In April I was invited along with my husband and son to attend the 2015 National CRT (Complex Rehab Technology) Leadership and Advocacy Conference in Washington, D.C. The University of Michigan’s Wheelchair Seating Service was one of the conference sponsors. The conference was organized by the National Coalition for Assistive and Rehab Technology (NCART) and the National Registry of Rehabilitation Technology Suppliers (NRRTS.) This conference brought together providers, manufacturers, consumers, and others together to protect and promote access to CRT. CRT is medically necessary and individually configured wheelchairs, adaptive seating and positioning systems, standers, gait trainers, and other equipment that requires evaluation, configuring, adjustment, training and programming. My son, Willy, is a long-time patient of Dr. Hurvitz’s and complex rehab technology has, in part, kept him safe and healthy and able to be mobile. As the insurance codes now stand, access to CRT is very difficult and not guaranteed. Many times a clinician will find a device that will help their patient, only to have their insurance company deny the item.

CRT includes products that are designed to meet the specific and unique medical and functional needs of an individual with a primary diagnoses resulting from a congenital disorder, progressive or degenerative neuromuscular disease, or from an injury or trauma. In my son’s case, lissencephaly is the primary culprit. Lissencephaly is a rare, gene-linked brain malformation characterized by the absence of or folds in the cerebral cortex. This results in, among other things, a shortened life span, seizures, cerebral palsy, cortical vision impairment, and more. Willy is 11 but we were told he would probably only live to approximately two at his diagnosis when he was four months old. He does not walk or talk and doesn’t take anything by mouth. He has seizures which are very difficult to control and is very “floppy” because of his CP. Because of his specialized wheelchair, we have been able to be mobile with Willy and know that he is safely protected. His wheelchair is molded for his body and keeps him straight so that he can get deep breaths. It has a head rest that protects his head from flopping side to side. It has a tilt feature so that if he gags or chokes on his saliva or needs pressure relief from sitting in the chair too long, we can change his tilt. We had to fight for 16 months for our insurance company to approve his wheelchair. In the meantime, his legs and hips were being squeezed by his old chair. We were homebound because we couldn’t take him anywhere comfortably. Only after we contacted our state representative and launched a media campaign with NBC news, did our insurance company finally authorize his new chair. This was 5 years ago and thanks to Chris Savoie with U of M’s Wheelchair Seating, Willy’s chair is kept running with new parts and repairs as needed. - Continued on Page 2

Pet-Assisted Therapy at Milestones

This spring, Milestones Pediatric Rehabilitation Center welcomed two new dogs as part of a pet-assisted therapy program. The animals visit the clinic twice a month and have been used in therapies to enhance treatment sessions and provide a means to functionally work toward goals.

In sessions, the dogs have helped not only motivate our patients to work on communication and movement, but they have also provided relaxation and comfort, as needed. The dogs (Gracie and Gideon) as well as their owners Cyndy and Karen are part of the TheraPaws program and are registered through Volunteer Services at UMHS. The dogs bring smiles to patients, families, and staff alike and have been a great addition to our building.
In establishing CRT necessity, consideration is always given to the person’s immediate and anticipated medical and functional needs. These needs may include daily living activities, functional mobility, positioning, pressure relief, and communication. The CRT process is important so the individual can accomplish their daily tasks safely and as independently as possible in all environments. The provision of CRT is done through an interdisciplinary team consisting of a physician, an occupational and/or physical therapist, and a CRT supplier. Together, the team provides both the clinical and the technology related services. Some numbers: Of all the manual wheelchairs Medicare pays for, 6% are CRT and 94% are standard. Likewise, 22% of the power wheelchairs Medicare pays for are CRT and 78% are standard. Complex manual and power wheelchairs are intended for long-term use. They come with high adjustability, provide positioning, accommodate orthopedic issues, and provide pressure management. They can come with advanced electronic controls and offer ventilation accommodation. They are NOT the wheelchairs or “scooters” you see advertised on television. In comparison, “standard” wheelchairs are intended for short-term use and have zero to minimal adjustability. They do not provide positioning, orthopedic accommodations, or pressure management. Think of the wheelchairs that you can borrow at the zoo for your elderly grandmother because she can’t walk that far. CRT is NOT that. Willy would fall right out of one of those!

