

INSIDE MossRehab



Alberto Esquenazi, MD
Chief medical Officer, MossRehab

CHAIRMAN'S MESSAGE

The impact both in economic and social terms of brain injuries is significant. Helmets, seat belts and air bags, among other preventive measures, have successfully reduced brain injuries, but such interventions have been effective only to a point. Industrial accidents, natural disasters, war and falls in the elderly keep pushing the number of injuries higher.

At MossRehab, we understand the implications of brain injury at the individual level and its impact on families and care takers as well as the important role rehabilitation interventions play in the recovery. As you'll see in this issue focused on our brain injury programs, we have pioneered many rehabilitation techniques—from assessment to treatment. Our scientists and clinicians have helped advance the field in ways that will be felt by patients and their families around the world. We have also borrowed concepts from other healthcare areas, adapting them to serve the rehabilitation needs of traumatic brain injury patients and their families.

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Focus on Traumatic Brain Injury: Research, Clinical Care and Exceptional Staff Underpin Remarkable Outcomes

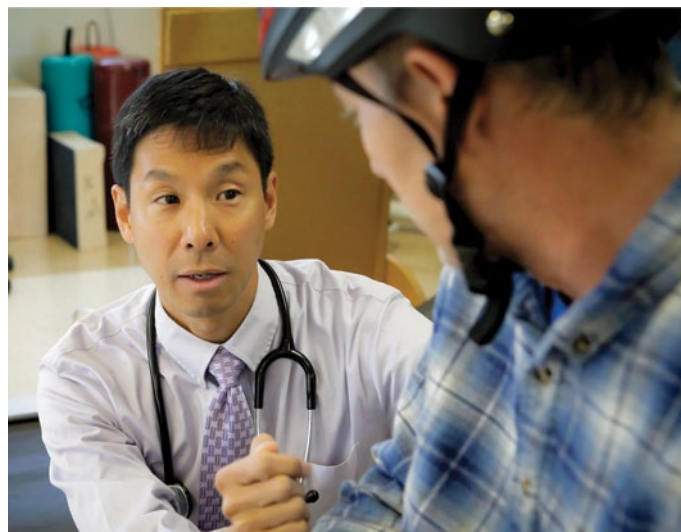
Brain injury and rehabilitation are two things to which Tony Veitz, of Cherry Hill, NJ, never gave a second thought – until his wife Renee survived a traumatic brain injury when she was hit by a dump truck while walking across a road.

“The accident itself was traumatic, but neither of us was prepared for the rigor of rehabilitation,” says Veitz. “She came out of the hospital and I remember thinking that she would need a few months of rehabilitation and then be back to herself. That’s not the way it works. I can’t say enough about how fortunate we were that Renee had her rehabilitation at MossRehab.”

Exceptional brain injury care requires a balance of research and collaborative clinical care. Achieving that balance is almost as complex as brain injuries and the disabilities that follow.

“At MossRehab, we are able to address the challenges of brain injury patients because we have seen them more, treated them more, and have a culture and resources that prompt us to ask and to try to answer the question of how to treat them better,” says Thomas K. Watanabe, MD, clinical director of MossRehab’s Drucker Brain Injury Center.

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Thomas Watanabe, MD, clinical director of MossRehab’s Drucker Brain Injury Center, talks with patient David Cossaboon.

U.S. News has again ranked MossRehab among the top 10 rehab hospitals in the country, and number 1 in Pa. See story on page 8.

CHAIRMAN'S MESSAGE

By training clinicians in the community, performing research, publishing leading scientific articles and educating patients and families, and increasing awareness of preventive measures, we are actively playing a role to reduce the incidence and severity and improve the outcomes after TBI.

In the articles that follow, you will learn more about the MossRehab transdisciplinary team approach to clinical, research and education in TBI rehabilitation. You also will learn about the comprehensive, life-long programs we provide and how the people we serve view them.

I am proud of the work my colleagues do every day at MossRehab and the positive impact they have in the field of rehabilitation.

