

Spring 2014

NoLimits

JFK

JOHNSON
REHABILITATION
INSTITUTE

Community Newsletter from the JFK Johnson Rehabilitation Institute



PLUS:
**New Car For
JRI's Independence Square**

**Spasticity Treatment:
It Takes a Team**

**Help Is Here for
Male Urinary Incontinence
After Surgery**

and more....

**Meet Our New
Medical Director**

visit www.jfkmc.org



A Note From Our Medical Director

Welcome to the Spring 2014 issue of *No Limits* – the community newsletter from the JFK Johnson Rehabilitation Institute (JRI).

When faced with an injury or illness, the prospect of undergoing rehabilitation or getting back to your prior self may seem like an overwhelming task. At the Johnson Rehabilitation Institute a team of experts is ready to help and encourage you to meet your rehabilitation goals.

In this issue of *No Limits* you will read about Tomasz Lubowicki and his wife, who depended greatly on our physical, occupational, and speech therapists, as well as our physicians to combat spasticity, after he was diagnosed with a rare condition called Locked-in Syndrome, following a stroke. You can also read about how the connection between a former patient and friend of a member of the JFK Medical Center Board of Directors resulted in a donation from Ford Motors, in Detroit, of a beautiful new car. The vehicle will be used to simulate real life scenarios, helping patients get back into their everyday routines.

The truth is that rehabilitation can be a successful and rewarding experience achieved through a team effort, as evidenced by the amazing outcomes at JRI. I am so proud to be leading JRI's rehabilitation team, whose remarkably diverse set of provider skills helps patients regain their functional independence after injury, surgery or disease. I am especially proud of our nurse manager, Chris Wade, for her personification of JRI's commitment to our communities.

I look forward to continuing such efforts that have earned JRI recognition by U.S. News and World Report as one of the best hospitals in the nation for rehabilitation this year. However, more important than any award is the knowledge that we are helping our patients regain their independence to the greatest degree possible.

Yours in Good Health,

A handwritten signature in black ink that reads "Sara Cuccurullo M.D." in a cursive script.

Sara Cuccurullo, M.D.
Vice President & Medical Director
JFK Johnson Rehabilitation Institute



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EDITORS

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JRI Department Phone Numbers

Admissions	732-321-7733	Pelvic Floor Rehabilitation	732-321-7056
Cardiopulmonary Rehabilitation.....	732-321-7722	Pediatric Rehabilitation	732-548-7610
Cognitive Rehabilitation	732-906-2640	Physical/Occupational Therapies	732-321-7056
Driver's Training	732-321-7056	Prosthetic & Orthotic Lab	732-248-0774
Health & Fitness Center.....	732-632-1610	Rehabilitation Physicians	732-321-7070
Outpatient Center at Metuchen.....	732-548-9800	Speech Pathology &	732-321-7063
Outpatient Center at Monroe	609-409-1170	Audiology*/Hearing Aids	
Pain Management.....	732-321-7070	Vocational Rehabilitation	732-321-7069

*Virginia Gural-Toth, AuD, CCC/A

Audiologist/Hearing Aid Dispenser Supervising Licensee #542

Dr. Cuccurullo Devotes Herself to Education, Physical Medicine and Rehabilitation

Dr. Cuccurullo began her career in the medical field as a high school biology teacher. She joined the staff of Rutgers RWJ/JFK Medical Center in 1991. Today, Dr. Cuccurullo leads the JFK Johnson Rehabilitation Institute, where she continues her love of teaching as Clinical Professor, Chairman, and Residency Program Director, of Rutgers Robert Wood Johnson Medical School/JFK Johnson Rehabilitation Institute Department of Physical Medicine & Rehabilitation (PM&R).

at JRI to develop JFK's innovative In-vivo Comprehensive Residency Competency program, which is used on a national basis by multiple residency programs throughout the country. Dr. Cuccurullo has presented JFK's residency competency model at the Association of Academic Physiatrists and the American Academy of Physical Medicine and Rehabilitation, and has published seven peer-reviewed papers on the model.

