

# BEYOND

SPRING / SUMMER 2026

▶ **RESTORING  
STRENGTH**  
After Transplant



# BEYOND

Change is constant and essential

Without change the universe progresses but

The past is a memory

The present is a preparation

for the future



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RESIDENCY  
PROGRAM**



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**BROOKS**  
Rehabilitation

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**#WeAreBrooks**



## LETTER FROM THE PRESIDENT & CEO

At Brooks Rehabilitation, our vision to provide world-class rehabilitation solutions continues to guide everything we do, and I'm grateful every day for the team members, patients, families and community partners who bring that vision to life.

In this issue, we highlight one of those world-class solutions with our transplant rehabilitation program. Patients recovering from transplant often face complex physical, emotional and medical challenges which require highly specialized care. We are proud to expand our expertise in this area.

We are also excited to share an update on the Physical Medicine and Rehabilitation Residency at Mayo Clinic in Jacksonville, Florida, in collaboration with Brooks. Investing in education is one of the best ways we can strengthen the future of rehabilitation care. By helping train the next generation of physicians in our field, we are building on a strong foundation of clinical excellence, innovation and compassionate care that will benefit patients for years to come.

Each year, we celebrate the employees and teams who have gone above and beyond in providing exceptional care and service to others. These individuals and groups represent the very best of Brooks. Their dedication, skill and willingness to go beyond expectations make a lasting difference for our patients and families every day. Patients like Sarah Giber and Bob Hodges whose stories remind us why that difference and level of excellence truly matters.

Through generous giving and support, we are able to extend our impact beyond our walls and help more people access the care, resources and opportunities they need. We are thankful for all those who invest in our mission and help us serve others in meaningful ways.

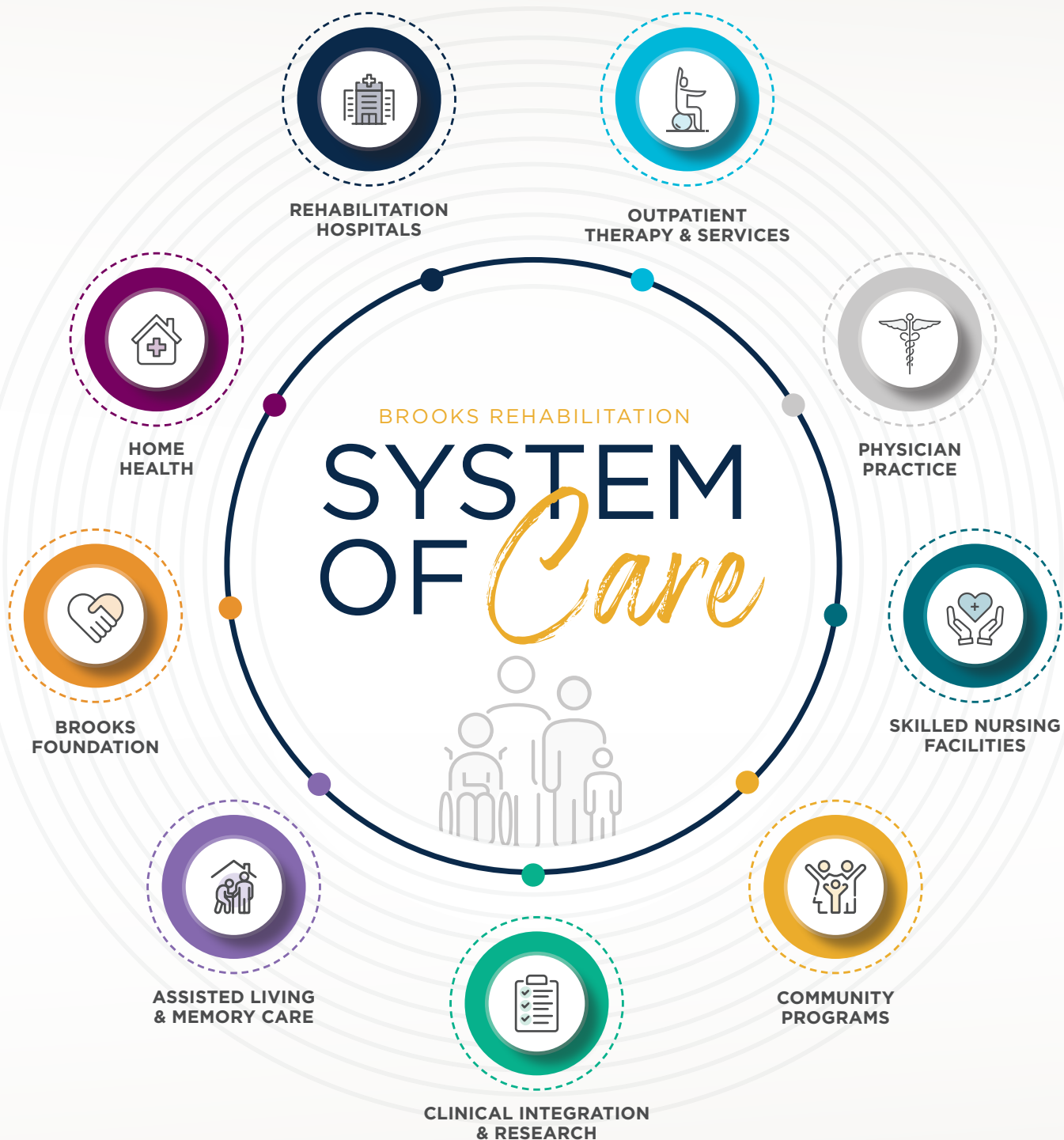
Sincerely,



Douglas M. Baer  
President & Chief Executive Officer



*Doug Baer recognizes the outstanding recovery of brain injury patient, Sarah Giber, at the Celebrate the Stars and Teams event in January.*



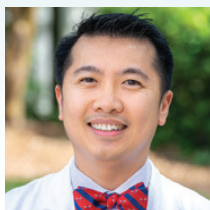
## BROOKS REHABILITATION PHYSICIANS



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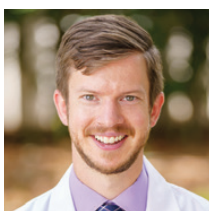
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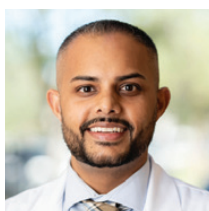
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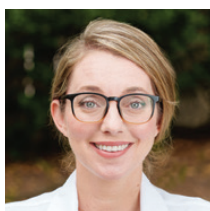
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Staff Physiatrist



**Jennie Valles, MD**  
Neurologist and Medical Director, Transplant Rehabilitation Program



**Howard Weiss, DO**  
Medical Director, Amputee Program



# Q & A



## JENNIE VALLES, MD

Jennie Valles, MD, is the medical director of the Transplant Rehabilitation Program at Brooks. In this position, she provides oversight of patients after a variety of transplants as well as providing medical oversight for patients of other diagnoses.