Challenge Accepted

Alberto Esquenazi, MD

What's the next big breakthrough in rehabilitation? MossRehab will be collecting your answers as we head toward the AAPM&R Annual Assembly in October. Learn more at mossrehab.com/future. Follow the conference on Twitter at @mossrehab or hashtag #rehab75.



Research That Directs Leading Care

Questions are at the heart of research, and the nation's leading researchers and clinicians work together at MossRehab to not only ask those questions, but help find answers. This clinical research is important because it enhances understanding of human physiology and pathophysiology, improves diagnostic tools and preventive care, and translates into improved medical care.

"Being involved in clinical research, we are able to determine whether a treatment has the potential to be useful prior to waiting for publication of results. Clinical work helps focus research on clinically relevant areas so that the results have real-world clinical meaning," says Watanabe.

MossRehab is a federally designated Model System of Care for traumatic brain injury. The Moss Rehabilitation Research Institute (MRRI) operates the Model System of Care research program for MossRehab, and conducts interdisciplinary research aimed at improving human function and adaptation to disability. Research is an important part of our care model, often leading the way to new advances and innovations in medical rehabilitation and uncovering factors that predict recovery and better outcomes from TBI.

Sharing that knowledge – both within the professional community and the community-at-large – is a goal MossRehab takes seriously. Clinician training, from local through international scope, is one way MossRehab is able to disseminate research findings to other clinicians. Professional outreach efforts include sponsorship of conferences and seminars, and collaborative efforts with other Traumatic Brain Injury Model System organizations. MossRehab is also committed to educating the community, with events such as a bike helmet giveaway night at the Franklin Institute and other venues, Blue Jean brain injury awareness day and a 5k fundraiser.

New research is a priority at MossRehab, helping to inform new care protocols that enhance patient recovery. One new research initiative underway aims to reduce and manage the depression and anxiety that often accompany TBI. In this initiative, researchers are experimenting with using personal text messages to remind people who have had brain injuries of their individually designed action plans. In a collaborative international study, researchers are working to develop a behavioral scale to measure pain, for use with patients who are unable to communicate consistently.

That kind of research can't happen fast enough, according to Veitz, reflecting on his wife's long journey through rehabilitation.

"The kind of care Renee received helped her re-learn and get back to being part of the community," he says. "That care came from professionals who knew the best ways to help her and to help us craft a life together."



Dr. Watanabe provides advice on balance therapy.

Clinical Care That Results in New Treatments

Because research at MRRI is conducted to improve clinical care for those with TBI, it often leads to development of innovative technologies and patient services at MossRehab's Drucker Brain Injury Center. At the Center, patients with moderate to severe TBI, from penetrating or non-penetrating injuries, receive inpatient rehabilitation care that is often a result of the research endeavours at MRRI.

One example of advanced clinical care for patients with TBI is the MossRehab Responsiveness Program for those with disorders of consciousness. After data showed that 40 percent of patients diagnosed as vegetative actually show signs of consciousness, the Responsiveness Program was initiated to apply specific measures to effectively evaluate cognitive ability in this patient subset, for the purpose of enhancing patient management and treatment and educating care providers.

