

BROOKS®  
Rehabilitation

# BEYOND



SPRING  
2021





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Turning Loss  
Back into Life  
**AMPUTEE  
PROGRAM**

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CHAIRMAN EMERITUS

Contribution by  
The Women's Board  
of  
Genesis Rehabilitation  
Hospital & Center



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**#WeAreBrooks**



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CARE

# Doug Baer

The last year has been challenging for all of us. As we move further into 2021, we now see a ray of hope to overcome the pandemic.

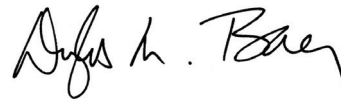
The creativity, resilience and determination of our team has been remarkable and inspirational. Our employees use these traits every day to develop specialized treatments and programs, like the amputee program featured in this issue, to enable our patients to go beyond their expectations.

To achieve these outcomes we use a multidisciplinary approach with physicians, therapists, psychologists, case managers and other team members, with patients and family goals at the center of our efforts.

As the world evolves and changes, our teams are embracing the opportunities to innovate and enhance our care and services. Advancements in telehealth and medical technologies are exciting. However, the real promise comes from our employees in the field who test new treatments, identify improvements in our system of care or have new ideas, which benefit those we serve.

Thanks to all of our employees, board members and volunteers for your work during this past year and for all you do every day. Special recognition to longtime board member and Board Chair Emeritus Gary Sneed and his wife, Lynne. They both have been tremendous supporters to the organization and are highlighted in this issue.

For our patients, residents, families, partners and all those we collaborate with on our work, know that we will always relentlessly strive to achieve results beyond your expectations. Here's to brighter days ahead!



Left to right: Doug Baer, Howard Weiss, DO, Trevor Paris, MD, and Joanne Hoertz, RN, MSN, CRRN, proudly share their COVID-19 vaccine cards.

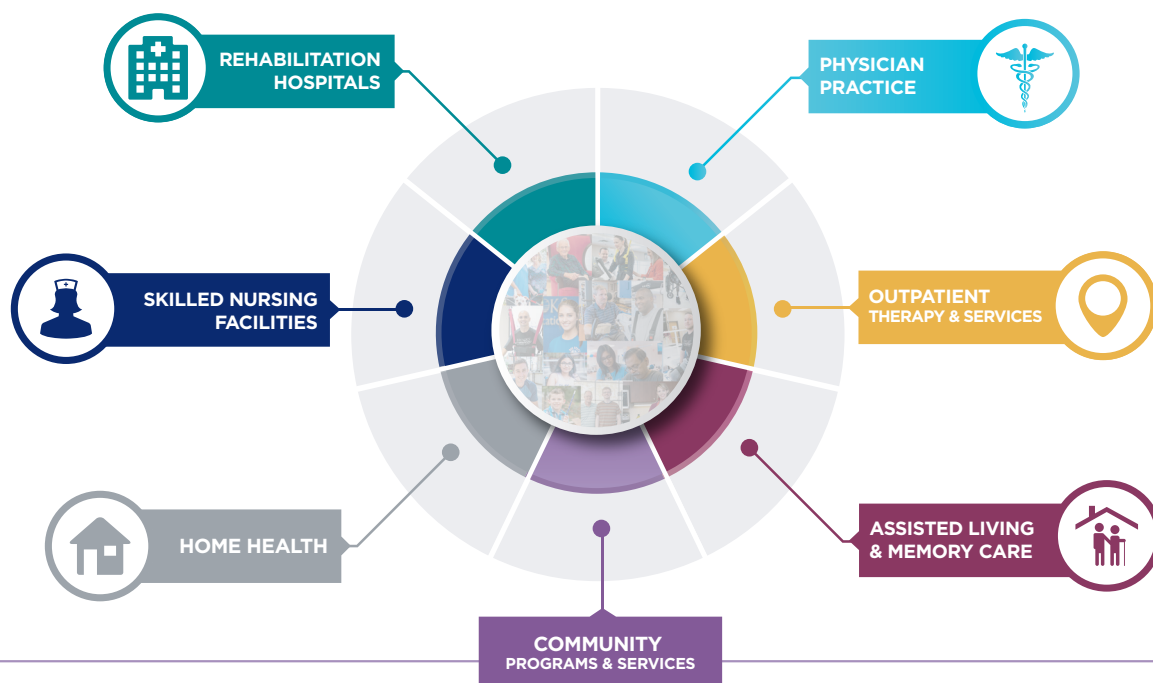




# About Brooks

## BROOKS REHABILITATION

### SYSTEM OF CARE



ADAPTIVE SPORTS & RECREATION • APHASIA CENTERS • BRAIN INJURY DAY TREATMENT PROGRAM • BRAIN INJURY CLUBHOUSE  
 CONTRACT THERAPY SERVICES • HELEN'S HOUSE • INSTITUTE OF HIGHER LEARNING • NEURO RECOVERY CENTERS • PEDIATRIC RECREATION  
 RESEARCH • SCHOOL RE-ENTRY PROGRAM • SPINAL CORD INJURY DAY TREATMENT PROGRAM • SUPPORT GROUPS • WELLNESS

“Patients are at the center of all we do at Brooks Rehabilitation. Through our coordinated system of care, not only can we provide seamless transitions for our patients between levels of care, we can also effectively treat patients in the right setting for their individual needs resulting in the best possible outcomes.”

- Doug Baer, President & CEO





## Howard Weiss, DO

Howard Weiss, DO, is the Medical Director of the Orthopedic/Trauma Program and the Medical Director of the Amputee Program at Brooks Rehabilitation. Certified in Physical Medicine & Rehabilitation (PM&R), Dr. Weiss graduated from the New York College of Osteopathic Medicine and completed his residency at Mount Sinai Hospital.

### **WHAT GOT YOU INTERESTED IN MEDICINE AND SPECIFICALLY PHYSICAL MEDICINE AND REHABILITATION?**

I realized medicine would be a career in lifelong learning. The combination of science, math, engineering and interacting with people appealed to me. My original goal was to be an orthopedic surgeon, but during my internship, my older sister Lisa, who was an occupational therapist, thought I'd like physical medicine and rehabilitation (PM&R). She encouraged me to do a rotation. That's where I met a very special patient, Bernie (*see story on page 8*).

PM&R is a great field that combines orthopedics, neurology and internal medicine. For me, it's about the story. If you sit down and talk to the patient, you'll learn something. If you learn their story you can help them and make a difference in their lives. The one thing I ask every new doctor when I interview them is, "Tell me the story of the last patient who inspired you." If they can't tell me, I don't hire them.

### **WHAT CHANGES HAVE YOU SEEN IN REHABILITATION THROUGHOUT YOUR CAREER?**

There have been tremendous advances in technology through the years. For patients with spinal cord injuries, we now have electric wheelchairs, functional electrical stimulation (FES) bikes, walking systems like Cyberdyne and ReWalk. We have Bioness technology that helps patients open and close their hands. When I first started working with amputee patients, we used wool socks and belts to hold a prosthetic in place. Now technology comes closer and closer to simulating the limb a person lost. The materials and suspension systems have changed significantly. From silicone, pin locks and suction to hydraulics and microprocessor knees and ankles that lead to

better walking and better outcomes for patients. Advances in targeted muscle reinnervation (TMR) make it possible to reassign nerves to allow patients to control their prosthetic limbs. And I'm looking forward to treating the first patient in this area to receive a bone-anchored prosthetic through osseointegration. All of this technology helps physiatrists, doctors specializing in PM&R, improve the quality of life for patients.

