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INSIDE SPRING 2008

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Multiple Sclerosis: A Rehabilitation Update
May 10, 2008
New York City

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Rehab Embraces Planetree Philosophy

Armed with the latest diagnostic technology and cutting-edge treatments, today's health care professionals are able to provide patients with state-of-the-art care. Still, far too many patients leave the hospital setting feeling as if their personal concerns have not been addressed.

Hospitals employing the Planetree approach, however, strive to remedy these concerns through facility design, services, staffing, and training. The Department of Rehabilitation Medicine at NewYork-Presbyterian Hospital/Weill Cornell Medical Center has successfully incorporated the Planetree principles into both its patient-care and employee philosophy.

"By empowering patients to be a central part of their care and emphasizing a healing environment, the Planetree philosophy helps set the Department apart from others in the greater New York area," noted Michael W. O'Dell, MD, NewYork-Presbyterian/Weill Cornell's Acting Chief of Rehabilitation Medicine. "Also, by encouraging our staff and therapists to advocate their own ideas and be a part of the process, not just a player in the process, we position ourselves to be the employer of choice for rehabilitation professionals in the New York City metropolitan region. Simply put, what's good for our patients and staff is good for our business."

Planetree is a consulting group established in 1978 by Angelica Thieriot, who sought to revolutionize health care following several troubling experiences as a patient. Since then, her firm has worked with nearly 150 hospitals worldwide. The name "Planetree" refers to the tree under which Hippocrates, known as "the father of medicine," conducted his teaching.

Like the lessons of Hippocrates, the implementation of Planetree in the Department has been an evolving process. Even with an undisputed reputation for providing compassionate care, the Department of Rehabilitation Medicine wanted to do something more for its patients, many of whom are survivors of stroke, cancer, or other serious illnesses. "You have to mold it into what is best for your population of employees and patients and caregivers," said Kristy Theisinger, OTR/L and Senior Planetree Coordinator in the Department of Rehabilitation Medicine. Planetree provides the guidelines and consultation, but the administration needs to be individualized to each institution.


Part of the patient-centered approach: The Inpatient Rehabilitation Unit's Family Lounge at the Department of Rehabilitation Medicine at NewYork-Presbyterian Hospital.

The Planetree philosophy has been incorporated into both inpatient and outpatient rehabilitation

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Mid-Life Return to Exercise: A Case Discussion

Following years of relative inactivity, weight gain, and reduced muscle mass, a former elite runner returns to competition. This case demonstrates how a former athlete can resume activity under the direction of rehabilitation medicine.

Case

R.B. presented to the Department of Rehabilitation Medicine at NewYork-Presbyterian Hospital/Columbia University Medical Center on referral from his primary care physician. He is a 42-year-old financial services executive whose wife and children had become concerned about his health. Over the past decade he had gained significant weight (body mass index [BMI] increased from 20 kg/m^2 to 28 kg/m^2), given up a healthy diet for fast food, and indulged in excessive alcohol intake

see Case Study, page 4

The Older Patient With Spinal Stenosis: A Case Discussion

Rehabilitation medicine physicians at NewYork-Presbyterian Hospital are seeing increasing numbers of "essentially healthy" geriatric patients seeking relief from chronic pain conditions. "We're seeing older folks in better condition, whose goals are not just walking, but traveling," said Heidi Klingbeil, MD. Timely treatment can result in full recovery, but if pain conditions are not carefully treated, functional decline can occur rapidly in the elderly. Rehabilitation medicine plays an integral role in helping these patients to achieve specific functional and quality-of-life targets.

Case

Six months after successful treatment of bicipital tendinitis, an 80-year-old patient, J.R., returned to the Department of Rehabilitation Medicine at NewYork-Presbyterian Hospital/Columbia University Medical Center with another, more bothersome complaint—worsening lower back pain radiating into his legs.