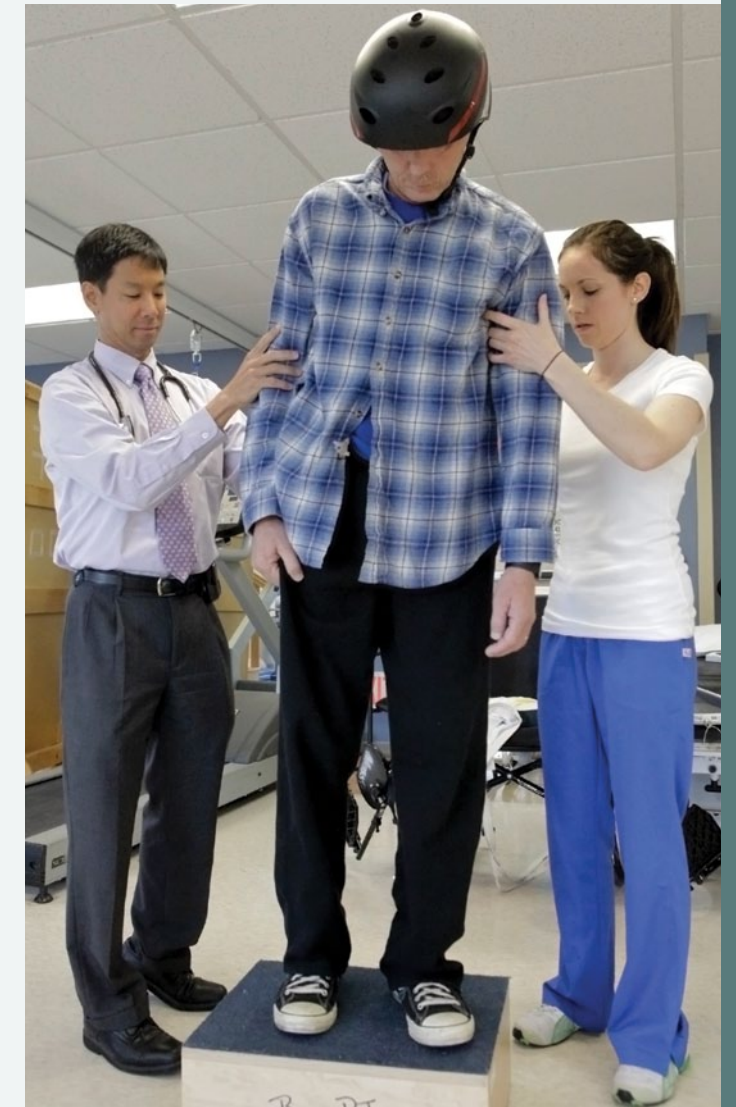
"The Responsiveness Program grew out of a funded research project that sought to develop new assessment and diagnostic tools for this population, and once those tools were developed we implemented them in ongoing care," says John Whyte, MD, PhD, director, Moss Rehabilitation Research Institute.

In the program, patients with disorders of consciousness who have a questionable ability to participate in their rehabilitative therapies are evaluated for their level of sensory, motor and cognitive functioning through structured quantitative assessment. A physiatrist and neuropsychologist with special expertise in assessment and analysis meet with the interdisciplinary treatment team and the patient's family to identify specific clinical questions to be answered. Patient-specific data collection protocols allow all team members to pool their observations, and once the results are analyzed the information is used to inform treatment protocols to enhance physical and cognitive functioning.

Innovate Technology

Clinical care at MossRehab is also enhanced through the use of innovative technology such as the G-EO System, the RELEAS™ hand splint and the Motor Control Analysis Laboratory.

The G-EO System is a robotic device that helps TBI patients safely practice walking and stair climbing. MossRehab is the only facility in the US using the device to help patients relearn movement and regain strength and function. The equipment was recently upgraded to include a virtual visual environment to increase patient engagement in the treatment—an important part of successful training.



Thomas Watanabe, MD, works with patient David Cossaboon in the Drucker Brain Injury Center inpatient therapy room.

The RELEAS hand splint, invented by MossRehab occupational therapist Joseph Padova, OTR/L, PS, helps restore hand function to patients with TBI. This therapeutic splint enables individuals to use their impaired hand to functionally grasp, hold and release. It has been shown to improve the ability to include the affected hand when performing common everyday activities.

In the Motor Control Analysis Laboratory, MossRehab puts medicine in motion to enhance the care of patients with brain injuries. One of the few of its kind, the sophisticated lab probes patients' abilities to use their upper limbs by evaluating motor control and tone, range of motion and sensation. Therapy is then provided to enhance patients' quality of life by reducing or eliminating symptoms and improving self-care activities.

