-expansion plans-

We are extremely proud to be named one of the top 24 rehabilitation hospitals in the United States in U.S. News and World Report’s 2006 America’s Best Hospitals issue. This is the third consecutive year BIR has achieved this distinction and the 10th time overall. The physicians* on our medical staff, our therapists, psychologists and other allied health professionals combine dedication with a commitment to advancing their knowledge and training to provide quality patient care. Numerous research studies, including those led by the North Texas Traumatic Brain Injury Model System, as well as a ground-breaking gait study for the treatment of stroke patients, promise to change the practice of physical medicine and rehabilitation. In FY06, BIR achieved high levels of inpatient and outpatient satisfaction. Our rate of patients discharged to a community setting is 82.59 percent, which exceeds both the regional (75.57 percent) and national (76.15 percent) levels, according to e-Rehab Data.

To keep pace with the growing demand for outpatient rehabilitation services, Baylor Health Care System plans a major expansion and renovation of Baylor Institute for Rehabilitation. The project will provide additional and enhanced spaces for patient and family services, new outpatient programs, therapeutic recreation and vocational training.

As our plans for BIR’s future become reality, this physical expansion will enable us to increase the services we can offer our patients. Within these enhanced services, our aim remains the same: to help our patients regain their independence and go on to live productive and fulfilled lives.

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*Physicians are members of the medical staff at one of Baylor Health Care System’s subsidiary, community or affiliated medical centers and are neither employees nor agents of those medical centers, Baylor Institute for Rehabilitation or Baylor Health Care System.

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The vision of Baylor Health Care System is to be trusted as the best place to receive safe, quality, compassionate care. Since 1981, Baylor Institute for Rehabilitation has strived to maintain and build upon the Baylor legacy of quality and innovation.
Our Mission
Guided by God’s purpose and a commitment to exemplary care, we empower individuals to use their mind, body and spirit to reach their fullest potential.

Baylor Institute for Rehabilitation (BIR) is committed to making a difference in the lives of our patients. For 25 years, we have successfully helped patients who have experienced amputation, spinal cord injury, stroke, traumatic brain injury and other disabilities find the best way back to independent and productive lifestyles.

Located on the Baylor University Medical Center campus, we have both a freestanding acute rehabilitation hospital and a smaller rehabilitation unit on the sixth floor of the Jonsson building to have a combined capacity of 110 beds. Our affiliation with this major medical center gives our patients access to more than 900 specialty physicians for medical consultations and advanced diagnostic and treatment technology, as well as emergency services. We offer one of the most comprehensive continuums of care in the region, moving patients from one phase of care to another as they progress. The continuum includes inpatient services and outpatient specialty programs, clinics and follow-up services to help our patients maintain gains and a healthy lifestyle on a life-long basis.

Care is directed by physiatrists (physicians who specialize in physical medicine and rehabilitation) on the medical staff at BIR who have practices solely dedicated to the treatment of our patients. Patients receive individualized therapy by a team of clinicians specializing in their diagnosis. Team members may include a physical therapist, occupational therapist, speech-language pathologist, neuropsychologist, psychologist, rehabilitation nurse, respiratory therapist, orthotist, prosthetist, therapeutic recreation specialist, care coordinator, and social worker. Therapy may be provided in our therapy gym or aquatic center.

Each specialist offers expertise in his or her field and collaborates with the team to provide a unified approach to care. Our skilled staff and advanced technologies provide our patients with the opportunity to achieve their maximum potential.

Amputee Program
Our amputee program provides a broad array of inpatient and outpatient services, from initial amputation through prosthetic evaluation and fitting and life-long amputee care. Patients will be referred to the most appropriate rehabilitative care setting, with consideration to the type and location of amputation and their physical condition prior to and after amputation. All patients who elect and are medically appropriate for a prosthesis are treated in two phases: preprosthetic and prosthetic. We offer advanced prosthetic and therapy technology and medical expertise to help restore maximum function in the amputee.

Patients may also participate in one or a combination of the following treatments or services:

• Amputee Clinic
• Adaptive Driving Program
• Outpatients Therapy Services (including Psychology Services)
Bill was an avid motorcyclist, scuba instructor and successful business owner when a head-on motorcycle collision two years ago in Colorado brought his active lifestyle to a screeching halt.

For one month, Bill was bedridden in the hospital with a crushed pelvis and mangled left leg. Despite exhaustive efforts to salvage his leg, Bill, with the advice of his doctors, elected to have a below-the-knee amputation. Although he now faced incredible physical challenges, his innate drive and determination did not wane.

