people whose lives have been altered because of the impairments

they've sustained, but we've had to speed up the process, be more efficient and move to outpatient care. So PM&R has had to adapt to the compressed schedules brought on by financial realities.

Q: What changes have you seen in the way we educate new physicians?

A: New regulations have done much to change the way we educate residents, including the hours they can work and the required doctor-to-patient ratios. We continue to teach our residents to look at the patient in an integrative way, taking into account the social environment and all life processes. For example, a person is not a "total knee replacement." Physiatrists must be taught to focus on how the prosthetic knee fits into the whole body

TIRR Memorial Hermann was never afraid to take on individuals with disabilities who had severe and complex issues.

and how the body fits into the life.

We're at the cusp of integrating modern technology and holistic medicine. We're teaching residents that their education doesn't come only from physicians, but from nurses, therapists, social workers, case managers, patients and their families.

In one sense, as we've become overly technological, it's important to find grounding in all of life. I want residents to learn how to combine technology and touch, how to reach out through their smart phones and hug their patients.

Q: What influence did your experience at Baylor and TIRR Memorial Hermann have on your interest in research?

A: My two biggest takeaways from Baylor and TIRR Memorial Hermann were learning how to lead from Dr. Grabois, and learning how important research is in everything we do from Bill Donovan and his research team. Bill was well known for his clinical acumen, but I latched onto him as a researcher. He gave me the foundation and the passion I needed to pursue

research in my career. He did it for the love of knowledge, and that's why I do it. I was inspired by him and continue to be. He taught me to appreciate research and gave me the nuts and bolts of how to do it.

Q: What did you learn from TIRR Memorial Hermann's approach to rehabilitation? How has that knowledge served you in your career?

A: TIRR Memorial Hermann was never afraid to take on individuals with disabilities who had severe and complex issues. So I learned to take the hard cases, the ones others don't want. As a result, I feel confident that I can deal with any problem. Some of that confidence is unfounded, and I've failed, but not because I didn't try. The privilege of being a PM&R physician is to take the hard ones and succeed with them, or learn while failing. So I teach residents that there's no one who's too disabled for us to rehabilitate, in too much pain for us to help manage it or too confused for us to help them interact with their environment. When we see someone with very severe injuries that many have given up on, I wave the PM&R flag and advocate for them because I've seen patients with similar injuries get better.

Q: What's on the horizon for physical medicine and rehabilitation?

A: The need for PM&R is not going to diminish for a number of reasons. Sadly, because of the world we live in, there will continue to be violence, wars and disease. And our populations are aging. PM&R has job security.

Until we find a cure for people with devastating musculoskeletal and neurological disabilities, we need to step up and meet the challenge using whatever means we have available. That's worked for me for 25 years. I embrace the future, but I'm firmly rooted in the successes of our past. I appreciate where my roots are from, and I continue to spread the word of what having a solid foundation across the breadth of PM&R can do for you. ♦

ON THE PODIUM

Clark A. Leveraging social media to increase social and recreational opportunities following TBI. Lecture presented at the meeting of the Brain Injury Association of Texas, Austin, June 2012.

Davis L. Vocational rehabilitation in the traumatic brain injury population: Overcoming barriers to access. Lecture presented at the meeting of the Brain Injury Association of Texas, Austin, June 2012.

Davis M. Management of Acute Spinal Cord Injury. Presentation at the Trauma Service Grand Rounds, Texas Tech University Health Sciences Center, El Paso, May 2012.

Elms E. The Texas Disability Technology Initiative. Invited presentation at the Pacific Rim International Conference on Disability and Diversity and at the Assistive Technology Resource Centers of Hawaii, Honolulu, March 2012.

Elms E. Technological Advances and Technological Research Programs. Presented at the 3rd Annual Healthcare Research Symposium, McCombs School of Business, The University of Texas at Austin, April 2012.

