



Elliot J. Roth, MD

*"I have a tale to tell,
sometimes it gets so
hard to hide it well."
— Madonna*

Roth Rounds Writing as Therapy

During the past few years, I have gotten into the habit of asking my patients during routine outpatient recheck visits to write about their experience with their disability. I urge them to go beyond the minute-by-minute description of their daily lives and to avoid simple recounting of their recollections of the event that triggered the onset of the disabling condition. Rather, I encourage them to write about their feelings, thoughts and attitudes. This could be about almost anything – their feelings about the disability, their families or the medical professionals who work with them; their experiences in going out in public, returning to work, being with friends; and a variety of other topics. Although some patients object to the recommendation or decline to put their experience into written words, a sizeable number of patients take to this activity with great enthusiasm – and ability. Often, patients will bring in the products of their writing to a later outpatient clinic visit for me to read. These are always interesting, informative, moving, and meaningful. Usually, these writings provide insights and perspectives into aspects of the patients of which I had not been aware previously. The patients are often proud and pleased to have done this activity, and grateful for the suggestion to do so. Occasionally, patients write only for their own personal gratification, preferring to keep the writing to themselves rather than sharing with professionals or others. This approach, of course, is perfectly acceptable as well, because the point of the writing is to allow patients to do the self-reflection, and not necessarily to require them to submit a product to be reviewed. Whether they show others their writing or not, patients will usually tell me that they found the writing to be a highly valuable experience.

Several years ago, I had recommended to one particularly thoughtful and insightful older adult patient with a severe disability that he write about his experiences and his feelings. I saw him frequently

at subsequent follow-up visits, but did not ask him about the writing, nor did he tell me whether he had followed my suggestion. The only time I learned of the value of this activity was several years later, at his funeral, when the eulogy made substantial mention of his writing about his personal reactions in his later years, and the important role that the recommendation of his physician had played in his participating in this writing activity. The eulogy contained several quotes from his writing.

The journal for which I am co-Editor-in-Chief, *Topics in Stroke Rehabilitation*, published by Thomas Land, Inc., has a long track record of studying and showcasing patients' perspectives in writing. In virtually every bimonthly issue, we include a "Consumer Perspective" column, which is a narrative written by a patient with stroke or family member about his or her own experience as a person with disability, including their feelings, thoughts and personal insights. These have been fun for we editors to prepare, engaging for the writers, and I think useful for the readers, who otherwise would be reading only the professional studies and reviews contained in each issue.

More broadly, there is now a Narrative Medicine "movement" in medical care, stimulated by both the desire of patients to tell their stories and the interest of professionals to listen and read them. There is a book, "Narrative Medicine: Honoring the Stories of Illness" by Rita Charon, published in 2006. Some medical schools offer courses in Narrative Medicine, and some hospitals have "Narrative Medicine Rounds." By allowing patients to reflect on their situation, this activity allows physicians to be moved by the stories that patients have to tell us. It also enables physicians and patients to explore the meaning that the disease or symptoms carry for the patient and to empower patients to more actively engage in their choices. From a purely practical perspective narrative medicine also allows a more

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thorough and complete history, a clearer elucidation of symptoms and more ability to engage the patient in a therapeutic alliance to assist with developing and directing effective treatment strategies.

In the specialty of PM&R, the acts of listening to our patients, understanding their perspectives and engaging them in thinking through and determining treatment strategies are common and even naturally expected approaches to patient care. Most physiatrists, by formal training, by intuition or by innate capacity, recognize the importance of the

learning the patient's perspective and have the ability to draw this out of patients. However, although we can be proud of our tradition of empathizing and of developing partnerships with our patients, we cannot be complacent with our experience. These activities require continuous vigilance and effort, all of which makes medical practice more difficult but gratifying.

