



Elliot J. Roth, MD

Roth Rounds There's hope for us!

The quality of the educational and scientific presentations at the recent American Academy of PM&R meeting was substantially better than at any recent prior AAPM&R meeting. The level of discourse has improved. The diversity of topics covered has expanded. The novelty of the content has grown.

After many years of disappointment — even apologies — regarding the lack of quantity and rigor of research that supports and advances our specialty, it is reassuring to see that we are finally getting better at this.

It also was gratifying to see that a great number of RIC/NU Alumni and faculty presented at the conference.

There is still plenty of opportunity for improvement and expansion of research in PM&R. But the program at the recent AAPM&R meeting and other pieces of evidence indicate that we can feel more comforted about the current status and future possibilities for our specialty.

We can now begin to feel proud of our specialty and member physicians for the improvement and expansion of research. More importantly, our patients can be assured of receiving more meticulously tested and rationalized cutting edge therapies.

The determination of fundamental mechanisms and the development of new techniques, technologies, and strategies involve the act of discovery. The testing of prevailing therapies involves rigorously designed and carefully conducted trials. All of these, and more, constitute research. All of these scholarly activities were present at the recent AAPM&R meeting, although testing and dissemination of

existing tools and techniques comprised the greatest number of projects presented.

It clearly is not an expectation that all, or even most, PM&R physicians will embrace or conduct research, nor would it be desirable to do so. However, even if we are not producers of research, all of us are consumers of research. At some level, we all need to USE the outcomes or products of research in our daily practices and professional interactions. We need to use the information, techniques, or devices derived from research and development to support the practices we provide to our patients, and to provide them with new practices.

As individual professionals and as a discipline, we have been, and we will be, called upon to demonstrate the value and effectiveness of what we do, to adopt new practices, and to demonstrate that we are innovating new methods of care. This is now happening with the government's, payors', and accreditors' attention to an interest in "Comparative Effectiveness Research," "Accountable Care Organizations," "Pay for Performance," and the use of performance measures. The AAPM&R now has initiatives to address these.

But, beyond the external forces pushing this, it is simply the right thing to do. Our patients need it and our consciences demand it.

"I've been searching so long, to find an answer..."

— Chicago

Warmly,

Elliot J. Roth, MD ('85)

The Paul B. Magnuson Professor and Chairman
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"...And it's getting better, growing stronger"

— The Mamas and the Papas

SPECIAL NOTE TO THE ALUMNI

Please remember to keep us informed of changes in your e-mail address, as well as your mailing address, telephone and practice location. We continue to get calls and letters requesting names and work addresses of RIC-trained physicians and need to be able to pass on that information.

Send any changes to vblakemor1@ric.org or vblakemore@ziccardilaw.com. Thanks!

Talking Isn't What It Used To Be, *Part 2*

The Need to Be Connected



James Sliwa, DO

I have accepted that talking isn't what it used to be and realize that being connected 24 hours a day 7 days a week is the norm. I realize the need to embrace new ways of communicating and accept that deleting e-mails replaces discarding pink slips. (Prior to e-mail, messages were written on pink slips and placed on your desk to answer.) I have accepted that the "Blackberry Prayer" is a component of any meeting that lasts more than 30 minutes. For those unfamiliar with the Blackberry Prayer, it is the posture individuals assume — eyes down, hands in their laps cupping their Blackberry — as they answer their e-mails during a meeting. For many meetings, the agenda and material to be discussed is sent electronically so

participants can follow along on their computer. I have accepted that while everyone is attentively staring at their laptops many are checking their e-mails, sports scores, or flight arrangements. Let me tell you where I do struggle. I was recently having dinner at a sports bar and as is typical of these types of establishments, there were sporting events on numerous televisions positioned around the bar. I entered the men's room and was surprised to see televisions here also, so that you could continue to watch the sporting events while you were — toileting. In the restroom at my car dealership, the sports page of the newspaper is posted behind glass on the wall so you can catch up on the scores while you are — toileting. Maybe I am thinking about this the wrong way but if you can't wait until a time out or a commercial to use the men's room, shouldn't you see a good urologist? And if you need to catch up on the news in the men's room, don't you need a life style change, a life coach or both?