Ifejika-Jones N. The Role of Rehabilitation in Neurological Disease. Invited presentation at the Christus Spohn Neuroscience Center Second Annual Conference, Corpus Christi, Texas, May 2012.

Pappadis MR, Sander AM. Perspectives of survivors of traumatic brain injury: Positive and negative influences on quality of life and self-concept. Abstract presented at the Social Work Social Development 2012: Action and Impact Conference, Stockholm, Sweden, July 2012.

Pappadis MR, Sander AM, Mazzei DM. *Soy diferente: Experiences of Spanish-speaking persons with traumatic brain injury.* Poster presentation at the 2012 Race, Ethnicity and Disabilities: State of the Science Conference, Arlington, Virginia, March 2012.

Sander AM. Reconnecting with relationships and community activities after brain injury. Lecture presented at the

meeting of the Brain Injury Association of Texas, Austin, June 2012.

Sherer M, Struchen MA. Assessment and management of acute confusion in early recovery. Course taught at the Santa Clara Valley Brain Injury Conference, San Jose, California, February 2012.

Sherer M, Sander AM. Managing cognitive impairments across the continuum of recovery. Invited lecture at the annual meeting of the American Psychological Association, Division 40 (Clinical Neuropsychology), Orlando, Florida, August 2012.

Struchen MA. What Your Family Physician, Therapist, Healthcare Provider, Service Provider, Friends and Family Need to Know about Brain Injury and How to Tell Them. Keynote presentation at the Brain Injury of Wisconsin 24th Annual State Conference, Wisconsin Dells, April 2012. ♦

ACCOLADES

Gerard Francisco, M.D., has been named a director of the American Board of Physical Medicine and Rehabilitation. He began his six-year term on August 1, 2012.

Nneka Ifejika-Jones, M.D., was one of 35 candidates selected from a nationwide pool to attend the National Institute on Aging Summer Institute on Aging Research Program. Since 1987, the NIA's annual summer institute has been a unique opportunity for early and mid-career researchers to interact with leaders in the field of aging, and to learn how to design strong projects, create competitive grant applications and overcome challenges associated with being a scientist. Dr. Ifejika-Jones is the first physician from The University of Texas Health Science Center at Houston (UTHealth) Medical School department of PM&R to participate in the prestigious program. She attended in July at the National Institutes of Health in Bethesda, Maryland.

Monica Verduzco-Gutierrez, M.D., and **Jeffrey Berliner, D. O.,** were chosen to receive the 2011-12 Dean's Teaching Excellence Award from The University of

Texas Health Science Center at Houston (UTHealth) Medical School. The award is based on nomination by the chair of the department of PM&R and review by a committee comprised of members of the Faculty Senate and the Curriculum Committee, residents and students. Only 20 medical school faculty members were selected for the honor. ♦

IN PRINT

ARTICLES

Dijkers PM, Bushnik T, Heinemann AW, Heller T, Libin AV, **Sherer M**, Starks J, Vandergoot D. Systematic reviews for informing rehabilitation practice: An introduction. *Archives of Physical Medicine and Rehabilitation* 2012; 93:912-918.

Durand-Sanchez A, Chang S-H, Ditommaso C, Li S. Does the non-impaired limb help the impaired limb during bilateral motor tasks in hemiparetic stroke patients? *American Journal of Physical Medicine and Rehabilitation* 2012;91(3):286-287.

Esquenazi A, Mayer N, Lee S, Brashear A, Elovic E, **Francisco GE**, Yablon S. PROS Study Group: Patient registry of outcomes in spasticity care. *American Journal of Physical Medicine and Rehabilitation* 2012;91:00Y00.

