

Winter 2015

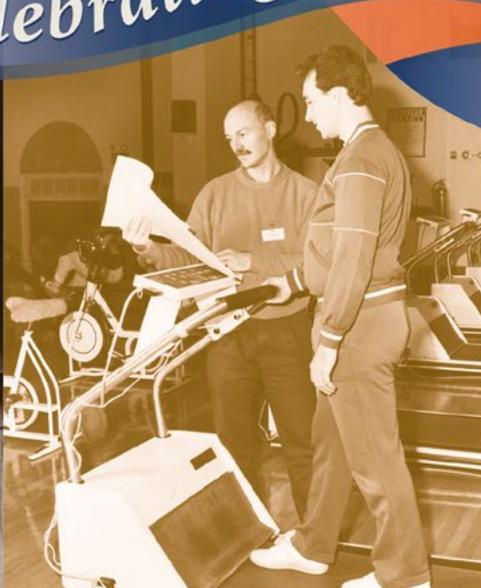


NoLimits

Community Newsletter from the JFK Johnson Rehabilitation Institute



Celebrating 40 Years



visit www.jfkmc.org



A NOTE FROM OUR MEDICAL DIRECTOR

Welcome to the Winter 2014 issue of *No Limits*, the community newsletter of the JFK Johnson Rehabilitation Institute (JRI). As the colder months approach, we are warmed by the fact that we have been helping patients reclaim their lives for 40 years now.

Yes, this year JFK/JRI celebrates its 40th anniversary — a testament to the talent and commitment of our staff. From physicians, department heads, therapists, nurses and secretaries, to every other team member in-between, we share one common bond: We are brought into our patients' lives during their darkest times, and we work together as a team to help them regain their quality of life.

In this issue of *No Limits* we feature one such team of dedicated speech and physical therapists, who worked together to help Michael Nelson regain his ability to swallow and speak comfortably after suffering from Lymphedema. In addition this feature will address the interdisciplinary approach we take to comprehensively evaluating and treating patients in our Parkinson's Disease (PD) Program. This issue of *No Limits* will also feature fast and effective treatment for vertigo, as well as 'ringing in your ears,' called Tinnitus. As we look ahead to the next 40 years, our future is bright. JRI continues to live up to our designation as one of the 'best rehabilitation hospitals' in the country — we received overwhelmingly positive feedback from the Commission on Accreditation of Rehabilitation Facilities (CARF) in a recent survey, which indicates that we consistently demonstrate the highest industry standards possible.

We also continue to pursue research on several fronts while expanding areas of our outpatient services such as: Pain Management, Prosthetics and Orthotic services, Parkinson Disease Management, Spasticity Management, and Musculoskeletal Medicine, in addition to Neuromuscular and Electrodiagnostic Medicine. Traumatic Brain Injured patients and Concussion patients are also served through our outpatient departments. An exciting addition to our outpatient departments is our Comprehensive Aftercare Program. This program is focused on the rehabilitation continuum for newly discharged inpatient rehabilitation patients. The goal is to keep our rehab patients healthy, functional and out in the community and avoid rehospitalization due to medical issues once they are discharged from the JFK Johnson Rehabilitation Institute. To that end, we have formed a more comprehensive outpatient program adding multiple facets. One example is our effort to work with area cardiologists and other physicians to expand our outpatient cardiac rehabilitation program. It is an exciting time for JFK/JRI, and it is with great excitement that I look forward to the next chapter in our history.