“I knew it wasn’t going to be easy, but my main goal was getting back the ability to do all the things I used to do,” says Bill.

This included teaching scuba at Texas Wesleyan College in Fort Worth, where he had been an instructor since 1993. “I was more worried about getting in and out of a dive boat than grieving over my foot. One of my biggest fears was that I wouldn’t be able to teach after my injury, but I only missed one semester,” says Bill.

By the time Bill was transferred to BIR, he was severely debilitated from the lengthy period of bed rest. Additionally, he was found to have a nerve injury and an infection in his left leg, which slowed progress but not his attitude. After a two-month stay in the BIR inpatient hospital where he focused on self-care and mobility goals, Bill transferred to the outpatient Amputee Clinic at BIR for fitting of his prosthesis and training in its use.

“Everyone made me feel like I was the only patient in the hospital. I can’t describe how attentive they were.”

His outpatient physical therapist, Victor Kaufhold, remarks upon a pivotal therapy session with Bill, “The genuine emotion from Bill and his wife when he stood and took his first steps with his new leg touched me and everyone in the clinic that day.”

Bill’s once greatest fear is now his greatest victory. Bill has resumed his diving trips to Cozumel with his Texas Wesleyan students, continues to teach diving regularly, and has resumed running a successful motorcycle and high performance car design and manufacturing company.

For swimming and diving, Bill uses a special prosthesis called a “swim leg” with a foot that pivots, mimicking a flipper. “It makes me feel alive,” Bill says. “When I’m in the water, my leg doesn’t matter.”

“The people at Baylor were just incredible,” Bill says. "Everyone made me feel like I was the only patient in the hospital. I can’t describe how attentive they were.”
Cerebrovascular Accident (Stroke) Program
Stroke can happen at any age—young or advanced—to persons who were previously healthy or compromised, and can result in mild to significant disability. Each patient is unique as to the degree of physical, cognitive and emotional loss that can result. Our Stroke Program provides the patient with a coordinated and integrated system of care that recognizes his or her distinct rehabilitative needs. With the combination of important research, such as the Body Weight Support Treadmill Training initiative, and clinical practices, our team has discovered and embraced breakthroughs in care that continually aid in the patient’s progress.

The treatment team develops a targeted approach through clinical pathways that set the goals and expected timelines for patient progress. Through extraordinary dedication, the team carefully maps a plan of care incorporating the patient’s individualized goals to help transition him or her from the acute rehabilitation setting to the home and community.

Patients may also participate in one or a combination of the following treatments or services:

- Adaptive Driving Program
- Balance/Vestibular Clinic
- Community Partners
- Day Neuro Rehabilitation Program
- HOPE Program
- Dysphagia Clinic
- Orthotic Clinic
- Outpatient Therapy Services (including Psychology Services)
- Real Life Rehabilitation
- Spasticity Clinic
- Support Challenge Inspire: Spinal Cord Injury Support Group
- Urodynamics Clinic
- Wheelchair Seating and Positioning Clinic
- Wheelchair Sports & Outdoor Recreation

Spinal Cord Injury Program
BIR has been an expert in the care of patients with spinal cord injury for more than twenty years. Our comprehensive Spinal Cord Injury Program includes inpatient and outpatient services, community re-entry, and extensive peer and support group assistance. The program serves patients with paraplegia and tetraplegia, including those who are ventilator dependent, and brings together physician specialists and advanced technologies to provide life-enhancing care.

The physical and emotional impact of such an injury can be significant, and patients often have long-term care needs. Our treatment team helps the patient reach his or her highest level of functioning while providing patient and family support and education. Through a five-week educational series specific to spinal cord injury, peer support visits, and participation in evening community support group sessions, patients and their families can learn adaptations and strategies to help return to a productive, fulfilling life.

Patients may also participate in one or a combination of the following treatments or services:

- Adaptive Driving Program
- Assistive and adaptive technology for patients with high-level injuries
- Outpatient Therapy Services (including Psychology Services)
- Real Life Rehab
- Spasticity Clinic
- Support Challenge Inspire: Spinal Cord Injury Support Group
- Urodynamics Clinic
- Wheelchair Seating and Positioning Clinic
- Wheelchair Sports & Outdoor Recreation

Traumatic Brain Injury Program
An injury to the brain can affect the very essence that makes each person unique—personality, intelligence, and his or her inherent artistic or physical talents. Patients with brain injury often experience diminished cognitive and physical skills that may result in language difficulty, memory loss, thinking disabilities, vision and swallowing problems, and paralysis. Our nationally recognized Traumatic Brain Injury program has been designated by the National Institute on Disability and Rehabilitation Research as one of 16 centers throughout the nation to serve as a model system of care. This further enables us to provide the comprehensive services to help restore the life of the individual and the psychological health of the family.