Before joining Brooks, Dr. Valles was the director of medical informatics at Burke Rehabilitation Hospital and an assistant professor of neurology and physical medicine and rehabilitation at Albert Einstein College of Medicine, New York.

Dr. Valles received her medical degree from the American University of the Caribbean, St. Maarten. She went on to complete a neurology residency at New York Medical College, Westchester Medical Center, White Plains, New York. After residency, she completed a neurorehabilitation fellowship at Weill Cornell Medical College, Burke Rehabilitation Hospital, White Plains, New York.

### What first interested you in becoming a physician?

There was a lot of family influence. There are a number of physicians in my family, including my father, who came before me. I never saw myself going into any other field. I always enjoyed the interesting stories he shared about the patients in his care throughout his career.

### How did you decide on neurology?

During my time in medical school, I found the neurosciences a bit more interesting, more cerebral. As I was in school, ironically my dad started to develop symptoms of Parkinson's Disease. It has been an interesting journey to be able to learn more about neurology and see how his disease has progressed.

Within neurology, there are additional subspecialties like stroke or multiple sclerosis or movement disorders. I was incredibly lucky to find a very special niche within neurology. My actual specialty is neurorehabilitation, which is a much smaller field.

### Would you say your background is unique?

Yes, it is unusual. Most rehabilitation hospitals tend to hire physiatrists and sometimes physiatrists have specialty training in spinal cord injury or brain injury medicine. But my route is somewhat unique. There is a high likelihood that most of the other neurologists in the country that do this kind of work probably came from my program. It's a nice thing to have just a little bit of a different path to have arrived at the same job as my colleagues.

### What made you choose this specific sub-specialty?

I always thought it was interesting to see how my patients do after they leave the hospital, because, in acute care, I would only get to know them for a couple of days. And I would wonder, "Were our interventions helpful? Are these patients getting better? Are they learning to walk again?" It's nice to be in this setting and use the knowledge and foundation to better guide treatment for a variety of neurological diseases and disorders.

I am very thankful that Brooks was receptive to the idea of hiring someone like me. I think it only strengthens the kind of care you can provide your patients by having a much more diverse set of clinicians available.





### **What brought you to Brooks and to Florida?**

I actually moved to Jacksonville, Florida, when I was nine so I grew up here. My dad was in the military and decided to retire in Jacksonville because of the strong military community here. I only moved away for graduate school, and I ended up taking a job working in New York for nearly 11 years after training. But as you get older there is a pull to be near your family so it's nice to return to my roots and bring what I've learned along the way.

Brooks has always been a familiar household name. Dr. Galea actually took care of my dad, and I mentioned how I'd like to move back to Florida and asked if they were hiring. And now I am working with him. So again, I'm thankful they were receptive to hiring me.

### **And you've now been named the medical director for transplant. What are your goals and what do you hope to bring to that program?**

Transplant is really extraordinary. The idea of doing transplant surgeries is phenomenal in itself. But one of the things that may get overlooked is the aftercare for these patients. They have gone through a lot and are quite debilitated. They've been battling their medical condition for several months to several years before undergoing surgery. Then being placed on some really strong medications is a lot for anybody, young or old. Brooks serves an important role as that ultimate bridge back into the community. Entering the community too

soon before you're ready is a one-way ticket right back into the hospital, so Brooks has a big responsibility to ensure that the work of our colleagues over at Mayo Clinic, or whichever transplant program they come from, isn't in vain. We make sure that the work they've done to this point holds through and we also support them as any complications arise.

It takes a team. Each transplant is different from one another in various ways. Lung transplants are different from liver versus kidney versus cardiac. Brooks offers a different set of eyes, a different perspective, to be able to manage the needs of patients so they can return home.

### **Has there been a memorable patient in your career?**

Last week, we discharged a patient after a liver transplant. Unfortunately, this patient spent months in the hospital. He was in and out of Brooks because of complications from GI bleeding. He was able to get his liver transplant, come back to Brooks to finish his rehab, and was finally able to get up and walk and go home.

It was an interesting case because it wasn't someone who came to us with a transplant. He was with us first for debility from liver disease and was incredibly deconditioned and malnourished. Therapy did a great job, and he powered through to get his transplant. We were here for him throughout the whole process. That was a nice collaboration between our two facilities, between Mayo Clinic and Brooks, where it really made a difference for this patient.

# A Journey of Resilience: Bob Hodges' Path to Recovery After Lung Transplant

Bob and Teri Hodges' story is one of love, resilience and unwavering commitment. High school sweethearts who met in a physiology class, they've been together ever since. "When you find your best friend, it makes for a long life. We took our vows very serious," said Teri. After 53 years of marriage, those vows have recently been tested. "We have had a big ride for the last almost two years," after Bob was diagnosed with idiopathic pulmonary fibrosis (IPF).

## THE INITIAL DIAGNOSIS AND COMPLICATIONS

Idiopathic pulmonary fibrosis (IPF) is a chronic, progressive lung disease that causes severe breathing difficulties and the need for increasing amounts of oxygen. Despite the diagnosis, Bob was an avid golfer after retirement, until back pain became so severe he could barely stand. That became the catalyst for years of health complications.

He required a nine-hour back surgery, which initially went well. However, 11 days later, everything changed. "He went on oxygen. He had pneumonia, blood clots, inflammation of the heart. He was in intensive care for 10 days," said Teri. Bob, who wasn't on oxygen prior to the surgery, now required 80 liters.