"Express yourself"

— The Staple Singers

With affection and admiration for my physiatrist colleagues,

Elliot J. Roth, MD ('85)

The Paul B. Magnuson Professor and
Chairman
PM&R, NUFSM

RIC & NMH Respond to Haiti Earthquake

As everyone knows by now, the earthquake in Haiti has created devastation of catastrophic proportions for millions of men, women and children. In keeping with the spirit that makes RIC and its staff the compassionate leaders in what they do, a united response and request to help was felt throughout the organization. Members of RIC's executive team have corresponded almost daily with leaders and authorities involved in the immediate response. We quickly realized that RIC's greatest impact on the lives of the Haitian people can be made through our contribution of the best rehabilitation care to individuals with catastrophic injuries. As might be predicted, the post-trauma phase of the crisis has now emerged. Medical triage combined with the delivery of critical support in the form of medicine, food and water have given way to the "treatment phase" of the crisis. Northwestern Memorial Hospital (NMH) and Northwestern University's Global Health Initiative have sent a number of trauma physicians to the front-line in Haiti. This team, who has been in direct communication with the RIC team, reports there are numerous victims who have sustained injuries that need RIC's expertise, particularly spinal cord injuries.

The team reported that it took 12 hours

to transport two Haitian earthquake victims in need of urgent spinal cord care out of Port-Au-Prince to Chicago where they will undergo extensive acute intervention at NMH, followed by rehabilitation care at RIC's Spinal Cord Injury Rehabilitation Program. The patients lay on their backs, waiting for care for nearly 2 weeks, unable to move beneath the tent cover of a make-shift field clinic after spine-crushing injuries rendered them both paralyzed following the earthquake. Northwestern-trained surgeon Daniel Ivankovich MD, who specializes in Orthopaedic trauma, made it his mission to try to save these individuals and other spinal cord injured patients he has treated since arriving in Haiti. He knew the intervention of a specialized center, like that of NMH and RIC, would save their lives and give them the medical attention necessary to begin to piece their lives back together.

RIC and NMH are working together to welcome and provide for the patients and their families. Arrangements for food and lodging for the families of the patients have been made so they can stay in nearby hotels as their loved ones recover, Healthcare Language Services is donating all necessary interpreting services to the patients while they receive care in Chicago. ■

A Historic Day for RIC

On December 14, 2009, RIC made a most important announcement: it has acquired a major piece of land located at 630 N. McClurg Court (former CBS property) on which it intends to build the new RIC – the world's first and only scientific center for the advancement of human ability, which will be unlike any center of its kind on the planet. Also as part of this land transaction, RIC sold its property located at the corner of Ohio Street and McClurg Court, the site of the "original" RIC building in 1954 that has been a staff parking lot for the last 35 years.

RIC has been the #1 rehabilitation hospital in the country for 19 consecutive years, and is the nation's largest center for research in the field of rehabilitation medicine with a record six federal research designations. This acquisition of new land by RIC will permit the much needed expansion of patient care and research capacity and will enable RIC to fully integrate research right alongside and into the milieu. Being the world leader in physical medicine and rehabilitation, RIC is acting upon its obligation to advance the field, establish standards for better patient care and push forward means of better patient recovery.

Two days after it announced its acquisition of the new land, approximately 200 RIC staff and Board members walked from RIC's flagship hospital on Superior Street to the center of the new property at the corner of McClurg Court and Ontario, to consecrate this plot of land where its future home will be. Each person poured soil around the roots of a tree planted in the center of the land, symbolically sowing the roots of RIC's future, while also making a private commitment to help cultivate the bright future of RIC for generations to come. ■