### **WHEN DECIDING WHERE TO GO FOR REHABILITATION, WHAT SETS BROOKS APART?**

Brooks is open to innovation and specialized care for specific populations. Brooks has whole-heartedly supported me with the creation of our amputee program. They allow and encourage all staff to think outside of the box to help our patients. We have a variety of highly trained experts at Brooks and we all work as a team. If one of my patients is having issues with depression, I can call in a psychologist. If a patient needs to lose weight, I've brought in a dietician. If they need to know how to stand and cook at the stove, I can bring in an occupational therapist. If patients don't have the financial resources for the care they need, we have the Brooks Foundation available to help. Everyone works together with one goal - helping our patients meet their goals.

### **WHAT CAN YOUR PATIENTS EXPECT FROM YOU?**

One hundred percent effort. If they put the effort in, we double it. We help all our patients get back to their highest possible level and follow them until they get there. If they hit bumps along the way, we figure it out together. In the end, it's all about the story. Each story is different, and we have wins at different levels. Sometimes it's walking, but sometimes it's being able to have dinner with their spouse or being safe at home so they can live independently. But we help them get back to their story. I get a kick out of postcards and photos. I tell all my patients to send me pictures of them back out enjoying their life. When I get tired, it's the photos and stories that inspire me to continue.

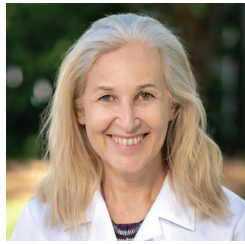




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Internal Medicine



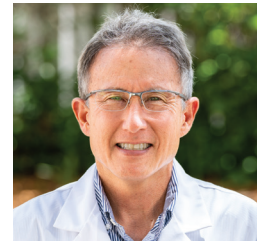
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**Mabel Caban, MD**  
Staff Physiatrist



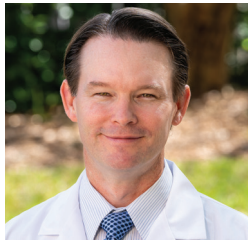
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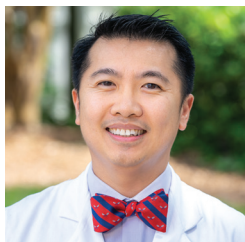
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Medical Director,  
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# TURNING LOSS BACK INTO LIFE

The loss of a limb is devastating. Yet, there is a place at Brooks where this type of loss is replaced with hope, caring, camaraderie and – yes – even laughter. **The Brooks Rehabilitation Amputee Program provides specialized care for patients throughout the Brooks system.** The multidisciplinary team is composed of physicians, physical therapists, prosthetists, psychologists and other specialties, all dedicated to integrated, patient-centric care that dramatically improves outcomes.





*Tim Houston participates in a Brooks Adaptive Sports & Recreation special surfing event.*



## ONE PATIENT SET THE STAGE FOR A LIFELONG CAREER

Howard Weiss, DO, a physical medicine and rehabilitation (PM&R) physician, serves as both the Medical Director of the Orthopedic/Trauma program and the Amputee program at Brooks (see “Q&A: Howard Weiss, DO” on page 6). It was an amputee patient that led Dr. Weiss to his career path. He always knew he wanted to be a physician but wasn’t sure about the area of specialty. That was until he met Bernie, a patient who had lost both his legs.

“I was a fourth-year medical student. I went into the room to examine him and he told me he wanted to die. It hurt me. I’d never met anyone who wanted to die. I didn’t know what to say,” said Dr. Weiss. “The next day I spoke to his wife and asked her to bring in photos of his six grandchildren. When I went to see him the following day, I told him this is who he had to live for. He called me an ‘expletive’ and then started to do his rehab.”

The head of the department was an amputee specialist who taught Dr. Weiss how to care for patients with amputations. Bernie walked out of the hospital on prosthetics and sent Dr. Weiss a Christmas card for the next 15 years of his life.

## CREATING A PATIENT-CENTRIC PROGRAM

Steve Pompilio, PT, has been working at Brooks Rehabilitation for more than 25 years and closely with Dr. Weiss for the past 10 years. Early on, Dr. Weiss and Pompilio would treat a patient, send that patient to a prosthetist, manage insurance authorizations and then go back to the prosthetist if adjustments were needed. They realized this circular treatment was inefficient and led to frustration for everyone. Dr. Weiss then invited prosthetists to meet with him, Pompilio and the patient all at once to work things out together. It was this holistic approach – and a shared philosophy of patient-centered care – that led to the current amputee program at Brooks.

“That’s where the program really came from, looking at the specific, unique needs of the patient and seeing the benefit of having everybody together to collaborate. When all providers see the patient for rounds, in real time, right there, the patient really benefits. There’s no waiting or wondering if the therapist has called the prosthetist, if the physician has weighed in, and so on,” said Laura Langer, PT, DPT, OCS, CSCS, FAAOMPT, the regional director at Brooks’ Healthcare Plaza outpatient clinic, where the program has its home base.

Geoff Hemmen is a certified prosthetist (CP) with Hanger Clinic, a leading national prosthetic and orthotic provider. “You won’t find anything as fine-tuned as this anywhere in



*Members of the Brooks Amputee Clinic work with patient Joyce Fletcher after her bilateral above knee amputations.*

the country,” said Hemmen. “To have the volume of patients that come through here with this type of camaraderie is rare. I have two of my competitors here at the same time – and we bounce ideas off each other. There are no egos. That’s the big advantage to what Brooks has here. We’ve been asked to try and replicate this outside of Brooks, but it just doesn’t work without the PM&R doctor, like Dr. Weiss, who is the anchor for the whole thing.”

Michael Richard, CPO/LPO from Advance Prosthetics and Orthotics agrees. “If we have a challenge with a particular prosthetic, we can bring it to the group and brainstorm. We are all committed to finding the best possible plan of care for the benefit of each patient.”



And the holistic approach doesn't stop there. A psychologist from the Brooks Behavioral Medicine team can help with the emotional aspects of limb loss such as depression, self-esteem issues and isolation. "We try to have as many resources as possible for our patients, including community and peer support," said Pompilio. "We often need to talk to patients about wound care. We need to talk to them about their nutrition. What about potential home modifications? What's their transportation situation? All of that is so important in helping them recover."

### A TOP TEAM THAT GOES THE EXTRA MILE

Throughout his career, Dr. Weiss made it a point to get to know each patient personally. Learning about their families, careers and lifestyles helps him better care for their physical needs. Providing such a high level of personalized care can create strong bonds between patients and the members of the team.