Bob's condition required months of care and multiple transfers between facilities, including specialty hospitals and rehabilitation centers near their home in DeBary, Florida. "We



tried outpatient treatment at the local facility and his oxygen, he couldn't handle it and the pain, so we had to stop that and just continue at home rehab." His condition stabilized, but he needed continuous oxygen.

## THE TURNING POINT: REFERRAL TO MAYO CLINIC

In December 2025, Bob's pulmonary team referred him to the Mayo Clinic in Florida for evaluation. After phone and video conversations with the Mayo Clinic team, Bob and Teri came to Jacksonville, Florida, for two and a half weeks of testing in January 2026.

Those tests revealed he needed 25-30 liters of oxygen and he was admitted that day. "We thought we were going to be heading home that afternoon, so it was a big shock. It was really a crazy moment for us," said Bob. Ongoing pain from his back surgery initially kept him from being added to the transplant list. "After the first week, they said, 'You're a maybe.' But Bob did everything they asked, and by the second week, they came back with a yes," Teri reported.



## THE TRANSPLANT AND RECOVERY

Within five days, on March 6, 2026, Bob underwent a single-lung transplant. “We didn’t know we were that high on the list. But what they knew is that he was critical with his oxygen and time would only cause the organs of his body to fail, and he didn’t have time on his side,” said Teri.

Initially, the plan was a double-lung transplant, but due to the complications after his nine-hour back surgery, the team made the decision to replace a single lung. “We were under the impression it was going to be the left lung, which was the most diseased, but he got a right lung that, according to Dr Bag, was a pristine lung, and he was just over the top excited,” shared Teri.

## REHABILITATION AT BROOKS: A CRITICAL STEP FORWARD

The surgery was a success, and Bob was able to transition to Brooks Rehabilitation Hospital - Bartram Campus.

“Upon admission, Mr. Hodges required ongoing medical management in addition to intensive therapy,” said Pierre Galea, MD, FAAPMR, medical director, Brooks Rehabilitation Hospital - Bartram Campus. “From the beginning, he was highly motivated and ready to work, but his participation was limited by significant pain. Our first priority was optimizing pain control and medical stability so he could fully participate in rehabilitation.”

Bob’s therapy was tailored specifically to his individual needs, both after the transplant and while continuing to manage that back pain. “Bob demonstrated exceptional motivation and a consistently positive attitude throughout his inpatient rehabilitation stay at Brooks,” said Ella Smith, OTD, OTR/L. “He actively participated in both occupational and physical therapy and worked diligently toward goals addressing endurance, functional mobility, self-care and balance.”

In occupational therapy, Bob engaged in skilled ADL (activities of daily living) retraining with a focus on bathing, dressing and toileting. He steadily gained more



independence by learning simple, effective strategies that helped him with daily tasks safely and with less fatigue.

In physical therapy, Bob focused on improving functional mobility, gait training, transfers and overall strength. His strong commitment to therapy helped him progress quickly and tolerate more.

“I’ve been doing the whole spectrum—legs, abs, balance, walking and stepping,” Bob explained. “Learning how to get in and out of the bed and the car.” He even managed to return to one of his favorite activities: golf. “I went out to the putting green here and put five balls down about seven feet from the hole. I made four out of five,” he said with pride. “I was a scratch golfer, and I’ve won three or four tournaments in the last five years at my club.”

“Rehab here has been over the top,” Teri said. “The young ladies in OT and PT are enthusiastic about what they do, personable and truly care about their patients.”

Throughout his stay, the medical and nursing team continued careful titration of his anti-rejection and infection-prevention medications, in close collaboration with his primary transplant team, who knew his case best. He required ongoing cardiac and glucose monitoring. As his clinical status improved, they were able to safely begin weaning supplemental oxygen.

“Our program was intentionally designed specifically for complex transplant patients, who need follow-up appointments, and at times procedures such as biopsies or bronchoscopies. Much of this coordination happens behind the scenes, so the patient and family can focus on healing,” said Dr. Galea. “Mr. Hodges was able to attend outpatient transplant appointments and undergo ongoing care directly with the transplant team, without interrupting his functional recovery. Therapy schedules were coordinated around these needs, allowing progress to continue without loss of momentum.”

Within weeks, Bob achieved a long-awaited milestone. “Yesterday marked five weeks and three days since the surgery, and he has no oxygen,” Teri shared proudly. Bob added, “Last night, they said, ‘You don’t need it,’ because it was just hanging around my neck.”

## THE ROLE OF CAREGIVER SUPPORT

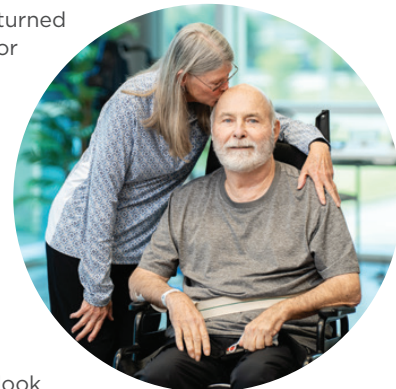
From managing medical appointments to advocating for his needs, Teri’s unwavering support played a pivotal role in Bob’s recovery. “I’ve learned through this time that caregivers need to take care of themselves too,” Teri reflected. She also emphasized the importance of having a support network. “We have alternates—our daughters—

because you never know if something might happen to me. It’s important to have someone to advocate for the patient.”

## THE STORY CONTINUES

Bob and Teri have now returned to Mayo Clinic’s campus for continued follow-up care.

His health journey has been long and, at times, frightening, so they celebrate every new milestone. In addition to starting outpatient therapy, Bob is also participating in a clinical research study to help improve care for future transplant patients. They look forward to returning home, which is now in a 55+ community in DeLand, Florida. Bob hopes to be able to hit a few golf balls and take a 30-minute walk in his new neighborhood.