**Bottom line is these items are the legs and arms of people with several multiple disabilities and the only way they can maneuver through life.**

Our goals at the conference were to make as many Congressional visits as possible. We ended up lining up around 220 separate visits with representatives and senators from all over the country. I myself was able to take the lead in two of the meetings and it was a wonderful experience. Willy went into the meetings with us so that we could show the representatives the face of CRT.

I was incredibly grateful for the opportunity to attend this conference and make the connections I made. I’ve been working hard on doing follow-up with many Senators and Representatives to make sure they were aware of the issues surrounding what is a small and often marginalized population, yet a population that needs the help the most. CRT is essential in my household and to the mission of the Department of Physical Medicine and Rehabilitation. It is my desire that our clinicians, together with our rehab engineers and therapists, can help determine the needs of these patients and be confident that the items they prescribe will be approved by the insurance companies without the fight that we have had.

What can you do?

This is a very important question. Most of you thankfully do not have any idea of what goes on in this medically fragile and complex world that we live in. But we need your help. Please contact your State Senators and ask them to sign onto the Access to Complex Rehab Technology bill that will soon be introduced in the Senate by Senators Schumer and Cochran. Also, please contact your Representative and ask him/her to sign onto HR 1516 that was a bi-partisan introduction into the House.

If you want to know if your Representative or Senator has already signed on for support, please go to this site: [http://www.access2crt.org/](http://www.access2crt.org/)

**CRT Educational Sites**
- [http://www.access2crt.org/](http://www.access2crt.org/)
- [http://www.ncart.us/](http://www.ncart.us/)
- [http://www.nrrts.org/](http://www.nrrts.org/)
FIGS Award
It is with great excitement that we announce that FIGS awarded funding for our WalkerCam proposal. I want to thank this group for their interest, ingenuity, and efforts in making this happen. I think this has potential to grow/expand into other applications. Congratulations!

ReWalk
The ReWalk™ exoskeleton allows an ambulation and rehabilitation alternative to wheelchair users, enabling people with lower limb disabilities, such as paraplegia, to stand and walk. The training program is 8-12 weeks and is for complete or incomplete spinal cord injury at T8 or below. The training program includes sessions three times per week. Basic training includes sitting, standing and walking with the ReWalk. In addition to focusing on walking, the goals of therapy are to improve dynamic standing balance and the ability to stand and reach.

DNR Highlights
DNR highlights accessible recreation for 25th anniversary of Americans with Disabilities Act. Read the full article here: http://content.govdelivery.com/accounts/MIDNR/bulletins/110a9b9

Selfies
Our own, Dr. Rishi Bakshi, gets in on Tom Hanks’ selfie on the Dave Letterman show!

Fundraising Efforts
Our ongoing fundraising for the Nepal effort is getting some TV attention. See link: http://fox6now.com/2015/05/02/surgeons-do-great-things-nepal-earthquake-victims-receive-special-aid-from-glendale-native-doctors/

Lymphedema Updates
There are now 12 certified lymphedema therapists working within the University of Michigan Health System. Heather Archer OT (Spine), Dawn Bolen OT (IP UH), Jodie Briggs OT (OP-UH and Wound Care), Theresa Courter OT (Canton), Nancy Cox OT (OP-UH), Christelle David OT (IP-UH), Kathy Konsosky OT (OP-UH), Kynthia Marincovich OT (Mott), Geeta Peethambaran PT (OP-UH), Casey Poupad OT (Commonwealth), Amber Richardson OT (Spine), and Katie Rogers OT (OP-UH). Over the past year the Lymphedema Team has made multiple presentations within the health system. Presentations included: Exercise ABCs to the participants at the Breast Cancer Summit; Webs, Fibrosis, the PhysioTouch and Lasers: Updates from the Lymphedema Team to the Breast Cancer Center; Lymphedema in Women with Gynecologic Cancer to the Gynecological Cancer Team; and Possible Causes of Swelling in Children with Brachial Plexopathy to the Brachial Plexopathy Clinic. In addition to presenting we are working on making a short video on stretching to improve lymphatic health. Our team’s understanding of the lymphatic system continues to evolve based on new information from the scientific community including: the existence of the lymphatics system in the brain (Nature 2015), the embryologic development of the lymphatics from the venous system (Science 2013), and the effect of food additives on the digestive system (NIH 2015).
Kudos