"Once you are our patient, you are always our patient," said Dr. Weiss. "Every patient gets my cell number. No matter where you are in life or how long it's been since we've seen you, we are always here to help." And Dr. Weiss doesn't just mean helping with physical rehabilitation. He's helped patients get into school and get jobs. He was recently invited and attended the out-of-state residency graduation of a former patient. "I'm proud of them and their successes. My job is to make sure these people move forward."

Dr. Weiss has handpicked everyone on the team because he believes they are the best in their field. That level of expertise means that many times patients come to Brooks after trying other options. "We are able to turn the failures that occurred with others into our biggest successes," said Pompilio.

"That's because one size doesn't fit all," said Todd Norton, L/CP, FAAOP, President of Bremer Orthotics and Prosthetics. "While we all offer the latest technology, ultimately we base decisions on what works best for each patient. Patient preference and individual tolerance all affect what is most appropriate, and that can change over time. It's both the challenge and reward to what we do. And it's the reason we are here for patients throughout their lifetime."

"We all have heart. Steve will tell you the success of the program is because of me, and I say it's because of him. He truly goes the extra mile for his patients. It inspires me to get excited about a patient's progress and working with the team at our clinics. We are always asking what else we can do or what's next for each and every patient. For us, every patient has a name and a life that we help them live again," said Dr. Weiss.

# INTO THE >> FUTURE

"Ultimately, we want to be *the* destination for patients with amputations. In addition to the daily physical therapy and medical care we provide, over the last four years we've grown from holding clinic on one Thursday a month with one prosthetist to three Thursdays a month with three prosthetists here at the same time. It's the teamwork and experience that we have that brings up the level of care and improves the outcomes for our patients," said Dr. Weiss.

Pompilio has been training other therapists throughout the Brooks system to extend the reach of the program and provide additional support for those in need. For example, Emily Buras, PT, DPT, GCS, trained with Pompilio to prepare patients with recent amputations in the inpatient setting for their future success in the outpatient setting. Therapists in other Brooks' outpatient clinics are also learning best practices in caring for this patient population.

Always striving to be on the leading edge of care and technology, Dr. Weiss and Pompilio are working with experts at the Mayo Clinic's campus in Florida on bone-anchored prosthetics. This new procedure uses the principles of osseointegration, which involves implanting the metal shaft of a prosthetic directly into the bone of a patient. "There are many benefits of this procedure to a patient, including better range of motion, increased awareness and sense of feel of the limb and elimination of socket related problems. We're excited to provide rehabilitation once one of the first patients in this area completes surgery," said Dr. Weiss.



*Steve Pompilio, PT, prepares Jalen Bryant to stand soon after receiving his prosthetic.*

## JALEN BRYANT

### Right Above Knee Amputation Due to Gun Shot Wound

On Oct. 21, 2018, Jalen Bryant and his girlfriend were going to tailgate at a Jacksonville Jaguars game with Jalen's employer. His boss gave them tickets but as they were heading to the stadium, the unthinkable happened.

Jalen saw a commotion and heard what sounded like fireworks going off. He turned and saw a car coming down the street and felt what he described as a hot poker hitting him. He fell to the ground. Six people were shot by a drive-by shooter.

Physicians explained that Jalen was shot five times – three in his chest, one in the bicep that punctured his lung and one that shattered his hip and severed his artery. Jalen was becoming septic and his organs were shutting down. In eight days, Jalen had 10 surgeries, including one to remove his leg.

From that point on, Jalen moved from survival to recovery. He was transferred to Brooks Rehabilitation Hospital where he and his mom, Nikki, met the team who would care for him. They were educated on his amputation. He and his therapists practiced transfers from his wheelchair. They worked on strengthening and balance. Since his hip was shattered,

he wasn't able to use a prosthetic yet. He was discharged to home health while his hip healed, then progressed to outpatient therapy.

Getting the right prosthetic and the right fit can sometimes be a challenge. It was a personally frustrating time for Jalen and he started to become depressed. Dr. Weiss suggested he meet with one of Brooks' psychologists who helped Jalen see that he wasn't a victim, but a survivor. He also met other amputees and realized he wasn't alone.

Steve Pompilio, Jalen's outpatient physical therapist, patiently worked through the process of finding the right prosthetic with Jalen and Geoff Hemmen from Hanger Clinic. When Dr. Weiss saw Jalen in March 2020, he was amazed at his progress. He recommended an advanced prosthetic with a microprocessor in the knee to help him achieve even more of his goals.

"Dr. Weiss and Steve made it to where I know my baby is going to be ok. They've gone through the trenches with him. Every time we're about to hit a wall, one of them astounds me. They refuse to give up on my baby and I know that makes him not give up on himself," Nikki said through tears of gratitude.





## KATHERINE SUBIRANA

Bilateral Below Knee Amputations Secondary to Sepsis

At 22, Katherine Subirana developed sepsis in her hometown of Ponce, Puerto Rico. The sepsis damaged tissue in her hands and feet. Surgery to remove the damaged tissue made it worse. She was discharged from the hospital with dry gangrene and no treatment plan.

Katherine learned to care for her wounds and do all of her wound dressings herself. "One day when I was doing my dressings, my foot just dropped in my hand. I was alone with my mom, and we didn't know what to do. There was no blood. Everything was dry. I think like six months after that, my second foot fell off."

For years, Katherine hid this secret from her family until she met a doctor in Puerto Rico who would guide her to the help she needed. After working with Dr. Tito for two and a half years, she and her mother traveled to Florida to meet Dr. Weiss and the amputee program team at Brooks Rehabilitation. Katherine was referred for revision surgery to her limbs so that she would be able to try prosthetics without pain or further damage.

"When I first met Katherine, she hadn't walked in 10 years," said Brooks physical therapist, Steve Pompilio, PT. "My job was to get her walking and work on her balance, strength and core stability. It's really cool to see a person blossom into a whole other person in a matter of six months."

For the first time, Katherine was able to gain some independence. She got a new SUV with hand controls and her own apartment in Jacksonville. She is also now working as a chemist at the Newborn Screening Laboratory, Bureau of Public Health Laboratories at Florida Department of Health - a job that she loves and enjoys.

## JOEL MARTIN

Traumatic Right Above Knee Amputation After Ejection From Motor Vehicle

In 2018, Joel Martin was driving home angry and in an altered state of mind, something he's regretted every day since. He crashed and was thrown from his vehicle into a tree. His ankles took the worst blow and he had to have his right foot amputated. As if that wasn't enough trauma, on Christmas Day that same year, he fell and broke his femur right above his knee.

The next year and a half was a blur of infections and pain. Multiple surgeries left Joel unable to work, and his physical challenges took a toll on his mental state, marriage and family. While looking for alternatives to opioids, he discovered the Brooks Behavioral Medicine (BBM) program. "I still listen to the lessons from that program. They helped me to be in control of my pain rather than letting the pain control me," said Joel. He also joined a local chapter of Celebrate Recovery at Journey Church, where he is learning to live free of life's hurts, hang-ups and habits.

During rehabilitation from one of his surgeries, the BBM program director recommended that Joel meet with Dr. Weiss for a consultation. Joel was having trouble with his prosthetic because his body hadn't healed properly. In May 2020, Joel had a revision on his amputation from below the knee to above the knee. "I feel blessed and wish I had done this sooner. It feels weird to say that. They kept trying to save my leg but once I had the above the knee amputation, it changed everything for me for the better."