Recently I was in a men's room when I heard someone talking. At first I thought someone was speaking to me but looking around, I didn't see anyone else in the room. Then I noticed someone in one of the stalls and I realized that he was having a conversation on his cell phone. His pants and feet were positioned in a manner consistent with the correct use of the facility. He was just multi-tasking. He was conversing with a friend on his cell phone while he was — toileting.

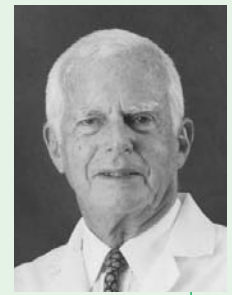
Talking on a cell phone or texting requires attention and distracts individuals from other tasks they may be doing. For example you are more likely to be involved in an accident if you are on a cell phone or texting while driving, and this is why it is against the law in many states.

Think of the accidents we face if the need to stay connected 24 hours a day 7 days a week enters our nation's restrooms. Why the public health consequences alone are staggering! ■

RIC Physician & Researcher Named "Chicago Top 40 Visionaries"

Two RIC pioneers have been named to the "Top 40 Visionaries" list by Chicago Magazine: **Henry Betts, MD**, former RIC President / CEO and Medical Director, devoted his professional career to improving the quality of life for people with disabilities. He was the driving force for expanding RIC from a warehouse on Ohio Street to today's state-of-the-art facility, recognized as the #1 rehabilitation hospital in America for the past 20 years. He has created a legacy that will improve the lives of generations of RIC patients and people with disabilities worldwide. He was involved in the signing of the Americans with Disabilities Act (ADA) and his advocacy encouraged the City of Chicago to create curb cuts, allowing for greater accessibility for people with disabilities. Today, he remains passionate about the employment gap affecting people with disabilities and encourages corporations to diversify their workforce.

Todd Kuiken, MD, PhD, ('95), Director of RIC's Center for Bionic Medicine, was cited for his innovation in the development of the targeted muscle reinnervation (TMR) procedure, which enables amputees to control a "bionic arm" through neural signals generated from the brain. TMR has been successful with 45 patients worldwide, including nearly a dozen military veterans who have lost limbs in combat. ■



Henry Betts, MD



Todd Kuiken, MD, PhD

RIC Alum Pushes for New Rehab Facility

Jonathan Myers, MD ('09) is medical director of inpatient rehabilitation services at St. Luke's Magic Valley Regional Medical Center in Twin Falls, Idaho, and also he has a busy neurorehab outpatient practice as well. Additionally, he was recently hired as the medical director for outpatient therapy services. Myers first joined St. Luke's about 18 months ago, after completing his residency in the summer of 2009. Shortly after taking the position, he began to educate the medical staff and the public on the importance of having an inpatient rehabilitation unit in the community's new \$254 million hospital which was already under construction.

Thanks to Jon's untiring effort in obtaining Board authorization and funding, St. Luke's is building a new \$5.4 million inpatient rehab unit, which will open in May, along with the rest of the new hospital. In helping plan the new facility, Jon says he used ideas he became familiar with at RIC during his residency. The new unit will have 14 private beds (2 rooms of which will have video surveillance for monitoring of TBI patients), a simulated non-ADA compliant apartment, a dedicated space for recreational therapy (complete with large-screen TV, piano, computer, etc.), and more exciting features. Jon was able to work closely with the architects to help design the space in a way that made sense for his patient population. I wish there was room in this publication to list all the accomplishments Jon has been able to introduce into the building plans for his new unit to enable his staff to care for various patients and enhance their safety.

He also used his personal experiences to educate the staff, hospital administration, and community. As many of us here at RIC know, Jon suffered a cervical spinal cord injury in a car accident when he was

22 years old. Prior to his accident, Jon had been accepted at the University of Iowa Medical School, but his accident forced him to defer his medical school matriculation for one year so he could complete his rehabilitation. He chose to complete his inpatient rehabilitation at a small community hospital in his home town of Des Moines, Iowa, so he could be close to his family. With their help he completed his rehabilitation, and enrolled in medical school the next year. Now, almost 11 years later, the only remaining signs of his injury are a few scars, and a limp.

