The following Residents received Named Residency Positions and Awards for the upcoming 2012-2013 Academic Year:

- The Walter E. Heller Chief Residents (made possible by a contribution from the late Mrs. Alice DeCosta), for leadership ability and dedication to the field of physical medicine and rehabilitation: Maria Reese, MD, Jacqueline Neal, MD, and Peter Hurh, MD.

- The Joanne S. Crown Resident (made possible by a contribution from the Arie and Ida Crown Memorial Fund in honor of Mrs. Crown, a long-time and committed member of the RIC Womens Board), for achievements and promise as a leader in the field of rehabilitation as demonstrated through understanding, compassion and appreciation of the quality of life issues for patients: Daniel Blatz, MD.

- The Harris Resident (made possible by an endowment from the Harris Family Foundation; Mr. King Harris is former Chairman of the RIC Board of Directors), for demonstration of academic excellence through educational initiative and motivation for learning: Aaron Yang, MD.

- The William Randolph Hearst Resident (made possible by an endowment from the William Randolph Hearst Foundation), for an individual whose participation in professional organizations and activities will make a national or regional impact in the field of physical medicine and rehabilitation: Sangeeta Patel, MD.

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The Annual SkyRise Chicago, our nation’s highest indoor stair climb, was held on Sunday, November 4, 2012 at Willis Tower (former Sears Tower) to benefit RIC, and was an unqualified success. The annual event attracted about 3,000 climbers who raised funds to benefit RIC, as they climbed the 2,107 steps to the top, emerging on the 103rd floor. SkyRise Chicago has established itself as a Chicago institution which attracts people from all walks of life, including a blind man, a stay-at-home mom, a dozen firefighters in full gear, Zac Vawter - an amputee from Washington State wearing an RIC “bionic” leg which he controls with his thoughts, and U.S. Senator Mark Kirk for part of the way, himself recovering from a stroke. Plan now to join the climb next year!

Roth Rounds

“Don’t stop believin’
Hold on to the feelin’”
— Journey

▶ The Kovler Family Resident (made possible by a contribution from the Kovler Family Foundation), for demonstrated commitment to teamwork, interdisciplinary collaboration, quality patient care and the mission of the RIC: Sunjay Mathur, MD.

▶ The Ike and Florence Sewell Resident (made possible by a gift of the estate of Florence Sewell, former member of the RIC Womens Board), for demonstrating the greatest potential for a career in academics or research: Dana Kotler, MD.

▶ The Meyer S. Gunther Award (made possible by a contribution from Dr. Meyer Gunther); given to the resident who best displays the art of listening, understanding, and interacting with patients: Daniel Cushman, MD.

▶ The Helen Cooper Outstanding Resident Teacher Award (made possible by a contribution from Dr. Elliot and Mrs. Renee Roth, in memory of Renee Roth’s grandmother, Helen Cooper); given to the graduating resident demonstrating the greatest proficiency in teaching his/her peers through the course of the academic year: Brian Liem, MD.

All of our Residents constitute an extraordinary group of physicians whose intelligence, curiosity, communication skills, and energy are highly valued by our program and our faculty. For these reasons, we extend our congratulations and gratitude to all of them. Although learning the specialty of PM&R was their primary objective, they also contributed extensively to the care of our patients, the quality of our program, and the nature of the environment in which we practice. We especially appreciate how they approached their professional activities with compassion, enthusiasm, innovation, and a commitment to continuous learning. As we know, Dr. Jim Sliwa ('84) continues to serve as an outstanding leader of our Residency program, resulting from his continued enthusiasm, insight, and commitment to excellence.

Warmly,

Elliot J. Roth, MD ('85)
The Paul B. Magnuson Professor and Chairman
PM&R, NUFSM
ejr@northwestern.edu

