

BROOKS<sup>®</sup>  
Rehabilitation

# BEYOND



SPRING/SUMMER 2022



THE FUTURE  
OF *Rehabilitation* IS HERE



6400

BROOKS  
Rehabilitation

ON The Future of Rehabilitation is Here

BROOKS' REHAB

09 PATIENT HIGHLIGHT:  
DECLAN GRAHAM

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Brooks Rehabilitation Hospital -  
**BARTRAM CAMPUS**

31 CHALLENGE MILE  
10 YEAR ANNIVERSARY

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**BROOKS**  
Rehabilitation

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**#WeAreBrooks**



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# Doug Baer



*Doug Baer speaks to the crowd at the opening reception for the new Brooks Rehabilitation Hospital - Bartram Campus.*

We are so excited our newest Rehabilitation Hospital is now open! This beautiful state-of-the-art facility will allow us to treat more people in need of our specialized services.

We solicited input from many of our existing team members to incorporate the most advanced design, technology and function for this operation.

Our new hospital is wonderful, but the real difference is the people who work in the building. We have a dynamic team, many of whom are existing Brooks employees, committed to achieve the best outcomes possible for our patients and their families.

Important components of our organization's success are highlighted in this edition. Our Institute for Higher Learning is critical in developing our team and achieving one of our core values, Continuous Learning. Our therapy residency and fellowship program is one of the best in the nation!

Our rehabilitation research is also highlighted which allows us to test new ideas and protocols and successfully care for the most complex patients.

The environment today is challenging with rising inflation, competition for talented people and supply chain shortages. We remain committed to relentlessly pursue the best outcomes for our patients and families, while continuing to enhance and grow our services as we have done for the last 50+ years!

A handwritten signature in black ink that reads "Douglas H. Baer".



# Britt Tabor

## Brooks Rehabilitation Names New CFO to Help Lead Growth



**“I’m excited to join Brooks, especially at this time of extensive growth.**

Brooks is known for its world-class clinical care and research, and I look forward to helping the system expand access for both.”

Brooks Rehabilitation is pleased to announce that J. Britton Tabor, CPA, FACHE, has joined the organization as Executive Vice President and Chief Financial Officer. Tabor will help lead Brooks in its next phase of growth, as our nonprofit health system expands its industry-leading rehabilitation services in Florida and the Southeast.

Tabor has had an exceptional career in healthcare financial strategy, operations and governance, most recently serving as EVP/CFO for one of the largest, fully integrated public hospital systems in the country. His expertise includes driving financial and process improvements coupled with market share growth. Tabor is a certified public accountant (CPA) and a Fellow of the American College of Healthcare Executives (FACHE).

Doug Baer, President and Chief Executive Officer of Brooks Rehabilitation, said, “Britt’s financial and leadership skill set is

a perfect fit for what Brooks needs now and in the future. His expertise will be a crucial component of our ongoing success and expansion.”

In addition to opening our second inpatient rehabilitation hospital in Jacksonville, Fla., highlighted in this issue, Brooks is also undergoing extensive growth in the Orlando area. The plan is to open five new outpatient therapy clinics per year for the next three years.

“I’m excited to join Brooks, especially at this time of extensive growth. Brooks is known for its world-class clinical care and research, and I look forward to helping the system expand access for both,” said Tabor.

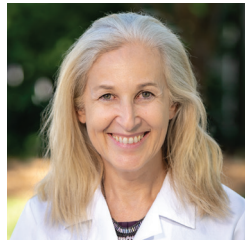




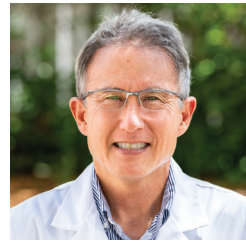
**Rebecca Andrew, MD**  
Internal Medicine



**Natalya Bulaeva, MD**  
Staff Physiatrist



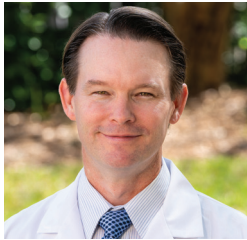
**Mabel Caban, MD**  
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Internal Medicine



**Jantzen Fowler, MD**  
Internal Medicine



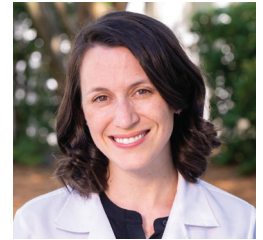
**Pierre Galea, MD**  
Staff Physiatrist



**Ivy Garcia, MD**  
Staff Physiatrist



**Brian Higdon, MD**  
Associate Medical Director of  
the Spinal Cord Injury Program,  
*University Campus*



**Katelyn Jordan, OD**  
Low Vision Optometrist  
and Center Manager



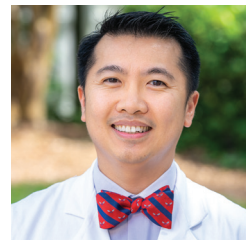
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**Sarala Srinivasa, MD**  
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Orthopedic/Trauma Program  
and Amputee Program

**Rehabilitation Hospitals · Skilled Nursing Facilities · Home Health · Physician Practice  
Outpatient Therapy & Services · Assisted Living & Memory Care**



# Q & A

## Kerry Maher, PT, MD

Kerry A. Maher, PT, MD, is Brooks' Senior Vice President of Physical Medicine and Rehabilitation Consulting and Education, and Medical Director of Admissions. Dr. Maher joined Brooks Rehabilitation in 2004 as a consulting physician. After assuming several leadership positions within Brooks, she officially joined the executive team in 2020. Dr. Maher has become one of Brooks' most recognized ambassadors, lecturing throughout the southeast and nationally about rehabilitation.

She received her Bachelor of Science in Physical Therapy from the Medical College of Georgia and practiced as a licensed physical therapist for three years. She then earned her medical degree at the Medical College of Georgia. Dr. Maher completed her internship in internal medicine at the Medical College of Georgia and a three-year residency in physical medicine and rehabilitation (PM&R) at the Rehabilitation Institute of Chicago at Northwestern University.

### **YOU BEGAN YOUR CAREER AS A PHYSICAL THERAPIST. WHAT GOT YOU INTERESTED IN PT TO BEGIN WITH?**

I became interested back in the eighth grade. There was a television series called Medical Center, starring Chad Everett. In one show I saw them work with a person where they had parallel bars. I'll never forget it. They had to get the patient up on parallel bars and teach him how to walk again. I don't remember what the patient's diagnosis was, but I remember thinking, "I want to do that." I think I always wanted to work in the healthcare field, and always wanted to help people.

### **WHAT WAS YOUR THOUGHT PROCESS GOING FROM PT TO PHYSICIAN?**

Well, as a physical therapist, I felt like I had one snapshot of the patient's care, which was of course very important.



But I wanted to know the entire recovery process from the beginning – the ER, how the patient was diagnosed, how they were initially treated medically or surgically, and then the rehabilitation – the whole spectrum of the patient journey.

### **AFTER YOUR PM&R RESIDENCY, YOU SPENT A NUMBER OF YEARS AT THE UNIVERSITY OF ALABAMA MEDICAL CENTER. WHAT DID YOU LIKE ABOUT THE ACADEMIC ENVIRONMENT?**

I liked the camaraderie in academics. You were expected to teach medical students but also residents and fellows. It was very cutting edge, and you collaborated with people from all different specialties of medicine. I really enjoyed that.