J.R. had been a high-functioning retiree. A former mechanical engineer, he enjoyed traveling, visiting his children and grandchildren, and woodworking, among other hobbies. His only other health-related complaint was mild, manageable hypertension. For the bicipital tendinitis, he was diagnosed and treated by rehabilitation medicine physician Heidi Klingbeil, MD, who used physical therapy, ultrasound, and a home exercise program to fully resolve the condition. J.R. initially attributed his new back pain to stress due to the passing of his wife. "He was very upset, and his life had changed so much," said Dr. Klingbeil. Because she knew her patient from the previous complaint, Dr. Klingbeil recognized that his depression was part of a normal grief response, but *not* the cause of his back pain. Suspecting spinal stenosis most likely due to arthritis, a physical therapy program was initiated, emphasizing lumbosacral stabilization. Oral analgesics were also prescribed to facilitate participation in therapy. J.R's pain failed to improve after 6 weeks of treatment, so magnetic resonance imaging of the lumbosacral spine was obtained.

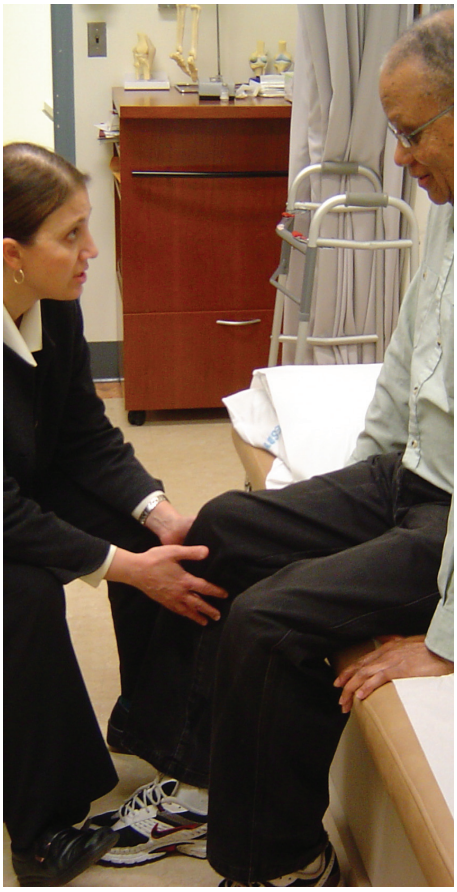
This test revealed severe bony stenosis of the lumbar spinal canal with extensive arthritis. After an epidural steroid injection provided only 2 weeks of pain relief, spinal decompression surgery was recommended. Dr. Klingbeil also managed an exercise regimen preceding and following the surgery.

Discussion

Successful pain management often requires a spectrum of strategies. Although physical therapy and oral medications may be effective at first, invasive procedures and even surgery may be required later. Rehabilitation medicine physicians are ideal to serve as "gatekeepers" for this process. From a thorough understanding of what to expect from conservative treatment, physicians develop a keen sense of the time when surgery is appropriate. That role continues even after surgery is scheduled. "If we do not maintain strength in these patients right up to the day of surgery, they may never recover from that surgery," said Dr. Klingbeil. "Taking it easy" before the procedure is not recommended.

Through the combined efforts of physiatry, physical therapy, and neurosurgery, J.R.'s spinal decompression surgery was successful. He was admitted to the inpatient rehabilitation unit for 1 week to ensure that he had regained full and pain-free mobility in his lower back. He left the hospital fully independent and has resumed all activities, including visiting his grandchildren.

Contributing faculty for this article:
Heidi Klingbeil, MD



Heidi Klingbeil, MD, examines a patient in the Department of Rehabilitation Medicine. Extra time is sometimes required to fully understand the functional impact of chronic medical illness in the elderly and manage pain syndromes.

Contributing Faculty and Staff

The following is a list of the practitioners quoted in this issue of the *NewYork-Presbyterian Rehabilitation Medicine* Newsletter. For more information on their work, please contact them at the e-mail addresses listed.

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Update: Department of Rehabilitation Medicine

Second Annual Symposium in April

Symposium 2008: Advances in Stroke Rehabilitation—Innovations and Practice was held April 4-5 in the Uris Auditorium at Weill Cornell Medical College. Following last year's sold-out conference, Symposium 2008 featured a slate of nationally known experts in the field of stroke rehabilitation. Speakers included **Bruce Gans, MD,** of Kessler Institute for Rehabilitation in West Orange, New Jersey; **John Chae, MD,** of Case Western Reserve Medical School in Cleveland, Ohio; **Gerard Francisco, MD,** of the Texas Institute of Rehabilitation and Research in Houston, Texas; **Thomas Watanabe, MD,** of MossRehab in Philadelphia, Pennsylvania; and **Joseph Hidler, PhD,** of the National Rehabilitation Hospital in Washington, District of Columbia.