Yours in Good Health,

Sara Cuccurullo, M.D.
Vice President & Medical Director
JFK Johnson Rehabilitation Institute
Chairman, Professor
Residency Program Director
Robert Wood Johnson Medical School



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JRI DEPARTMENT PHONE NUMBERS

Admissions	732-321-7733	Parkinson's Disease Clinic/	732-321-7070
Cardiopulmonary Rehabilitation	732-321-7722	Rehabilitation Medicine	
Cognitive Rehabilitation	732-906-2640	Pelvic Floor Rehabilitation	732-321-7056
Driver's Training	732-321-7056	Pediatric Rehabilitation	732-548-7610
JFK for Life Fitness Center	732-632-1610	Physical/Occupational Therapies.....	732-321-7056
Outpatient PT/OT Services at JFK.....	732-321-7056	Prosthetic & Orthotic Lab	732-248-0774
Outpatient PT at Metuchen.....	732-548-9800	Rehabilitation Physicians.....	732-321-7070
Outpatient PT/OT at Monroe	609-409-1196	Speech Pathology &	732-321-7063
Pain Management	732-321-7070	Audiology/Hearing Aids	
		Vocational Rehabilitation.....	732-321-7069

Are You Suffering From Debilitating Tinnitus?

JRI's Tinnitus Retraining Therapy Program Can Help

Tinnitus (pronounced tin-NY-tus or TIN-u-tus), a condition described as the perception of sound within the human ear, affects 40 million Americans; 10 million of these people are severely debilitated by the sound in their ear(s) and/or head. While there is no cure for tinnitus, the Tinnitus Retraining Program (TRT) offered in the Audiology Department at JRI can help reduce tinnitus awareness and disturbance and improve the quality of life for tinnitus sufferers.

Through a combination of counseling techniques and instrumentation, patients find relief from their debilitating tinnitus and are often able to enjoy the sounds of silence once again.

Tinnitus can often be described as a ringing in the ears, but some sufferers describe a wide variety of sounds including:

- whistling
- buzzing
- murmuring
- steam
- chirping
- roaring
- crickets

Tinnitus can be intermittent or constant. In some cases, the sounds are low like a background noise and in other cases it can become so loud the



sufferers can't hear much of the real external sounds that are happening around them. Tinnitus is not a disease but, rather a symptom of something else causing the brain to react the way it does. In the vast majority of the cases the tinnitus is linked to exposure to loud sound over a period of time. The loud sound causes damage to the ear and this damage results in the brain responding to sound that is simply not there.

There are many causes of tinnitus including:

- Hearing loss.
- Earwax blockage.
- Meniere's disease.
- TMJ disorders.
- Head injuries or neck injuries.
- Acoustic neuroma.

- Blood vessel disorders
- Head and neck tumors.
- Atherosclerosis.
- High blood pressure.
- Malformation of capillaries
- Certain medications.

If you suffer from tinnitus, you should make an appointment to see your physician. Once medically cleared, your physician can make a referral for a tinnitus evaluation to the JFK Johnson Rehabilitation Institute's Audiology Department. In addition, since about 90 percent of tinnitus cases occur with hearing loss, a complete audiological evaluation should also be completed at that time. For more information on the TRT program visit us at www.jfkaudiology.org.

JRI'S AFTERCARE PROGRAM Helps You Transition Home

The JFK Johnson Rehabilitation Institute's rehabilitation programs have a long and celebrated history of helping individuals recuperate from illnesses and injuries that limit their functional abilities in their roles at home and in the community.

An inpatient stay is often just the first step in the rehabilitation process. But, did you know that JFK/JRI is also the rehabilitation facility of choice for many outpatients from other facilities and communities? Your rehabilitation can continue at home or in an outpatient setting through JFK at Home or JFK/JRI's outpatient facilities in Edison, Metuchen and Monroe.

Your transition home can be exciting, challenging and sometimes frightening for you and your family. You may have learned new ways of doing things and received a great deal of information about medications and other therapeutic activities.

For individuals who need continual rehabilitation, specifically during the transition from Inpatient Rehab to home, JRI created the *Aftercare Program*. Led by Talya Fleming, MD, Director, the Aftercare Program is designed for patients who want a comprehensive and coordinated recovery in a world class rehabilitation hospital.

(right) Dr. Talya Fleming assists a patient with her follow-up care.

WHAT DO OUR PATIENTS HAVE TO SAY?

"It can be overwhelming!" says Mrs. G. who was an inpatient at the JFK Johnson Rehabilitation Institute following a hip fracture and surgery. "I was so glad that I had an appointment already set up to see Dr. Fleming two weeks after I got home. I kept a list of questions that I had and Dr. Fleming took the time to answer them all."