## Lessons for Clinicians

Bob’s journey underscores several key takeaways for healthcare providers:

- 1. Holistic Patient Care:** Treating each patient as an individual and addressing both the primary condition and secondary complications is essential for optimal outcomes.
- 2. Caregiver Involvement:** Engaging caregivers as part of the care team is essential for a patient’s recovery. Providing education and respite for them is also crucial.
- 3. Tailored Rehabilitation:** Developing specialized programs for transplant patients that provide for both their complex medical needs, as well as physical, can improve long-term outcomes and patient satisfaction.
- 4. Interdisciplinary Collaboration:** Seamless coordination between acute care hospitals, rehabilitation hospitals and other services ensures continuity of care.

# RESTORING STRENGTH AFTER TRANSPLANT:

## How Brooks Rehabilitation Supports Recovery

An organ transplant can save a life, but surgery is just the beginning of recovery. Many patients arrive at transplant after months or years of serious illness, prolonged hospitalizations and significant physical decline. By the time the transplant occurs, strength, endurance and independence are often severely compromised.

Recovery after surgery brings a new set of challenges that require careful medical oversight and intensive rehabilitation. At Brooks Rehabilitation, transplant recovery is treated as a highly specialized process designed to help patients regain strength, restore function and safely return home.

While Brooks has cared for transplant patients for many years, increasing patient complexity and volume led to the formal creation of a dedicated transplant rehabilitation program. In 2019, the Brooks Rehabilitation Transplant Program (BRTP) was implemented to address the specialized rehabilitation needs post solid organ transplantation as an interdisciplinary, comprehensive and tailored model of care. A retrospective observational cohort study evaluated both implementation and clinical outcomes over the program's first five years. Those results were published in the October 2025 issue of *Clinical Transplantation*.



*Clinical Transplantation*

WILEY

**Clinical TRANSPLANTATION**  
The Journal of Clinical and Translational Research

ORIGINAL ARTICLE

### Development and Evaluation of an Inpatient Rehabilitation Model of Care Tailored to Solid Organ Transplantation

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#### ABSTRACT

**Introduction:** Postoperative rehabilitation is essential to post-transplantation recovery and a key component of comprehensive transplant care, with inpatient rehabilitation providing intensive, interdisciplinary support to restore function and enhance quality of life. In 2019, the Brooks Rehabilitation Transplant Program (BRTP) was implemented to address the specialized rehabilitation needs post solid organ transplantation as an interdisciplinary, comprehensive, and tailored model of care.

**Methods:** Five main pillars comprise BRTP: (1) organizational commitment; (2) collaborative relationship with acute care providers; (3) early identification of appropriate patients; (4) interdisciplinary rehabilitation care tailored to transplant needs; and (5) continuous evaluation of quality outcomes. A retrospective observational cohort study evaluated both implementation and clinical outcomes over the program's first 5 years. Implementation outcomes included feasibility, fidelity, and sustainability. The primary clinical outcomes were changes in the CMS standardized functional assessment Section GG Mobility and Self-care scores. Wilcoxon signed rank sum test was used to compare admission and discharge scores. Secondary outcomes included IRF length of stay, discharge to community, acquired pressure injuries, falls, and feeding tube removal.

**Results:** Between January 2019 and December 2023, 202 solid organ transplant patients participated in BRTP. For the 154 completing their inpatient rehabilitation facility (IRF) stay, significant functional improvements were observed for the Section GG Mobility and Self-Care composite scores and across all individual functional items ( $p < 0.001$ ). Ultimately, 82% of the cohort discharged to community, with eight returning to inpatient rehabilitation following an acute readmission and zero patients acquiring a pressure injury. Implementation outcomes indicated that the program was feasible, delivered with fidelity, and demonstrated sustainability over time.

**Conclusion:** The BRTP provides effective, sustainable, evidence-based approaches to improve function and quality outcomes following transplantation.

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BROOKS  
Rehabilitation  
Medical Group

Francis Galea, M.D.  
Physical Medicine & Rehabilitation

VallesMD

At Brooks Rehabilitation Hospital - Bartram Campus, transplant care is led by board-certified physicians like hospital Medical Director Pierre Galea, MD, and Medical Director of the Transplant Program, Jennie Valles, MD. According to Dr. Galea, transplant patients represent some of the most medically complex cases in rehabilitation medicine.

“The process leading up to transplant often causes significant debility,” he explains. “Patients frequently experience long hospital stays. Some recoveries are uneventful, but others involve complications like severe weakness, stroke, infection or challenges with the body accepting the new organ.”

### Treating the Whole Patient

Because transplant recovery involves both medical stability and functional improvement, rehabilitation must address the whole patient. Brooks integrates specialized medical management with intensive therapy to ensure recovery progresses safely and effectively. This dual focus allows patients to rebuild independence while protecting the newly transplanted organ.

Brooks offers advanced transplant rehabilitation supporting patients recovering from heart, lung, liver, kidney or multi-organ transplants. With a dedicated transplant team, close partnerships with leading transplant centers and world-class rehabilitation expertise, Brooks provides the comprehensive support patients need to rebuild strength and confidence.

### Medical Vigilance During Recovery

Transplant patients remain medically vulnerable during recovery, making early detection of complications essential. Brooks clinicians closely monitor patients through



frequent assessments, proactive testing, careful titration of anti-rejection and infection-prevention medications and coordinated communication with transplant teams. If signs of infection or other complications emerge, intervention begins immediately.

While interventions can often be completed while continuing intensive rehabilitation, when necessary, patients can be transferred back to acute care without delay, ensuring safety and continuity throughout the recovery process.

### An Interdisciplinary Care Team

Most patients begin their rehabilitation journey in an inpatient rehabilitation hospital, where they receive the highest level of medical oversight and therapy support.



“It takes a team. Each transplant is different from one another in various ways. Lung transplants are different from liver versus kidney versus cardiac. Brooks offers a different set of eyes, a different perspective, to be able to manage the needs of patients so they can return home.”

— JENNIE VALLES, MD, MEDICAL DIRECTOR OF THE TRANSPLANT PROGRAM

Patients benefit from daily leadership by a physical medicine and rehabilitation physician, other board certified physicians, 24-hour rehabilitation nursing and a coordinated interdisciplinary team that includes physical therapists, occupational therapists, speech-language pathologists, psychologists, dietitians, wound care specialists and case managers.