In her role as an educator, Dr. Cuccurullo is actively involved with

physical medicine and rehabilitation as a specialty, she explained that she fell in love with the field because it involves the medical care of patients who are faced with injury that has forced them to confront some of the greatest challenges of their lives.

"I wanted to be a part of bringing back the quality and function patients had prior to their hospitalization," she explains. "As a physician it is a privilege to be allowed to be part of the patient's journey toward recovery."

Dr. Cuccurullo also enjoys working with her patients who have a multitude of medical problems. Recently, she and her team treated a young woman in the ICU who had a serious wound and multi-organ failure; her tumultuous hospitalization left the patient partially paralyzed. After her rehabilitation, the patient was able to walk out of the hospital, having recovered close to her previous level of functioning.

Dr. Cuccurullo and her team of experts offer innovative care to patients with neurologic injuries such as stroke, traumatic brain injuries, spinal cord injuries, multiple sclerosis, Guillain-Barre syndrome and brain tumors. They also work with patients who have multi-trauma, cancer, amputations, as well as cardiac and pulmonary medical needs.

"Our entire rehab team has the goal of delivering great patient care," says Dr. Cuccurullo. It is extremely rewarding to work with a team whose mission is to deliver the best possible patient care and bring the maximum quality and function back into our patients' lives."

Among Dr. Cuccurullo's achievements is her collaboration with the JFK attending physicians to produce an In-vivo Comprehensive Residency Competency program, which has led to the publication of 7 peer reviewed papers in the American Journal of Physical Medicine and Rehabilitation and has been emulated by multiple residency programs nationwide.

Her accomplishments are too numerous to mention in this article but one highlight is her family – her four children with husband, Alex Russoniello, MD. Finding time to build a successful career in medicine while rearing four children was no easy task. But Dr. Cuccurullo successfully juggles both work and family. Now she mentors medical students and residents at Rutgers RWJ Medical School on how to manage their careers as well.

On the professional front, one of Dr. Cuccurullo's greatest achievements is working with the attending staff

the medical students at Rutgers RWJ University. She teaches a course for third-year medical students as well as an annual resident PM&R board review course. A prolific writer, Dr. Cuccurullo authored the textbook "Physical Medicine and Rehabilitation Board Review" with chapters contributed by attending physicians and residents in her department. With the anticipated publication of its third edition in the fall, the book has sold more than 13,000 copies and is the only review book dedicated to the PM&R Boards.

When asked why she chose

Past Patient Comes to the Aid of Future Patients



JRI's Independence Square was abuzz on a recent Monday morning as staff members and patients were all very excited to see and work with a brand new car. Getting the new wheels took some leg work, but having it at Independence Square within the JFK Johnson Rehabilitation Institute will help thousands of patients for years to come!

"Therapists and patients will reap the benefits of working with a newer vehicle, which is a very important tool in the rehabilitation process," explained David Belowich, Board Member of both JFK Medical Center and JFK Health System. "We are grateful to Fred Lang for making the new car a reality." Mr. Lang, of Edison, noticed the need for a newer

vehicle at JRI when he was a patient himself years earlier. After speaking with his long time friend, David Belowich, Lang recalled the terrific care he received after a double knee replacement and how the therapy car and the 'real-life' scenario of driving a car again helped with his recuperation. When Lang attended his daughter's swim meet at the University of Michigan, he happened to speak with another parent, Steve Carl, an engineer at Ford in Detroit. The two discussed JRI's need and the impact that a modern vehicle could bring to so many patients. Finally, the idea became a reality.

Equipped with the modern electronics of a 2013 vehicle, the car helps to simulate activities patients

will need to perform in their own cars. They can sit behind the wheel and maneuver getting in and out, adjust the seats and reacquaint themselves with the instrumentation panel. This can be a very important part of the rehabilitation process, for both occupational and cognitive rehabilitation.