As the patient progresses, the team determines an appropriate level of care and setting to provide him or her with the right care at the right time to help make the greatest long-term difference. Our extensive continuum of care allows us to graduate patients from one level to the next, providing new treatment ideas and direction to help the patient achieve his or her distinct life goals.

Patients may also participate in one or a combination of the following treatments or services:

- Adaptive Driving Program
- Balance/Vestibular Clinic
- Community Management Program
- Community Partners
- Day Neuro Rehabilitation
- Dysphagia Clinic
- Outpatient Therapy Services (including Psychology Services)
- Real Life Rehab
- Spasticity Clinic
- Vision Rehabilitation Clinic
- Wheelchair Seating and Positioning Clinic

Other Orthopaedic Conditions
Our program serves patients with orthopaedic conditions such as post-surgical hip, pelvic or femur fracture, total joint replacement, spinal stenosis, scoliosis and multiple fractures in the most appropriate setting.

Other Neurological Conditions
Patients with neurological conditions such as Guillain-Barré, multiple sclerosis, anoxic/hypoxic encephalopathy, brain tumor, spinal cord tumor, meningitis, and other diagnoses also experience debilitating conditions and require acute rehabilitation. Patients with these conditions are treated by the treatment team whose expertise most closely matches their deficits and needs.

Continuum of Care
Outpatient Services for each stage of recovery
The Outpatient Therapy Clinic offers individualized therapies and comprehensive services to former BIR patients and those in the community.

Specialized clinics such as the Amputee Clinic, Spasticity Clinic, Vision Rehabilitation Clinic, Orthotic Clinic, and Wheelchair Seating and Positioning Clinic offer a dynamic team approach for the patient’s specific needs. Additional services include an Adaptive Driving Program that provides evaluation and training, and an Aquatics Program for persons in the community with disabilities.

Real Life Rehab is a program offered to the patient in his or her home or community. Therapists work with the individual to apply skills in a real-life environment such as the home, school, work site and various public settings. Training focuses on performing daily activities such as time management, financial management, study skills, cooking, cleaning and recreational pursuits.

The Day Neuro Rehabilitation Program is a comprehensive outpatient program located at BIR for persons with acquired brain injury, such as traumatic brain injury, stroke or brain tumor. The program offers specialized therapy activities to help improve cognitive, communication, physical and social deficits, and to promote the individual’s independence within the community. The Day Neuro Rehabilitation Program may be appropriate for patients who are not able to live independently due to cognitive and/or physical deficits, need to resume advanced independent living skills such as driving or caring for their children, or show potential to return to employment or are working toward returning to high school or college.
Mickie

After a spinal cord injury in 1996, Mickie Duncan of Red Oak, Texas, was ready to give up on life. “I thought I’d never move again,” he says.

Mickie, an avid motorcyclist, was hit by an 18-wheeler when its driver ran a red light. In the crash, Mickie broke his 4th and 5th thoracic vertebra, which caused his spinal cord injury. He also had multiple other broken bones and a severe concussion.

Approximately one month later, Mickie was admitted to BIR for a seven-month program of inpatient therapy, where he worked to build both his physical and mental strength. Today, Mickie is virtually unstoppable.

Mickie, now 37, has lived alone since a year after the accident. He returns often to BIR to talk with patients and offer support. He also invites patients to stay at his house so they can see what someone with a spinal cord injury can accomplish.

“The bigger the challenge, the more I go after it,” Mickie says. “I tell people to focus on my ability, not my disability. Look at what I can do, not at what I can’t do.”

“It’s different when you actually get out on your own, and there’s no one to help,” Mickie says. “You go through an entirely new learning process. But that’s what the people at Baylor Rehab prepare you for. They help you learn to go back out into the world, and they’re still there to help you afterward.”

To achieve the adrenaline rush he still loves, Mickie first built a Pro Mod truck for drag racing, using buttons he can operate with his hands for shifting gears. He then turned his attention to customizing four-wheel, all-terrain vehicles. Mickie races four-wheelers across the country in endurance races from two to 12 hours at a time. “I can still outrun half of the people who are able-bodied,” he says. From this passion, Mickie also built a company that sells the gear, including pants, jerseys and helmets, for four-wheeling.
management of our patients. This focused environment allows them to devote themselves emotionally and intellectually to the care of our patients and their families.