In honor of National Nurses week May 6-12, we would like to give special recognition and a very sincere thank you to our rehabilitation nursing team, including those on the adult service on 6A, the pediatric unit on 12 Mott, and in the outpatient setting. Thank you for all the work that you do to help improve the quality of life for our patients. Thank you for all your wonderful efforts!

Congratulations to Dr. Jun Pangilinan for his appointment as a faculty in the new medical school curriculum course: “Doctoring: Caring for Patients, Families and Communities.” Thank you to Dr. Pangilinan for representing the PM&R department in this course.

Congratulations to Dr. Mike Wheaton, who has just been appointed as the Co-Director of the Adult and Pediatric Brachial Plexus and Peripheral Nerve Program. He will join Dr. Lynda Yang, Neurosurgery, who is the director of the service. Dr. Wheaton completed his PM&R training at the University of Michigan, followed by a fellowship in spinal cord injury medicine at Michigan as well under the direction of Dr. Tony Chiiodo. Mike’s fellowship had some emphasis on peripheral nerve as well. Dr. Wheaton has been actively involved in the clinical care, electrodiagnosis and injection interventional care in the clinic, as well as the educational and research aspects. The Brachial Plexus clinic, especially the pediatric clinic, is an award winning service at the University of Michigan, and has a well-deserved strong reputation regionally, nationally, and internationally. Congratulations on this new role Dr. Wheaton!

Christine Wallis, Clinical Specialist on the PT Rehab Team, not only completed her transitional DPT this last year but has now passed the NCS exam to become an APTA Certified Neuro Clinical Specialist. She was also recently nominated for the Cindy Kincaid Outstanding Clinical Instructor Award.

This award is presented annually at the MPTA fall conference to individuals who have demonstrated exceptional commitment to and skill in the clinical education of students. Congratulations Christine!

Dave Johnson was promoted to Clinical Specialist on the Orthopedic-Musculoskeletal PT Team. Dave has been part of our UMHS PM&R family for the last 4 years and he has done an incredible job during that time. Congratulations Dave!

Congratulations to Claire Kalpakjian, Susan Murphy, Michelle Meade, Gianna Rodriguez, Margy Fox and Patricia Moulis on being selected for the “Faculty Leading Change” program offered by ADVANCE. This new program provides faculty led teams with consultation and support for fostering departmental change in an identified area of need. Their project, “Bridging Clinical and Research Missions in PMR – Strengthening Translational Research and Team Science in Rehabilitation Research” will focus on developing effective ways to enhance the collaboration between clinicians and researchers. The overall goal is to strengthen the infrastructure for translational and team science in PMR by engaging clinicians and researchers in collaboration. Recognizing that this transformation is years in the making, project goals are intended to begin the momentum. The team will work closely with change consultants and attend a series of workshops to further develop and implement the project. This is an exciting opportunity for our department and mission of leadership and excellence in rehabilitation through innovative research, discovery and contributing to the evidence base that informs our practice.

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April was OT month. We collected $324 for the Sue Maher Fund with a T shirt drive where some of the profits went to the 6A rehab fund!