"We are so grateful to David Belowich and Fred Lang for their recognition of our need and their dedication to see this endeavor through," states Anthony Cuzzola, Vice President/Administrator at JRI. "Through personal rehabilitation experiences and commitment to our patients, it's amazing how the power of conversation can affect so many people."

SPASTICITY TREATMENT INVOLVES A

Team Effort



Tomasz Lubowicki, 37, was an active young man who worked as a locator for underground utilities. His job involved constant walking and driving. On the morning of Dec. 27th, Tom had a migraine which was not unusual for him. He took his medication and decided to rest. He was watching TV that night when he realized he could not move his body at all but somehow yelled out his wife's name for help. After being rushed to a local hospital, a CAT scan revealed a brainstem stroke due to an arterio-venous malformation (AVM). Tom was diagnosed with a rare condition called "Locked-in Syndrome" where his mind and thoughts were normal but he was unable to move any part of his body except

to blink. He required one tube for breathing and another for feeding because he could not swallow. Tom had a procedure to repair the AVM but remained hospitalized for more than a month suffering from various complications. Eventually he was well enough to be transferred to an inpatient rehabilitation facility.

Tom realized what a "nightmare" he was living. He was well aware of his surroundings but could not physically do anything other than blink once for "yes" and twice for "no." His rehab was geared towards providing him with an appropriate wheelchair and, teaching his wife and mother to stretch, transfer and mobilize Tom. After two months in the inpatient rehabilitation facility, Tom was able to return home. Tom continued his therapy journey at home, through JFK at Home. After a few sessions, his therapist referred him to the Outpatient Program at JRI.

At JRI, Tom received care from a specialized team, led by Dr. Steven Escaldi, a physiatrist who specializes in spasticity management, as well as physical and occupational therapists, speech and language pathologists, and a psychologist. Tom's wife Ula said, "Everyone in the rehab program was more than willing to jump in and help." Tom had some movement in his right leg and neck but additional recovery was slow and was hampered by abnormal muscle tone called spasticity.

In addition to the therapy and stretching program, Dr.

Escaldi developed a treatment plan to control the spasticity that was hampering Tom's recovery. It was managed with oral medications and Botox injections. He began to feel his limbs relax so stretching got easier to do and Tom started gaining active control of his legs, arms, head, neck and trunk.

Tom and Ula learned positioning and active and passive range of motion for spasticity control. Tom and Ula described the JRI Outpatient Department as "great people, just like family, who went out of their way to increase



SPASTICITY MANAGEMENT - TAMING THE TIGHTNESS

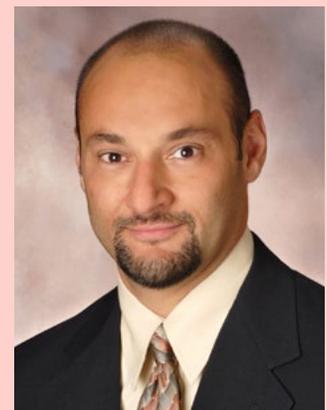
Spasticity is a condition that occurs when there is damage to the central nervous system (brain and spinal cord). It is one of a number of symptoms that present as abnormal and increased muscle tone (hypertonia). As a result, certain muscles continuously contract and the patient's limbs feel tight or have the sensation of stiffness. These uncontrolled muscle contractions can result in painful spasms and interfere with the patient's ability to control movements of their arms or legs. Spasticity can significantly limit a person's ability to perform routine activities of daily living (ADLs) like dressing, bathing, eating or walking.

The most common causes of spasticity in adults are Stroke, Multiple Sclerosis (MS), Spinal Cord Injury, Traumatic Brain Injury (TBI) and Cerebral Palsy (CP).