Roth Rounds continued from page 1

SkyRise Chicago 2012

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Recently, a patient of mine with Multiple Sclerosis presented to my outpatient clinic because of neck pain and an inability to hold his head upright. When I last saw him many years ago, he had no functional movement of his arms or legs and required a baclofen pump to control his spasticity. After listening to him describe the sudden onset of neck pain and examining him, it seemed the only thing that had changed was his head positioning which was not deviated to the right at a forty-five degree angle and severe pain he experienced with any attempt to move his head to the midline. I could feel no muscle tightness or soft tissue restriction to explain these new findings and an X-ray of the cervical and thoracic spine was obtained. His X-ray showed angulation of the T2 vertical body but was a limited study because of his size. A follow-up CT scan was scheduled and the patient was discharged home with his caregiver. The CT demonstrated a lytic lesion in the T2 vertebral body with severe destruction and angulation of the spine. Without a primary care physician, the only option to get him admitted for the work-up and treatment he needed was the emergency room. I called the patient and his family, explained the CT findings, and asked them to come to the emergency room. I then called the ER to inform them of the situation and explained to the attending physician that this patient had come to see me for the sudden onset of neck pain and inability to hold his head upright, which led to the imaging and the need for admission. The patient did make it to the emergency room as planned where neurosurgery was consulted. The history on their consult note stated that the patient had presented to RIC for a baclofen pump refill and because of a concern over head positioning, a CT was obtained. Included in neurosurgery’s impression was torticollis and right neck deviation. Following evaluation in the ER the patient was admitted to the MICU where the admitting note stated that the patient had come to the emergency room for severe torticollis and a CT scan was obtained showing destruction of the T2 vertebral body. On admission neurology was consulted to treat the torticollis. The neurology consult note stated that the patient had been hospitalized at an outside hospital for a urinary tract infection and torticollis and that he had come to RIC for a baclofen pump refill, which was used to control his torticollis when a CT scan was done.

My patient received the work-up he needed and appropriate care for a serious diagnosis. The circumstances of how the lytic lesion was found didn’t influence this care. However, reading the notes of the acute care team did remind me of the telephone game played at parties. It also made me realize how emphasis on taking a history is diminishing in today’s medical encounters and how much information, correct or incorrect, gets passed on in the electronic medical record. Osler once said, "If you allow the patient to talk long enough, they will tell you the diagnosis.” I believe this is still true but in today’s world of electronic medical records, it may be conveying that information to the health care team that becomes the bigger challenge.
Andy Haig, MD ('86)

Andy Haig, MD ('86), is a professor in the Department of Physical Medicine and Rehabilitation at the University of Michigan, and has just been named Medical Director of the University’s Telemedicine Program, in addition to his other duties. His clinical work there is focuses on spinal disorders (he founded the University of Michigan Spine Fellowship) and electrodiagnostic testing, and he has broad experience in several areas from sports medicine to pediatric rehabilitation. He is on the board of five medical journals and is editor of a textbook on back pain published by The American College of Physicians. He has been a consultant to foreign governments and global corporations. Andy is Director of the University of Michigan’s Global Leadership in Medical Rehabilitation Program, and is the founding president of the International Rehabilitation Forum, a not-for-profit consortium with over 20 major academic partners. Andy invites colleagues with an interest in building medical rehabilitation around the world to attend the Second World Congress on Medical Rehabilitation in Rural and Low Resource Regions, in Dhaka, Bangladesh, in December 2012; for more information to go their website at www.rehabforum.org. Andy leads the Disaster Acute Rehabilitation Team (DART) training efforts of the International Society of Physical and Rehabilitation Medicine/ World Health Organization liaison committee, and has partnered the University of Michigan with the University of Brunei in a wide variety of programs that include building of Brunei’s National Rehabilitation Center, which is looking for visiting faculty and staff. His Haig et al., consulting group (www.haigetal.com) has been helping a number of payers, hospitals and healthcare systems to build stronger systems of care, emphasizing rehabilitation as a core asset. Outside of medicine, Andy is an award winning creative writer, father and master swimmer.

Katie White Stenson, MD ('09)

Katie Stenson, MD ('09) completed a Spinal Cord Injury Fellowship at RIC in June 2010, and joined the Rehabilitation Hospital of Indiana as Director of the Spinal Cord Injury Rehabilitation Team in August 2010. She is an assistant professor with the Indiana University School of Medicine’s Department of Physical Medicine & Rehabilitation. The recent issue of Indianapolis Monthly, the ‘Best Doctors’ issue, listed only one PM&R physician this year, and it was our own Katie Stenson! Congratulations, Katie!

The annual reception for the RIC/NU Alumni Association this year will be on Friday evening, November 16th, 7:00 until 10:00 p.m., in the International Salon 5 at the Atlanta Marriott Marquis, 265 Peachtree Center Avenue, in Atlanta Georgia. I hope you are planning to attend the AAPM&R Annual Assembly meetings this year, November 15 – 18, 2012, at the Atlanta Marriott Marquis and the Georgia World Congress Center. – Vic Blakemore