In Memorial

On Monday, many of us from the PMR-OTPT family said our good-byes to one of our own, Nicky Holmes. Nicky lost her battle with cancer last week and while she spent the last year of her life coping with her illness, she never lost sight of what was important to her............faith, family and friends. Nicky embraced life and stood strong in her faith, accepting each day as a gift from God. She embraced life and cherished her friendships. She was joyful, and her positive energy and resounding laughter would fill a room. Nicky loved working at the U and even when she struggled with her medical issues, she still wanted to contribute; to make a difference and to help others.

For the Burlington and Canton teams (and for those who knew Nicky), We all hurt from our loss but we are at peace knowing that Nicky is finally out of pain.

She was loved by many. We are all given a gift, Nicky graced our lives with hers and we in turn have the opportunity to share this gift with others. It's important for all of us to recognize that we, as members of the PMR-PTOT team can make a difference. Who we are and what we do “matters”; to our families and friends, co-workers and patients. Embrace your gifts; share them with others. Be appreciative and thankful for the opportunity. We have a wonderful and talented team, please don’t take each other for granted. Be thankful, be kind............be like Nicky.
Publications, Grants, Awards


Susannah M. Engdahl, Breanne P. Christie, Brian Kelly.


Megan Tang’s abstract, High Prevalence of Cranial Asymmetry may Exist in Infants with Neonatal Brachial Plexus Palsy (NBPP), is one of only four submissions chosen as a contender for the prestigious Howard R. Thranhardt Award at the October 7-10, 2015 National Assembly in San Antonio. She also had a poster selected for the AAPMR annual meeting. Congratulations!


Presentations

Doug Rakoski and Rob Ferguson presented at our national convention AOTA.

Dr. Mark Peterson was invited to present a Highlighted Symposium at this year’s Annual Meeting of the American College of Sports Medicine (ACSM), in San Diego: “The Importance of Muscular Fitness for Health, with a Primary Emphasis on the Scientific Evidence and Clinical Implications of Sarcopenia

Dr. Fin Biering Sorensen from Denmark and Dr. Denise Tate from the University of Michigan, USA presented to a group of physicians and rehabilitation clinicians and researchers on the international spinal cord injury datasets and its use in rehabilitation clinical trials for spinal cord injury patients at the Lucy Montoro Rehabilitation Hospital in Sao Paulo.

(Photo: From left to right: Dr. Daniel Rubios de Souza, Medical Director, Dr. Fin Biering Sorensen from Denmark, Dr. Chen, Attending Physician, Dr. Julia Greve, Director of Spinal Cord Services, Hospital das Clinicas, Dr. Fabiana Faleiros, Assistant Professor University of Ribeirao Preto Nursing School, Dr. Denise Tate, Co-Director of the University of Michigan Model Spinal Cord Program, and Dr. Marcelo Riberto, School of Medicine of Ribeirao Preto).
Upcoming Events

Inaugural Earl and Louise Zazove Lectureship in Family Medicine. Our featured speaker is Bernard ‘Bud’ Hammes, PhD, founder and architect of Respecting Choices, an internationally acclaimed community-based system for advance care planning. Dr. Hammes will present “How Advance Care Planning Can Improve Care”, 8:40 AM, on Wednesday July 22, in Ford Auditorium, 2nd Floor UH.

I am excited to announce a new Pilates class within our department! Sharon Ostalecki, PhD will be teaching a Breast Cancer Survivors Pilates Class on Thursdays from 2-3pm in our Pilates and Movement Studio beginning September 10th. Sharon will be screening individuals for the class and all are more than welcome to communicate with her regarding any potential patient/clients you would refer to her (email: sharonmary22@gmail.com). She also teaches private classes if deemed more appropriate.

Theodore Cole Resident Research Day is scheduled for Thursday, October 8th from 8:00 – 5:00 pm in the Dow Auditorium in Towsley.

PM&R Promotions

Congratulations to our faculty members that were promoted this year. Thank you for all the hard work that you do!!