### **WHAT WAS A DECIDING FACTOR ON COMING TO BROOKS?**

I was impressed with Brooks' reputation in the community and felt that I could contribute to help make it the world-class organization it is today. During my interview, the then Brooks CMO asked me what I really wanted to do in the role. I told her I wanted to do consults and grow Brooks' relationships throughout the community. Right then and there she said, "When do you want to start?"

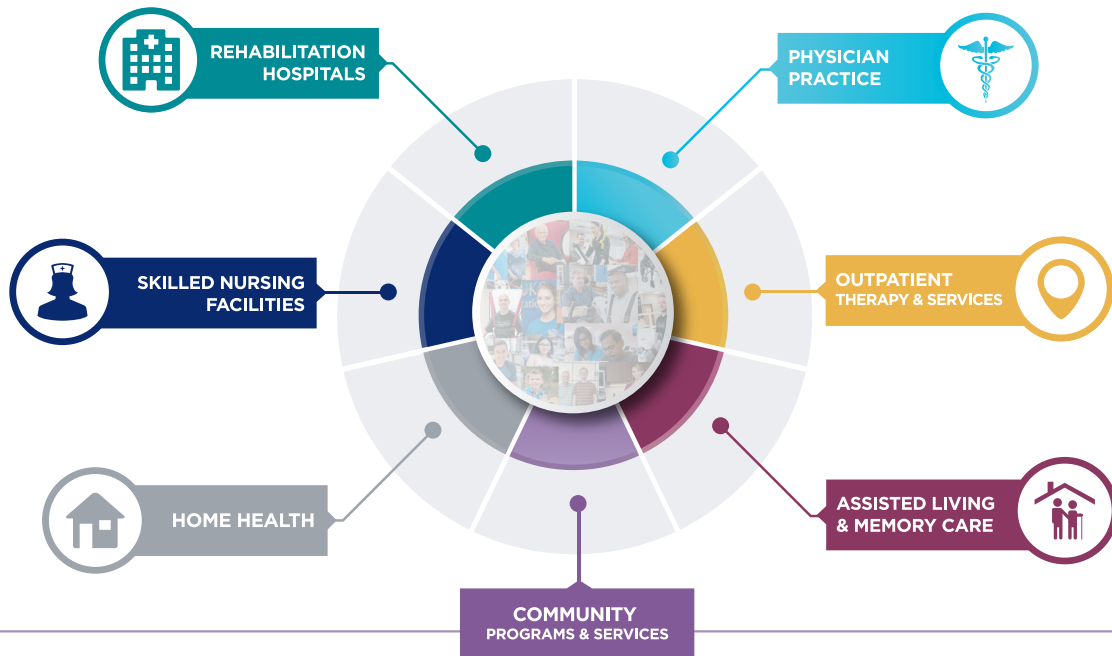
### **WITH EVERYTHING YOU DO AT BROOKS, WHAT'S MOST IMPORTANT TO YOU?**

What's very important to me is empathy, compassionate care and the patient experience. A smile – even through a mask – and a laugh with a patient, or sharing something personal, like even your favorite football team, will make them smile, and that could mean a positive day for them. We get to know each patient as an individual, and we are privileged to be a part of their lives during some of their most difficult times.



# 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 & RELATED DISORDERS 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



# Declan Graham

## Returning to Work After a Devastating Spinal Cord Injury



Declan Graham remembers leaving work at Disney's Animal Kingdom in Kissimmee, Fla., on his motorcycle and waking up in the ICU.

"From the police and witness reports, they determined someone cut me off going around a corner. I hit a guardrail at 40 miles an hour. My chest hit the guardrail first, and my body got bent in half over it. My spine broke. My ribs broke and went into my lungs, collapsing them," said Declan.

He sustained a T-5 spinal cord injury and required immediate surgery. "They had to fuse four of my vertebrae together, put two rods, eight screws in my back and some chest tubes as well." He spent three weeks in ICU and another week in the hospital. "The thing that really got me through that was my support system, my family. And I knew I had to keep a strong mental mindset throughout the whole thing."

Declan's father did some research on rehabilitation options and determined Brooks Rehabilitation in Jacksonville, Fla., was the best place for Declan to continue his recovery.

When Declan first arrived at Brooks, he could only wiggle the toes on his left foot. As an athlete who loved going to the gym, Declan was worried therapists wouldn't push him hard enough. His physical therapist, Emily Andrews, and occupational therapist, Cassidy Cramer, quickly alleviated those fears. His therapy was tailored to his specific needs and

abilities – working on both his mobility and how to be as independent as possible in a wheelchair.

When Declan was well enough, he was able to easily transition to his next level of care offered at Brooks. He started the Spinal Cord Injury and Related Disorders Day Treatment program. His overall goals in the SCI day program were "to strengthen my upper body, strengthen my right arm, and most importantly, to strengthen my legs and get my form down to perfection in order to be able to walk," said Declan. He used the Hybrid Assistive Limb (HAL) and other specialized technology along with clinicians experienced in helping patients like Declan.

When Declan returned home to the Orlando area, he was able to continue physical therapy with HAL in Brooks' Osceola Crossings outpatient clinic. "Declan has made great progress both in and out of HAL," said center manager, Carolyn Tremblay, PT, DPT. "He is progressing with balance work in and out of his braces, his endurance and tolerance to activity is increased and he's increased in independence in all daily activities." Declan was also able to slowly return back to work.

"From my experiences here, I can't think of any other place that is as awesome as Brooks is. I was taken care of so much here. I love this place. It's like a second home to me," said Declan.



# THE FUTURE OF *Rehabilitation*





# IS HERE

## **BROOKS REHABILITATION HOSPITAL – BARTRAM CAMPUS IS NOW OPEN**

Brooks Rehabilitation is excited to announce the opening of our new 60-bed, state-of-the-art inpatient rehabilitation hospital, located on Brooks' existing 115-acre campus in the Bartram Park area of Jacksonville, Fla.

Brooks Rehabilitation Hospital – Bartram Campus joins our two existing rehabilitation hospitals allowing us to treat more patients in need of our specialized services. Our original 160-bed rehabilitation hospital on University Blvd. is one of the busiest in the country providing care for more than 3,000 patients per year. Brooks also manages a 40-bed inpatient

rehabilitation hospital in partnership with Halifax Health in Daytona Beach, Fla.

“With the tremendous growth in the region, the demand for our specialized services was more than we could meet in our existing hospitals,” said Bryan Murphy, MHA, RN, BSN, CRRN, Vice President of Operations. “Our new hospital will provide additional access and exceptional care to patients who are recovering from brain injuries, spinal cord injuries, strokes, orthopedics, transplants or other disabling illnesses.”



## DESIGNED FOR REHABILITATION

When the decision was first made to build a new hospital, the executive team at Brooks wanted to ensure that those working in the new hospital were empowered and included in its design. A committee was formed that encompassed multiple disciplines – physicians, therapists, nurses, case managers and the Brooks Projects team. Amanda Osborne, PT, MBA, Vice President of Operations and Administrator for the Brooks Rehabilitation Hospital – University Campus, led the committee through multiple sessions and breakout groups.

From the overall flow of the hospital down to the smallest details such as the placement of outlets, the committee worked with architects and interior designers for 16 weeks. The end goal was to create a hospital that incorporated a modern workflow, with mobility and electronics being core components.