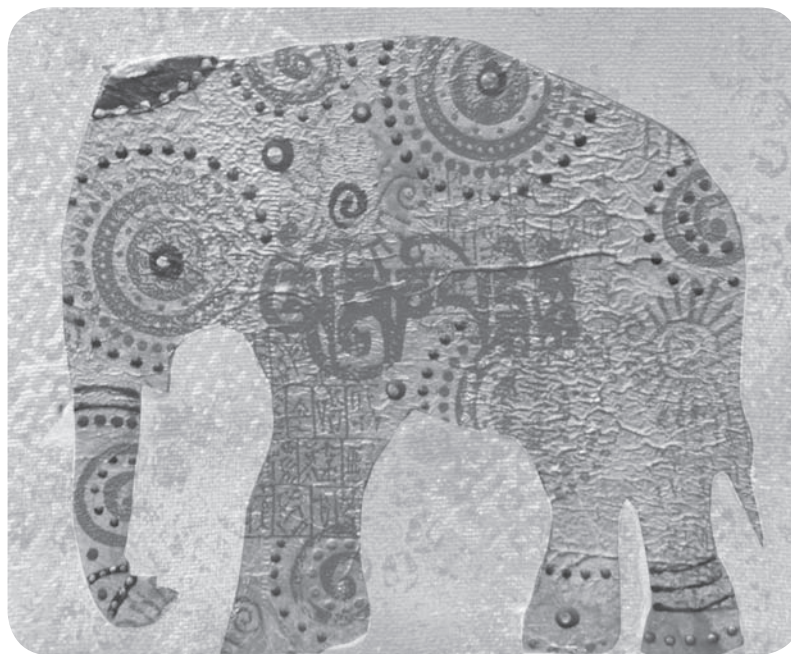
PART 3

Having developed new techniques of “Removable rigid dressing” for managing transtibial residual limbs and “Scotchcast prosthesis” for fast provision of artificial limbs at the V.A. Lakeside Hospital in Chicago almost 3 decades ago, I was suggested by Dr. Dudley Childress to present these innovations at the World Congress of International Society for Prosthetists and Orthotists (ISPO) in London in 1983. It was my first step into the international arena, and helped me to understand what was evolving in prosthetics. At that meeting, the excitement of emerging CAD-CAM technology for prosthetic fabrication overshadowed these two simpler techniques I presented. CAD-CAM technology was thought to be a potential solution for providing services for majority of individuals with amputations in low-income countries. The next year, 1984, I took a six-month sabbatical leave to attend prosthetics training. In 1989, when the ISPO World Congress was held in Kobe, Japan, an exhibition of artificial limbs from many low-income countries showed to the world immense problems in those countries. Lack of trained service providers and shortage of materials resulted in a majority of amputees from trauma or landmine injury in low-income countries without artificial limbs. I thought there might be an opportunity for developing something better, cheaper and/or faster to meet the needs of those unfortunate individuals. Even though nothing was accomplished for many years, some ideas were actually evolved in my mind.

At the time I was enjoying my early retirement in art creation, Dr. William Smith was working on issues related to banning landmines and landmine survivors’ assistance. The need for coming up with some solutions for these problems through research development and education/training was recognized. With the support of Dr. Betts and Dr. Childress, Dr. Smith led a successful competition for the National Institute on Disability & Rehabilitation Research (NIDRR) grant to

start the “Rehabilitation Engineering and Research Center on Improved Technology Access for Landmine Survivors” at the Center for International Rehabilitation (CIR) in Chicago. I was encouraged to join the project by Dr. Betts and Dr. Childress. In addition, the challenging advice by Mr. Mike Quigley, who said that no one should simply take his/her life experience to the grave, reminded me of my “residual” value. It is true, as someone said, that “if the world were to progress, someone has to do something in a different way.”

Ten years of research and development efforts by the CIR team and the collaboration with Northwestern prosthetics research and education teams, a few CIR innovative prosthetic technologies are beginning to change amputee services in developing countries.



The CIR Casting System, a dilatancy-based technology, uses a similar principle of vacuum packaging of coffee beans for casting the residual limbs and fabricating prostheses. It eliminates the use of plaster bandages or plaster-of-paris in fabricating prostheses. With the CIR Casting System, individuals can be fitted with transtibial prosthesis in less than 2 hours during a single clinical visit. Since early 2008, about 3,000 prostheses have been made using this CIR technology by two organizations, the BMVSS-Jaipur in

India and the Prostheses Foundation in Thailand. Recently, Dr. Therdchai Jivacate, who in the 1960s received PM&R training at the VA Research Hospital (former VA Lakeside Medical Center), applied a modified CIR Casting System to two landmine-injured elephant amputees in Thailand. It is clear that the CIR prosthetic technologies not only will benefit numerous individuals with amputations in many developing countries, but also will save many amputee elephants or horses due to injury.