MS: A Rehabilitation Update

The Department of Rehabilitation Medicine's "Multiple Sclerosis: A Rehabilitation Update" will be held on Saturday May 10, 2008 at the Weill Greenberg Center at Weill Cornell Medical College. The keynote speaker will be **George Kraft, MD**, Professor of Rehabilitation Medicine at the University of Washington School of Medicine in Seattle, Washington, and an internationally recognized expert in rehabilitation in MS. For more information and to register, log onto www.nyprehabmed.org.

Faculty Present Lectures Abroad

Rehabilitation medicine physicians from NewYork-Presbyterian Hospital lectured worldwide in 2007. In November, **Michael W. O'Dell, MD,** joined Emeritus Professor **Willibald Nagler, MD,** in Salzburg, Austria for the American-Austrian Foundation's weeklong "Rehabilitation Medicine Seminars." The event provides an opportunity for Eastern European physicians to receive updates in all areas of rehabilitation medicine. In September, **Heidi Klingbeil, MD,** was the featured speaker on "Geriatric Rehabilitation—a U.S. Perspective," at the Royal Melbourne Hospital in Melbourne, Australia. The lecture was attended by faculty and house staff of the hospital's geriatric medicine and rehabilitation medicine departments and concluded with a lively debate on the differences and similarities in approach between these 2 very different medical systems and cultures. In October, **Matthew N. Bartels, MD, MPH,** was an invited speaker at the 21st National Physical Medicine and Rehabilitation Congress in Antalya, Turkey. His lecture, entitled "Cardiopulmonary Rehabilitation," reviewed the latest approaches to patients with advanced cardiac and pulmonary disease. Dr. Bartels also moderated a session with 2 Turkish colleagues on cardiopulmonary rehabilitation.

Andre Panagos, MD, with Willibald Nagler, MD.

Visiting Professors

The Department of Rehabilitation Medicine at NewYork-Presbyterian/Weill Cornell has announced 2 **Peter Jay Sharp Foundation Visiting Professors in Neurological Rehabilitation.** On Thursday, March 20, 2008, **Ross D. Zafonte, DO,** Professor and Chairman of the Department of Rehabilitation Medicine at Harvard Medical School, Boston, Massachussetts, spoke on "Neuropharmacological Treatments in Traumatic Brain Injury." On Thursday, June 19, 2008, **Diana D. Cardenas, MD,** Professor and Chairman of the Department of Rehabilitation Medicine at University of Miami Miller School of Medicine, Miami, Florida, will present "Recent Research Advances in Spinal Cord Injury Medicine." Lectures are held at NewYork-Presbyterian/Weill Cornell.

Awards and Honors

Andre Panagos, MD, has been named the first Willibald Nagler Clinical Scholar in Rehabilitation Medicine. This award honors **Willibald Nagler, MD,** the Physiatrist-in-Chief at NewYork-Presbyterian/Weill Cornell for some 40 years. The award will enable Dr. Panagos, a subspecialist in spine and musculoskeletal medicine, to pursue research examining how musculoskeletal ultrasound can aid joint injections in clinical practice.

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services. NewYork-Presbyterian/Weill Cornell's inpatient rehabilitation unit was renovated with the Planetree guidelines in mind. The unit's emphasis on open spaces, warm lighting, color, and décor is universally praised by patients and families. Physical separation of staff and patients has been minimized. In addition, patients are provided access to educational materials concerning their condition and encouraged to research treatment options on the Internet to be part of the decision-making process. The designation of a "meditation room" on the inpatient unit underscores the importance of spirituality in the healing process. Human touch is incorporated through various vehicles such as massage, yoga, and tai chi.

"The Planetree approach provides the staff with the opportunity to improve the quality of the patient and staff experience," says Delia Gorga, PhD, OTR/L. "It empowers staff to be creative and productive by participating in 'grassroots' improvement activities. Staff feel that they make a difference, which, in turn, leads to improved employee satisfaction."