After therapy and medical care from the Brooks Amputee Program, Joel was physically and medically ready to work again. Dr. Weiss recommended him for a position at the Brooks Bartram campus, and he recently started in the new role. Joel's main motivation for working at Brooks is to help and encourage others in similar situations to see that there is a light even when you feel like giving up.



## BARTHEL PICKETT

Traumatic Above Knee Amputation Secondary to Being Hit by Car

Barthel Pickett and his wife Rose were about to leave on vacation in July 2019. Wanting a little extra spending money for the trip, Barthel decided to meet with one last landscaping client before they headed out of town. It was a decision that changed his life.

As Barthel and his nephew were talking outside with the client, a woman was speeding around the corner away from the accident she just caused a block away. The nephew was able to jump out of the way but Barthel and his client were not as lucky. She hit both of them, pinning Barthel to his truck. She continued trying to drive forward but her bumper was stuck. As she revved her car faster to escape, the force ripped Barthel's right leg off, ruptured his spine, broke six ribs and broke his left leg in three different places.

"God had his hand on me. He kept me alive. The paramedics thought I was in shock because I felt no pain. I spoke to them the entire way to the trauma unit at UF Health Jacksonville," said Barthel.

Rose, a certified nursing assistant, became Barthel's personal caregiver. "She held my hand and prayed. She was with me every day and night, making sure I was getting the best care. This accident brought my wife and I closer to each other." They spent 92 days at UF Health where Barthel had 15 surgeries.

Barthel was finally ready to begin inpatient rehabilitation. He heard great things about Brooks Rehabilitation Hospital (BRH) from his goddaughter who recovered there and

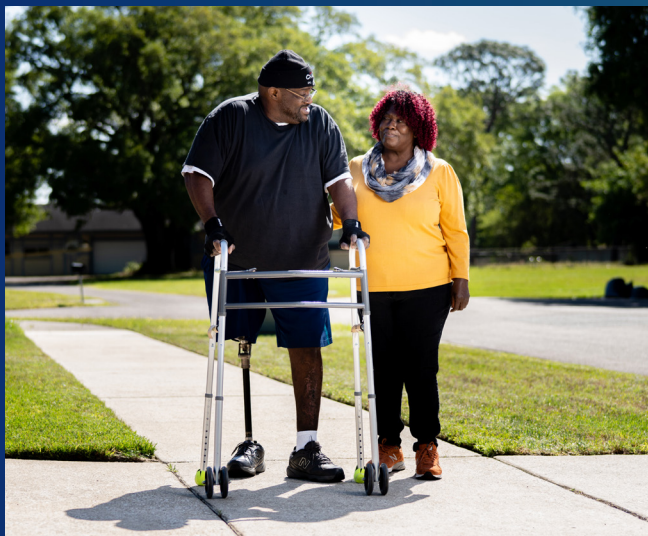
refused to go anywhere else for care. "From day one, I felt inspired. I felt so much energy that I was willing to do whatever they asked me to do. I didn't want to leave because I was making so much progress. But they sent me to outpatient therapy with Steve Pompilio," said Barthel.

Barthel also met with Mike Richard, CPO/LPO from Advance Prosthetics and Orthotics. "I had no doubt he'd get a prosthetic that worked for him but I'll admit I had my doubts that he'd ever be able to walk. It took me and two techs to get him to stand up the first time in my office."

Dr. Weiss knew that Barthel's weight was a contributing factor. At close to 350 pounds, walking with a prosthetic and a leg that was recently broken was going to be a challenge. Dr. Weiss called in Brooks dietician, Kerrin Going, MS, RD, LDN, to assist. Going worked with Barthel and Rose to create a nutritional plan to help get his weight down.

Not only was Barthel able to walk, but he actually walked better with the prosthetic because he could put more weight on it. He is now back to cleaning the yard and raking leaves at home.

Barthel's positive attitude also contributed to his recovery. "Don't worry about things you can't control. Why be miserable when you can be happy? I've been surrounded by so many wonderful people that I don't even look at my amputation as a curse, but a blessing. I'm not bitter. I keep asking what's my next challenge? Because I am constantly overcoming."







## TAJUAN RICHEY

Left Above Knee Amputation Secondary to Motor Vehicle Accident and Bilateral Femur Fractures

On Sept. 16, 2019, Brian Ransom was driving friends Tajuan Richey and Keondre Moss when he lost control of the vehicle at a curve in the road. They crashed over the grassy median and slammed into a tree, splitting the car in half. Tajuan and Brian were seriously injured. Keondre did not survive.

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**“He has Brooks and he has us. He’s a strong kid and he’s going to be all right,”**

---

Tajuan had multiple surgeries on his two severely broken legs, but doctors had no choice but to amputate his left leg. His right leg required skin grafts and plastic surgery as well. As soon as he was able to speak, the first question he asked was “Where’s Keondre?”

“When I first met Taj at Brooks Rehabilitation Hospital, he was wearing a photo of his best friend around his neck. He was suffering loss on many levels,” said Howard Weiss, DO. In addition to the physical aspects of his recovery, the Brooks Behavioral Medicine team helped him with his psychological recovery.

When Tajuan transitioned to outpatient therapy, he worked with Alicia Vogt, PT, DPT, in Orange Park, Fla. “He was a great patient and fun to work with. Taj always wanted to push the envelope and do more, which is what every therapist loves to see. Even though he experienced great tragedy and many set backs along his road to recovery, he was determined to walk again,” said Dr. Vogt.

The team of Dr. Weiss, Dr. Vogt and Geoff Hemmen from Hanger Clinic got Tajuan walking again using a prosthetic that combines hydraulics and a microchip. But Dr. Weiss was also concerned about his future.

“I asked him if he thought about college and what he’d like to do. He wanted to produce music and said he’d like to go to Bethune Cookman in Daytona Beach but his challenges were preventing him from applying,” said Dr. Weiss. “I helped connect him to other past patients who could help and he’s currently attending Bethune Cookman. I’m really proud of how far he’s come.”

“Dr. Weiss treats Taj like he’s his only patient. He called him the other day just to see how he was doing in school. He has Brooks and he has us. He’s a strong kid and he’s going to be all right,” said Albert Richey, Tajuan’s father.

# Mental Wellness and Integrated Care



The term “integrated care” is one we hear more and more often in today’s healthcare environment. What does it mean, exactly, and what does it mean in rehabilitation medicine, especially regarding mental healthcare as practiced at Brooks?

**According to the World Health Organization (WHO), integrated care is defined as:**

“...an approach to strengthen people-centered health systems through the promotion of the comprehensive delivery of quality services across the life-course, designed according to the multidimensional needs of the population and the individual and delivered by a coordinated multidisciplinary team of providers working across settings and levels of care.”