On your first visit with Dr. Fleming you can discuss concerns such as:

- I'm not strong enough. How do I get more therapy?
- What is this new pain that I have?
- What can I expect during my rehabilitation course?

If you are being discharged from an inpatient facility, your first targeted follow-up appointment will be within the first three weeks after discharge. Dr. Fleming can help guide you to the next phase of your recovery regardless

of where you have received care in the past. Dr. Fleming can assist patients with:

- Medication dose and frequency review
- Follow-up care and testing
- Continued rehabilitation
- Referrals to specialists as needed

JFK/JRI can be your facility of choice whether you had your inpatient rehabilitation at JRI or another facility. If you are not a JRI outpatient, but you are interested in receiving care at the facility that was rated in the top 5% in the country, we can help. Dr. Fleming and the team at JRI will use her expertise to help guide you along your rehabilitation and recovery journey.

For more information or to book an appointment with Dr. Fleming, please call the JFK/JRI Institute at 732-321-7000 ext. 62134.



DUAL SPECIALTIES IMPROVE

Quality of Life for Patient

Michael Nelson, 71, of Somerset was suffering from neck pain and stiffness after having the left side of his jaw removed and undergoing chemotherapy and radiation therapy for head and neck cancer. His search for relief brought him to the JFK Johnson Rehabilitation Institute's Outpatient Physical Therapy Department, where he met with Physical Therapist Lauren Sacco.



Lauren Sacco, PT, DPT, CLT; with Michael Nelson of Somerset and Patti Shanes, MA, CCC/SLP

Lauren Sacco, a Certified Lymphedema Specialist, began treating Michael for a condition known as lymphedema, the abnormal buildup of fluid in soft tissue due to a blockage in the lymphatic system.

The lymphatic system helps fight infection and other diseases by carrying lymph (a colorless fluid containing white blood cells) throughout the body using a network of thin tubes called vessels. Small glands called lymph nodes filter bacteria and other harmful substances out of this fluid. However, when the lymph nodes are removed (as in Michael's case) or damaged, lymphatic fluid collects in the surrounding tissues, causing them to swell.

Lymphedema commonly occurs following surgery or radiation

therapy for many types of cancers, including head and neck cancer. It can cause swelling in the face, neck, mouth and throat, which in turn may interfere with swallowing, speech and the range of motion of one's neck, head and shoulders. Patients report difficulty turning their heads while driving, lifting heavy items, or maintaining a comfortable head position.

Lauren started Michael on a comprehensive treatment program called Complete Decongestive Therapy (CDT), a safe, reliable and non-invasive method consisting of several components: Manual Lymph Drainage, Compression Bandaging, Graduated Compression Garments, Therapeutic Exercise, and Meticulous Skin Care.

During the course of his

treatment for pain and stiffness, Michael revealed that he was also experiencing some other issues. He noticed that his speech started to slur toward the end of the day. He avoided dining out because it took him longer than normal to eat his food, and he had difficulty swallowing some of his favorite foods, such as peanut butter and jelly sandwiches.

Lauren referred Michael for a comprehensive speech and swallowing evaluation with Patricia Stuart Shanes, Clinical Consultant in Head and Neck Cancer in the Department of Speech Pathology and Audiology at JFK/JRI. Patricia explained that Michael's symptoms were not uncommon among head and neck cancer patients, and provided him with oral exercises

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(continued from page 3)

to improve the range of motion of his tongue and the endurance of his speech. She gave him swallowing exercises to help increase the strength of his swallow, and suggested using sauces and gravies to make foods moist and easier to consume.

After several weeks of receiving both therapies, Michael noticed that he was swallowing more easily and with less discomfort. He began to retry foods that were previously hard to swallow – with increased success.

Today, Michael’s speech has improved significantly; he can have a conversation without slurring his words. He has rejoined his wife and friends at restaurants. And he is once again able to eat a peanut butter and jelly sandwich.

