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Your Opinion Counts!****Physical Medicine  
& Rehabilitation Services****Meriter's mission is:**

to heal this day  
to teach for tomorrow  
to embrace excellence always  
to serve our communities—  
for a lifetime of quality health care.

**Marge Flynn Leaves Big Shoes to Fill...**

After 21 years with the Physical Medicine and Rehab Program, Marge Flynn has left Meriter for retirement. Marge began by leading the Speech Pathology Department and has also managed Pediatric Therapies and the Day Rehab Center for many years.



During her tenure at Meriter, Marge was instrumental in expanding services in her three departments so that adults and children received quality treatment in a timely, patient-centered and often creative manner. Marge has worked tirelessly with physicians, other Meriter team members, case managers and insurance representatives to support



patients and staff and to provide needed therapies in a time of austerity and changes in the health care

model. Among the long list of accomplishments in which Marge was a major force are the following:

- Started the swallowing services at Meriter;
- Worked with the Sertoma Club to become one of the first hospitals in Wisconsin to perform newborn hearing screening in the neonatal intensive care unit (now expanded to universal newborn hearing screening);
- Continued the relationship with the Sertoma Club to obtain equipment and fund continuing education for staff;



- Brought OT, PT and Speech Therapy together in Pediatrics to create a strong pediatric service in 1998;



- Helped staff design the Kidz Talk program to fill gaps for children who cannot qualify for funded therapy services;

- Managed the Day Rehab Center since 1996, creating the Lead and Case Manager positions;



- Pioneered the creation of the Speech Assistance position in 1995;

- Embraced the introduction of continuing Quality Improvement (CQI) principles at Meriter and used these in many interdepartmental committees and projects;

- Served on the Meriter Extraordinary Customer Service team and helped to promote their efforts within the Physical Medicine and Rehab program.

During her years at Meriter, Marge has also been an excellent listener and mentor to staff, patients and families. Marge has long been active in area brain injury groups and she has volunteered hundreds of hours for the Wisconsin Speech-Language-Hearing Association. Her humor, compassion, dedication and advocacy will be missed by all of us.



Good luck, Marge, and thanks for all you have done!



## One-Way Speaking Valves for Patients with Tracheostomy

If you were to ask any person who has needed placement of a tracheostomy for airway management what the most difficult aspect of their condition has been, they would respond “Not being able to speak.” Inability to communicate effectively and efficiently can lead to frustration and conflict, limit a person’s ability to participate in health care decision making and management and disrupt personal-social relationships.

A tracheotomy is performed for many reasons, including: long term need for artificial airway, to aid removal of secretions, to bypass upper airway obstruction such as tumor, swelling or tenacious secretions, or to provide longer term mechanical ventilation. An opening is made in the trachea at the front of the neck and a plastic or metal tracheostomy tube is inserted to maintain the airway. The tube is inserted below the larynx or voice box to allow airflow into and out of the lungs. The person is unable to speak because the airflow needed to generate voice bypasses the voice box and exits the tracheostomy.

For some people, the use of a small plastic device called a one-way speaking valve can restore voice function. The valve is placed on the tracheostomy tube at the opening. It remains open to allow airflow into the tracheostomy, then the valve closes so that air exhaled from the lungs is diverted up the more typical

path through the voice box, throat and out the mouth or nose. This allows the person to use their own vocal cords to speak. Decisions regarding safe use of the one-way speaking valve are made by the multi-disciplinary medical team.

While the one-way speaking valve was designed to aid communication with positive psychological benefit, users and health care professionals working with the device have discovered other advantages. The valve has also been associated with improved taste and smell, better management of secretions, speeding up the process of decannulation (removal of the tube) and improved swallowing function.

The tracheal opening disrupts normal pressures present in the throat. This can result in aspiration of food or liquid into the airway or reduced force in moving food down the throat into the esophagus. Use of the one-way speaking valve restores normal pressures, thereby reducing some of the complications related to swallowing. The valve reduces secretions and makes them easier to manage with less suctioning. Cough effectiveness improves. Airflow diverted back through the mouth and nose restores the sense of smell and taste, which may improve appetite and nutritional intake. The one-way valve may speed up decannulation by eliminating the need to cap or plug the tube, building patient confidence and reducing anxiety.