The typical inpatient stay lasts about two weeks. During that time, patients engage in intensive therapy focused on mobility, self care, endurance and safety, supported by active, daily medical management from physicians who oversee physiologic stability, laboratory trends and surgical healing.

The program also takes into account the specific needs of transplant patients who often need ongoing follow-up appointments with the transplant team and occasional procedures, such as biopsies or bronchoscopies. Behind-the-scenes coordination ensures these clinical needs are met while patients and their families remain focused on recovery. Therapy schedules are coordinated so patients can seamlessly continue their progress without disruption or loss of momentum.

## Rehabilitation Tailored to Each Patient

While transplant patients share many rehabilitation needs, each organ transplant presents its own clinical considerations. Patients are often profoundly weak and immunosuppressed. Care teams carefully manage medications, monitor laboratory values, prevent infection and address functional needs such as mobility, self-care, swallowing and cognition.

## The Role of Family and Caregivers

Recovery continues long after a patient leaves the hospital. Family members and caregivers often play a critical role in long-term success.



Brooks prioritizes caregiver education throughout the rehabilitation stay. Families receive hands-on training in mobility assistance, medication management, wound care and daily routines so they feel confident supporting their loved one at home.

When appropriate, clinicians also conduct home evaluations to identify potential safety concerns before discharge. This proactive approach helps prevent complications and ensures a smoother transition home.

## EACH TRANSPLANT TYPE REQUIRES SPECIFIC ATTENTION, INCLUDING BUT NOT LIMITED TO:

- Heart transplant patients have denervated hearts, meaning heart rate is not a reliable indicator of exertion. Therapists monitor blood pressure closely and emphasize proper warm-up and cool-down during therapy sessions.
- Lung transplant patients may experience impaired oxygenation and face a higher risk of opportunistic infections. Some also develop critical illness myopathy or neuropathy following prolonged ICU stays.
- Liver transplant patients often present with large abdominal incisions, surgical drains and severe muscle wasting. Therapy must protect the incision site, and medications such as prednisone can contribute to muscle weakness and post-transplant diabetes.
- Kidney transplant patients require careful blood pressure and fluid management to protect the function of the new kidney.
- Multi-organ patients require even more complex monitoring because each organ system influences the others.

Understanding these differences allows Brooks clinicians to design rehabilitation plans that support healing without placing unnecessary strain on the transplanted organ.



## What Sets Brooks Rehabilitation Apart

According to Dr. Galea, “It starts with culture and patient centered care. We care for some of the sickest patients in the nation. Our clinical team needs to be the highest trained in their respective fields.”

Recovery does not happen all at once. Brooks provides a full continuum of care that supports transplant patients from inpatient rehabilitation through home health services and outpatient therapy.

Strong partnerships with leading transplant centers, including Mayo Clinic in Florida, allow for seamless coordination of care. Brooks also tracks patient outcomes as part of a learning health system, using data to continuously refine programs and improve results. Research and advanced rehabilitation technologies are incorporated when they meaningfully enhance patient recovery.

Most importantly, the program consistently achieves what matters most to patients and referring providers:

helping individuals return home at their highest level of function and quality of life.

For most transplant patients who complete rehabilitation at Brooks, the expected outcome is a return home with improved strength, greater confidence and renewed independence.



“The goal is always to get patients home,” says Dr. Galea.

## Life Beyond Transplant

Transplant surgery saves lives. Brooks helps restore them.

Through specialized medical oversight, individualized therapy and a deeply patient-centered approach, Brooks helps transplant patients move forward after one of the most challenging experiences of their lives.

For referring physicians and clinical partners, Brooks provides a trusted rehabilitation partner equipped to support transplant patients through every stage of recovery, with a shared goal of safe healing and a meaningful return to life.

# Training the Next Generation: Inaugural Class Reflections on New PM&R Residency Program

In 2023, Brooks Rehabilitation and Mayo Clinic in Florida announced a collaboration on a new comprehensive residency program designed for medical students interested in pursuing careers in physical medicine and rehabilitation (PM&R).

The Mayo Clinic PM&R Residency Program in Collaboration with Brooks Rehabilitation is a four-year categorical program offering an opportunity to train in a world-class medical institution while gaining hands-on experience in one of the top rehabilitation hospitals in the region.

Residents complete their first year of training in the Internal Medicine Preliminary Year Program at Mayo Clinic. They then undergo 12 months of rotations for inpatient rehabilitation at Brooks Rehabilitation Hospital - University Campus. In the final 24 months of the program, residents will receive outpatient musculoskeletal and neurologic clinics, electromyography and acute hospital consults at Mayo Clinic. Training at Mayo Clinic and Brooks allows residents to learn from some of the field's most respected clinicians and researchers.



The program received initial accreditation from the Accreditation Council for Graduate Medical Education and welcomed its first two residents on July 1, 2024. Approaching the end of year two, we asked both **Hamaad A. Khan, DO**, and **David Phrathep, DO**, their thoughts on the experience so far.

## HAMAAD A. KHAN, DO

**What inspired you to pursue a residency in Physical Medicine & Rehabilitation, and why did you choose this particular program?**

I discovered Physical Medicine & Rehabilitation through my own journey as a congenital upper limb amputee. When exploring medical specialties, I realized I really enjoyed speaking with and caring for patients who have experienced a change in their life and are working to adapt. I really enjoyed neurology, but the creative, multidisciplinary approach to care within PM&R drew me into the specialty. I began rotating at Brooks Rehabilitation as a third-year medical student, and quickly

“Our residency program is the result of a strong and highly collaborative relationship between Mayo Clinic and Brooks Rehabilitation. One of the most exciting parts of building this program has been bringing together the incredible clinical, educational and mentorship resources from both institutions and making sure they connect in a way that truly benefits our residents. We want our trainees to have every opportunity to grow, not just as physicians, but as people and future leaders in PM&R. At the same time, we place a major emphasis on process improvement and quality of care because developing an outstanding training program should always go hand in hand with continually improving the experience and outcomes for our patients.”

— JOHN K. EVANS, II, DO, PROGRAM DIRECTOR



realized my instinct was correct. I learned something new every day from the therapists and PM&R doctors, and I saw how the deep connections between team members developed into excellent care for the patients. As I continued through my medical education, I kept thinking back on my experiences at Mayo Clinic and Brooks Rehabilitation. When it came time to pick where I wanted to go, the choice was easy.