Therapists were concerned with having training spaces where they could teach patients how to perform everyday tasks in a new way once they returned home. They were actively involved in the design of the activity areas and the therapy gyms, including the technology in each space.

Nurses on the committee recommended patient room workflow that incorporated the needs of the patient, families



and staff. A focus of efficiency was included in the design to allow nurses to spend time more time with patients.

The cross collaboration and input from staff on the frontlines each and every day was invaluable to those designing the space. Design partners Gresham Smith and contractor Perry-McCall Construction then worked tirelessly in a complex COVID and supply chain environment to bring their ideas to fruition.



*The new hospital is located on our 115-acre campus, which also includes skilled nursing, assisted living and memory care.*





**"THE LEADERSHIP TEAMS AT EACH HOSPITAL** *collaborate frequently*  
**TO MAKE SURE THAT WE'RE GROWING TOGETHER AS A SYSTEM"**

## ASSEMBLING THE TEAM

In late 2020, Murphy was named the VP of Operations and Parag Shah, MD, FACHE, was promoted to Medical Director.

"The first word that comes to mind is 'partnership,'" said Murphy. "Dr. Shah and I are strong partners. We are aligned in our combined vision to elevate what we do every day. He is a phenomenal physician and a dynamic individual. I feel very privileged to have all that expertise at the new hospital at Bartram Campus."

Over the next year, the duo first identified the remainder of their leaders and then assembled their teams from a combination of existing staff and individuals new to Brooks. "Our clinical teams are among the highest trained and educated in the profession and ensuring the right fit is crucial. Each new team member brings varying strengths - including clinical expertise, compassion, positivity and innovation," said Murphy.

In total, 80 employees started at the new hospital on April 4, 2022. That number will grow to 150 as the hospital census ramps up.

## DIFFERENT LOCATIONS - SAME WORLD-CLASS CARE

The University Campus hospital and the new Bartram Campus hospital were built to be as aligned, similar and standardized as possible. "Our acute care partners rely on us to be able to serve complex patients - and our complexity is at the top 1 percent in the nation," said Murphy. We've built the infrastructure to

continue to support that, because we know that the patients have specific, significant needs - stroke, spinal cord injury, brain injury, major multiple traumas, complex medical management - those are the patients that we're here to help. We're able to provide the very highest level of service at both hospitals."

Additionally, the hospitals will have shared governance councils in research, patient experience, quality, professional practice and informatics. There will be representatives from each hospital on these councils to bridge the two entities and share best practices. These governance councils allow frontline employees to drive solutions.

"The leadership teams at each hospital collaborate frequently to make sure that we're growing together as a system. Our goal at the Bartram hospital is to extend all the excellent services that we have been providing for more than 50 years, and we can't be more excited about doing that," said Murphy.





## WHAT TO EXPECT AT THE NEW BROOKS REHABILITATION HOSPITAL – BARTRAM CAMPUS

Our team at the Brooks Rehabilitation Hospital – Bartram Campus provides exceptional care to address the region's rehabilitation needs. The hospital features the innovative technology, clinical expertise and proven treatments synonymous with the Brooks organization.

### Patient Rooms

We made our 60 private patients rooms larger for increased safety and functional movements. Each one features: a refrigerator, a safe for valuables, a bed alarm with automated messages to the patient, a digital whiteboard to display daily messages and Sonifi TVs for both entertainment and education. Our bariatric rooms also have a lift and ceiling track that leads into the bathroom for additional safety.

### Day Room and Patio

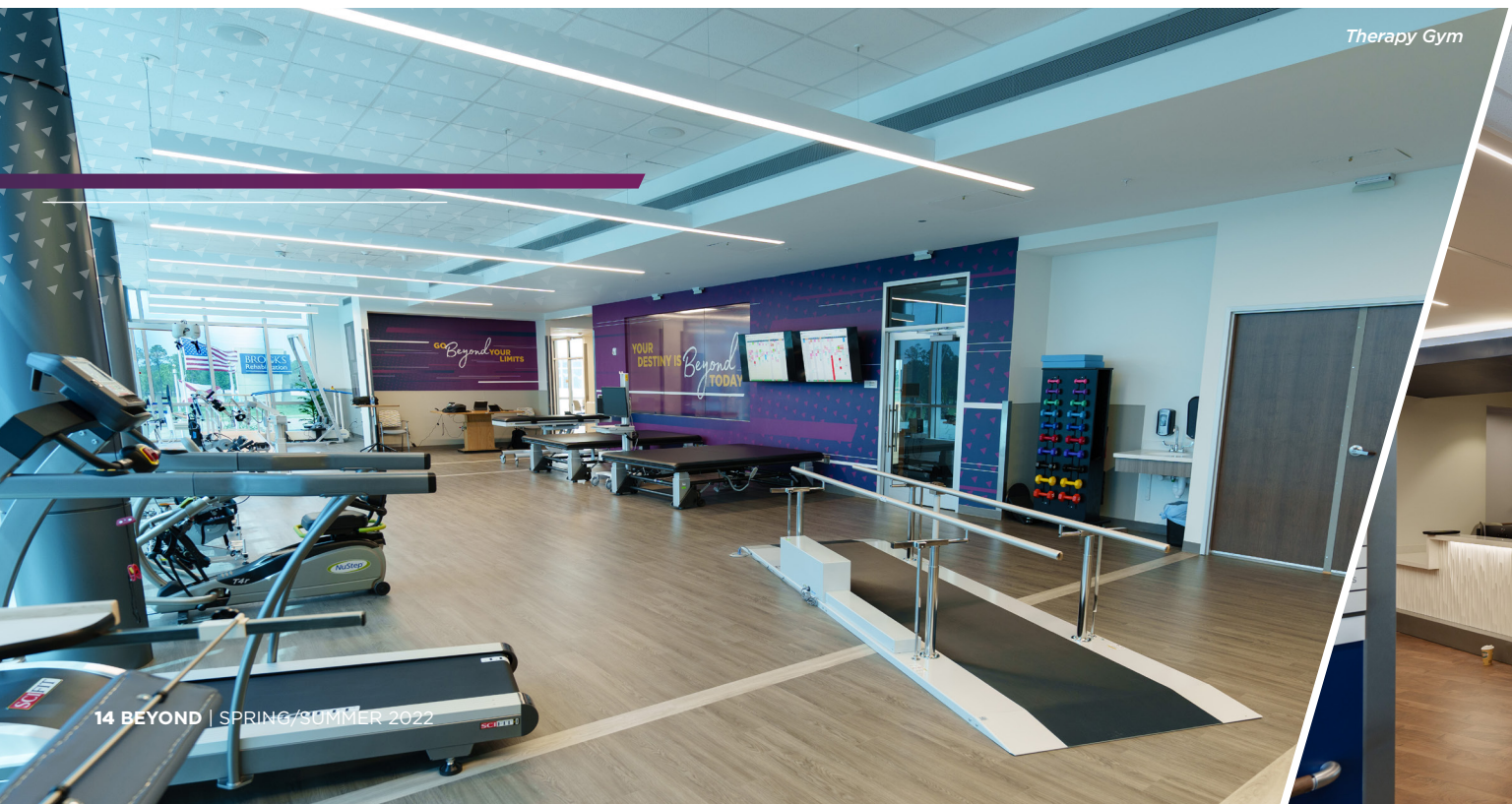
This multi-purpose space is used for therapeutic feeding/dining groups, recreational therapy activities and a falls prevention program happy hour, open to all patients and their families. There is a separate area for family nourishment that can be accessed even if groups are in session. The Day Room leads to an outdoor patio available for meals and socializing.