Sarah Lahey, PhD, ABPP-CN, a neuropsychologist and Manager of Psychological Services at Brooks Rehabilitation, and Maria Anastasiades, PsyD, a clinical health/rehabilitation psychologist at Brooks, both see firsthand the way Brooks

practices integrated care. They are part of the team that ensures that the mental health aspect of a patient’s recovery is fully addressed.

“In a traditional medical model, a person comes in presenting symptoms, the physician treats those symptoms and then sends the individual on their way,” said Dr. Lahey. “It’s treating symptoms, not the whole person. The rehab setting, by its nature, is a platform for integrated care. At Brooks, the rehab model is to restore function, to get the person back to their activities they love to do in their own environment. It’s very patient-centric.”

“All my training pretty much has been in integrated care,” said Dr. Anastasiades. “The idea is that the whole person is treated within the healthcare system – all their needs are addressed. There are decades of research showing that integrating care leads to better outcomes. Now, other healthcare providers and payers are acknowledging it.”



Better outcomes are an excellent reason to set up an integrated care model, and for Brooks that also means the commitment to incorporating mental health providers from Psychological Services into the team. In many other systems the mental health components are siloed, or as Dr. Anastasiades said, "...kind of separate floating entities off on their own."

There should never be any stigma attached to talking to mental health providers, and Brooks psychologists are introduced to patients in the same way as physicians, nurses or therapists would be – they're a normal part of the integrated care team showing the ways they can help. Whatever the entry point into the Brooks system, Brooks Psychological Services performs a type of triage to make sure people get what they need.

Sometimes patients need just a brief assessment, others get more care. And so, while Psychological Services are available throughout recovery whenever they're needed, there's plenty of evidence that even a single session can make a big difference for a patient.

As part of integrated care, Psychological Services remains a resource for patients to come back to, whether it's directly through them, through Adaptive Sports & Recreation, coming back to the Neuro Recovery Center or other programs. It's a type of open-door policy throughout the entire trajectory of recovery.

Patients aren't the only ones who benefit from Psychological Services as part of integrated care – it extends to family members also. Anytime a serious event occurs, it affects not only the patient but those around him or her. So, Psychological Services acknowledges those present and incorporates them as much as they need to. There is a dedicated patient and family counselor who will meet with family members completely separately. Brooks is committed to providing these family services for free, regardless of any insurance reimbursement.

"It's sounds so cliché, but it's wonderful to work with an organization like Brooks that values patient-centered care, and not just saying it – but really showing and living it," said Dr. Lahey.

"The point of integrated care is that it acknowledges that wellness takes many forms," said Dr. Anastasiades. "And at any time in your recovery trajectory and wellness trajectory you may need a mental health touchpoint to stay on course. Brooks offers those touchpoints in a myriad of different ways."



*Drs. Maria Anastasiades, PsyD, and Sarah Lahey, PhD, ABPP-CN*

## Telehealth and Integrated Care

If there is any good to come out of the COVID-19 era, it's the increased use of telehealth in new and innovative ways. With stay-at-home orders in full swing, telehealth gave access to people who would otherwise have had to cancel sessions and appointments. And, if Medicare reimbursement restrictions continue to be loosened or lifted altogether for Telehealth, the elderly and disabled will benefit the most.

"Telehealth adds so much, especially for those folks who might drop through the cracks because of access issues. Telehealth is a game changer in that regard. And it speaks to integrated care pretty significantly, because we're meeting them in their environment, acknowledging what their needs are, and eliminating those barriers so they can get what they need." - Dr. Maria Anastasiades

# Preventing Chronic Musculoskeletal Pain – A Patient-Centered Approach

Musculoskeletal pain is one of the leading causes of disability in the US. It's often caused by injury, such as a car accident or fall; by overuse, such as repetitive motions in a work setting; or simply by aging or through age-related diseases, like arthritis.

Jason Beneciuk, PT, DPT, PhD, MPH, is a clinical research scientist and the acting director of the Brooks/UF-PHHP Research Collaboration, which is the formal partnership between Brooks Rehabilitation in Jacksonville, Fla., and the College of Public Health & Health Professions at the University of Florida in Gainesville. One of Dr. Beneciuk's main areas of interest is secondary prevention of musculoskeletal pain, especially in the low back. Specifically, he is interested in identifying factors that help explain – and therefore can help prevent – acute to chronic low back pain transition.

"A lot of the patients who are seen at Brooks, particularly in the outpatient settings, are receiving physical therapy for low back pain," said Dr. Beneciuk. "The majority will improve following physical therapy and those tend to be the individuals at low risk for persistent pain. However, some studies

indicate that up to 20-25 percent may be at high risk for poor outcomes six to 12 months later, which may lead to receiving treatment associated with higher risk for harm, for example surgery or opioids."

Much of Dr. Beneciuk's work falls into different areas relating to that 20-25 percent – identifying those patients; developing different strategies for treating their pain; and educating therapists on how to implement those strategies into clinical practice. What comes into focus is a psychologically informed, highly patient-centric approach to prevent the transition to chronic pain, which can include:

**Utilizing validated patient questionnaires.** Therapists can screen patients to gain insight about how psychological factors might influence how they think about and cope with their painful experiences – in addition to identifying patients that may be at higher risk for persistent pain. Questions focus on psychological constructs such as pain-related fear, pain catastrophizing, depressive symptoms and pain-related anxiety. Such questionnaires provide clinicians with valuable information that they can augment with other questionnaires or focused discussions.

One such questionnaire is the STarT Back screening tool, developed at Keele University (United Kingdom) by Jonathan Hill, PhD and colleagues. The STarT Back screening tool consists of nine questions that are used to risk-stratify patients into groups based on risk for developing persistent pain. "We previously looked to see how the STarT Back tool performs in outpatient physical therapy," said Dr. Beneciuk. "It actually performed very well in predicting what patients were going to be like in terms of functional outcomes after physical therapy. So, we know it's a strong prognostic tool. It'll help clinicians identify where somebody is going to be toward the end of the episode of care." Thanks to funding provided by the Foundation for Physical Therapy Research, Dr. Beneciuk and colleagues from the University of Southern California are currently testing a newly developed tool (STarT MSK Tool) to be used across a wide spectrum of musculoskeletal pain conditions.

## Rethinking how the therapist communicates with patients.

Traditionally, as trained clinicians, therapists often aim to identify tissue specific pain generators through physical examination and provide specific treatment to manage their findings. For those at high risk for persistent pain, however, that is not always the best course of action. "The patient really needs to be part of the process," said Dr. Beneciuk. "So, we teach therapists how to efficiently implement different types of communication skills like motivational interviewing, where

"Being part of the solution is so much better than being a forgotten bystander while providers make up their minds about what should be done. Patients who are in pain will benefit when they are treated as part of the solution."

- Dorothy Verstandig







*Dr. Beneciuk discusses patient outcome reports with Research Manager, Mallorei Smith, BHS, CCRC.*

the patient is very much involved with the process, including setting goals. This is often challenging for clinicians because often we have and want to provide the answers. However, as a component of motivational interviewing, you need to put the ball in the patient's court and let the patient self-reflect on their personal experiences."