Michael’s story illustrates the benefits of collaboration between speech and physical therapy. At JFK/JRI, the Department of Speech Pathology and Audiology and the Outpatient Physical Therapy Department are close partners, working together to optimize a patient’s quality of life. In Michael’s words: “If Lauren got me to a 5/10, Patti got me to an 8/10. It was the combination of the two that made all the difference.”

If you or someone you know suffers from lymphedema or has swallowing or speech difficulties following treatment for head and neck cancer, contact JFK/JRI for a comprehensive evaluation.

Outpatient Physical/Occupational Therapy Department: 732-321-7056

Speech and Audiology Department: 732-321-7063

JFK JOHNSON REHABILITATION INSTITUTE AWARDED THREE-YEAR CARF ACCREDITATION



JFK Johnson Rehabilitation Institute (JRI) has been awarded accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) for a period of three years. The programs receiving accreditation include: the Inpatient Rehabilitation Adult Program, Inpatient Rehabilitation Adult Brain Injury Specialty Program, Stroke Specialty Program, Interdisciplinary Outpatient Medical Rehabilitation, Adult Brain Injury Specialty Program, and Comprehensive Vocational Evaluation Services.

This accreditation decision represents the highest level of accreditation that can be awarded to an organization and shows the organization’s substantial conformance to CARF standards. An organization receiving a Three-Year Accreditation has submitted to a rigorous peer review process. It has demonstrated to a team of surveyors during an on-site visit its commitment to offering programs and services that are measurable, accountable, and of the highest quality.

CARF is an independent, nonprofit accrediting body whose mission is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the persons served. Founded in 1966 as the Commission on Accreditation of Rehabilitation Facilities, and now known as CARF, the accrediting body establishes consumer-focused standards to help organizations measure and improve the quality of their programs and services.

JRI continues to be a leader in rehabilitation care and has developed programs in such specialties as: stroke rehabilitation, orthopedic programs, fitness, cardiac rehabilitation, women’s health, pediatrics and brain injury rehabilitation.

Diagnosing Vertigo Correctly FAST, EFFECTIVE



Virginia Toth, AuD, CCC/A, Audiologist, performs BPPV testing on a woman who suffers with Vertigo.



Young children enjoy playing games and going on carnival rides that deliberately cause them to experience a spinning sensation. Imagine having that same spinning sensation as you roll out of bed in the morning, tip your head back to have the beautician wash your hair, or reach up to a high cabinet to grab that can of corn. These spinning episodes, called vertigo, are usually brief, last for about 30 seconds and can be accompanied by a feeling of nausea and possible vomiting. And just as quickly as the spinning comes on, it goes away. However, at times, after the vertigo goes away, one can be left with the feeling of being off balance and disorientated. Episodes like these can leave a person frightened and in some cases incapacitated; interfering with working, socializing and family life.

Brief periods of vertigo, lasting less than 30-60 seconds and occurring when changing head or body positions such as getting up from the bed, rolling over in bed, looking up, or bending over to pick something up, are the typical signs and symptoms of Benign Paroxysmal Positional Vertigo (BPPV).

WHAT IS BPPV?

Although frightening, BPPV is a relatively harmless vestibular dysfunction. It is the most common form of positional vertigo. Approximately 18 percent of patients seen in dizziness clinics and 25 percent of patients sent for balance testing have BPPV. The incidence of BPPV is seven times higher in people older than age 60 years and is more common in women than men in all age groups.

When everything is working properly, the vestibular system helps us keep our balance whether we're out walking, dancing the tango or doing a somersault. The vestibular system, located in the inner ear, is comprised of the utricle, the saccule and three semicircular canals. These structures are oriented in a particular manner so that we can detect head position and motion in all different directions. Within the saccule and utricle, there are calcium carbonate crystals embedded in a gel material that help sense these motions. With BPPV these crystals become dislodged. Once dislodged, they can move into one of the semicircular canals during a change of positions such as rolling in bed or tilting the head back. With the crystals in

Can Lead To TREATMENT OPTIONS

them, the semicircular canals become sensitive to head position changes that they would normally not respond to. This is when vertigo occurs.