*Activities of Daily Living (ADL) Suite*

### Activities of Daily Living (ADL) Suite

This is a training space that can more closely mimic the home setting. It includes a bedroom, bathroom, kitchen and laundry area to practice functional tasks. Our system on care allows us to collaborate with the ultimate goal of success with each patient. A Brooks Home Health educator conducts training in the ADL suite, focusing on tools to help patients on their return to home.



*Therapy Gym*



## Therapy Gyms

Brooks invests heavily in technology to provide our patients with the latest innovations available. Many times, our expertise in evidence-based rehabilitation helps develop these emerging technologies and gets them into widespread use sooner. For example, Brooks is the only rehabilitation provider in the country to offer Cyberdyne's Hybrid Assistive Limb (HAL), the world's first advanced robotic treatment device shown to improve a patient's ability to walk.

## Therapy Courtyard

An integral part of our rehabilitation, the outdoor courtyard features different inclines and terrains to help patients practice walking and wheeling when they return home. It also includes a putting green, hand bike and tricycle for additional leisure activities.

## Gait Hallway

This is a special space for patients and therapists to practice and improve walking skills. It features the ZeroG, the most advanced robotic body-weight support network available. ActiveAssist, a novel dynamic fall recovery functionality, provides a more pleasant patient experience by smartly adapting body-weight support to its users.



*Gait Hallway*



*Outdoor Patio*



*Meditation Chapel*

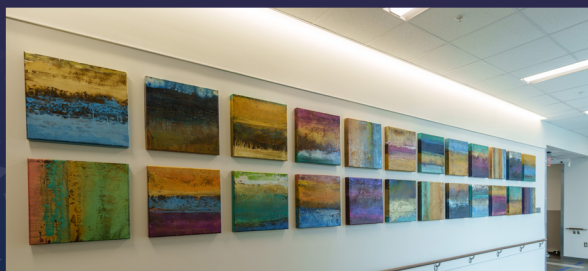
## Meditation Chapel

A meditation chapel is located on the first floor. Non-denominational pastoral care is available to all patients and families from our staff chaplain.

## Custom Artwork

Artist Mike Elsass of Dayton, Ohio, created custom art commemorating the opening of Brooks Rehabilitation Hospital - Bartram Campus. Titled "Colors of Energy," this piece represents beginning, appreciation, inertia and peace. It is made from mixed media of recycled steel, acrylic, silicate sand, mica flakes, gels, rust and shells.

Additional art pieces were created and curated specifically for the new hospital to inspire patients as they continue pushing beyond their limits.



*Custom Artwork*

# MEET OUR *Leadership* TEAM



**Bryan Murphy, MHA, RN, BSN, CRRN**  
**Vice President of Operations**

Mr. Murphy started his career as a CNA at Brooks in 2009. During his 13-year tenure, he earned his master's degree in Health Administration, B.S. in Nursing and certification as a Certified Rehabilitation Registered Nurse (CRRN). Mr. Murphy started as an orthopedic nurse but realized quickly he had an appetite for learning new specialties and found a passion for working with many different patient populations. As a continuous learner, he served as an employee nurse in Brooks' human resources department—his introduction to administrative work—while earning his master's degree and later became a Brooks clinical liaison. He most recently served as the Director of Inpatient Admissions and Ancillary Operations.



**Parag Shah, MD, FACHE**  
**Medical Director**

Dr. Shah has been with Brooks for four years and has effectively served in multiple roles including medical director of the stroke program and the data solutions department, Physical Medicine and Rehabilitation (PM&R) consultant at Memorial Hospital, providing medical leadership in fostering the alliance with the transplant service at Mayo Clinic as well as serving as course director for the Vascular Neurology Fellow rehab rotation. Dr. Shah received his medical degree from St. George's University in 2012, completed his residency in Physical Medicine and Rehabilitation at Wayne State University and earned his board certification in Physical Medicine & Rehabilitation in 2016. He also holds a Masters of Business Administration from Wayne State University. In 2022, he earned his Fellow designation from the American College of Healthcare Executives.



“ WE ARE *aligned* IN OUR

COMBINED VISION TO *elevate* WHAT

WE DO *every* DAY. ” - Bryan Murphy



Danielle Erdman, MS, CCC-SLP, CBIST  
Director of Rehabilitation

Ms. Erdman is a seasoned speech-language pathologist (SLP) who received her master's degree at Vanderbilt University School of Medicine in 2010. She joined Brooks in July 2013 and has been an integral part of the success at the existing Brooks Rehabilitation Hospital – University Campus, where she served as an SLP, assistant therapy manager, and most recently, therapy manager of our Brain Injury and Spinal Cord Injury Programs. Ms. Erdman has a record of accomplishment for driving process improvements that directly impact the quality of our patient care.



Adam Francis, RN, MSN  
Director of Nursing

Mr. Francis is the newest member of the leadership team, joining Brooks in 2021 specifically for this position at the new Brooks Rehabilitation Hospital – Bartram Campus. He began his nursing career on a transplant floor at Mayo Clinic in Jacksonville, Fla. During his 15 years of service, Mr. Francis served in several roles at Mayo including Transplant Team Leader and Nurse Manager overseeing the Medical/Surgical/Covid-19 units. He received his master's degree in Nursing Leadership from Jacksonville University. Mr. Francis has a strong reputation for building trust and leading by example, traits that will help lead our nurses of the future.



615 tons

# BY THE *numbers*

THE 60-BED, 76,056 SQUARE FOOT HOSPITAL IS LOCATED ON 10 ACRES OF OUR 115-ACRE BARTRAM CAMPUS.

WHAT DOES IT TAKE TO BUILD A 76,056 SQ. FT. HOSPITAL?

41 *miles* OF DATA CABLING • 1,344 *linear feet* OF HANDRAILS

144 PIECES OF *dynamic* GLASS • 32 *miles* OF CONDUIT

158 *miles* OF WIRE • 1,750 *gallons* OF PAINT • 13 *miles* OF CEMENT





OF STEEL

208,390 *construction* MAN HOURS

*thank you*

AILS

OF PIPE



Brooks would like to extend a special thank you to our designer, **Gresham Smith**, and our contractor, **Perry-McCall Construction, Inc.**, for their dedication and commitment to this new, state-of-the-art hospital.



# Celebrations Commemorate Much Anticipated Opening



**Brooks Rehabilitation hosted a variety of events to celebrate the opening of our newest, 60-bed, state-of-the-art inpatient rehabilitation hospital.**

Events kicked off with an onsite orientation and teambuilding for staff who will work in the new hospital. More than 80 colleagues toured the hospital where they will provide exceptional care and service to patients coming from around the globe.

On Thursday, April 7, A “VIP Reception and Ribbon Cutting” commemorated the commitment Brooks has to the future of rehabilitation. Nearly 300 guests including local and state dignitaries and officials, members of the Brooks Board of Directors; civic leaders; CEOs, physicians and other leadership from acute hospitals and catastrophic care entities; community partners and partnering university and colleges toured the cutting-edge facility.