**Tailoring treatment to align with patient needs.** Instead of doing an exercise based on the patient's current ability to perform the exercise, or whether it's painful or not, the therapist might use the patient's fear of participating in the activity as a guide. "Let's say, for example, somebody has low back pain, and they're fearful of doing movements that involve twisting the spine," said Dr. Beneciuk. "Of course, we're not going to have them go out and start golfing right away. Instead, we may introduce movements that involve rotation of the spine in a very graded and sometimes protective format, like starting on their back and rolling their knees from side to side. Most patients may not even realize they are moving their spine until we as physical therapists educate them on what they just achieved."

In late 2019, Dr. Beneciuk's research on predicting patients who are at risk for long-standing musculoskeletal pain won the Chattanooga Research Award from the American Physical Therapy Association (APTA). This award recognizes an author

or team whose published work "demonstrates a significant contribution to physical therapy and presents a novel and innovative research study or theoretical model..."

"With the national crisis of opioid misuse and addictions, the ability to predict who will develop long-standing pain will allow for better, earlier use of non-pharmacological treatments, such as physical therapy," said Dr. Beneciuk.

One of Dr. Beneciuk's most recent grants came from Patient-Centered Outcomes Research Institute (PCORI), a national funding agency. The purpose of the project was to develop a stakeholder group of researchers, patients, and clinicians that, in collaboration, would help determine patient-centered research priorities. Patient-partner Dorothy Verstandig, a key stakeholder on the project, believes in the importance of considering the patient perspective in order to maximize treatment potential.

"Patient-centered research will provide raw data for providers that will enable them to see how patients feel when they are presented with a choice of treatment plans and programs," said Verstandig. "Being part of the solution is so much better than being a forgotten bystander while providers make up their minds about what should be done. Patients who are in pain will benefit when they are treated as part of the solution."

# Brooks Rehabilitation Seeking Virtual Volunteers

## \$20,000 Grant from Volunteer Florida will expand innovative volunteer opportunities during the pandemic



*Ann Popik was hired as the new Volunteer Program Assistant.*

Like many organizations, Brooks Rehabilitation had to overcome unprecedented challenges created by the coronavirus pandemic. Visitor restrictions at our hospital and long-term care facilities brought most in-person volunteer activities to a halt - increasing the social isolation of our elder population.

To help address these concerns, Brooks recently received a \$20,000 grant from Volunteer Florida as part of \$496,000 awarded to 24 nonprofit and service organizations throughout the state. The grant will enable us to strategically pivot our volunteer activities to virtual programming and provide additional support for our community programs. The goal of the grant is to recruit 400 skills-based volunteers who will provide 3,000 hours of service.

In February, Brooks hired Ann Popik as the Volunteer Program Assistant. Ann Popik has been volunteering with Brooks Adaptive Sports & Recreation since 2013 before becoming an employee. In this new role, she will facilitate, recruit and expand opportunities to provide compassionate

care to those experiencing isolation, or enable participants to access community-based programming in an innovative and virtual way. Utilizing Volgistics, a volunteer management software, we will be able to match the skills of applicants to a variety of volunteer positions, including:

- **Virtual Peer Mentoring:** Volunteer peer mentors will virtually mentor patients, family, and caregivers at Brooks who are living with a spinal cord injury, brain injury, stroke and/or amputation. Qualified volunteers are individuals living with a disability or caregivers who provide hope, support, and a path forward for those struggling with their new "normal." Brooks Rehabilitation assists with certification and training in peer mentorship, in partnership with the Christopher and Dana Reeve Foundation, Amputee Coalition and other governing organizations.
- **Virtual Buddy:** To foster a connection, volunteers will provide friendly calls to residents and guests in long-term care.
- **Entertainment Contributor:** To temporarily replace on-site performances, volunteers are encouraged to create engaging content for our residents, guests and patients to view when have downtime. Please submit your own video of music, dance, singing, how to demonstrations, reading of books, short stories or poetry.
- **Cards/Art or Stories:** Create cards, letters or short stories to brighten the day of our patients, residents, and staff.
- **Book Club:** Lead the discussion of a book over Zoom. Choose a book and communicate the choice to the group. Conduct a weekly book discussion of predetermined chapters and encourage everyone's involvement.
- **Virtual Work Out Companion:** Be someone's accountability partner. Contact them per their exercise plan, and join them via technology as you work out together. They will provide: the exercise plan, including type and duration. You provide the encouragement.
- **Assistance in Brooks community-based programs:** Volunteers from allied health programs will provide virtual and approved in-person programming.

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**To volunteer, please send an email to [VolunteerServices@brooksrehab.org](mailto:VolunteerServices@brooksrehab.org).**



# Barry Henley

## Brooks Rehabilitation's 2020 A.R.T.ist of the Year

Employees throughout the Brooks organization are encouraged to practice the A.R.T. of Caring – Acknowledge each patient or resident, develop a Rapport and relationship with patients and co-workers and look for opportunities to Thank others. Each division nominates an A.R.T.ist of the month or quarter. From those nominated, the System ART Ambassador committee selects one person to be the overall A.R.T.ist of the year.

Barry Henley's passion for completing a project and completing it well, and trying to bring joy to all our residents, earned him the title of A.R.T.ist of the Year for the entire Brooks system.

Barry's desire to give back started years ago when he was a patient at Brooks. In 2010, he was riding his motorcycle when he was hit by a drunk driver who ran a red light. He sustained a severe traumatic brain injury and his family was told he may never wake from his coma. Barry proved them wrong two and a half months later when he opened his eyes.

After completing inpatient and outpatient therapy with Brooks, Barry was doing well physically but still had cognitive challenges and experienced depression. This continued for close to a year before he visited the Brooks Brain Injury Clubhouse. Testimonies from members at the Clubhouse helped him quickly realize he belonged there as a member.

Barry fully committed to the Clubhouse and all it offered. He enjoyed the camaraderie there each day, being around others with brain injuries like his own. He worked, cleaned, participated in activities, did crafts and eventually became a mentor to new members. Through vocational opportunities provided at the Clubhouse, Barry was offered an internship in the maintenance department at Brooks. His strong work ethic and desire to give back shined, and it wasn't long before he was offered a full-time position at the Brooks Bartram campus in 2013.

Since then, Barry has become the go-to, "get it done" maintenance guy that always has a smile on his face no matter what is asked of him. The staff know that whenever Barry handles a work order, the project will be done well and completed in a timely manner. He consistently goes above and beyond for co-workers, residents and their families. For example, as apartments within Bartram Lakes are rented, the maintenance staff is frequently asked to move the



model room furniture. Barry not only moves the furniture to the newly designated room, but he'll set the room back up exactly how it was, complete with making the bed, putting décor back in its rightful place or turning a table lamp lights back on.

Even more importantly, whenever Barry is completing a work order for a resident he spends extra time talking with them and getting to know them. Staff have found him wrapping Christmas gifts with our Elders at the Green House® Residences during one of their daily activities after he completed a work order. He's been known to participate in arts and crafts with the residents between assignments. Barry takes those extra moments whenever he has the chance to make a resident's day special.

