

INSIDE THIS ISSUE!**Rehab Follows Up on Patient Outcomes****Innovative Therapy Techniques****Come to Meriter Rehab Introducing the:**

- **Bioness H200**
- **Electrotherapeutic Point Stimulation (ETPS)**

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.

INTRODUCING ARCHANA P. BHATT, M.D.

Dr. Bhatt, originally from Jacksonville, IL, comes from a family of internists. She graduated from the University of Illinois-Urbana with a BS in Biology in 1999 and from the University of Illinois College of Medicine-Peoria in 2003. Just prior to her joining Meriter's PM&R Department, she completed her Physical Medicine and Rehabilitation Residency at Schwab Rehabilitation Hospital in Chicago. Her practice interests include orthopedics, neurological rehabilitation and non-interventional pain management. She chose physical medicine because she felt it was a good blend of traditional and functional medicine, where you can treat the illness but also help restore patient independence. Dr. Bhatt believes that interacting and listening carefully to a patient are important in building a comfortable, therapeutic relationship. During an interview Dr. Bhatt stated, "This is an environment that needs to be established in the beginning when you are working with a patient." In her spare time, Dr. Bhatt enjoys sports, travel and movies with her spouse, who is training in radiation oncology at UW Hospital. Welcome, Dr. Bhatt!

Dr. Bhatt joins an existing team of three other physiatrists at Meriter's Physiatry Clinic: William Shannon, MD, Medical Director, William Fowler, MD, and Courtney Hogendorn, MD. Conditions typically treated by

*Archana P. Bhatt, M.D.*

physiatrists include: musculoskeletal disorders/injuries such as back/neck pain, myofascial pain/fibromyalgia, acute and chronic pain syndrome, spinal cord and brain injury, stroke, disabling neurologic/orthopedic conditions and debility from serious medical or surgical illnesses.

Dr. Fowler points out, "As physiatrists, we often treat patients with complicated health problems (e.g. paralysis, chronic pain, involuntary spasms) for which there is no single cure. We, therefore, use a combination of multiple treatments in a more holistic approach to help our patients become as independent in managing their own situation as they can. Even for those patients who have severe, permanent problems, we try to give them hope by avoiding their becoming passive and dependent on others for their sense of well-being."

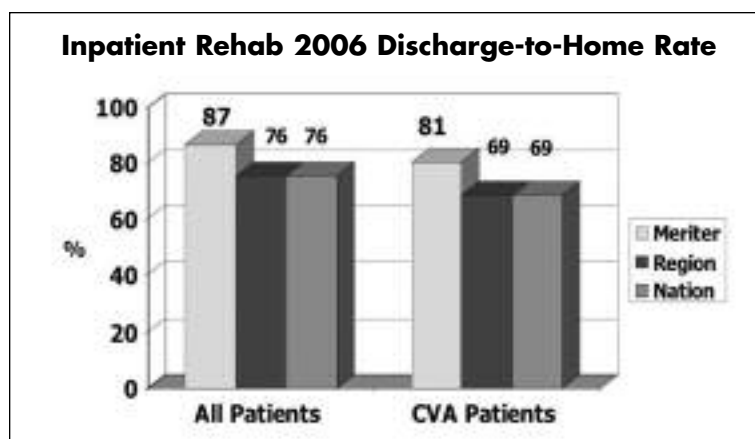
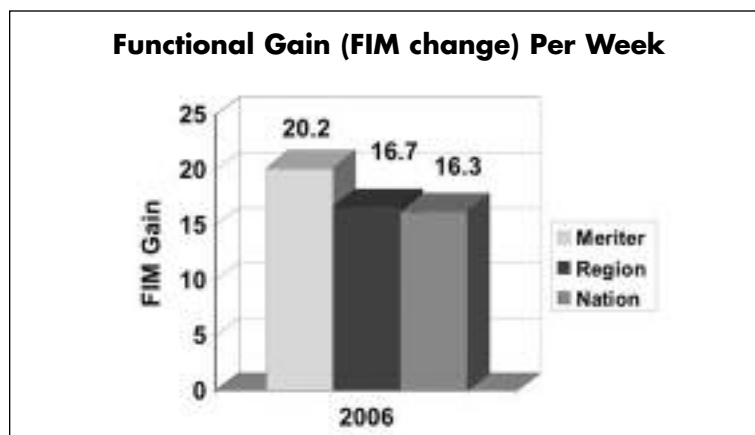
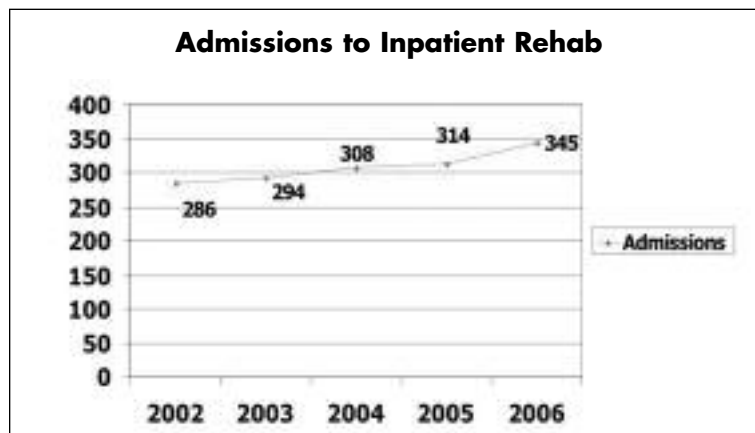


Rehab Follows Up On Patient Outcomes

Although rehabilitation is one of the smaller areas of medical specialty, the specialty has been at the forefront of collecting and using outcome data to evaluate the effectiveness of services and to direct quality improvement efforts. Meriter has participated in the UDS database system for many years, and this has allowed our program to compare outcomes with similar inpatient rehab programs across the country. Outcomes for 2006 continue to be exceptional with a discharge to community rate of 87% compared to the national average of 76%. In the past, the program also sent out a follow-up survey to all discharged patients approximately three months after discharge.