As an organization focused on research, education and leading the way in rehabilitation practices, tours highlighted how Brooks incorporates medical innovations and treatments into its therapies, including the Hybrid Assistive Limb (HAL)



robotic exoskeleton for patients with a variety of lower-limb movement or balance issues. Those who suffer from these types of injuries or diseases can progress toward their desired recovery because of this futuristic treatment. Tours also included demonstrations of the latest in rehabilitation technologies and services, such as assisted feeding devices and adaptive technology, virtual reality and more.







# Our First Patients

**Christa Jordan was the first to arrive, followed within an hour by Dennis Godsey.**



*Christa Jordan just finished serving breakfast to her husband, Lonnie, when she felt like the room went sideways. Lonnie asked if they should call their daughter, DeAwna, who lives next door. Not wanting to trouble her, Christa chose to rest instead.*

By 4 p.m. Christa and Lonnie realized something was indeed wrong and called DeAwna. She brought Christa to Mayo Clinic – Jacksonville where she was diagnosed with a “light stroke.”

When inpatient rehabilitation was recommended, Christa and her family asked for Brooks. Lonnie was previously a patient at Brooks Rehabilitation Hospital – University Campus and had a great experience. “He is not someone who enjoys that type of thing, but he had very good things to say and was very appreciative of it and grateful to them,” said Christa.

Based on capacity, Christa wasn’t able to be immediately transferred to the original Brooks hospital and was offered the opportunity to be the first patient at the new Brooks Rehabilitation Hospital – Bartram Campus. The new hospital was built to provide more access to patients in need of our





specialized services and Christa was a perfect example of the need. Christa was told there would be cameras taking her picture when she arrived and she agreed, thinking it would be something exciting. She was also eager to get to the next step in her recovery so she could get back home.

"It was overwhelming. I felt like a movie star," Christa says with a laugh. She shared that her favorite part of the admission was meeting Munch, our service dog in training.

Her goal throughout her hospitalization is to "do the therapy so I can get home and take care of my 90-year-old husband."

Christa received daily physical, occupational and speech therapy. Her speech-language pathologist focused on improving her cognitive skills (including memory, attention and problem solving) so she is able to care for herself and her husband when she returns home.

Ten days after her arrival, Christa was discharged home with as much fanfare as her arrival.



*On April 5, Dennis Godsey was loading shelves and packing orders at the auto parts warehouse where he worked with his sister Katina. He bent over and felt light-headed. His co-workers noticed something was wrong and called for his sister.*

"He was sweating and looked very unsteady. His right side started giving way and he couldn't talk. We called immediately for an ambulance," said Katina.

Dennis was taken to the Mayo Clinic – Jacksonville where he found out he had a brain bleed in the middle of his brain, specifically an acute pontine hematoma with moderate surrounding edema.

After receiving "wonderful care" at Mayo, they recommended Dennis receive inpatient intensive rehabilitation. "Brooks was first on their mind," said Dennis. Dennis was the second patient to arrive at the new Brooks Rehabilitation Hospital – Bartram Campus.

When he first arrived, he was at a very high risk for falls. His physical therapist worked to improve his balance, endurance and overall strength and mobility. He is now able to walk long distances with standby assistance.

Dennis' speech-language pathologist worked to significantly improve his speech clarity. Dennis has mild dysarthria, which can cause slurred or slow speech, impacting his ability to have conversations.

Now discharged, his goal is to take a vacation. He likes the idea of renting an RV and seeing the Grand Canyon.



"You don't think it can happen to you, until it does. I'm grateful to Mayo Clinic and to Brooks Rehabilitation for being there when I needed help."

- Dennis Godsey

# Transplants

## With Bartram Opening, Brooks Transplant Rehabilitation Program Continues to Expand



In his previous work with Brooks, Parag Shah, MD, began our Transplant Rehabilitation Program, which specifically caters to the rehabilitation needs of transplant patients once they're discharged from acute care. Now, as Medical Director of the Brooks Rehabilitation Hospital – Bartram Campus, Dr. Shah will continue to grow the program at Bartram and for the entire Brooks system. Helping him will be Adam Francis, RN, MSN, the new Director of Nursing for Brooks Rehabilitation Hospital – Bartram Campus. Francis began his nursing career on a transplant floor at the Mayo Clinic in Jacksonville.

"Taking our Transplant Rehabilitation Program to the next level is all about delivering the full package," said Francis. "We will present all that we can offer the patient, as well as the benefits available to the referring institutions. It's important to show the functional gains that we can give these patients and what we can show as far as our outcome measures – how much these patients improved in our care."

Transplant patients have different needs – and there's a different strategy to the rehabilitation – than with more traditional rehab patients. "Most of these patients have been in the ICU. Some of them are literally on death's door when they get their transplant. It's very traumatic," said Francis. "With a heart transplant you've had your sternum cracked open, and there are certain restrictions on how you can and

can't use your arms and move around. It's knowing all that and knowing how far you can push a patient in therapy. We're ensuring our staff get the right education from the transplant experts so we can continue the best rehab care."

After their transplants, patients are also dealing with new ways of life – such as new medications, diet restrictions, new regimens to keep themselves healthy and safe – all of which their therapists also need to know. In addition, patients may be experiencing mental health issues, whether through the stress of their situations or even from their medications. Brooks clinical neuropsychologist Katie Scott, PhD, currently sees Brooks transplant patients for these issues and will be stationed at the new Bartram hospital.

Francis notes that there is very little clinical research literature available on rehabilitation for transplants. However, with Brooks' research expertise and assets, Francis knows it's just a matter of time. "We've already engaged with Brooks' Institute of Higher Learning (IHL)," said Francis. "They're already doing a lot of work for us, finding evidence-based research related to transplant. We're finding that there really hasn't been a lot of research that's rehab specific. But again, this is another way that Brooks is going to pave the way for the future of rehab, knowing that no one else has really done this work yet."

### A COVID Ripple Effect

**"Last year, during the pandemic, there was a 22.6 percent decrease in living-organ transplants – a drastic drop. There's over 113,000 people currently on a waiting list for transplant in the US. A lot of these people, especially with their comorbidities and just by being sick during the longer wait, have deconditioning from muscle tone loss. Many of these patients would make great candidates for intense rehab even prior to transplant, as well as post-transplant."**

– Adam Francis, RN, MSN



# Wheelchair Clinic

## With Dedication and New Technologies, Brooks' Wheelchair Clinic Rolls On

The Brooks Rehabilitation Wheelchair Clinic, located at Brooks Rehabilitation Hospital – University Campus, offers people with mobility limitations a variety of options. Beginning services include a comprehensive wheelchair evaluation to assess needs for equipment, mobility, custom seating, posture and positioning.

Erica Walling MPT, ATP/SMS, is the Wheelchair Clinic Manager.

“ATP” is for Assistive Technology Professional, a broad-based certification covering all major areas of assistive technologies, while “SMS” – Seating and Mobility Specialist – is a specialty certification concentrating on seating, positioning and mobility. Walling began her career with a brief stint as a pediatric physical therapist, but soon moved to become a neuro therapist at a rehab center in Georgia, working with stroke and spinal cord patients.

