



Elliot J. Roth, MD

Roth Rounds

IT DOESN'T GET ANY BETTER THAN THIS!

“Hey now, you’re an All-Star, get your game on, go play”
–Smash Mouth

For a University academic department, there are few occasions that are more important than the promotion of its faculty members to the rank of full Professor. For a Department Chair, there are few experiences that are more gratifying than supporting and enabling the promotion process for a faculty member who has achieved the pinnacle of his or her career success. And for a faculty member, there are few events in the course of an academic career that are more fulfilling than promotion to the level of full Professor.

This year, we are pleased to announce that not one, not two, but THREE of our Department’s clinical faculty have been promoted to Professor of Physical Medicine and Rehabilitation at Northwestern University Feinberg School of Medicine... and ALL 3 of them were promoted in the more rigorous Clinician-Investigator Track, reflecting the achievement of a more difficult set of accomplishments. I am fortunate to be able to tell you about each of them in this column:

■ **Leora Cherney, PhD** has been a member of the Department since 1990. She originally trained in South Africa, and received her advanced degrees (MS and PhD) in Speech Language Pathology from NU. She started at RIC as a clinician, and later became a full-time researcher and teacher. She is now doing impactful extramural grant-supported research, investigating the effectiveness of highly novel and cutting-edge treatments for aphasia. These include the use of pharmacological agents, computer programs, oral reading, constraint-induced language therapy, electrical stimulation of the brain, and combinations of these strategies. Her work is innovative and exciting, and Dr. Cherney has garnered international recognition for this work. Leora also has initiated several community groups and other inventive activities specifically designated for people with aphasia.

■ **Todd Kuiken, MD, PhD (’95)** joined our faculty in 1997 after completing his MD and PhD (in Biomedical Engineering) at Northwestern, PM&R Residency training in our own program, and two years of work as a physiatrist outside of our Department. When he first started at RIC/NU PM&R, Todd split his time between clinical practice and research. He applied for, and ultimately received, numerous Federal and other grants to support his highly original research to develop and test a novel approach to the care of people with upper limb amputations. He pioneered the strategy of Targeted Muscle Reinnervation, by which the proximal nerves to the residual upper limb are surgically redirected and attached to the pectoral muscles in the chest in order to amplify and more easily detect, process and utilize their electrical nerve impulses. Those signals are then used to operate a complex multi-joint upper limb prosthesis, using multichannel processing to drive multiple simultaneous movements of the prosthesis. In this way, Todd has created, applied and tested the first-ever thought-controlled (or “bionic”) upper limb prosthesis. He has received grant support from NIH, Department of Defense and many other agencies. He and his work have received numerous awards, extensive world-wide press and considerable public and professional recognition.

■ **Joel Press, MD (’88)** received his Medical Degree from University of Illinois-Chicago and completed the Residency in PM&R at RIC/NU, also serving as Chief Resident. He joined our faculty in 1988 and has had a colorful career since then. He created the RIC Sports Rehabilitation Program and ultimately what is now known as the RIC Sports and Spine Rehabilitation Center. He also has been responsible for the training of thousands of medical students, residents, and fellows in the growing subspecialty of musculoskeletal rehabilitation.

continued on page 2

Roth Rounds

continued from page 1

He authored and co-authored dozens of review articles, book chapters, and books on the topic of sports and spine rehabilitation; received invitations as visiting professor and guest speaker at numerous institutions; and served in leadership roles for important national and local organizations. He is nationally known (is there anyone who doesn't know Joel Press??) for his pioneering role in the creation of the subspecialty, his leadership, his teaching ability, his heightening the public awareness of musculoskeletal rehabilitation, his raising the bar of professional competency in the subspecialty, his community-mindedness, and his strong academic commitment.

The common themes among all three of these individuals are their inventiveness, their pioneering spirit, their teaching abilities, their strong sense of inquiry and discovery, and their deep commitment to academic excellence. As a Department Chair, who could ask for anything more?