# Engaging Employees for Innovation

Innovation is a core value at Brooks, and we encourage it from every employee across our system of care. Some of Brooks Rehabilitation's most successful programs like Adaptive Sports & Recreation and the Brain Injury Clubhouse were initiated by passionate employees who wanted to do more for their patients. In 2013, as a way to formalize the process, we invited any employee at Brooks to submit innovative ideas that fill a gap and improve the patient or employee experience. The "crowdsourcing" response was overwhelming.

"Crowdsourcing is a tremendous way for us to garner ideas from staff. It's our job as leaders to listen to our front-line staff. We don't have all the answers. Our employees know best what we need to be doing to help our patients and families and make this a better place to work. We need to create the environment where employees are encouraged to bring forward those ideas," said Doug Baer, Brooks Rehabilitation President & CEO.

Once ideas are submitted, an executive committee chooses the best seven to 10 submissions. The selected individuals or groups then present to the entire Brooks management team during the annual Leadership Conference. Management votes in real time for the idea(s) that should be explored further. Winners are given a financial allowance to research their idea; determine project feasibility with our finance, project development and marketing teams; and then develop a final business plan for consideration.

Some of the tremendous new programs and services that have come from crowdsourcing winners include:

## **BROOKS REHABILITATION APHASIA CENTER (BRAC)**

In what is still one of the most compelling presentations to date, a team of two Brooks speech-language pathologists, a neuropsychologist and an occupational therapist demonstrated the daily struggles for individuals living with aphasia and the gaps of services for these individuals. The BRAC was the overwhelming winner of our inaugural crowdsourcing event. The BRAC provides comprehensive support for people affected by aphasia due to stroke, traumatic brain injury, brain tumors or other neurological

disorders. The BRAC offers two programs, including a community track and an intensive, comprehensive aphasia program. The community track provides coordinated group activities to help reduce barriers to communication. The intensive, comprehensive aphasia program combines individual therapy and immersive group rehabilitation for 25-30 hours per week for six weeks.

Within the first year of opening, the program was at capacity and has remained at capacity ever since. A satellite communications group was then started at our St. Augustine clinic and another will start soon in Orange Park, Fla.



## **HELEN'S HOUSE**

In their crowdsourcing presentation, a patient, Chris Howell and his mom, Terrie Howell, shared their challenges finding affordable and accessible housing options while trying to remain in Jacksonville, Fla., for continued therapy. Chris and Terrie joined Brooks employees to propose a family housing concept. Helen's House opened in 2017 as a hospitality house offering affordable, temporary lodging to Brooks patients and their caregivers. Helen's

House is named in honor of Helen Brown, the wife of Brooks namesake, J. Brooks Brown, MD. Mrs. Brown was a welcoming and gracious host who made everyone she met feel like they were part of the family.

## **THE SPINAL CORD INJURY/DISORDERS DAY TREATMENT PROGRAM (SCI-D)**

This interdisciplinary rehabilitation program is designed to provide intense therapy for patients who have had a spinal cord injury (SCI) or similar impairments. When it opened in Jan. 2019, it began immediately fulfilling an unmet need.

Patients can be referred to the program after their inpatient rehabilitation hospital stay or once they are able to transition from home health. Overseeing SCI-D is a medical director, psychologist, physical therapist, occupational therapist, speech therapist and a nurse case manager, all with specialized training in spinal cord injuries. Patients in the SCI-D program participate in half- or full-day treatment for a maximum of six hours a day, five days a week, for up to 12 weeks. The SCI-D program focuses on managing ongoing medical needs with special attention toward home and community reintegration for those impacted by a SCI.



## BROOKS REHABILITATION ALTERNATIVE VOICES (BRÄV)

A 2017 crowdsourcing winner, BRAV is an augmentative and alternative communication (AAC) specialty at Brooks. Therapists provide an actual, digital voice for people who have difficulty speaking. Our patients of all ages use speech-generating devices (SGDs) to communicate with those around them. BRAV clinicians across the system of care complete specialized AAC evaluation and treatment sessions for individuals who have severe communication impairment from an autism spectrum disorder, cerebral palsy, genetic disorders, ALS, stroke, traumatic brain injury and spinal cord injury.

## FUTURE PROGRAMS

At our 2019 Leadership Conference, several winners were chosen. After business planning and feasibility studies, two will move forward to development:

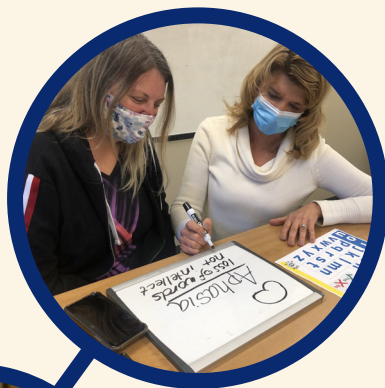
## CENTER FOR VOICE, FEEDING & SWALLOWING

This specialty will support patients with complex feeding, voice and swallowing disorders by providing state-of-the-art diagnostic tools, a specialized team of clinicians, and access to the latest and most innovative treatments in the outpatient setting. It is expected to open by the end of the year.

## PLAYY

Playing, Learning, and Adapting for Youth, Yay! (PLAYY) will be an inclusive playground setting for children and youth with disabilities. Inclusion is vital for successful development and integration. Early inclusion leads to better outcomes in adulthood for persons with disabilities. The playground will be located outside of the Brooks/Halifax pediatric clinic in Daytona Beach, Fla.

Crowdsourcing is a tremendous benefit to our employees and patients. **We look forward to the next round of innovative ideas** presented in September.



# Dedication and Distinguished Service:

## Chairman Emeritus Gary Sneed and Lynne Sneed


In many ways, Lynne and Gary Sneed are a lot like Brooks founder J. Brooks Brown, MD, and his wife of 78 years, Helen. They are partners in every aspect of life: soul mates; each other's sounding board and rock; moving through life as a team. Another similarity the Browns and the Sneeds shared was a strong commitment to giving back to the community through donations and the gift of their time and treasures.

Their connection started when Lynne was hospitalized in 1989 due to an acute seizure disorder that began with headaches and memory loss. She was in a coma for 57 days. Gary was given a poor prognosis for her recovery and was advised to consider institutional care for the remainder of Lynne's life. He refused to accept that recommendation and she was moved to Brooks Rehabilitation Hospital (then Memorial Regional Rehabilitation Center) for acute rehabilitation care. Her progress was slow but steady, and with her husband by her side working on her memory and mobility she had a recovery that was nothing short of miraculous.

Gary was so moved by the compassionate care and expert clinical treatment his wife received, he called founder and CEO Dr. Brooks Brown, to "thank him and offer our service as volunteers. We just wanted to give something back because they helped us so much."

They planned a lunch meeting, and a friendship of 30 years began. Dr. Brown, an active listener and passionate about people and their stories, learned of Sneed's business acumen and successes. He was aware of Sneed's devotion to his wife and commitment to her recovery. Gary, who admits to being a little embarrassed that he didn't already know about Dr. Brown and his work as a pioneer in Jacksonville's medical and philanthropic community, listened to Brown's vision for the future of rehabilitation services in Jacksonville and the region. They shared several core values: everyone deserves excellent health care treatment; all goals are attainable in organizations who treat their employees as their greatest asset; and the rehabilitation organization now known as Brooks needed to grow rapidly to meet the demands of the region.