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## Farewell & Appreciation to Carol Washington

Carol Washington made her mark on the Physical Medicine and Rehabilitation Clinic in almost two years as Clinic Supervisor. Carol will be remembered as a person who “gets things done”. She will be sorely missed as she leaves Meriter and the Madison area. A few of her accomplishments include:

- Implemented changes to improve communication, patient care and coverage between support staff and medical staff within the PM&R Clinic.
- Established quarterly meetings to discuss 3 North/PM&R Clinic issues that affect overall physician practice.
- Worked with physicians, nursing and therapy team to establish the Post Stroke Clinic.
- Developed information sheets and set-up bulletin boards in exam rooms.
- Designed a system to ensure that PM&R Clinic patients receive a letter that details test results.
- Established outreach clinics support systems to improve scheduling at the Sauk and Dodgeville sites.

Co-workers have praised Carol as a strong leader who is personable, patient centered and always caring. We wish her well in her new position in Kansas City.

## ANNOUNCEMENTS

The Midwest Regional Aphasia Conference “Discovering New Worlds” will be held in Northbrook, Illinois, on September 15-17, 2006. The conference is for stroke survivors, family and caregivers. Please contact the Meriter Speech Pathology Department at 608/267-6550 for details.

## EMPLOYEES OF THE MONTH

### May

Louise Joyce, DRC  
Carol Harrington, PT, IP

### June

Jerry Enstrom, PT Acute Care

## REHAB CONNECTION CONTRIBUTORS

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## Helpful Hints - Edema

Swelling (edema) of the hands and legs is common and occurs for a variety of reasons. Blood flows away from your heart through the arteries and returns through the lymph and venous (veins) systems. Most of the fluid travels through the veins and is assisted by the pump pressure from the heart. The remaining fluid is reabsorbed through the lymph system. Lymphatics are delicate channels which cover every tissue in the body. The lymph fluid movement is dependent upon stretching of the skin, muscle contraction, body movement and breathing. Problems in either the veins or lymphatics can cause increased edema in the hands and legs.

### *Ideas for Edema Management:*

1. Medical management – Talk to your doctor if you have noticed increased fluid retention, especially if you have concerns regarding a possible infection, pain or redness in the area, fever or shortness of breath. He/she may perform an assessment and suggest medication or dietary management. Sudden onset of edema could indicate a serious condition.
2. Elevate the arm or leg above the level of the heart. Elevating the foot of the bed 3” (with books, boards under the mattress) can significantly reduce leg edema.



3. Compression stockings or wraps – Seek recommendation from your physician and possible evaluation by a PT or OT who specializes in edema management
4. Very light massage – There is a specialized type of massage that empties and decompresses obstructed lymph vessels. A trained therapist can perform and instruct the patient in this type of massage.
5. Exercise – Performing basic movements in the area of swelling (e.g. ankle pumps, bending/straightening the knee, circling the wrist) can be helpful, when combined with elevation of the limb. General cardiovascular exercise also helps increase blood flow and muscle-pump action.
6. Avoid staying in one position for long periods of time. During long car or airplane rides it is beneficial to walk or perform simple exercises hourly. When standing for any length of time, perform weight shifts in place.

## Patient Revisited — David Lewis

In February David Lewis noticed symptoms of slurred speech, decreased balance and poor coordination. “I knew something was going on right away. I had double vision, didn’t feel good, couldn’t talk well and had numbness in my hand.” He was able to get immediate medical help and was diagnosed with a stroke in the posterior part of the brain that is responsible for coordination and balance. After a brief hospital stay, he was admitted to Meriter’s Inpatient Unit and was able to advance his balance and function very quickly to allow him to return home.

He attributes his quick recovery to the therapy staff at Meriter, but also to the fact that he was physically active prior to the stroke. Over the last 20 years, David has been involved in sailing, running, kayaking, golf and curling. He even ran a marathon with his son when he was in his 50’s. After training for the race, he continued running 10-12 miles/day. “I was in better shape in my 50’s than any other time in my life.” David’s advice is to do the most you can in order to get and stay in the best physical



PHOTO BY GEOFF SOBERING

health. In addition, maintaining a positive attitude is important, especially during recovery. “This was a little setback in the road and I just keep on going.”

David has returned to daily walks, golf and is very busy remodeling his home with his wife. He is eager to return to sailing and kayaking this summer.