“As soon as I started, I knew that was the population that I loved to treat,” said Walling. “It’s because you can really see the difference that you make in their day-to-day lives and their function. And while I was there is when I was first asked if I was interested in doing wheelchair clinic – which I then did three times a month. When I moved to Florida and got a job with Brooks, they knew I had this experience. I eventually moved to the Wheelchair Clinic, which is a full-time position. We provide support with our expertise to all of the Brooks service lines – including the new inpatient rehab hospital at Bartram.”

As with other areas of Brooks, the Wheelchair Clinic is involved with research and new technologies at all different stages of implementation, allowing patients to experience the most up-to-date tech in seating and mobility. Walling discussed some of the more recent and interesting advancements:

**MagTrack** – A recently-completed collaborative research project between Brooks and the Georgia Tech School of Electrical and Computer Engineering. It’s a cutting-edge assistive technology that enables power wheelchair users to control their connected devices, like a smartphone or computer, and drive their power wheelchair using an alternative, multi-modal controller. The MagTrack’s Head-Tongue Controller (HTC) allows the user to perform a variety of complex tasks in a single controller through the use of tongue and head movements, which are detected by a discrete eyewear and a tracer placed on the tongue.

**The Ability Drive / “eye gaze system”** – Another alternative wheelchair drive control system that combines proprietary software, a modified tablet computer and eye tracking camera to create a virtual joystick. “A tablet is mounted in front of the patient, and they see their environment through this tablet,” said Walling. “There’s a camera in the tablet calibrated to the user’s eye movements. There are different icons/targets on the screen. The user looks at the different icons/targets on the screen, such as arrows that point forward, right, left, reverse. The user looks at which direction they want to go, and it will drive the wheelchair in that direction.”

**LUCI** – This system prevents tips, collisions and falls before they happen. “It’s basically cameras or sensors all around the wheelchair,” said Walling. “If you have someone who, let’s say, maybe has difficulty controlling the chair, or perhaps isn’t as safe driving the chair, it will automatically prevent an accident. I tested it out by intentionally trying to run into my coworker in the gym. Before I could hit him, the wheelchair stopped me.”

**Standing power wheelchairs** – While not a new technology, Walling notes, more and more manufacturers are bringing their versions to the market. “It’s a power

wheelchair that drives and does everything that a normal power wheelchair does, but it also has a seat actuator that will stand them completely upright,” said Walling. “You can drive the power wheelchair when you’re standing and that’s great because a standing program is really good for a lot of patients, when appropriate for their situation and diagnosis. In the past, to be compliant with a standing program, patients would have to transfer out of their wheelchair into a static, standing frame. The standing power wheelchair takes that component out. It makes them more compliant with their standing program and also helps them be more independent.”

Walling says that the relationships between Brooks and the manufacturers is a big part of the Clinic’s success in helping patients with new technology. “I get to work with and learn from the manufacturer reps of all the different types of equipment,” said Walling. “All of our vendors have been doing this a very long time and they come with their own set of knowledge. The teamwork to help patients get the best equipment that they need, to be the most independent they can be, is really rewarding.”



# StrokeNet

## Brooks' Research Expertise Gains National Visibility Through StrokeNet



*Brooks Rehabilitation SleepSMART research study team.*

Research is an essential part of the Brooks system of care. The Brooks Clinical Research Center is transforming rehabilitation with innovations in science, technology and care through its community of researchers, rehabilitation professionals and patients. Previous issues of Beyond have showcased various studies Brooks has conducted to generate better outcomes in cases of stroke, spinal cord injuries, brain injuries and chronic pain, as well as highlighting the many awards our researchers and clinicians have earned for their work.

Brooks has taken its research expertise to the national level as a member of the National Institutes of Health (NIH) StrokeNet network. Raine Osborne, PT, DPT, EdD, FAAOMPT, is Director of Research at Brooks. "High-impact research is our goal," said Dr. Osborne. "Being a part of StrokeNet is another mechanism to do that, contributing and having access to large, multi-site national trials. It recognizes Brooks as an institution that can play on that stage and as an institution that makes those kinds of contributions."

### WHAT IS STROKENET?

The National Institute of Neurological Disorders and Stroke (NIH), part of the U.S. National Institutes of Health (NIH),

established StrokeNet in 2013. As stated on its website, StrokeNet's purpose is to "conduct small and large clinical trials and research studies to advance acute stroke treatment, stroke prevention, and recovery and rehabilitation following a stroke across the lifespan. This network of 27 regional centers across the U.S., which involves approximately 500 hospitals in the U.S., is designed to serve as the infrastructure and pipeline for exciting new potential treatments for patients with stroke and those at risk for stroke." Brooks is in the Florida region, working with the Florida Regional Coordinating Center at the University of Miami Miller School of Medicine.

Kenneth Ngo, MD, Medical Director of Brooks Rehabilitation Hospital - University Campus, and Parag Shah, MD, Medical Director of our new Brooks Rehabilitation Hospital - Bartram Campus have both been site principal investigators for StrokeNet studies. "At Brooks, we always want to be part of the cutting-edge research to explore possibilities, to deliver care for patients to help them improve quicker, faster, better," said Dr. Ngo. "Being part of StrokeNet allows us to be part of the science to push that envelope." Dr. Shah said, "StrokeNet helps establish Brooks as being a leader in research. It shows we have that mentality where we're always seeking out what's going to be best for our patients."



## BROOKS' STROKENET PARTICIPATION, TO DATE

Brooks has been an active participant and contributor in two StrokeNet studies, with more studies in the pipeline.

- The first study, which is now closed, was “Efficacy of Home-Based Telerehabilitation vs. In-Clinic Therapy for Adults After Stroke: A Randomized Clinical Trial.” The issue addressed arose from the fact that many stroke patients, upon going home, don't receive all the rehabilitation they could because of situations like limited access to therapists, difficulty with transportation to rehab sites, rehab costs, and overall limited knowledge about stroke.

The study set out to determine whether a comprehensive in-home telehealth therapy program could be as effective as in-clinic rehabilitation. In the study, 124 stroke survivors underwent six weeks of intensive arm motor therapy, with half going to traditional, supervised in-clinic therapy and half receiving the rehabilitation treatment through a supervised, video-conferenced telemedicine system.

Dr. Ngo was a co-investigator and co-author of the study. “We found that patients receiving activity-based training at home, with guidance via telemedicine, had substantial gains in arm motor function similar to traditional in-clinic therapy. This is a significant finding for post-stroke survivors who have difficulty getting to outpatient therapy centers. The success of this study solidified Brooks as a major research center in the StrokeNet network.”

- Brooks is the top recruiting site for the second study, a five-year, ongoing program called “SleepSMART – Sleep for Stroke Management and Recovery Trial.” SleepSMART builds on prior studies that showed a clear association between obstructive sleep apnea (OSA) and poorer recovery outcomes after stroke, as well as recurrent strokes. The study will see if early treatment of OSA with positive airway pressure after stroke) reduces recurrent stroke and provides for overall better outcomes. Dr. Ngo and Dr. Shah are the site principal investigators, and Taisiya Matev is the site study coordinator.

Dr. Shah said, “What typically happens now is that a stroke patient suspected of having OSA is discharged home and expected to manage it on their own. And some patients might, and some patients might not. With this study, if we're able to show that this needs to be taken care of sooner rather than later, then the thought is this is something you'll see hospitals start addressing with their patients before they leave. You're standardizing care, but you're also expediting care by having data that shows that this really could make a difference, improve patient outcomes, and reduce morbidity and mortality.”