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The combination of research and advanced clinical care by skilled and caring staff yields outstanding results where they count most – in the functional improvement of patients. For 2012, inpatient TBI outcome scores for MossRehab were higher (66.08) than the average score for other regional (59.36) and national facilities (64.55).



Patient Mark Stevens works on the treadmill in the Drucker Brain Injury Center therapy room.

Exceptional Staff Make the Difference

MossRehab’s nationally and internationally recognized staff provides an unmatched continuum of care of patients recovering from TBI.

“This is a group of people who are like-minded in terms of being excited about providing outstanding patient care and who are interested in advancing the field so we can continue to improve that care,” says Watanabe.

Staff quality is reflected in outward expressions of excellence, such as the *Philadelphia Inquirer*, *Daily News* and *Philly.com* naming MossRehab as one of the top places to work in the greater Philadelphia area for the third year in a row - and number one in healthcare.

“Our employees take great pride in their individual talents, and in the talents of their colleagues, allowing for smart, creative collaborations that always have the patients’ care in mind,” says Ruth Lefton, chief operating officer, MossRehab. “That pride in each other, that’s what makes MossRehab a place where people want to work, and where people want to come for rehabilitation services.”

MossRehab staff members are quick to describe their fellow employees as family and as team members who put the patient first in every interaction. Staff members include top experts in TBI, such as Dr. Whyte, who was named the Association of Academic Psychiatrists’ 2010 Distinguished

Academician, and Alberto Esquenazi, MD, John Otto Haas Chairman of Rehabilitation at MossRehab and the current president of the American Academy of Physical Medicine and Rehabilitation.

Staff members such as these work in multidisciplinary teams with TBI patients and their families to engage everyone in the progress of recovery, for as long as it takes. For Veitz and his wife, that was a six-year journey, first at the Drucker Brain Injury Center at MossRehab’s main campus in Elkins Park, Pa., and then on an outpatient basis at the MossRehab Woodbury, NJ location.

“Brain injury changes the person, but I believe that the process of rehabilitation is how people try to find their way back to the life they knew before,” Veitz says. “To do that, family and friends become very important in that journey.”

After the brain injury, skills that had been easy for Renee – such as socializing and using a computer – became a struggle. Yet Tony understood regaining some of those skills would help his wife re-enter life.

After his wife passed away, Tony made a generous contribution to establish the Renee Veitz Computer Center at MossRehab’s Clubhouse in Woodbury, NJ, along with a memorial scholarship.

The Clubhouse is an innovative program that provides customized skill training for patients with brain injury to prepare them for employment and self-sufficient living. It is another example of how patients with TBI are cared for across a continuum, and how MossRehab staff members provide exceptional follow up to enhance patients’ lives.

Customized skill training for patients

The Clubhouse’s community-based model is founded on the principle of peer support, member direction and individual needs. Clubhouse staff members are known for their interpersonal skill and the ability to relate to others in a genuine way. These staff members provide a strong emphasis on skill acquisition and role restoration for each member, and the Renee Veitz Computer center plays a big role in helping members achieve their goals. In the center, members can engage in self learning via pre-programmed computer exercises, and take advantage of guidance from staff in further developing interaction and communication skills.

“I always want to do what I can to assist people with acquired brain injury,” says Veitz. “When it’s your loved one who needs the rehabilitation help, you want the best. In this way, I can help support the best that MossRehab provides.”

Helping to Curb Sports-Related Concussions

Mild traumatic brain injury, or concussion, a less severe brain injury that happens on the cellular level and results in axonal damage, is showing up more and more frequently in sports and in recreational pursuits.

Playing-field concussions are on the rise, with approximately 1.6 million to 3.8 million sports-related concussions occurring annually in the US, according to the Centers for Disease Control and Prevention. Concern is also rising regarding diagnoses; the return of concussed athletes to practice and play; the social, emotional and educational effects on student-athletes; and the long-term health consequences of repetitive brain injuries.