An article about Jon's efforts was published in the Twin Falls Times-News, which quotes St. Luke's Chief Financial Officer, John Groesbeck as saying Jon Myers convinced him that an inpatient unit was necessary by presenting research that showed the healing process is enhanced when a patient can be near family. Jon had experienced the benefit of having family nearby during his healing process.

Jon's experiences have enabled him to better relate to his patients and motivate them when they are feeling down. He admits his spinal cord injury gives him an advantage in convincing people to do their therapy because he knows first hand what it takes.

Another project Jon took on this year was convincing St. Luke's to employ their therapists (currently, the therapists are employed by another facility and subcontracted to St. Luke's). This has been a huge undertaking and one about which Jon is very excited. According to Jon, "A physiatrist is only as effective as the therapists with which he surrounds himself; ensuring that the therapists are happy with their employment is

crucial. Bringing the therapists on as St. Luke's employees was an important step in ensuring our therapists are happy with their jobs and remain committed to helping us build quality programs. This transition also enhances our ability to further integrate rehabilitative services into the St. Luke's Health System...it is absolutely crucial for our future."

In addition to his clinical and administrative roles, Jon has worked tirelessly on raising funds for the new unit. Last May, the hospital board challenged Jon to raise \$1 million within a year. With a great deal of effort, Jon was pleased to be able to double that figure in only 8 months — an amazing accomplishment given that he lives in a rural community of about 46,000 people!

Jon's wife, Michelle, gave birth to their daughter, Cecelia Grace, on October 1, 2010. (Jon happily points out that she has a binary code birth date: 10-01-10). Michelle's nephrology practice continues to thrive, though she has cut back on her time since Cecelia's arrival. Jon says Cecelia, like her father, is a staunch RIC supporter, as evidenced by a photo sent to the Alumni Editorial Office of father and baby daughter wearing tee shirts with the RIC logo!

There are rumors that Robby Knievel, Evel Knievel's son, is making plans to attempt the same stunt his father attempted on April 15, 1972 in Twin Falls, the famous jump across the Snake River Canyon. Supposedly, this event will take place on July 4, 2011, though no official announcements have been made. If it happens, Jon extends a welcome to any alumni who may want to come to Twin Falls to witness history in the making! ■

SkyRise Chicago 2010

The Second Annual SkyRise Chicago, our nation's highest indoor stair climb, was held on Sunday, November 14, 2010 at the Willis Tower (former Sears Tower) to benefit RIC, and was an unqualified success. The annual event attracted 2,500 climbers and 30 hand-cyclists from 38 states and 7 countries, and raised over a million dollars in support of RIC. SkyRise Chicago has established itself as a Chicago institution!



Grieving for the Life I Had

By Michelle Fosson, MD ('02)

After my recent intensive care unit admission, I was at home “stuck in bed” for a while. I watched a lot of television WHEN the cable was on (which is a story unto itself). I saw a commercial over and over whose message I found to be true. It seems that the farther away we are from home and the people we know, the more we act like our true selves. We laugh more, eat ice cream more, cry more, etc. Why is that? It is as though we no longer have “restrictions” or “have to live up” to the standards of the people we know. I think that is why people love to vacation and get away so much.

I've run into this lately myself. I have not been on a vacation, but I have been on frequent trips to the ICU where my medications lift all my restrictions. In the ICU, last week alone, I sang a solo “Happy Birthday” to my doctor, wore no makeup, and told the local cable company exactly what I thought of their service — all of which I would not normally do.

Like many of the patients I used to

treating, I recently moved back in with my parents so they could help take care of me. First of all let me say, I am eternally grateful that they took me in to care for me. But, we have had a couple of issues that we “discuss” frequently — namely, how much hope I should have to get better, and why I constantly talk about Chicago and work with tears in my eyes. Somehow this “Southern” girl became a Chicagoan during residency, and I miss it. I miss the work, the skyline, the food, and, especially the people. Don't get me wrong, I still love my Kentucky Wildcats {Go Big Blue!} and my horse racing; but I do love Chicago.