Li S, Melton DH, Berliner JC. Breathing-controlled electrical stimulation (BreEstim) could modify the affective component of neuropathic pain after amputation: A case report. *Journal of Pain Research* 2012;5:71-75

Sander AM, Maestas KL, Sherer M, Malec JF, Nakase-Richardson R. Relationship of caregiver and family functioning to participation outcomes following post-acute rehabilitation for traumatic brain injury: A multicenter investigation. *Archives of Physical Medicine and Rehabilitation* 2012;93:842-848. ♦

Finish Line continued from page 1

day, my wife and my sister-in-law were rubbing my legs with a wet towel to improve circulation, and suddenly, I was able to move a muscle in my right leg. Everything began in that moment.”

Once he started recovering, his therapy team used everything at their disposal – locomotor training, the FES bike for individual muscles of the arms and legs, weight training, balance-and-transfer training, aquatic therapy and more. “We started from day one focusing on recovery from his spinal cord injury and did everything we could to promote neuromuscular return,” says **Adele Bosquez, P.T., D.P.T., A.T.C., L.A.T.** “He was willing to do everything. There was nothing we could do that would make him admit he was tired. He would force himself to do everything, because he wanted to recover as soon as possible, and he challenged us to give him more by calling each new activity a ‘piece of cake.’”

Occupational therapist **Erin Henry, O.T.R., M.O.T.**, started him off with a power wheelchair. “He couldn’t feed or dress himself,” she says. “We worked on pre-functional patterns of movement using overhead slings that would support his arms so that he could use them to try to reach and strengthen his shoulders. He progressed to a manual chair that he could propel by using his legs. As he got stronger, we did electrical stimulation to the upper extremities using the FES bike. We used all of our occupational therapy tricks. José is an engineer, and he really liked the technology. He had a very strong work ethic, which was immediately apparent. He was always on time for therapy and wanted to maximize every minute. We had to make him take breaks.”

Gasca Neri also participated in an ongoing clinical trial of the MAHI-Exo-II, a robotic exoskeleton that allows for reproduction of most of the natural human wrist and forearm workspace, while also allowing for a limited range of elbow flexion-extension. Led by principal investigator **Gerard Francisco, M.D.**, chief medical officer of TIRR Memorial Hermann and chair of the department of Physical Medicine and Rehabilitation at

the UTHealth Medical School, the trial allows participants to undergo therapy three hours per day, three days a week, for a total of 12 sessions, working to improve strength and active range of motion of each joint.

Gasca Neri and his therapy team give a lot of credit for his recovery to the support of his family. “I was never alone,” he says. “My wife and three brothers with their families were by my side, and my three sons came from their homes in Germany, China and Arizona to provide support. The demonstration of love from family and friends gave me the motivation to heal.”

After he left the inpatient program in May, Gasca Neri began outpatient therapy at TIRR Memorial Hermann Adult and Pediatric Outpatient Rehabilitation. He was discharged in November 2011. “I was happy, obviously feeling many emotions and at the same time very curious to see what would come next,” he recalls.

In a letter of thanks to Memorial Hermann CEO Dan Wolterman, Gasca Neri wrote, “Approximately six months ago, I made a commitment to Dr. Berliner that in January I would walk a 5K in the Chevron Houston Marathon. At that time, this goal seemed very difficult to achieve, almost a dream. Now, I can proudly say that I’m ready to do this. I’ve been told that there is no record of a person at the age of 70 with the injury I experienced being able to participate in this event within one year or less of recovery. Thanks to the help and support of all the people at Memorial Hermann, I will be able to make this a reality in some weeks.”

In the letter, Gasca Neri cited the teamwork of his caregivers and brought special attention to Dr. Berliner, who he says was always focused on his progress and wellbeing. “Dr. Berliner visited me many times during the day, always with a positive attitude and encouraging words. I would like to thank him for his honesty and confidence in me. He made me feel that my recovery was indeed possible.”

Dr. Berliner remembers Gasca Neri for his positive attitude, his supportive family and his remarkable recovery. “Our team really rallied around him,” he says. “The entire team took him under their

wing and made him feel special. He is a very special patient to us.”