“We need to educate our athletes and their parents and coaches about the long-term neurologic function impairment that can result from this type of injury, and the proper treatment which should be followed.”
Michael Marino, MD

To help curb this epidemic, Michael Marino, MD, attending physician at MossRehab’s Drucker Brian Injury Center, recently addressed the attendees at the Access Sports: An Inside Look at Sports Concussions breakfast meeting at Villanova University.

“Concussions that are unrecognized or are mismanaged put athletes at considerable risk of potentially catastrophic sequelae from re-injury,” said Dr. Marino. “This is a real public health concern, and we need to educate our athletes and their parents and coaches about the long-term neurologic function impairment that can result from this type of injury, and the proper treatment which should be followed.”

Identifying that a concussion has happened can be difficult because the event that leads to a pathophysiologic process is not always clearly evident. “In many cases, there is no identifiable direct trauma to the head,” he said. “Concussion can result from trauma to the trunk, shoulders or arms.”

Once that trauma occurs, rapid onset of impaired neurologic function happens, Dr. Marino said. “In almost 90 percent of cases, there is no loss of consciousness. But other symptoms may present, including subtle cognitive changes, loss of coordination, change in sleep patterns, nausea, sensitivity to light and noise, lower-than-normal frustration tolerance and difficulty concentrating,” he explained.

“Concussion is a less severe brain injury, and requires between seven to 10 days to resolve for college or professional athletes, and longer for younger athletes,” he said.

Standard treatment is physical and cognitive rest – typically difficult to undertake for an athlete who is used to disciplined activity.

“During the rest period, we look for neurocognitive activity to come back to normal,” he says. Once symptoms have resolved, a typical return-to-play initiative allows for light aerobic activity on day one, sports-specific activity on day two, non-contact training on day three and full contact training practice on day four.



Michael Marino, MD, attending physician at MossRehab’s Drucker Brain Injury Center, evaluates progress of patient Thomas Anthony.

“At the return of any symptoms during return-to-play activity, the protocol is to return to rest to allow symptoms to resolve,” said Dr. Marino.

To hear Dr. Marino’s presentation, go to <http://www.youtube.com/watch?v=qONOAT7xpW0>

Update on Healthcare Reform: Ensuring Patients Get Care in the Most Appropriate Setting

The goals of the Affordable Care Act (ACA) are straight-forward: provide increased access to care, make healthcare more affordable to more Americans and deliver efficient best practices. However, some rehabilitation providers are concerned about the potential dichotomy of low-cost treatment measures and improved patient quality of care.



“I am concerned whether adequate protections are in place to ensure that patients will not just go to the lowest cost post-acute setting, but will go to the most appropriate setting,” says MossRehab Chief Operating Officer Ruth Lefton, FACHE.

That concern is echoed across the country by rehabilitation providers in inpatient, outpatient, post-acute, day program and residential settings. The hope is that efforts underway to integrate care across providers, improve coordination between sites of care, and increase care efficiencies won't wind up trumping patient need, choice and quality of care.

“Quality metrics under bundling proposals and other programs aimed at reforming healthcare need to be measured not only in the days and weeks following discharge from an acute-care hospital, but for longer periods of time,” says Lefton. “We want to ensure that individuals with disabilities return as often as possible to their community settings.”

MossRehab is helping to inform policy to ensure appropriate payment for rehabilitation services that improve the quality of care, promote the clinical judgment of rehabilitation practitioners and ensure integrity of medically necessary service provision. Two examples include the revision of Medicare Benefit Policy for maintenance care, and an alternative payment system for outpatient rehabilitation.

Maintenance services

For decades, Medicare beneficiaries who wanted rehabilitation services were denied care on the grounds that their conditions were stable, chronic, not improving or that services would be for maintenance only.

“MossRehab was a driver behind the recent decision for the Centers for Medicare and Medicaid Services allowing maintenance care as a prevention for deterioration of functional status,” says Alberto Esquenazi, MD, the John Otto Haas Chair of Physical Medicine and Rehabilitation and chief medical officer, MossRehab.