## ADDITIONAL BENEFITS – ALL AROUND

Dr. Osborne sees other major benefits for StrokeNet research at Brooks. “StrokeNet is the big leagues in terms of research. These are well-run and well-designed trials. The system that's in place, how the studies are conducted are all just really solid science. As a research administrator, it's really interesting to see their infrastructure and how they do things – and then pull those concepts into our own research processes to make our own programs better. Additionally, a benefit of big studies like these is the opportunity for clinicians to be a part of the research process. They're now working for something beyond the top care they provide their patients every day – they're contributing to improving care for patients well into the future. That's a benefit that's perhaps overlooked.”

## MAKING SURE IT ALL RUNS SMOOTHLY

There are a lot of moving parts when it comes to large studies, and this is where Taisiya Matev, BHS, CCRP, Clinical Research Coordinator for Brooks Rehabilitation Clinical Research Center, helps Brooks shine. As a study coordinator, she's the primary contact with StrokeNet, making sure that things are running well, managing all of the administrative pieces, ensuring that studies stay on track and on protocol, and coordinating the daily clinical trial activities.

Another facet Matev helps with is recruiting patients into studies – this is obviously critical to the success of those studies. Brooks was a later site to join the Telerehabilitation study, but then became one of the fastest growing sites for adding participants. For the SleepSMART study, Brooks has been leading by far as the top recruiting site – out of 110 sites nationally – since the study first launched. “Because of Brooks' culture, we are successful,” said Matev. “You need to care about your participant's wellbeing, and when enrolling patients in clinical trials you want to provide them with the opportunity to participate in research that best aligns with their goals for recovery. Recognizing participant's efforts and thanking them for playing an essential role in the study is another important component of our Sleep SMART success.”

# Ensuring Patients are Matched with the Right Setting for Their Unique Needs

## **BROOKS CLINICAL LIAISONS - DELIVERING ACCESS TO EXCELLENT INPATIENT CARE**

With the opening of Brooks Rehabilitation Hospital - Bartram Campus, the Brooks Clinical Liaison team have more opportunities to help connect acute care patients with the inpatient rehabilitation services and location that are right for them.

Twenty-seven members strong, the majority of this team of nurses and therapists promote our expertise regionally with the acute care hospital systems, while a smaller number promote Brooks to a wider provider audience throughout the Southeast. Clinical liaisons evaluate patients and consult with the patient's entire current support environment - physicians, families, therapists, nurses, social workers, discharge planners and insurance company representatives - to facilitate admission to one of Brooks' inpatient settings, such as our two Jacksonville rehabilitation hospitals, our rehabilitation hospital partnership with Halifax Health in Daytona Beach, Fla., or one of our two skilled nursing facilities.

"A clinical liaison is the first contact a patient may have with our Brooks inpatient care settings," said Kerry A. Maher, PT, MD, Senior Vice President of Physical Medicine and Rehabilitation Consulting and Education, Medical Director of Admissions, who oversees the Clinical Liaison team. "A patient may have heard of Brooks, but it's the clinical liaison that goes to the bedside, reviews the patient's medical

history and really educates the patient on the benefits of rehabilitation at Brooks. That's so important to give patients the confidence that they are going to improve and succeed at Brooks, and ensure individualized, patient-centered care once they are admitted."

Overseeing the Clinical Liaison team was a role Dr. Maher began playing almost immediately when she first joined Brooks in 2004. As a consulting physician, Dr. Maher has privileges at every hospital in Jacksonville and developed strong relationships at each location (a characteristic she instills in all liaisons). Concurrently, Brooks was forming specialized programs in stroke, brain injury, spinal cord injury, amputees, medical complex patients and pediatrics.

The relationships and programmatic focus resulted in unprecedented referrals and admissions. A team that started with three clinical liaisons grew to 27.

Brooks clinical liaisons are expected to have degrees and licenses, strong experience in clinical rehab and healthcare, as well as experience in marketing, communications and business. Besides these technical skills, Dr. Maher says each clinical liaison needs to be able to work autonomously, think outside the box and, of course, be able to develop those strong relationships.

"A clinical liaison, on a moment's notice, should be able to explain what rehabilitation is, why it's important for



*Members of the Clinical Liaison Team*



that patient, and why Brooks – with all its programs and offerings – is the best choice for that patient. They go above and beyond to ensure that each patient can access the rehabilitative care they need.”



*Chrisyl Brandner*



*Tammi Van Brocklin*

## **PROMOTING ACCESS TO EXCELLENT OUTPATIENT AND HOME HEALTH CARE**

Similar to the Clinical Liaison team for inpatient rehabilitation, both our Outpatient and Home Health divisions have dedicated teams that educate health professionals and the public on the features and benefits of their respective offerings.

Tammi Van Brocklin is Brooks' Manager of Outpatient Referral Development. A 20-year veteran in our outpatient division, Tammi has witnessed firsthand the growth in both Brooks' outpatient locations and capabilities throughout Florida.

“When I started 20 years ago, I think we had six outpatient sites,” said Van Brocklin. “We used handwritten notes. Today we have more than 40 sites with many specialties and the latest technology. It's much more than just a referral – it's educating and connecting the right people to the right places.”

Regardless of a patient's condition, Brooks Outpatient Therapy designs a comprehensive treatment plan to meet the patient's specific needs, using state-of-the-art equipment and therapy concepts. The end goal for every person in outpatient therapy is to help them reach the highest level

of recovery and maximize life participation. With Brooks well-known in many places, and expanding as a new provider in others, Van Brocklin and her team of Provider Relation Specialists need to be well-versed in all things Brooks.

“For those physicians and referral coordinators who already know us, there's always the latest Brooks' outpatient specialty to inform on – say pelvic pain, TMJ issues, or geriatrics,” said Van Brocklin. “In areas that we're growing, like Orlando, it's a different form of education. In that case, one thing we stress that sets Brooks apart is our patient to therapist ratio. There's never more than two patients per therapist. Whereas some of our competitors we have witnessed maybe three or four patients per therapist. The outcomes of course are going to be better with our lower ratio.”

Brooks' Home Health division carries out almost 200,000 certified home visits annually, serving more than 8,500 patients in 23 north and central Florida counties. Home Health provides a wide array of skilled, professional medical services, performed in a patient's home, under physician's orders. Brooks Home Health is much less expensive than remaining at a medical facility and safer than traveling for care.

Chrisyl Brandner is Director of Sales and Marketing for Brooks Home Health north region – the largest of four Florida regions. When Brandner and her team discuss Home Health as an option, the benefits are very clear. “We have patients recover at home, get healthy at home, and stay safe at home,” said Brandner. “It's all about minimizing readmission rates.”

Brandner stresses two innovative communication services available to Brooks' Home Health patients. “'Brooks Connect' is a tablet patients have at home that is loaded with their diagnosis and health information,” said Brandner. “The tablet is interactive and monitors for blood pressure, oxygen saturation and pulse data, and will alert the Brooks team if something isn't right. 'Brooks Belle' is our emergency, push-button access to help. It's a lightweight and water-resistant neck pendant with 24/7 monitoring by a medical call center, with unlimited emergent and non-emergent use.”

Both Van Brocklin's and Brandner's teams boast knowledgeable members who love what they do, have been with Brooks for years, and do what they do for the education, benefit and health of their patients.