Often, spasticity does not present initially after the injury or disease. It frequently occurs weeks, months or even years later. It is this presentation that can lead to a delay in treatment. Treatment options are available and can be tailored to each patient's symptom severity and duration. Specific and realistic goal setting is an important process in the treatment of spasticity. Appropriate goals can be as simple as improving a stroke patient's arm position so activities of daily living no longer cause pain or are easier to perform.

Available spasticity treatment options include: the formulation of a daily stretching and home exercise program, the use of splints or braces, physical and occupational therapy programs, oral medications, local injection of medications directly to the affected muscles (botulinum toxin injections) or nerves (nerve blocks), orthopedic procedures (tendon lengthening) and neurosurgical procedures (intrathecal baclofen pump). A physician skilled in the management of spasticity can direct a patient to the most appropriate treatment options based on symptoms and treatment goals.

For an appointment with Dr. Steven Escaldi, Director of the Spasticity Management Program, call the Department of Physical Medicine and Rehabilitation at 732-321-7070.



Steven Escaldi, M.D.

the time of his sessions and made sure he had enough assistance during each session." With medication management and exercise, Tom's arms and legs improved enough for him to be able to sit without support, boost himself up in the wheelchair, feed himself with a fork and even text his sister in Arizona!

Tom was discharged recently to move to Arizona to be close to family support.

The treatment team was thrilled that he was able to swallow and drink water using specialized techniques of the JFK *Free Water Protocol*. He now speaks in short sentences and his ability to stand and walk continues to improve. The treatment team at JRI credit Tom and Ula for their hard work, while they credit the staff's effort in helping them through this journey. Tom's goal is to be able to walk longer with less assistance and to achieve more independence with his daily routine.

Community Outreach

Every day, the JFK Johnson Rehabilitation Institute is finding new ways to engage and serve the community. To this end, the Institute has embraced the goal of enhanced Community Outreach, guided by the belief at JRI that the entire region benefits when people are physically, mentally, and emotionally healthy. JRI staff members from the Institute are actively working in community settings to bring their skills, insights and passion for healing to those in need.

Chris Wade, RN, BSN, CRRN, Nurse Manager at JRI exemplifies this. So much so that she was recently recognized by the New Jersey League of Nursing (NJLN) with a 2013 Nurse Recognition Award for her commitment to her team, quality nursing care and the communities we serve.

We asked Chris a few questions about the JRI Community Outreach mission, and her role in leading the way to create a positive impact in people’s lives.



Q: How would you describe the Community Outreach efforts of JRI?

A: We build innovative partnerships with community members through a wide variety of health and wellness programs, health offerings and unique opportunities to help others. We work with community groups and organizations throughout the region to bring support and educational assistance. As a result,

we’re touching the lives of thousands of individuals each year – outside of the traditional hospital setting. But, the backbone of our Community Outreach is the JRI team. Without them – none of this would be possible!

Q: Can you give us a few examples of the efforts of the JRI staff?

A: There are several that I am proud of - that reflect the dedication of our JRI team. First, every year we volunteer at Camp Trek, a camp for survivors of Brain Injury. Dozens of our nurses from JRI turnout to help and assist at the camp each year, all on a volunteer basis. We help to provide a week of independence, recreation and socialization for adults with brain injury, while allowing their caregivers to enjoy a week of respite. It’s an amazing effort by some extraordinary people who come together year after year “as one” to participate in the TREK

(Together in Recreation, Exploration & Knowledge).

In addition the JRI team forms a committee that works with the JFK Foundation to spearhead the annual Miles for Minds 5K and Fun/Run Walk, an event that raises funds to help restore real-life skills to those with head injuries so that they may return to their families and communities at the maximum level possible.

Q: As a leader in stroke treatment, does JRI perform any community outreach for patients and families recovering from this disabling condition?

A: JFK and the JRI team provide a free monthly Stroke Support Group, aimed at informing stroke patients and their families about new developments in rehabilitation and care. The program’s goal is to enhance the quality of life for participants by providing support,

HOW DO I KNOW WHEN I HAVE REACHED

My Medicare Therapy Cap?