People close to me ask why I'm so sad, and why I can't talk about Chicago without crying. I think I finally figured it out. I think that I, like I'm sure our patients do, am grieving for the life I had. I want my health back, my job back, and my independence back. I should be allowed to grieve without someone saying that I am not grateful for what I have. I know each day is a blessing, and I try to stay positive.

But, I should also be allowed to grieve.

I felt like, for me, moving to Chicago where I did not know a soul, allowed me to become more like my “true self.” I kind of had the chance to start over with new standards, and I liked the true me. I had a rare opportunity and I enjoyed it. I hope to one day get that back.

Patients who have a life-altering event often get labeled as “depressed” because they often long for the life they had before the event. Being a patient has taught me that maybe we should not be so quick to label them. Maybe they need a little time to grieve for the life they used to have. They want their “true selves” back. Think of how you would feel if everything you have worked for was taken or changed in an instant. It isn't easy.

By the way, to Donzel at Time Warner Cable, I'm sorry for the way I talked to you, but we certainly are not paying for the time our cable was off, and you better improve your ability to keep the cable on. ■

Alumni Update

Stephen Bloom, DO, ('94) has been elected Chief of Staff for the Mary Free Bed Rehabilitation Hospital in Grand Rapids, Michigan. Steve and wife, Betsy, have 2 children, Alison (born at NU's Prentice during Steve's RIC residency), age 18, is a freshman at the University of Michigan, and Casey, age 15, is a sophomore at East Grand Rapids High School.

Michael J. Creamer, DO ('91) and his wife, Robin Creamer, DO, have 2 children and they live in Maitland, Florida. Mike's practice of several years is in Orlando, and is focused on interventional pain management and intrathecal drug delivery systems. Mike has subspecialty certifications in Spinal Cord Injury and Pain Medicine, and he is Director of the Central Florida Muscular Dystrophy Association.

Angela Carbone, MD ('97) and husband, Joe Meyer have 4 children and live in Indianapolis. Angela is a member of the Department of PM&R at Indiana University Medical School, where she was

recently awarded the Indiana University Board of Trustee Teaching Award.

Kelly Scott, MD ('08) and husband, Douglas Scott, have 2 children: Jonah, 3, and Leo Patrick, who will be one year old on May 5th. They live in Carrollton, Texas. Kelly is with the University of Texas Southwestern Medical Center in Dallas.

George Bonis, MD ('77) and wife, Inge, currently live in Evans, Georgia. They have 3 children, 4 grandchildren. George retired in 2006 from his PM&R practice in Florida after 29 years.

Andrew Haig, MD ('86) is a Professor with the University of Michigan Health Systems in Ann Arbor. He is busy with spine research, but has been focusing mainly on Global Rehab Policy through www.rehabforum.org. He and wife Briget Jensen have 2 children: Molly is at Yale and William is in home schooling.

Howard Robinson, MD ('01) is with Northshore University Health Systems

at Ingalls Hospital in Chicago. Howard's practice includes diagnosis and treatment of patients with occupational injuries, musculoskeletal diseases, and sports-related injuries. He and wife Neha (a dermatologist) have 3 sons: Nikhil, Rohan, and Rajan, and they live in Chicago. ■

We Would Love to Hear from You!

Your colleagues and fellow Resident Alumni are eager to know what you're doing. They told us so at the Annual Alumni Reception during the recent AAPM&R meeting, which was very well attended, and a great deal of fun. They said that they enjoy reading about the current activities of our Resident Alumni.

You can send us a short blurb or a longer article. It's not hard to do.

You can do this by sending a quick e-mail or a printed document. Send to vblakemor1@ric.org, vblakemor@ziccardilaw.com, or by postal mail to Vic Blakemore, RIC, 345 E. Superior St, 11th Floor, Chicago IL 60611-2654. We look forward to hearing from you!