**How has the program supported your growth in both clinical and academic areas of rehabilitation medicine?**

As residents, we spend our time directly caring for patients with oversight from the attending physician. We gather the history, examine the patient, develop a differential diagnosis and propose a plan of action to best care for our patient. We learn from our attending physicians and their experiences and take their advice as we continue to deepen our understanding of the "how" and the "why." We are able to do this while simultaneously spending time in the classroom. We spend several hours a week diving deep into specific topics and understanding the intricacies to better understand how to apply our knowledge directly to the patient's care. The residency program has done an outstanding job in creating a comprehensive curriculum with a large breadth of specialties within PM&R, allowing us to feel comfortable with any patient or problem that might come through the door.

**How has this residency prepared you for your future career?**

The beauty of PM&R is that it is comprehensive by nature, and even if you specialize, you will continue to see patients with all kinds of impairments. Our residency program provides a large variety of experiences, helping us build confidence in treating common issues as well as those we may not see as frequently. With a wide variety of exposure to patients of all intensities, we will be well equipped to handle any situation when we finish residency and begin practicing independently.

**What advice would you give to incoming residents or medical students considering a career in PM&R?**

Do not be afraid to ask questions and learn from your peers! Get to know your team and lean on their expertise. PM&R is a team sport. Nursing staff and therapists provide valuable perspectives from their respective disciplines and help us expand our understanding of the treatment plan for the patient. Always do what is right for the patient!

**Can you share a memorable patient interaction or case that has shaped your perspective as a PM&R resident?**

Many patients come to mind, and it is so difficult to choose! I remember meeting a young patient who had experienced an amputation recently and was worried about the future.



They wished to go into the medical field and always wanted to be a surgeon. We discussed at length the capabilities of current prosthetics, and I shared my experience of assisting with surgeries in medical school using my prostheses. It really helped to calm the fears of the unknown and create a tangible goal for the future. It became one of the most impactful patient experiences I have had here at Brooks and reminds me exactly why this field is right for me.

## DAVID PHRATHEP, DO

### What inspired you to pursue a residency in Physical Medicine & Rehabilitation, and why did you choose this particular program?

My interest in Physical Medicine & Rehabilitation has grown from a combination of my upbringing, athletic career and experiences navigating healthcare within an immigrant community. I was raised in St. Petersburg, Florida by parents who immigrated from Laos after the Vietnam War, with very little, carrying with them a deep sense of resilience and responsibility. Their sacrifices have shaped how I think about my career, not simply as achievement, but as a way to honor the opportunities they worked to create. Baseball has also influenced how I understand discipline and purpose. As a Division I athlete at the University of Central Florida and later as a member of the Laos National Baseball Team, I saw how closely performance is tied to a sense of identity and national pride. When injury occurs, it affects more than physical ability; it can unsettle how someone sees themselves. Recognizing this helped guide me toward a field that focuses not only on treatment, but on helping people regain function and rebuild a sense of normalcy within a team-based environment centered on the patient.

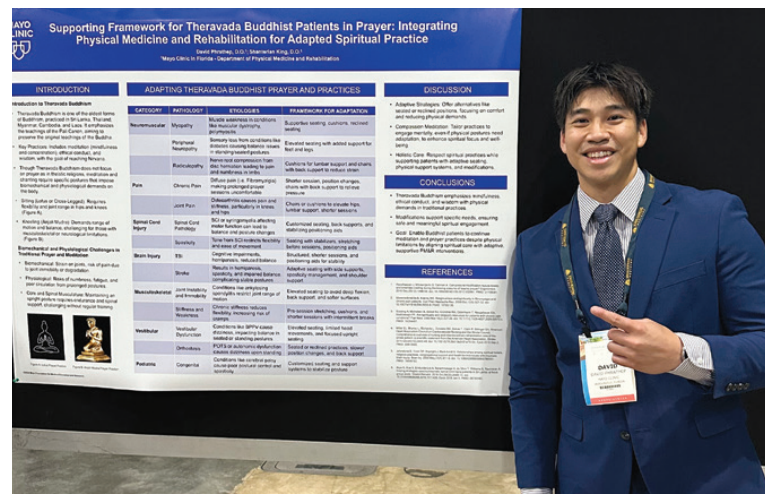
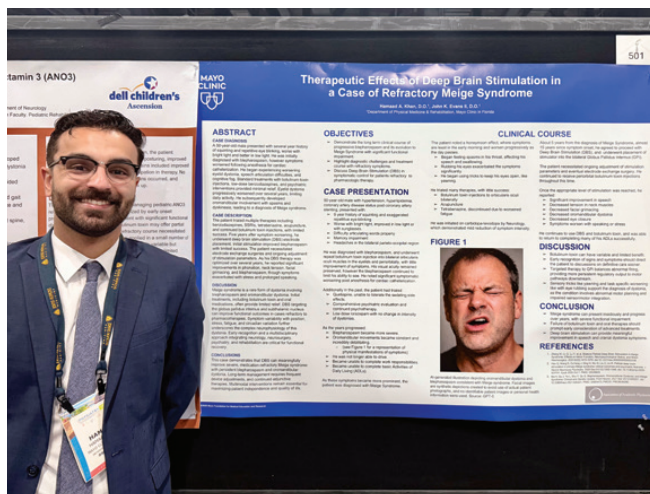
I was drawn to the Mayo Clinic and Brooks Rehabilitation program because of the balance it offers. Mayo Clinic's strength in complex diagnosis and multidisciplinary care provides a strong academic foundation, while Brooks Rehabilitation offers extensive experience in inpatient rehabilitation and the management of medically complex cases. Training in both settings allows me to develop as a clinician while learning how to support patients through the gradual, day-to-day process of recovery.