Based on his positive experiences at Memorial Hermann, Gasca Neri suggested that his son and daughter-in-law consider giving birth to their first son at Children’s Memorial Hermann Hospital. “They flew from Germany last fall, and I’m happy to say that on October 26, my wife Yolanda and I became the proud grandparents of a little Texan grandson.”

Once he started recovering, the TIRR Memorial Hermann therapy team used everything at their disposal – locomotor training, the FES bike for individual muscles of the arms and legs, weight training, balance-and-transfer training, aquatic therapy and more.

Gasca Neri continues his recovery and training at the Ironman Sports Medicine Institute at Memorial Hermann, which offers individualized orthopedic care and customized treatment programs directed by experienced sports medicine-trained orthopedic surgeons, physical therapists and athletic trainers. “I’m advancing in my rehab because throughout the process I’ve worked with therapists and physicians who have done an excellent job, including my therapists at the Ironman institute,” he says. “Here, I have a lot of work to do. I plan to participate in a triathlon next year, so I need to start swimming as soon as possible.”

Just four days after the one-year anniversary of his accident, on Sunday, January 15, 2012, he took to the pavement – with his wife, brothers, friends, three children and several TIRR Memorial Hermann therapists who walked beside him – in the Chevron Houston Marathon’s 5K. “I have to thank my God, my wife, my brothers, my children, friends and the physicians, staff and therapists at all of the facilities I was treated at in the Memorial Hermann Healthcare System. Because of their support and company, I reached the finish line.” ♦



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MESSAGE FROM THE CEO

Advancements in rehabilitation medicine have permitted people with injuries or disabilities to achieve far greater levels of function and independence than we previously thought possible. These medical and technological advances, along with comprehensive case management and early admission to a rehabilitation program, have allowed our current and former patients to become fully engaged in all aspects of life.



Carl E. Josehart, CEO

Dan Hammers, a C4 quadriplegic whose story appears in this issue, is a beneficiary of our commitment to help

people with disabilities live life to the fullest. After seven years of marriage, he and his wife, Kari, decided they wanted to have a child. They began the process in Lake Charles, Louisiana, where they reside. Eventually, they made their way to the office of John Bertini, M.D., a urologist who sees patients in our Outpatient Medical Clinic, which is redefining the outpatient rehabilitation care model by providing a patient-centered medical home for people with disabilities. Like Dr. Bertini, the clinic's gynecologists, urologists, cardiologists, family therapists and psychiatrists are well versed in the health and lifestyle issues facing rehabilitation patients.

I'm pleased to report that we've begun construction on our new freestanding Rehabilitation Research Center. When the three-story, 42,000-square-foot

facility is complete next spring, it will allow us to consolidate our research programs in a single location, encouraging daily collaboration between our research and clinical staff. Please watch for more information in the fall issue of the *TIRR Memorial Hermann Journal*.

TIRR Memorial Hermann is known for passionate people, exemplary care by some of the world's leading physicians and a commitment to overall quality of life, which distinguishes us from other rehabilitation providers. We work together as a team to transform lives in a positive way and inspire hope in people whose lives have been interrupted by illness or injury.

*Carl E. Josehart
Chief Executive Officer
TIRR Memorial Hermann*

About TIRR Memorial Hermann

TIRR Memorial Hermann is a 119-bed nonprofit rehabilitation hospital located in the Texas Medical Center in Houston. Founded in 1959, TIRR Memorial Hermann has been named one of "America's Best Hospitals" by U.S. News

& World Report for 23 consecutive years. TIRR Memorial Hermann provides rehabilitation services for individuals with spinal cord injuries, brain injuries, strokes, amputations and neuromuscular disorders.

TIRR Memorial Hermann is one of 12 hospitals in the not-for-profit Memorial

Hermann system. An integrated health-care system, Memorial Hermann is known for world-class clinical expertise, patient-centered care, leading-edge technology and innovation. The system, with its exceptional medical staff and more than 20,000 employees, serves Southeast Texas and the Greater Houston community.