- Brian Kelly, Clinical Professor
- Claire Kalpakjian, Associate Professor, with tenure
- Noelle Carlozzi, Associate Professor, with tenure
- Edmund Chadd, Clinical Assistant Professor

These promotions will take effect September 1st, 2015

Announcements

Mara Isser-Sax, MD, will be leaving the PM&R department to pursue a career opportunity in Denver, with the University of Colorado. Dr. Isser-Sax will be greatly missed. She has made many excellent contributions to our Spine Program, and has been a great educator and mentor for our students and trainees.

Susannah Parke, MD, will be leaving the PM&R department this December. Dr. Parke will be joining a private practice, where she will focus on Osteopathic Manipulation and Prolotherapy. Dr. Parke will be staying on as adjunct faculty, and will still be assisting with manual medicine education for the residents and students.

The Pediatric Physical Therapy Residency has received accreditation from the American Board of Physical Therapy Residency & Fellowship education. This is a huge milestone for the inpatient and outpatient pediatric PTOTTR teams, and will help promote clinical excellence in the physical therapy practice. Special recognition and congratulations to our clinical mentors who helped tremendously with the process: Susie Steele, Michaela White, Amy Casey, Sarah McAulister, Chris Tapley, and Cara Komisar. Also, a special thank you and congratulations to our academic counterparts who were also instrumental in this process: The University of Michigan-Flint Physical Therapy Department (specifically Carol Daly and Jamie Creps). A special thank you to our Physical Therapy residents as well: Breanna Waldron and Risha Kotecha. This accomplishment makes the UMHS/UM-Flint Pediatric Physical Therapy residency the only pediatric residency available for Physical Therapists in the state of Michigan, and only the 13th in the entire country. Congratulations on this awesome achievement!

Dr. Denise Tate, Professor of Physical Medicine and Rehabilitation at the University of Michigan Medical School, Ann Arbor, Michigan met with Drs. Linamara Batistella, Secretary of State of Disability Affairs for the State of São Paulo, Ana Claudia Iatronico, Vice President of international Relations for the University of São Paulo Medical School, and Julia Maria Greve, Medical Director of the Spinal Cord Injury program at the Hospital das Clínicas in the University of São Paulo to discuss research collaborations between the two universities, State and National organizations. April 16, 2014.

A new U of M course, Team-Based Clinical Decision Making, brings together more than 250 students from five different programs to discuss and learn more about the roles of various health professionals. Our own Dr. Joe Hornyak participated in this video. This is a unique health education opportunity at UM, with Dr. Joe Hornyak of PM&R as one of the leaders. See the video here: https://www.youtube.com/watch?v=M9a1E0uODs&feature=youtu.be Read the full article here: http://record.umich.edu/articles/students-seek-health-care-solutions-through-interprofessional-teams
The Mott Family Network has made several large donations to PM&R recently. A Tobii EyeGaze communication system was donated to Peds Speech in honor of Dr. Nelson’s years of service on the committee. Galen’s also funded a portion of this device.

The Mott Family Network funded the materials for a “Go Baby Go” electric car, which was assembled by Rehabilitation Engineering and is currently at the Pediatric Rehabilitation Center. MFN will be funding more cars in the near future for the other peds rehab locations and for children to use at home.

The Mott Family Network provided a Cube Pro Duo 3D Printer to Rehabilitation Engineering. This printer is being used to create assistive devices for PM&R patients.
PM&R New Employees

Jessica Harrison
Rehab Psychology

Alisa Barlage, PT
CVC IP Acute Care

Rohit Chawila, PT
MedRehab

Peggy Lin, PT
MedRehab

Matthew Melvin
Rehab Tech, OP
UH

Brad King
Rehab Tech
Acute Care Team, UH

Chelsea Vahdat,
Rehab Tech
Acute Care Team, UH

Kelsey Galang,
Rehab Tech
Acute Care Team, UH

Matt O’Brien
Rehab Tech
Acute Care Team, UH

Maria Hatfield,
Rehab Tech
Acute Care Team, UH

Andrew Lozano
Nurse Aide, 6A

Deanne Richmond,
Rehab Tech
Acute Care Team