Seniors on Medicare are increasingly being forced to make tough decisions as their out-of-pocket medical expenses continue to rise. Now they are faced with one more decision: whether to drive to the nearest hospital for rehabilitative therapies they need, pay for it themselves, or do without it.

According to the Centers for Medicare and Medicaid Services (CMS), all patients covered under traditional Medicare (not managed Medicare) are under a statutory rule that limits their Outpatient Therapy benefits within one calendar year. These limits are called “therapy caps.”

The therapy caps for 2014 are \$1,920 for physical therapy and speech-language pathology services combined and \$1,920 for occupational therapy services. The cap amount is set on a yearly basis, regardless of the diagnosis or reason for coming to therapy.

That means that Jim, a retired businessman from Edison who suffered a stroke in late December 2013, will have to make some hard decisions. As a result of the stroke, Jim has weakness on the right side of his body and trouble speaking and eating. He received inpatient rehabilitation at JRI for two weeks, then he was transferred to a skilled nursing facility, to work on becoming more mobile before going home. Three weeks later, he was able to go home, where he lives with his wife, Anne. However, his road to recovery did not end there. Jim’s doctor recommended that he attend outpatient physical, occupational and speech therapies. Jim wanted to continue working on his



walking and balance, and improve the use of his right hand so he could go back to gardening and golfing. He also wanted to speak better because he leads an active social life.

Jim’s wife, Anne, called New Jersey’s premier Rehabilitation Institute, JFK Johnson Rehabilitation Institute (JRI) to schedule outpatient therapy services. Not knowing many of the details about the Medicare Cap, they felt confident that JRI would help to answer their questions. Some of their questions included the following:

Q: What services are included in this cap?

A: The Medicare cap dollar amount includes all physical therapy, occupational therapy

and speech therapy providers that bill under Medicare B. This includes:

- Outpatient private practices
- Physician’s offices
- Skilled nursing facilities under Medicare Part B
- Outpatient hospital departments

The cap does not apply to patients who receive skilled therapy at home under the Medicare home health benefit Part A, those who receive services under Part A in skilled nursing facilities or those under a Part A inpatient hospital stay.

Anne provided Jim’s Medicare information to the Patient Intake Coordinator at JRI. As part of the process, the intake coordinator checked his therapy spending for the

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HELP IS HERE FOR

Male Urinary Incontinence After Surgery

Mike is a very active 47-year-old, who runs his own manufacturing business, plays racquetball two-days-per-week and manages his yard work and household projects. Mike shied away from his active lifestyle after prostate surgery left him self-conscious about urinary leakage and the need to use pads for protection. Mike discussed this inconvenience during his post-operative visit with his doctor, who recommended an outpatient program offered at JFK Johnson Rehabilitation Institute (JRI), specializing in **pelvic floor muscle dysfunction**. Mike did not hesitate to call JRI to learn more and schedule an appointment.



Urinary leakage after prostate surgery is particularly bothersome for men because prior to surgery, bladder control was not likely a problem. After prostate surgery, many men may experience *stress urinary incontinence*, where muscles get disrupted and physical activity can increase pressure on the bladder. The muscles surrounding the *urethra* (urine passageway) lack the strength and coordination to provide closure of the urethra. JRI offers a monitored program of exercise to improve bladder control.

During Mike's first outpatient visit at JRI, his physical therapist, Sharon Arditti, Director of Women's & Men's Therapy, provided a thorough explanation of pelvic floor

muscle location and function using teaching models. The pelvic floor muscles are hidden from view but play an important role in bladder and bowel control, sexual function and core posture support. A *bladder diary* was used for Mike to record his urinary routine, including, frequency, fluid intake and episodes of leakage.