With this promotion, Leora, Todd and Joel join the elite group of other full-time professors in our Department:

- Robert Addison, MD
- Henry Betts, MD
- Dudley Childress, PhD
- Deborah Gaebler-Spira, MD
- Allen Heinemann, PhD
- Rosemarie King, PhD
- Kristi Kirschner, MD
- Elliot Roth, MD
- W. Zev Rymer, MD, PhD
- Thomas Schnitzer, MD, PhD
- Jim Sliwa, DO

It is important to note that there are very few full Professors of PM&R throughout the country, with estimates of maybe only 100-200 people in the U.S. who have achieved that level of accomplishment. We are pleased to claim a significant proportion of them as our own!

At Northwestern, there is a rigorous set of criteria in order to qualify for promotion to Professor, and a rather elaborate process to enable the promotion to take place. The criteria by which faculty members are evaluated are in the general areas of research, education,

leadership, clinical ability, service, and stature. Typically, exceptional performance and productivity, extensive experience and national prominence are required for promotion to this level. Drs. Cheney, Kuiken and Press clearly exceeded those requirements.

We are proud of our new Professors and we applaud their many academic accomplishments. They have demonstrated extraordinary commitment to scholarly activities and academic productivity, and each of them has made truly exceptional achievements. They have contributed to the academic discourse of our faculty, to the level of scholarly productivity of our Department, to the stature of the specialty of PM&R and most importantly, to the future care of patients with various types of disabling conditions. We admire them and their many gifts.

"...just too busy being fabulous"

– The Eagles

Fondly,

Elliot J. Roth, MD ('85)

The Paul B. Magnuson Professor and
Chairman

PMUR, NUFISM

Alumni Update

by Steven Wiesner, MD ('89)

As I began to think about what to write for this article, it struck me that I've been away from RIC for more than 18 years, yet my memories of the Institute are as vivid as if they occurred only a few days ago. Before describing what has happened since leaving Chicago, I needed to take a look back to my early experiences at RIC.

My initial exposure occurred in July 1984, when I was a 4th year medical student doing my first elective (in pediatric rehab) away from the University of Wisconsin-Madison. If I remember correctly, the Peds Unit at RIC was on the 5th floor and not only did the month-long experience cement my resolve to go into PMR, it was also one of the best months of my life. Everything was new, as I had never done a rotation in PMR and to be in Chicago for a full month during the summer was a blast. When I walked out

of the Institute at the end of that month, all I could think of was hoping to be back for my residency the following summer.

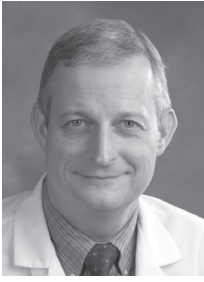
But what I gradually came to realize was that I couldn't have received a better grounding from the years at RIC.

And thus began my life at RIC. I will always think of the 6th floor as "home," as it was a general rehab unit in the mid-1980's. Having Dr. Jim Sliwa ('84), also known as "Dad" in reference to me, "Son" (Jim feel free to tell the story) as an attending is an opportunity every PMR resident should experience. A more committed physician and kind person, I have never met. If I am ever described as a fine physician, it is because of Jim Sliwa. I am most fortunate to have been exposed to the enthusiasm and passion for musculoskeletal rehabilitation that Dr. Joel Press ('88) was willing to share with me. To have been Joel's first partner

in the Spine and Sports Program is a true honor. To witness the development and ongoing successes of the Program, from the beginning of Joel's vision in the late 1980's, makes me proud to have played but a small part. It is, however, Dr. Henry Betts who planted the "seed" for my present career, when he consistently expressed the importance of having residents and young attendees exposed to the administrative side of psychiatry. His passion for the concern of the disabled and never taking hope away rings so very true now, more than 20 years after I first heard his comments on the power of hope.

So, what has happened in these 18 years? I left Chicago in late June 1991, and headed to California to, I guess, looking back now with some experience and a bit of wisdom, see if I could do "it" on my own. My first job in California could not have been more different from my six years at RIC (four years as a resident and two years as an attending). I was the sole physician/physiatrist

What Was I Thinking



James Sliwa, DO ('84)
Director of
Residency Training
Chief Medical Officer

I have agreed to climb 102 flights of stairs to the top of the Willis Tower (formerly the Sears Towers). On November 15th, RIC is sponsoring a fund raising event called Sky Rise Chicago and I will join hundreds of RIC enthusiasts who will climb stairs to support RIC. You might actually be asking yourself right now “what was he thinking”! I have had many moments when I have said or done something that I can’t believe I said or did and thought “what was I thinking”. For example, when my daughters were young, I coached their grade school basketball teams and prided myself on not losing focus. I would always tell the girls that basketball is just a game and what is important is doing your best. In the passion of a game, I would sometimes lose sight of the “it’s just a game” philosophy. During one tense moment in a very close game I jumped out of my chair and let the referee know what I thought of his call. As I sat back down I missed the chair and landed on the floor. The girls did the best they could not to laugh and the referee who was getting ready to call a technical foul on me just laughed, turned away and restarted the game.