That nationwide class-action lawsuit resulted in a significant change in Medicare coverage rules, allowing for coverage of nursing and therapy services not based on the presence or absence of an individual's potential for improvement, but based on the beneficiary's need for skilled services.

The decision in the lawsuit effectively clarifies Medicare policy to ensure that claims from providers are reimbursed consistently and appropriately and not denied solely based on a rule-of-thumb determination that a beneficiary's condition is not improving. It also illustrates how important it is for rehabilitation providers to advocate for appropriate patient care.



“It is extremely important that rehabilitation providers have a voice in healthcare reform,” says Lefton. “The rehabilitation industry has a long history of advocating for the rights of individuals with physical disabilities. Our focus is not only on healthcare services which will help to improve function, but also on services that will improve their quality of life.”

Reforming payment systems for outpatient rehabilitation care

MossRehab is also helping the Centers for Medicare and Medicaid Services (CMS) in a major initiative to learn more about the characteristics, treatment and outcomes of Medicare populations using physical therapy, occupational therapy and speech therapy services.

“We have been working with CMS to help create a tool to measure patient functional status across all disciplines,” says Kathleen Gleason, MEd, program director of Outpatient Rehab Services, MossRehab.

“ I am concerned whether adequate protections are in place to ensure that patients will not just go to the lowest cost post-acute setting, but will go to the most appropriate setting. ”
Ruth Lefton, FACHE

This long-term initiative has already resulted in the creation of the Continuity and Record Evaluation (CARE) tool, which improves how patients' severity is measured and standardizes the criteria of those measurements. The tool employs information from physical therapy, occupational therapy, speech therapy and neuropsychology during initial patient contact to record level of function, to validate the need for therapeutic intervention.

“The CARE tool was used with a group of voluntary organizations to collect functional data and summarize the information,” says Gleason. “MossRehab volunteered to be part of the pilot, used the tool with applicable patients over nearly 15 months.”

Now MossRehab is participating in the study's Technical Expert Panel, reviewing the data collected and assisting with validation of assumptions. “This part of the project is still in process with the goal of moving onto establishing a relationship between functional status and service utilization. That information will help create an alternative payment system for outpatient rehabilitation services,” she says.

Advocacy is Key

Chief among concerns for rehabilitation medicine is that a reformed payment system fully recognizes the extensive needs of patients with disabilities and chronic conditions and allows for an appropriate amount, duration and scope of post-acute care to maximize access to medically necessary healthcare services. Payment methods also need to account for the appropriate intensity of services related to patients' needs, along with the ability to progress with treatment.

Rehabilitation medicine plays a pivotal role in advocating for high quality patient care and representing the interests of the patients cared for at MossRehab.

“That's why members of the MossRehab management team hold leadership positions in state and national provider organizations, meet with members of the House of Representatives and Senate and work closely with organizations that influence policy,” says Lefton. “By leveraging our large footprint and leading role in rehabilitation and participating in pilot proposals, we want to help CMS with information on how to improve the design of future programs, improve care and ensure appropriate access and payment for rehabilitation services.”



New Researcher Joins MRRI Staff



Shailesh S. Kantak, PhD, PT, Moss Rehabilitation Research Institute's (MRRI) newest researcher, intends to leverage his understanding of the clinical problems faced by patients with neurologic injuries affecting movement to better inform the patient recovery and rehabilitation process.

the brain systems that are important for motor performance early in the learning process and after movement skills have been refined, and differences between healthy individuals and those with brain damage in terms of how the development of motor skills is managed in the brain.

"In his research he will use TMS in conjunction with movement analyses methods to assess the balance between excitatory and inhibitory connections in the motor system as skill acquisition progresses," says Dr. Whyte. "He will also use tDCS to enhance the sensitivity of parts of the brain that may be important for learning and recovery, to document if this can augment improvement."