However, in 2005, Meriter began contracting with a company called MedTel that now completes a telephone survey on all patients discharged from inpatient rehab to gather information about their progress since discharge, complications that may have occurred and their satisfaction with the care they received on rehab. This service now allows us to compare the outcomes of our patients with outcomes of more than 32,000 patients discharged from rehab programs nationwide. In 2006, Meriter's follow-up outcomes generally exceeded the benchmarks. (See 2006 Survey Results below.)

Meriter's rehabilitation program is analyzing the extensive outcome data available through this new follow-up survey to identify opportunities to continue to improve our services to patients.



2006 Survey Results						
	Average FIM (level of function) Score		Living in Community		Avg. Satisfaction (1-4)	
	All Pts.	Stroke Pts.	All Pts.	Stroke Pts.	All Pts.	Stroke Pts.
Meriter 2006	115.4	112.3	94.4%	90.1%	3.71	3.73
Benchmark	110.9	105	94.2%	89.5%	3.65	3.64

ANNOUNCEMENTS

The 13th Rehab Reunion Picnic was held on August 2 at the beautiful Lussier Family Heritage Center: 138 patients and family along with 31 PM&R staff were present. A big thank you to Louise Joyce for all of her work on the event.

EMPLOYEES OF THE MONTH

April

Julie Wahl, PT/Park
Karen Mathias, Speech

May

Ellen Braatz, PT/Central
Jim Larsien, PT/Harbor
Janeen Hellenbrand,
PT/Harbor

June

Erin Kitzman, PT/East
Denise Busse,
Scheduler/2N
Trina Winger,
Scheduler/2N

July

Kara Hoelker, OT/Day
Rehab

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Innovative Therapy Techniques Come to Meriter Rehab



Introducing the Bioness H200

What is it? The Bioness H200 is an electrical stimulation device that is custom fitted and worn on the wrist.

What does it do? The Bioness treatment program improves arm strength, range of motion and circulation and reduces excess muscle tone in people with neurological weakness from stroke or C5 spinal cord injury.

Who should receive this therapy? Patients who have arm pain or spasticity and are able

to attend therapy sessions as well as commit to an intensive home program may receive significant benefits from this device. Treatment may begin immediately following a stroke or spinal injury, or years later.

Who offers this therapy? Occupational Therapy offers this innovative program to outpatients at the Meriter Hospital site. The program includes 8-12 occupational therapy sessions plus home use of up to three hours per day.

Does insurance cover the cost? Therapy sessions are often covered by insurance. The Bioness company works with insurance companies to try to get funding for the cost of rental or purchase of the device.

Introducing the Electrotherapeutic Point Stimulation (ETPS)

What is it? ETPS is an electro-therapeutic 'modality' that uses a hand held device which the therapist applies to specific points on the body based on patient symptoms and specific treatment protocols.

What does it do? ETPS is an innovative technique that utilizes acupuncture points and localized points to manage pain, scars and muscle imbalances to promote wellness. ETPS increases circulation and stimulates the release of endorphines (the body's natural pain relievers) to manage pain. It also assists in softening and releasing scar adhesions and helps to correct muscle imbalances to promote health of the body's tissues.

Who should receive this therapy? ETPS can be utilized for a variety of conditions including chronic pain, acute traumatic or post surgical pain, scar adhesions which cause pain or limit motion, chronic headaches and other conditions. A trained therapist can determine if ETPS is appropriate for particular patients.

Who offers this therapy? Select Meriter occupational and physical therapists have received this training.

Does insurance cover the cost? Most insurances cover occupational and physical therapy. This modality would be covered for in-clinic use and, if needed, may cover a portion of the purchase for a home unit if needed.



Patient Revisited : “ETPS Works Miracles!”

Last spring, Lovette, a 6th grader, sat down to turn on the TV and suddenly felt a terrible pain in her neck. Her head was turned to one side and she could not move it or even stand up straight. “She was crying from the pain. I had to do everything for her!” says her mom, Estelle, a certified nursing assistant at Meriter. Lovette saw her doctor the next day and got a referral for Physical Therapy. She was seen in the outpatient pediatrics clinic the same day.

“Lovette came to PT in a wheelchair,” states her physical therapist, Amy Krachey. “Her body was contorted and she could not move her neck or back due to the pain and the muscle spasms.” She could not tolerate the touch/massage work that would typically be used to treat muscle strain, so Amy and Judy Smith, a PT pain specialist, decided to try ETPS (see article in this issue). “Her relief was immediate and substantial.”

“It was like it was from dark to light!” says her mother. “Right away, she was moving some.” By her

second PT appointment, Lovette could tolerate range of motion exercises. One week and four PT sessions later she was 100% normal and the pain had disappeared. When asked what her daughter felt about ETPS, Estelle said “She loved it! She was not in pain anymore, and she could go back to school.” According to Estelle, “It was a great treatment. I would recommend it. It worked for my daughter.”