I once took care of a young Vietnamese girl who suffered an electrical injury with resulting paraplegia. She had been in the country only a short time, knew little English and was struggling with her disability. I had just attended a course on laughter in medicine where I had learned to juggle and desperately wanted

to make this girl smile. One morning on rounds the residents and I went into her room and without saying a word I began to juggle while the resident clapped along. After a minute or so of our performance and a big finish the patient staring at us said, “I’m on the bed pan”.

So what was I thinking when I agreed to climb 102 flights? I was thinking that in my many years at RIC I have never felt more positive about our department and RIC. I was thinking that there is a very real commitment in the organization to get it right for physicians, staff and patients. I was thinking that with our resources and energy RIC can change the face of rehabilitation in the future. I was thinking there was never a more appropriate time to support RIC.

Go to www.skyrisechicago.org and register to join us on November 15th as we climb the Willis Tower. If you can’t join us then consider going to the website to support a climber. Just click on “support a participant”, and follow the directions.

It was a “what was I thinking” moment — just a different kind. ■



Alumni Update, *continued from page 2*

managing various outpatient clinics from as far north as Sacramento to as far south as Salinas, which is near Monterey. The majority of the patients had no health care coverage. There was no other clinician physically present to discuss clinical issues and emailing was non-existent. The real shock for me was that much of the practice was devoted to care of the injured worker. My only exposure to the worker’s compensation system during my training had been a Friday afternoon spent at an Occupational Health Clinic affiliated with Gottlieb Hospital. I hated it!

Dr. Betts and Dr. Robert Addison must have known what they were doing when they sent me, during my first year as an attending, to Gottlieb Hospital, where there, too, I was the only physiatrist, starting an outpatient musculoskeletal clinic and managing the rehabilitation

needs of patients in Gottlieb’s Extended Care Unit. Just like the position in California the responsibilities were quite similar: advocating for patients with disabilities with the goal of helping them to achieve their greatest degree of independence, regardless of the cause of the injury or illness, and educating people, especially other physicians, on the role the physiatrist can and should play in their patient’s recovery.

So, after two and a half years of being the “lone ranger” and traveling the State of California, it was time to move on. Kaiser Permanente in Northern California was just beginning to open Occupation Health Departments, and a job for a staff physician in their new Oakland Facility became available. It seemed that I couldn’t break free of this workers’ compensation thing. Yet, it all made sense since Kaiser is an integrated health care delivery system,

with a long and supportive history of psychiatric involvement, and a strong social conscience, with a focus on prevention and chronic disease management. Sounds quite a bit like RIC. With the opportunity to focus on musculoskeletal issues, with the support of manually trained physical therapists, nurse case managers and a psychologist, it was a dream.

Now, 15 years later, having started with 9 people, including 2 physicians, we now have a staff of 50, including 10 physicians (3 physiatrists, 4 primary care physicians/occupational medicine specialists, 3 orthopedists, a psychologist, 6 amazing physical therapists, 3 nurse practitioners, a physician’s assistant, 6 nurses and support staff). And for 14 and a-half of these 15 years, I have been fortunate to serve as the Chief of the Occupational Health Department in Oakland. Northern

continued on page 4

Alumni Update

continued from page 3

California Kaiser Permanente is well represented by 6 RIC graduates, and I am honored to be able to work with 2 of them at the Oakland Kaiser Permanente Medical Center: Richard Aptaker, DO ('92) and Chiachen Hsu, MD ('03).

In addition to my role as the Chief of Occupational Health, our Oakland Facility has recently started a PMR Department, where I serve as the Co-Chief, assisting in the development and implementation of non-surgical spine care, including interventional procedures, general rehabilitation services and medical oversight and integration with our Rehabilitation Services Department (PT, OT and Speech).