Prior to joining MRRI, Dr. Kantak investigated, at the University of Maryland, the brain changes associated with goal-directed reaching practice in a robotic environment in healthy individuals. Before that, he investigated the effects of a locomotion assistive exoskeleton device on lower extremity motor cortex excitability during walking in individuals after stroke, at the Neuroplasticity Lab Sensory in the Motor Performance Program at the Rehabilitation Institute of Chicago. He also designed and conducted an independent study to investigate the effects of transcranial direct current stimulation on motor sequence learning in healthy individuals. In addition, he worked with the application of dual pulse and dual coil TMS, transcranial direct current stimulation, and data acquisition/analysis using Spike and MATLAB software.

Dr. Kantak can be contacted at KantakSh@einstein.edu.

Dr. Kantak joined the MRRI staff in April and will focus his work on understanding the overlapping processes of motor recovery and motor learning, as individuals with movement problems after brain injury attempt to regain their skills.

"After brain injury disrupts skilled movement, patients typically recover to some degree through a combination of spontaneous recovery and movement practice. Dr. Kantak brings important technical skills to the study of this process — specifically Transcranial Magnetic Stimulation (TMS), and transcranial direct current stimulation (tDCS)," says John Whyte, MD, PhD, director, MRRI.

Dr. Kantak will study the process of acquiring motor skills in healthy individuals as well as individuals with acquired brain injury. In particular, he is interested in

a specific medical condition if money and location weren't an issue—MossRehab was ranked 9th overall for rehabilitation.

"Recognition comes from success, success comes from patient satisfaction and the reward of their improvement, one patient at a time," said Alberto Esquenazi, MD, MossRehab's Chief Medical Director and current president of the American Academy of Physical Medicine & Rehabilitation. "MossRehab staff always has the patient improvement at the forefront of what we do every day and for every patient. We are grateful to our peers who recognize what we do."

Every year, MossRehab treats more than 2,800 inpatients and over 150,000 outpatients for spinal cord injury, stroke, amputation, traumatic brain injury and related conditions. The Moss Rehabilitation Research Institute focuses on informing that care with the latest research.

MossRehab Again Ranked Among Top 10 in Nation

MossRehab has once again been ranked among the top 10 rehabilitation facilities in the country - and number one in Pennsylvania - by *U.S. News & World Report*. This is the 20th year MossRehab has been recognized.

According to the "Best Hospitals" list—which is comprised by asking doctors throughout the country where they would send loved ones for treatment of



MossRehab Residency Alumni Leon Reinstein, MD 1970 to 1973

After all these years, Dr. Reinstein, associate chief of physical medicine and rehabilitation at Sinai Hospital of Baltimore, still considers what he does less of a job and more of a joy.

He is especially thankful to the mentorship he received from the program's residency program director.

"Dr. Dorothea Glass, the residency program director, was the key to the success of the MossRehab Residency when I was a resident," he says. "She structured an outstanding educational experience, prepared me very well for my future in the field, and still made it interesting and fun."

See remembrance below of Dr. Glass, who passed away in late April

Dr. Reinstein came to Sinai Hospital in Baltimore in 1985 to establish an inpatient rehabilitation unit. Since then, he has seen the department of Physical Medicine and Rehabilitation grow to encompass a practice of physiatrists, resident physicians and other specialized clinicians who provide a wide array of inpatient and

outpatient services with many specialized programs to meet the needs of the community. Recently, the hospital opened a \$7.5 million state-of-the-art, 20-bed inpatient traumatic brain injury unit.

At the upcoming annual meeting of the American Academy of Physical Medicine and Rehabilitation, Dr. Reinstein will be recognized

with the Frank H. Krusen, MD, Lifetime Achievement Award — the highest honor provided to a physiatrist.

"What inspires me to continue my work is, simply, because it's still fun," he says. "There is no greater satisfaction than having a patient say 'Thank you, doctor.' There is no greater satisfaction than watching a green, inexperienced resident mature into a competent, caring physician."

Dr. Reinstein was a resident and then chief resident at MossRehab from 1970 to 1973, and he credits his residency experience as an excellent foundation for his career.