# Clinical Practice Enhancement Program

## What Do I Get When I Join Brooks? An Investment in My Development and Future.



With the opening of the new Brooks Rehabilitation Hospital – Bartram Campus, as well as our overall growth, Brooks is looking for skilled physical, occupational and speech therapists. New Brooks therapists participate in our innovative, competency-based Clinical Practice Enhancement (CPE) Program. We've designed this program to help therapists implement evidence-based care and stay cutting edge with the services they provide. The CPE Program includes approximately 40 hours of content delivered over a 6-month period, carved out of a therapist's normal (compensated) workday.

"The CPE is a system-wide program, sustained and supported by leadership across all areas of Brooks. It offers targeted support for advancing clinical excellence," said Julie Braun, PT, DPT, Brooks CPE Program Coordinator. "The CPE Program provides foundational knowledge shared amongst all clinicians and places individuals on a learning track specific to their area of practice. Each therapist new to Brooks is paired with an exemplary clinical mentor who will both support and challenge them to be deliberate and reflective, with an emphasis on optimal patient outcomes. A program of this scope is not only innovative, but unprecedented within the realm of rehabilitation."

### THE BROOKS' CLINICAL PRACTICE ENHANCEMENT (CPE) PROGRAM:



CPE SEGMENT	Pre-recorded Presentations	Face-to-Face Sessions	Live Virtual Discussions	Mentoring
LOCATION	Brooks University	Brooks Rehabilitation Hospital – University Campus	Video platform	Clinical setting during patient care
LENGTH	8 hours <i>self-paced with deadline for completion</i>	13 hours <i>over 2 consecutive days</i>	6 hours <i>1 hour per week for 6 weeks</i>	12 hours <i>2 hours per month for 6 months</i>

The most recent cohort group to finish the CPE program included **37 PTs, 3 PTAs, 11 OTs and 9 SLPs.**

**JOIN OUR WINNING TEAM AT [CAREERS.BROOKSREHAB.ORG](https://careers.brooksrehab.org)**



# Challenge Mile 10 Year Anniversary

## Brooks Rehabilitation Challenge Mile Celebrates 10 Years at Gate River Run

The Gate River Run (GRR) is the largest 15k race in the country, attracting more than 20,000 participants to Jacksonville, Fla., each year. Ten years ago, Alice Krauss, manager of the Brooks Adaptive Sports and Recreation Program (ASRP), had a vision to make this race accessible to individuals of all abilities. The Brooks Rehabilitation Challenge Mile, a one-mile event, was created to provide an option for athletes of all ages and abilities to participate with family and friends in this signature race.

Brooks ASRP participants were invited to walk it, jog it, wheel it or run it as a special event within their program. It quickly extended way beyond program participants. Registration has grown steadily through the years making this a day of fun, fitness and friendship for hundreds of individuals across the region.

Brooks patients unable to travel downtown for the race had the option to participate in mini versions at their locations. Both our Bartram Campus and our inpatient facility in partnership with Halifax Health in Daytona Beach, Fla., participated.

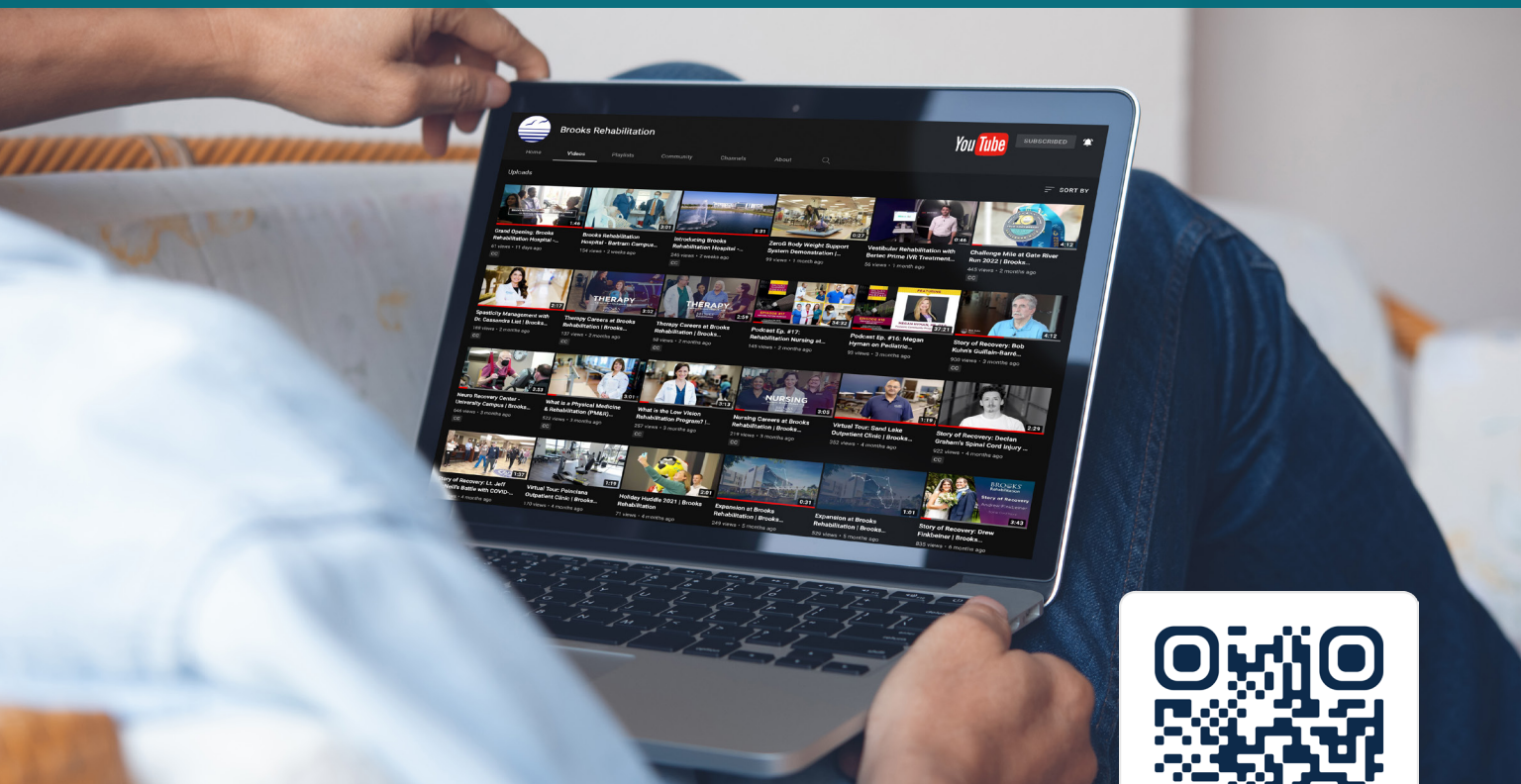
"The Brooks Challenge Mile is a great celebration of all abilities working together and we love to see as many people on the course as possible," said Krauss. "In addition to our athletes, patients have been using it as a goal in their recovery and will often participate with their therapists. I'm proud that Brooks has been able to provide this opportunity to anyone interested, free of charge, for 10 years now."



"The Brooks Challenge Mile is a great celebration of all abilities working together and we love to see as many people on the course as possible."

- Alice Krauss

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