Every employee at every level of the inpatient rehabilitation unit undergoes ongoing training, including participation in off-site retreats where team- and relationship-building techniques are discussed.

"We have patients with extended hospitalization who are well enough to be aware of their surroundings," said William T. Greene, Vice President for Operations at NewYork-Presbyterian/Weill Cornell. "So we wanted to adopt this methodology and approach to patient-centered care to improve the quality of the patient's experience in the Hospital, while we're also improving the quality of the patient's life."

Contributing faculty and staff for this article:
Delia Gorga, PhD, OTR/L; William T. Greene; Michael W. O'Dell, MD; Kristy Theisinger, OTR/L

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on weekends. He began smoking at age 30, despite being fully aware of the health risks, and had tried unsuccessfully to quit. Family history was significant—his father, a heavy smoker, underwent coronary artery bypass surgery at age 60. R.B. told his rehabilitation specialist he was primed for change. He had been an elite amateur athlete in his 20s, competing in marathons and exercising daily, and was determined to return to that level.

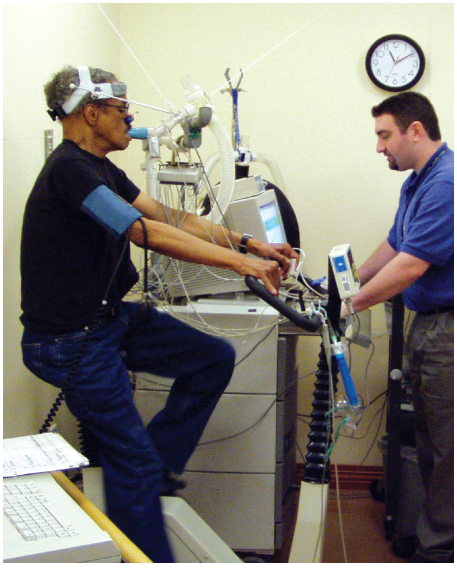
"For patients over 40 years of age returning to exercise activity, one needs to be concerned about coronary artery disease," said Matthew N. Bartels, MD, MPH, who published an article on the diagnosis and treatment of coronary artery disease in older athletes in 2006 (*Arch Phys Med Rehabil* 2006;87[3 suppl 1]:S79-S81). For some individuals, a history and physical examination will suffice. However, R.B. planned to resume high-level activity, and, based on his age, weight, history of smoking, and family history, Dr. Bartels recommended an echocardiogram and symptom-limited stress test.

During R.B.'s physical examination, blood pressure and serum glucose were unremarkable, but laboratory tests revealed mildly elevated levels (mg/dL) of cholesterol (total=219; low-density lipoprotein=149; high-density lipoprotein=70; and triglycerides=228). A cardiopulmonary stress test was recommended; the results were normal. If his stress test results had shown evidence of abnormalities, further workup (including possible coronary angiography) might have been appropriate. His echocardiogram was also normal, and the stress test revealed no cardiac arrhythmias or evidence of ischemia. Testing complete, R.B. was given the "green light" to renew his exercise program.

Discussion

"If a person has a history that makes you suspicious," noted Dr. Bartels, "advise lower levels of exercise, less than 50% of maximum capacity. Start out at a moderate level and build up. One of the things you can learn from an exercise test is the patient's ventilatory or anaerobic threshold; this provides a level of exertion at which it is appropriate to start a new exercise program. Then, as patients improve conditioning and build strength, they can increase the intensity of their exercise."

R.B. continued to see Dr. Bartels on a monthly basis for 6 months. He began a dietary modification regime that enabled him to lose weight safely. Although R.B. initially stopped smoking with the help of a nicotine patch, he returned to cigarettes in the wake of job-related stress. He then enrolled in a smoking cessation program. With the help of other medications in addition to nicotine replacement, he has been tobacco-free for several months. He has started running again and plans to return to competition in the near future.



A patient undergoes a cardiopulmonary exercise test at the Department of Rehabilitation Medicine.

Contributing faculty for this article:
Matthew N. Bartels, MD, MPH

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Important news from the Department of Rehabilitation Medicine at NewYork-Presbyterian Hospital— advances in rehabilitation technology, pain management, and musculoskeletal care.

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