### How has the program supported your growth in both clinical and academic areas of rehabilitation medicine?

This program has supported my growth by allowing me to pursue my interests with both depth and intention while still developing a broad clinical foundation. Clinically, I have trained across a spectrum that ranges from high-acuity inpatient rehabilitation at Brooks to complex outpatient and sports medicine care at Mayo Clinic. This has allowed me to understand how function evolves over time, from the earliest stages of recovery to performance optimization. Academically, I have remained deeply engaged in sports medicine research, particularly focusing on throwing athletes, injury prevention and ultrasound-guided interventions. These projects have led to peer-reviewed publications and national presentations, but more importantly, they have allowed me to contribute to a niche that reflects both my athletic background and clinical interests.

### How has this residency prepared you for your future career?

This residency has prepared me to build a career that is not limited to treating injury but extends into optimizing human performance and resilience. Clinically, I feel equipped to manage a wide range of conditions, from acute sports injuries to complex neurologic rehabilitation. My experiences



“Serving as an associate program director for the PM&R residency program is both a privilege and a responsibility. The opportunity to educate and mentor residents—while fostering their development into thoughtful, evidence-based and compassionate physiatrists—is among the most professionally fulfilling aspects of my role. Teaching isn’t just about delivering information; it’s about being present at the bedside, mentoring through real patient experiences and helping shape physicians who will carry that education forward to their own patients. I genuinely look forward to watching the residents grow—not just in knowledge, but in confidence, compassion and clinical judgment.”

— TREVOR PERSAUD, DO, FAAPMR, ASSOCIATE PROGRAM DIRECTOR

across different patient populations, including youth athletes, collegiate competitors, and individuals recovering from life-altering injuries, have given me a comprehensive understanding of how to guide patients through every phase of recovery. More importantly, this training has clarified my long-term vision. I am particularly interested in human performance medicine, which I see as a natural evolution of PM&R. While the field traditionally focuses on restoring function, I am motivated to help patients go beyond that baseline by improving their adaptability, efficiency and long-term health trajectory.

**What advice would you give to incoming residents or medical students considering a career in PM&R?**

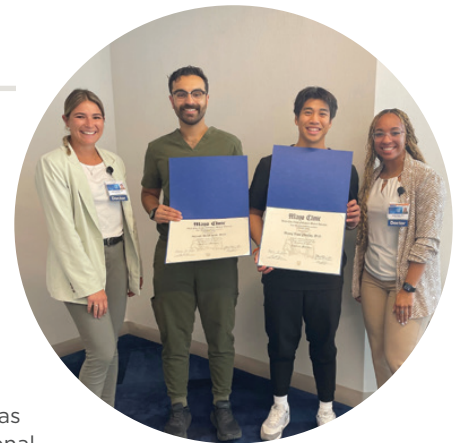
I would encourage students to look beyond the diagnoses and focus on what PM&R actually restores. At its core, the field is about helping people reclaim control over their lives, whether that means returning to sport, regaining independence, or redefining their identity after injury. I would also emphasize the importance of staying connected to your personal story. For me, continuing to engage with sports, both clinically and personally, has kept my work meaningful and authentic. Your background is not separate from your career in medicine, it is what gives it direction. Lastly, find mentors who understand your path, especially if you come from an underrepresented background. There were times early in my training where I felt isolated after learning how few Lao-Americans pursue higher education or medicine. Those moments challenged my confidence, but they also pushed me to seek out communities and mentors who helped me reframe those statistics as opportunities for impact rather than limitations.

**Can you share a memorable patient interaction or case that has shaped your perspective as a PM&R resident?**

One of the most formative experiences in my journey involved a Lao refugee and family friend recovering from a stroke who had become disconnected from the healthcare

system. He described feeling overwhelmed, misunderstood and ultimately resigned to his condition. What stood out to me was that his barrier was not just physical, it was structural and emotional.

He did not feel seen within the system, and as a result, he disengaged from it entirely. By taking the time to understand his perspective and gradually rebuilding trust, I was able to help him re-enter care and take a more active role in his recovery. Over time, I saw a shift not just in his physical function, but in how he viewed himself. He began to move from a place of passivity to one of ownership. That experience continues to shape how I approach every patient. It reminds me that rehabilitation is not simply about restoring movement, it is about restoring belief, autonomy, and identity.



**INTERESTED IN A PM&R RESIDENCY?**

Students in their final year of medical school who are interested in continued specialization with a residency program in physical medicine and rehabilitation can apply through the Electronic Residency Application Service. Successful candidates will be accepted through the National Resident Matching Program.

SCAN THE QR CODE TO  
LEARN MORE ABOUT THE  
PM&R RESIDENCY PROGRAM ▶

# Ramping Up for Brooks Rehabilitation Hospital – Arizona

The new Brooks Rehabilitation Hospital – Arizona is taking shape and on track for a December 2026 opening. The rehabilitation hospital will reside on eight acres adjacent to Mayo Clinic’s Phoenix hospital, near the Arizona State University Health Futures Center. The three-story, 80,000-square-foot hospital will have 60 private patient rooms and the ability to expand as demand for services increase.

Brooks already hired 20 team members, several who are moving from Jacksonville to continue our strong culture on the west coast. The plan is to hire 50 more by November with an overall goal of adding more than 200 new jobs to the market at full maturity.



**Sujin Lee, MD**, is the newest member of the Brooks Rehabilitation Medical Group and will serve as the medical director of Brooks Rehabilitation Hospital - Arizona.

Dr. Lee received her medical degree from the University of California, San Diego School of Medicine and completed her

physical medicine and rehabilitation training at University of California, Irvine. In addition, she has completed fellowships in Spinal Cord Injury Medicine, Regenerative Medicine and Advanced Spinal Cord Injury Research.

Dr. Lee’s clinical work has included a decade of focus on the physical medicine and rehabilitation management of both adult and pediatric spinal cord injury patients. She has also been actively involved in graduate medical education as the associate director of the physical medicine and rehabilitation residency program at University of California, Irvine. Dr. Lee is actively involved in rehabilitation-related research activities which have included serving as the medical consultant for several emerging technology companies.

Dr. Lee has been working at Brooks in Jacksonville caring for patients and collaborating with programmatic teams and leaders to gain a deeper understanding of the clinical programs that form the Brooks System of Care. Over the summer, she’ll join the team in Arizona to prepare for the highly anticipated hospital opening at the end of the year.