WHAT CAUSES BPPV?

The reason why these crystals become disengaged and cause BPPV is unknown about half of the time. When there is a known cause for BPPV, it is commonly head injury or migraine. Traumatic head injury can mechanically jostle the crystals out of place; migraine can cause spasm of the labyrinthine artery, which can predispose patients to recurrent episodes of BPPV. Another related factor seems to be aging, as the condition is more common in the elderly than in younger populations.

HOW IS IT DIAGNOSED?

A test called Dix-Hallpike Maneuver can help diagnose BPPV. This is a fairly simple test which is done in a physician's office, or in a physical therapy clinic. It involves brief positions which provoke vertigo. When vertigo occurs during a BPPV episode, quick jerky movements of the eyes called nystagmus also occur. During this positional testing, the examiner will be able to tell if you have BPPV according to your



Arlen Ray, PT also assists with Vertigo testing

symptoms and nystagmus. Testing such as videonystagmography (VNG) can also help diagnose BPPV.

CAN IT BE TREATED?

BPPV is often easily treated within a few minutes in the physician's office or physical therapy clinic without any drugs, needles or surgery. Traditionally called the Epley Maneuver, the treatment consists of a guided series of postures that are designed to redirect any loose calcium carbonate crystals from the semicircular canals back into the utricle. Most patients respond after one treatment session. Follow up sessions may be necessary to ensure cessation of symptoms.

WHAT SHOULD BE DONE IF I HAVE EPISODES OF VERTIGO OR IMBALANCE?

The first thing to do when you experience an episode of vertigo or other types of dizziness is to see your primary care physician. Dizziness is a symptom of many different conditions. BPPV is just one condition that causes a spinning type of dizziness. If you are experiencing dizziness in any form—unsteadiness, light-headedness or spinning—contact your physician right away to determine the best course of action.

Testing is available at JRI with a prescription from your physician. Call to learn more at 732-321-7000, Ext. 67063.

Team Support for People Affected by

P A R K I N S O N

Parkinson's disease is a slowly progressing disorder that affects movement, muscle control, and balance. Part of the disease process develops as cells are destroyed in certain parts of the brain stem, particularly the crescent-shaped cell mass known as the substantia nigra. Many neurons in this area of the brain produce dopamine, which is a chemical that helps to control movement and coordination.

MOVING SYMPTOMS OF PARKINSON'S DISEASE:

- Resting tremors (does anyone really know what these are?)
- Rigidity
- Bradykinesia
- Postural instability

NON-MOVING SYMPTOMS OF PARKINSON'S DISEASE:

- Constipation
- Decreased sense of smell
- Swallowing difficulties
- Fluctuations in blood pressure
- Hypophonia of speech
- Urinary urgency
- Sleep disturbances
- Depression
- Dementia
- Psychosis

Individuals with Parkinson's Disease (PD) are affected differently so it is important to have an interdisciplinary team to help manage the many components of motor and non-motor symptoms.

JFK's Johnson Rehabilitation Institute (JRI) hosts a program for individuals with Parkinson's Disease and parkinsonism and their team of specially trained professionals includes: a physiatrist (a doctor who specializes in rehabilitation), a speech language pathologist, and a physical therapist.

Patients are assessed by all three clinicians to determine which issues the patient is experiencing and how he or she is currently functioning. Based on these evaluations, the team members communicate with each other to determine what rehabilitation services may be appropriate for them. Recommendations for other services may also be made, including but not

limited to: psychology, nutrition, audiology, orthotics, wheelchair clinic and sleep clinic. Information is also provided about various community programs and patient and caregiver support groups. The physiatrist may also confer with the client's neurologist or movement disorder specialist about any recommendations or concerns. It is recommended that clients return every three to six months for re-evaluation to address the continuously changing needs.