It is, however, my role as Kaiser's National Integrated Disability Management (IDM) Physician Advisor which has become my passion. This position provides me with an opportunity to develop education materials and training for our health care providers

throughout our eight Kaiser regions, focusing on the importance of preventing needless work disability and reinforcing the importance of health, wellness and productivity through safe activity. As most clinicians have not received formal training in how best to determine and document safe return-to-activity recommendations, of which work may be only one component, this position has, as its core, the opportunity to support people in their quest to stay-at-work and return-to-work despite their impairment. The work highlights the importance of communication whereby all parties, clinicians, patient, employer and family members, understand the critical relationship between work and health. How functional, interdisciplinary and physiatric does that sound! And thanks to Dr. Betts, Dr. Meyer Gunther, and Dr. Sliwa for identifying the critical role of communication so many years ago.

I still try to have a life away from work, which includes playing squash, which Paul and I started in 1986 when all the racquetball courts at Abbott Hall were

taken while the squash courts were empty. Our two dogs have since passed away, which has been a profound loss, but we are able to travel more frequently and for longer periods of time. Recent travels included a month in Europe, spending a week on the Baltic, time in Vienna and London and then returning to the States on the Queen Mary 2. I had to be dragged off the ship, kicking and screaming, because it was such a break from the real world and a step back to the old world. Paul continues to write, having published four novels and is also the restaurant reviewer for one of the Bay Area papers. For him it is work; for me it is a dream, being able to enjoy the great restaurants of San Francisco. I also am able to bike to work, which helps keep me in good shape and good spirits.

I think of Chicago often and RIC with only fond memories. I am most fortunate to have spent 6 amazing years at RIC, and know that the compassion and care I witnessed during that time have had an impact on me, and hopefully, the people whose lives I have touched. ■

Building a Practice/Program! *By Joel Press, MD ('88)*

One of the most important decisions you may have to make in your professional

career is who will be your partner in your practice. Fortunately, for me when the time came to try to find someone to help build a musculoskeletal practice Steve Wiesner

was there. What a stroke of good luck that he was finishing his residency one year behind me (that makes him old, too), that he had been Chief Resident, was known to be a hard worker, and lo and behold, was interested in building a spine and sports program at RIC. I could not have been more fortunate. We scrounged for some space for offices and ended up in the south west corner of the third floor. We even had a sign made for our doors. One of my favorite memories

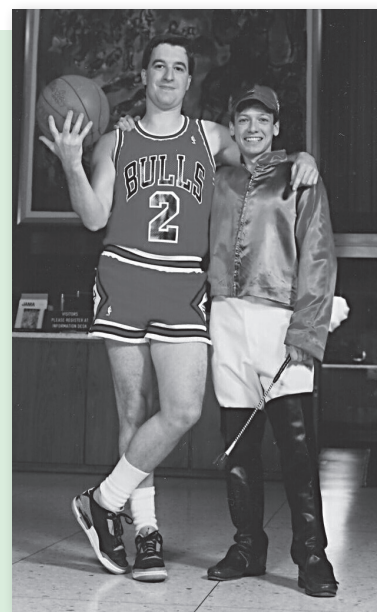
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SPORTS REHABILITATION PROGRAM

JOEL PRESS, M.D.
STEVEN WIESNER, M.D.
YVETTE PAETSCH

working with Steve was when we worked on a research project that became the National Jockey Injury Study. The study actually was published and we are even quoted in the book "Seabiscuit." The best part of the project was going out to the local racetracks to meet with the jockeys

to have them fill our questionnaires about previous musculoskeletal injuries. One day, when we went to Arlington Heights Race Track, all the jockeys were very suspicious of Steve and did not want him to come into the training room or talk to him. We later found out that they thought he was the new jockey and would be taking some of their work. That experience gave Steve the idea for his attire for our next Holiday Card that we sent out from the Spine and Sports Program.



Those were 5 great years with lots of growth and lots of learning. The Spine and Sports Program would not be the same if not for Steve's great contributions. It is also clear to see that his impact in California, especially with Kaiser, is a continuation of his great work with us and a great benefit to our field. ■