Among Dr. Brown's responsibilities, as CEO and board chairman, was networking in the community to ensure he was tapping the best and brightest leaders to serve on the governing boards of the system – the rehab hospital and its outpatient centers; the community foundation; the physician practice. It was a role he greatly enjoyed, and a skill for which he was highly regarded.



I'll always be grateful for Gary Sneed. He has been a great board member, a servant leader, an ambassador for Brooks Rehabilitation, and a friend to all of us."

\_\_\_\_\_  
Doug Baer, President & CEO

During that initial lunch meeting, he invited Gary to join the Brooks parent company board of directors, where he later served as both Vice Chair and Chairman. After years of service, Gary stepped down from the top role in 2016, while continuing to serve as a board member. Lynne Sneed was invited onto the board of the Brooks Rehabilitation Hospital, having a unique perspective as a patient of both the inpatient and outpatient programs, and someone who made a complete recovery from severe cognitive impairments. She served for more than 20 years. They are both generous about sharing Lynne's story with others, and both are respected by employees for their unwavering dedication to the Brooks' organization. Their





*photo credit: becphotography*

endowment of scholarships, donations, and service are legend and they have forged friendships with employees, fellow donors, board members, and people in the community who are also Brooks alumni or are seeking treatment. In Dec. 2020, Gary Sneed retired as a Brooks board member. In special recognition of his distinguished service, the board voted to appoint him as Chairman Emeritus. In a style that reminds many of his friend and mentor Dr. Brooks Brown, he remains humble about the leadership role he has played in the organization's growth. This includes: expansion of service offerings and treatment locations, forging clinical research and educational partnerships, and something that he is most

proud of - the high patient satisfaction scores and stellar reputation that are a result of excellent clinical treatment delivered in the same compassionate way his wife (and her family) were treated more than 30 years ago.

"High functioning governing boards are cultivated and led to blend their skills and talent to achieve the organization's goals. Think of a good orchestra. This was something Dr. Brown taught me, and I'll always be grateful for Gary Sneed. He has been a great board member, a servant leader, an ambassador for Brooks Rehabilitation, and a friend to all of us," said Doug Baer, President & CEO of Brooks Rehabilitation.

# Excellence in Continuing Education: Brooks ITRS

The Brooks Innovative Topics in Rehabilitation Series (ITRS), part of the Brooks Institute of Higher Learning (IHL), consists of live webinars providing cutting-edge information for a wide spectrum of clinical practice topics. Held each Thursday at noon Eastern Standard Time, March through December, the one-hour sessions offer a formalized curriculum with core learning opportunities for all rehabilitation professionals, regardless of discipline. Participants can earn up to 30 contact hours / 3.0 continuing education units (CEUs) during the ITRS season.

Bob Rowe, PT, DPT, DMT, MHS, Executive Director of Brooks IHL, is the creator of ITRS. The idea came from Dr. Rowe's clinical background, where years ago busy medical professionals would get together in an auditorium for a quick lunch break and discuss current topics. With today's technology, the "auditorium" now is wherever the participant is located.

A critical component of ITRS, which sets it apart from other seminar series, is that weekly topics are important and relevant across all rehabilitation disciplines. "Whichever field you are in, there are foundational issues of concern for all of us," said Dr. Rowe. "We all need to be up to date on common ground topics like clinical decision making, research, outcome measures, leadership, technology and the future of health care."

Planning for a March-December season begins in the spring of the previous year. Choosing topics and scheduling the best presenters requires early coordination. Yet, there is always flexibility for a hot topic that comes out of the blue. "We talk with the various rehabilitation professional organizations to learn what their members are asking about," said Sara Cristello, PT, DPT, Director of Clinical Operations at Brooks Institute of Higher Learning. "While each ITRS session stands on its own, there can be course blocks that provide complementary and synergistic information."

Dr. Rowe stresses that sessions are geared to be engaging and interactive. "There's always time for questions during and at the end of a session," said Dr. Rowe. "And often there will be polls and surveys going on in real time."

The CEUs available to the participants are an important component of ITRS. "When participants from new states enroll, we work with the different state professional organizations as needed to ensure that ITRS meets their requirements for continuing education," said Dr. Cristello. "And we maintain a database so that participants get credit for their 'seat-time.'"

Pricing for a one-year (March-December) ITRS season is a flat rate based on the number of participants from an organization. For a facility signing up more than 250 people, the annual price in total caps out at only \$2,500.

"Brooks has been forward thinking in their approach to ITRS," said Dr. Rowe. "The multi-disciplinary curriculum; the quality of the presenters and their latest information; the convenience of the webinar format; and the pricing all reflect Brooks' commitment to continuing professional education."



The ITRS is not limiting itself to live sessions. Coming soon will be an expansive ITRS resource video library. Although not available for CEU, the videos will present a vast range of topics in different styles and lengths – all free and on-demand. "The residencies, fellowships, CEUs, certification prep and courses in general offered by the Brooks Institute of Higher Learning have always been a differentiator for the Brooks system. Establishing this resource video library is the next step in that commitment to education." – Dr. Cristello

**For more information and to register, please visit [BrooksIHL.org](http://BrooksIHL.org).**



## Innovative Topics in Rehabilitation Series Course Offerings:

- Regenerative Medicine
- Mentoring for Success
- Interprofessional Collaboration: When Do You Refer to Other Providers?
- Patient Management with Handheld Technology
- Examining the Relationship Between Falls and Vision Impairment
- Understanding Headaches Can Cause a Headache
- Communication with Adults with Neurogenic Disorders
- Lower Back Pain
- Exercise is the New Medicine
- Pre/Post-Partum
- Future of Genetics and its Impact on Health Care
- All Pain is Not the Same
- Aging Gracefully
- Dementia
- Motivational Patient Interviewing: The Missing Piece of the Puzzle
- Establishing a Safe and Healthy Exercise Program for General Fitness
- Domestic Violence
- Robotics and Technology
- Dizziness Disorders: Vestibular, VBI, Pharmacologic and Cervicogenic
- Amputee Management
- 7 Dimensions of Wellness
- Successes and Challenges with the Medically Complex Patient Population
- Mystery Labs!
- Cognitive Executive Function
- Evidence Based Aphasia Treatment
- Shared Decision Making
- Assistive Technology in Rehabilitation
- Attaining Lifelong Bone Health



- How to Promote Health and Fall Reduction in the Active Order Adult Population
- Leaky Gut: What is that?
- Concussion
- Heat Exhaustion
- Introduction to Implementation Science
- Current Landscapes in Adaptive Sports
- Update on Muscle Function
- Using Outcomes to Drive Patients Care Decisions
- Identifying and Managing Emerging Critical Conditions

TYPE - 1 YEAR	PRICE
Individual	\$250
Facility: 3-10 Clinicians	\$750
Facility: 11-50 Clinicians	\$1,000
Facility: 51-150 Clinicians	\$1,500
Facility: 151-250 Clinicians	\$2,000
Facility: >250 Clinicians	\$2,500

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