"My experience as a resident at MossRehab prepared me very well for my future in physical medicine and rehabilitation," he says. "We had excellent attendings, other residents, and clinical facilities, which exposed me to the breadth and depth of the field. More than 40 years later, I still have fond memories of rounds and conferences. The residency program provided me a template which I have copied in teaching residents today."

“ My experience as a resident at MossRehab prepared me very well for my future in physical medicine and rehabilitation. Leon Reinstein, MD ”

Remembrance: Former MossRehab Medical Director, Dorothea Glass

Dorothea Daniels Glass, MD, a pioneer in the field of rehabilitation who served as medical director of MossRehab from 1970 to 1982, passed away at her home in Stuart, Fla. on April 20, 2013. She was 92.

"We will greatly miss her strong direction and sweet smile," said Alberto Esquenazi, MD, current chief medical officer at MossRehab.

Dr. Glass, whose mother and aunt were physicians, received her medical degree from Women's Medical College of Pennsylvania. After a long career in Philadelphia in which she was connected with MossRehab, Temple University Medical School, Albert Einstein Medical Center, Cooper Medical Center, Frankford Hospital, and the Philadelphia Geriatric Center, Dr. Glass relocated to Florida, where she became the Chief of Physical Medicine & Rehabilitation at the Miami Veterans Association Hospital, and a clinical professor of Orthopedics & Rehabilitation at the University of Miami Medical School. After retiring, she volunteered her medical services for Volunteers in Medicine in Martin County, Fla., providing care to residents with no medical coverage.

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During her tenure at MossRehab, the administration and medical staff implemented one of the first day hospital rehabilitation programs in the field. After shortened hospital stays, patients went home nightly and returned daily for typical inpatient routines. Transitions from inpatient to outpatient status improved as people felt more comfortable returning to their own surroundings sooner and learned of their needs at home.

Throughout her career, Dr. Glass always approached her patients and profession holistically. "I do not think that you can separate the body and the mind," Dr. Glass told Civic Ventures in an interview later in her life. "The mind changes what happens in our blood, in our nerves, in our muscles. There is no way of dividing them. You cannot treat a patient if you treat only the physical part, at least not treat them well.

This belief was fully evident at MossRehab where she developed a comprehensive program addressing the education of patients, their families and the public about the disabled person's right to sexuality. In addition, she developed training for MossRehab staff and an innovative instructional program for rehabilitation centers along the East Coast. Today, rehabilitation

programs routinely address sexuality as a vital component of patients' lives regardless of sex, sexual orientation, age and disability type.



Dorothea Glass, MD, speaks after being honored at a MossRehab art show in 2009.

Professional Education, Any Time, Anywhere

Today's presenter

Binding Dysfunction

Intrinsic plus hand

Pre Post

MossRehab
EASTERN HEALTHCARE NETWORK

IMJ (2011) 105(7): 35-38

MossRehab
EASTERN HEALTHCARE NETWORK

MossRehab's research, commitment to cutting-edge technology, dedicated staff and commitment to education are part of what makes us one of the top rehabilitation providers in the nation. Now you can learn firsthand from some of the leading professionals who help make it possible.

MossRehab MedCast is our new educational podcast series that will keep you up-to-date on topics in key clinical areas to PM&R, including emerging diagnostics, treatment interventions, rehabilitation research and more. It provides 24/7 access to presentations from the renowned physiatrists and scientist working and teaching at MossRehab like John Whyte MD, PhD; Nathaniel Mayer, MD and a growing list of others.

Access the MedCast library of audio-only and enhanced podcasts at MossRehab.com/MedCast, or download them for free on iTunes.

SCHOLARLY UPDATE

The members of Moss Rehabilitation Research Institute and many of our other physiatrists and therapists publish articles in leading academic journals. Some recent prominent papers include:

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Editor, Inside MossRehab
Einstein Healthcare Network
101 East Olney Avenue
Suite 503
Philadelphia, PA 19120
insidemossrehab@einstein.edu

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