To this date, CIR’s technologies have been transferred to many parts of the world with the assistance of ISPO, World Health Organization (WHO), Rotary Clubs and the US Agency for International Development (USAID). Most importantly, the funding from NIDRR made all efforts

and outcome possible. In the future, we hope all prosthetics schools worldwide will teach CIR’s “green” prosthetic technologies.

Check the following websites for photos of the elephants with prostheses:

- **Motala the Thai elephant at** <http://www.animom.,tripod.com/motala.html>; and
- **Mosha, the elephant gets prosthetic leg at** <http://www.telegraph.co.uk/earth/wildlife/4966620/Mosha-the-elephant-gets-prosthetic-leg.html> ■

Soaring Success of SkyRise Chicago!

In the last issue of this Alumni Newsletter, Dr. Jim Sliwa reported on the upcoming fund-raising event on November 15, 2009, called SkyRise Chicago, where RIC enthusiasts would climb 102 flights of stairs to the top of the Willis Tower (formerly the Sears Tower) in Chicago.

We are happy to report that the venture was a towering success!

More than 1,800 participants from 31 states and 5 countries took part in this event to raise more than \$600,000 to support RIC in providing

world-class rehabilitation care and innovative research.

Registration for the 2010 SkyRise Chicago event will begin in late spring, and will be announced in the next issue of this newsletter, along with the website address for more information. Plan to come to Chicago to attend the 2010 event, or you can go online to sponsor/donate to a participant, or simply contribute to the cause. ■



2010 RIC/NU Alumni Reception

The next RIC/NU Alumni Reception will be November 5, 2010, 7:00 – 10:00 p.m., during the AAPM&R Annual Meeting in Seattle, Washington (November 4 – 7, 2010). The reception will be at the host hotel, the Sheraton Seattle, 1400 Sixth Avenue, in downtown Seattle, next to the convention center. The Sheraton recently underwent a \$130 million renovation and expansion and is now the largest hotel in the Northwest. More information on the internal location of the reception will be forthcoming. ■

New RIC Alliance

Dr. Joanne Smith, RIC's president and CEO, announced recently that RIC has entered into an alliance with Silver Cross Hospital (SCH) in Will County, Illinois. Will County is one of the fastest growing counties in the country, expecting significant growth among all demographics. Silver Cross is currently building a replacement facility, slated to open in 2012 in New Lenox, Illinois, which will enable RIC at SCH to capitalize on expected acute care growth and influence the outcomes of patients in the new state-of-the-art facility.

The alliance with Silver Cross allows RIC to provide access to great rehabilitation care to the individuals who live in southwest suburban Chicagoland.

With a great opportunity to impact more patient lives and extend RIC's clinical influence geographically into a booming area of the nation, RIC looks forward to a successful partnership with Silver Cross Hospital for many years to come. ■

RIC Resident Has Paper Published

RIC residents are required to participate in the Resident Research Training Program (RRTP) but few actually reach the goal of publishing an article on their findings during their training. The RRTP is supported by the Dr. Scholl Foundation which has provided research support to RIC residents for many years. RIC resident **Seth Herman, MD**, PGY-4, had a paper published in the December 2009 issue of *The Journal of American Geriatrics Society* entitled, "Baseline Lower Extremity Strength and Subsequent Decline in Functional Performance at Six-year Follow-up in Persons with Lower Extremity Peripheral Arterial Disease." He worked with Dr. Mary McDermott (NMH and RIC Research Department) on this project. Their objective was to study the associations of baseline leg strength with functional decline among men and women with peripheral arterial disease (PAD), with the intention to determine if impaired lower extremity strength may be in the causal pathway of the association of lower extremity ischemia with decline in functional performance. Seth will continue his academic career as a Neurorehabilitation Fellow at Spalding Rehabilitation Hospital in Boston next year. ■