"Continuous contact with our patients helps us to identify issues before they become a problem," explains Jennifer Lazaro, PT, DPT. "We see better outcomes for the patient when they have regular check-ups."

There are a number of effective pharmacological, surgical and rehabilitative treatments that can assist in controlling the symptoms of PD and its complications. In addition to these, physical therapy, speech therapy, occupational therapy, and other non-pharmacological interventions have been demonstrated to be very effective in improving Parkinson's related symptoms. While there is no definitive intervention that can stop or delay the progression of the disease, there is growing evidence that exercise and rehabilitative therapies may potentially delay disease progression.

JRI's Outpatient Speech Therapy Program can provide Parkinson's services that include swallowing evaluations and training, strategies

'S DISEASE

to increase speech volume and articulation (including the LSVT LOUD program), and cognitive assessment and training. Physical and Occupational outpatient therapies can provide services that can address: balance, posture, freezing, walking, gross motor control, fine motor control, and activities of daily living. Therapy can occur as a part of the LSVT BIG program or as traditional rehabilitative therapy.

Timothy Phelan is the husband of a patient who has been attending the JFK PD Program for a few years. His wife has had continuous bouts of therapy through the monitoring and recommendation of staff members of the clinic. “The Program’s monitoring and recommendations have helped my wife, Rosann tremendously. She would not be where she is right now without the programs available at JFK’s Johnson Rehabilitation Institute,” states Mr. Phelan.

In addition to providing rehabilitative services, JFK offers the JFK for Life Fitness Center, where a client can carry out his or her own exercise routine to maintain or progress fitness levels. JFK also runs a wellness class held once a week for graduates of the LSVT BIG program that is specifically tailored for clients with PD.

“PD Program allows us to monitor the patient’s status,” explains Janice Dibling MS, CCC/SLP, Manager of Speech-Language Pathology. “Early diagnosis and intervention helps to manage swallowing and communication problems, improving quality of life.”



Physical Therapist, Lauren Moore and Dr. Roger Rossi, assist a member of JRI's Parkinson's Disease Program

WHAT ARE THE LSVT BIG[®] AND LOUD[®] PROGRAMS?

- Standardized, evidence-based protocols designed for patients with PD
- Intensive programs that run four times-per-week, for one month, LSVT BIG[®] is intended to teach clients how to use bigger movements automatically in daily living
- LSVT LOUD[®] is intended to teach clients how to speak louder and with better articulation automatically in daily living



JFK Johnson Rehabilitation Institute The Leader in Providing Quality Rehabilitation Care

Since 1974, JFK Johnson Rehabilitation Institute has been helping people rebuild their lives after a serious illness or injury. We do this by delivering comprehensive rehabilitation services based on cutting-edge treatment techniques, innovative research and excellent, personalized medical care.

Headquartered at the JFK Medical Center in Edison, JRI is a comprehensive rehabilitative service provider focused on educating the community on rehabilitative health and helping adults and children with disabilities reach optimal function and independence. The Institute offers a complete array of inpatient and outpatient programs and services in rehabilitative health, including stroke, orthopedics, prosthetics and orthotics, electrodiagnosis, fitness, cardiac, women's health, pain management, pediatrics, speech pathology and audiology, industrial health and vocational rehab, and brain injury rehabilitation programs and services. JRI includes a 94-bed inpatient center in Edison. Outpatient centers are located in Edison, Metuchen and Monroe. The JFK Johnson Rehabilitation Institute is accredited by both the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF) in the Inpatient Rehabilitation Adult Program, Inpatient Rehabilitation Adult Brain Injury Specialty Program, Stroke Specialty Program, Interdisciplinary Outpatient Medical Rehabilitation Adult Brain Injury Specialty Program, and Comprehensive Vocational Evaluation Services. Affiliated with the JFK Johnson Rehabilitation Institute is the Shore Rehabilitation Institute, a 40-bed inpatient and outpatient comprehensive rehabilitation hospital located in Brick, NJ. For more information about the JFK Johnson Rehabilitation Institute, visit us at www.jfkmc.org.

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