Sharon suggested the use of biofeedback to address Mike's issue. The use of biofeedback allows therapists to measure a patient's performance by attaching electrodes to their skin and displaying the processes on a monitor. It also provides the patient with visual and auditory feedback. Eventually patients learn how to control these muscles without the need to be monitored. "While using biofeedback, Mike performed his usual activities, including lifting, bending, position change and typical fitness actions," explained Sharon. "Over time Mike progressively retrained his muscles and by the fourth visit he was able to return to his active lifestyle."

For more information or to make an appointment call the Outpatient Physical Therapy Department at 732-321-7056.

calendar year electronically through the Medicare website. It showed that Jim had used \$400 of his allocated PT/ST therapy dollars after his Part A therapy benefit was depleted in the Skilled Nursing Facility. It also indicated he had not used any of his occupational therapy dollars.

The skilled nursing facility had not yet received all of their payment from Medicare and therefore this dollar amount was not reflected yet. It was explained to Anne that all facilities have various schedules in billing and there may have been a delay in the accuracy of the electronic report that is accessible by the provider. Therefore the impression may be that there are more dollars remaining than actually exist.

Anne and Jim decided that they were going to schedule outpatient physical, occupational, and speech therapy services. They were told that the JRI therapists would help them keep track of what monies were used and accordingly adjust therapy to meet his clinical needs.

Because Jim needed extensive therapy, Anne wondered what would happen when Jim reached the \$1,920 cap for each therapy. She was concerned about reaching the combined physical and speech therapy amount quickly since Jim still required both services and was showing improvement. Anne asked further questions:

Q: What happens after reaching the \$1,920 cap?

Patients may exceed the cap amount if enough progress is occurring to deem the services medically necessary. If

the combined \$3,700 is reached during the 2014 calendar year, there are 2 exceptions:

- *The \$1,920 is automatically processed and the therapist includes a code number in the Medicare claim form which designates that continued care is medically necessary.*
- *A manual medical review exception process for those patients who meet or exceed \$3,700 in therapy expenditures for PT/ST combined, and a separate \$3,700 for OT.*

Q: What is the manual medical review process?

If physical, occupational and/or speech therapy exceed \$3,700, the claims must be reviewed by Medicare in order to continue therapy services. Due to the complexity of the review process a therapist cannot determine if treatment will be covered by Medicare. This review may take several weeks.

If Jim should reach the \$3,700 cap he would be asked to sign an agreement that he is willing to pay out-of-pocket for any services that may be denied. Jim and Anne would be provided with an estimate of these charges.

Jim chose to decrease the frequency of his sessions and worked diligently on his home exercises in order to preserve some of his benefit in case he had a need for therapy later in the year. He continues on his road to recovery and is regaining his quality of life with help and guidance from his therapists. He takes walks outside and joins friends and family for dinner outings.

For further information on the Medicare Therapy Cap and what you can do to take action, visit www.apta.org/PatientActionCenter.

education, information and advocacy. There is tremendous power in numbers, as stroke patients learn there are others out there working through the same issues and challenges. Offering support for patients with our group meetings (involving their peers) shows there is life after stroke. The meetings can be both informative and extremely uplifting for patients and their families.

Thanks to Chris and many other dedicated and caring clinicians at JRI many other events brought help, opportunity and information to our communities.

These include:

- Sponsoring the Tri-State Regional Wheelchair Games
- Sponsoring the First Swing Golf Clinic for individuals with Disabilities
- Sponsoring the annual Career Options Day
- Sponsoring an Aphasia Support Group
- Participating in the New Jersey Brain Injury Alliance's Walk for Thought
- Participating in the Parkinson's Walk
- Attending career fairs at local schools
- Participating in multiple local health fairs

Many thanks to Chris for her contagious enthusiasm and her commitment to community service.



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, prosthetic and orthotics, electrodiagnosis, fitness, cardiac, women's health, pain management, pediatrics, speech pathology and audiology, industrial 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 Comprehensive Integrated Inpatient Rehabilitation and Comprehensive Vocational Evaluation. 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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