Rounding out the leadership team we have:



**Bryan Murphy,**  
**CRRN, MHA, MRMC**  
President and VP  
of Operations



**Golda Parillon,**  
**BSN, RN, CRRN**  
Director of Nursing



**Alexandria Nickles,**  
**PT, DPT, CSRS**  
Director of  
Rehabilitation



## A Glasgow Coma Score of Three: Sarah Giber Defies the Odds

Sarah Giber was not expected to survive the single-car accident just one mile from her house. “Her Glasgow Coma Scale score was a three, and we’ve come to find out that’s essentially dead. They usually send those patients to the ER to pass away,” shared Kelly Giber, Sarah’s mother. Thankfully, the surgeon on call heard Sarah was just 23 years old and knew she deserved a chance. They performed an emergency craniectomy to relieve pressure caused by severe bleeding in her brain.

Day by day, Sarah fought and her family waited. After weeks in the intensive care unit, Sarah was transferred to Brooks Rehabilitation Hospital - University Campus to begin the Disorders of Consciousness (DoC) program. The 14-day program is for patients in either an unresponsive wakefulness state or a minimal conscious state. Sarah had a sleep wake cycle but was not consistently following commands or tracking.

“Our goal in the program is to trial neurostimulants, provide caregiver education and get the patient the appropriate equipment to ultimately get home and have the time to emerge,” said Trevor Persaud, DO, medical director of the brain injury program. “When a patient comes in with a disorder of consciousness, recovery is going to



be a marathon, not a sprint. Rarely does a patient ultimately emerge in those 14 days.”

Sarah was discharged home to continue her recovery. Over the course of five challenging months, she underwent multiple surgeries and was monitored via telemedicine by Dr. Persaud. When she did eventually emerge, she returned to Brooks, this time for a nine-week inpatient stay. “What we did there in the amount of time, it just kept getting better and better,” said Kelly. When she arrived, Sarah couldn’t speak, walk or move independently. But she defied the odds, grew stronger and made remarkable progress.

“Our goal in the program is to trial neurostimulants, provide caregiver education and get the patient the appropriate equipment to ultimately get home and have the time to emerge.”

— TREVOR PERSAUD, DO, MEDICAL DIRECTOR OF THE BRAIN INJURY PROGRAM

Back home, insurance dictated that Sarah begin outpatient therapy at a center that primarily focused on orthopedic care. She plateaued after several weeks. Once she was able to transition to Brooks' Hudson outpatient clinic and see a neurological therapist, Abby Corredor, PT, DPT, Sarah's progress soared.

"In five sessions, they had her out of that tilt-in-space wheelchair and had her walking," said Kelly. "We came on a different day and ended up meeting Rachael and we kind of found the dream team for Sarah. And they have done wonders. Life changing wonders."

Rachel Zambito, OTR/L, CNS, learned Sarah was in cosmetology school prior to the accident so therapies shifted to make up and hair styling techniques. Sarah's goal sheet was updated several times, a reflection of all her progress.

Now, she's back to spending time with friends and family, and walking over two miles a day. She's determined to return to cosmetology school and fulfill her dream of one day opening her own salon.



*Sarah is joined by her family, friends and care team at the Brooks Celebrate the Stars event where she was honored.*

SCAN THE QR CODE TO LEARN MORE AND HEAR DIRECTLY FROM SARAH. ▶  
*(You won't want to miss her joke of the day!)*



CELEBRATE  
**THE STARS  
& TEAMS**



**Jason Brown**  
Home Health, Custom Care,  
Support Services Analyst



**Ricky Davila**  
Brooks Rehabilitation Hospital - Bartram  
Campus, Certified Nursing Assistant



**Briana Elson**  
Clinical Integration and Research,  
Institute of Higher Learning, CPE  
Program Coordinator



**Austin Frohnappel**  
Outpatient, Center for Sports Therapy,  
Physical Therapist



**Jaclynn Hurst**  
Outpatient, Eric Sorenson Motor  
Speech Program, Manager



**Flordeliza Marsh**  
Brooks Rehabilitation Hospital - University  
Campus, Certified Nursing Assistant



**Nichole Miller**  
Corporate Services, Nursing  
Engagement Coordinator



**Golda Parillon**  
Brooks Rehabilitation Hospital - University  
Campus, Assistant Nurse Manager



**Tamekia Pittman**  
Aging Services, Bartram Lakes, LPN

**ACCOUNTABILITY**  
**INNOVATION**  
**SERVICE**  
*Compassion*  
**TEAMWORK**  
**INTEGRITY**  
**CONTINUOUS**  
**LEARNING**

Each year, Brooks Rehabilitation honors select staff members and teams of colleagues for exceptional performance above and beyond their job requirements. These stars truly exemplify the Brooks values in all they do, exceeding the expectations of coworkers, patients and families.



**AGING SERVICES BUSINESS OFFICE**

Over the past year, this team achieved remarkable outcomes that have elevated financial performance across multiple facilities. Their integrity shone through in their ethical decision-making, transparent communication and commitment to accurate billing and timely follow-up.

**BROOKS REHABILITATION APHASIA CENTER**

Since 2016, the team built a one-of-a-kind environment that exemplifies compassion, innovation, service and continuous learning. Their efforts have earned international recognition, including the prestigious Identity & Impact Award, highlighting their trailblazing efforts to improve aphasia care.the system without disruption.



**PHARMACY CORE IMPLEMENTATION TEAM**

In 2025, the team faced the challenge of taking over pharmacy services under new regulations within a tight six-month timeline. During this time, the team hired 16 pharmacy teammates, renovated, passed regulatory inspections and obtained new licenses – all while serving the system without disruption.



# 2025 By The



6,700+  
participants

in Brooks Community Programs  
across 39 Florida counties



1,171  
participants

in Brooks Adaptive Sports &  
Recreation programming



785  
inpatient stays

covered through charity care



5,369  
outpatient visits

covered through charity care

# Numbers



2,453  
guests

at Helen's House for  
11,600 total stay days



202  
patients

matched with peer mentors



123  
individuals

provided with free mental  
health counseling

Projected  
Opening  
**DECEMBER  
2026**

# Brooks Rehabilitation Hospital – Arizona

**CONSTRUCTION IN PROGRESS!**