Amy J. Wilson, M.D., is the medical director, and also leads the outpatient Amputee Clinic at BIR. Dr. Wilson has a true belief in teamwork in both the clinical and administrative applications. Through the efforts of these cohesive teams, BIR will be able to successfully move forward to continually improve patient care via the development and implementation of advanced clinical practices, technology and research.

“I am privileged to be the leader of a team of talented individuals, and none of us work in isolation. We are successful because of our solid belief in our linkage together as a team, each with a vital role in the recovery of the patient. Team concept is truly one of the ‘niches’ of the rehab world. Teams then go on to develop expertise in certain diagnoses, further positively impacting the quality of care,” says Wilson.

This same teamwork includes the true collaboration that exists between the BIR physicians, board members and hospital administrative staff. “The strength of this relationship pushes us all in the same direction for the betterment of the patients we serve.”

During her tenure, BIR has been able to make important improvements in data and record keeping. BIR was one of the first hospitals in Baylor Health Care System to implement electronic medical records. “Implementation has not been without challenges, but the potential for improved patient care, documentation and the data for research is unlimited.

“We are also on the cusp of developing a dedicated research area within BIR with the recruitment of a highly experienced and published clinical scholar. This new addition, coupled with our existing research initiatives, will add a new dimension to excellence in delivery of rehabilitation care to our patients,” says Wilson.

In addition to her clinical practice, Dr. Wilson has been involved at the federal level to elevate the need for our legislators and Centers for Medicare and Medicaid Services to address complicated issues, including the “75% Rule,” in order to preserve access to rehabilitative services. “I have learned something about effective lobbying, including the impact individuals and systems can have on government by speaking out for what is right for our patients.”

Amy J. Wilson, MD
Medical Director
Baylor Institute for Rehabilitation
Chief of Service
Physical Medicine and Rehabilitation, Baylor University Medical Center

“The opportunity to assist a patient through a debilitating injury and lead them to a place of peace and healing is the most rewarding aspect of my profession.”

BIR encourages staff to continue to pursue advanced degrees and specialized training that will benefit patient care. Twenty-five therapists and 18 nurses have achieved specialized credentials and advanced training.

NCS represents Neurologic Certified Specialist through the American Physical Therapy Association. Neuro-Integrative Functional Rehabilitation and Habilitation (Neuro-IFRAH) is a therapy designed for adults with hemiplegia from a stroke or brain injury.

Karen McCain, PT, DPT, NCS
Shawn Baker, PT, DPT, Neuro-IFRAH certified
Crystal Turner, OTR, Neuro-IFRAH certified

NDT is a certification for Neuro Developmental Treatment. Kinesiotaping is a type of treatment approach using specialized taping techniques.

Rachel Ver Hoef Mueller, PT, NDT certified
Craig VanDantzen, PT, NDT certified
Chrosy Magnuson, PT, NDT certified
Joanna Ballock, PT, NDT certified; NCS certified
Brandy Knoll, PT, NDT certified
Merr Leigh Johnston, PT, NDT certified; NCS certified
Laura Aucena, OTR, NDT and Kinesiotaping Certified
Linda Haley, OTR, Kinesiotaping Certified

ATP certification represents specialized training in the use of assistive technology. iBOT certification represents training in the use of the iBOT motorized wheelchair, which gives users multiple functions, including climbing stairs and moving more easily on rough surfaces. CSSC is accreditation as a certified strength and conditioning specialist.

Tricia Henley, PT, iBOT certified; ATP certification
Bali Rabies, PT, iBOT certified
Chad Swank, PT, NCS, CSSC, iBOT certified

CCC-SLP represents a Certificate for Clinical Competence in Speech-Language Pathology. DPNS or Deep Pharyngeal Nerve Stimulation is a treatment technique to assist patients in learning how to swallow. VitalStim® Therapy is a treatment approach that combines Neuromuscular Electrical Stimulation and traditional dysphagia techniques.

Amy Maddux, CCC-SLP, VitalStim and DPNS certified
Susan McFaddin, CCC-SLP, VitalStim and DPNS certified
Caelin Laughon Roll, CCC-SLP, VitalStim and DPNS certified
JH Harrington, CCC-SLP, VitalStim certified
Selena Brak, CCC-SLP, VitalStim certified
Heather Gallus, CCC-SLP, VitalStim certified
Mendi Lancaster, SLP, VitalStim certified
Kristina Martin, SLP, VitalStim certified

More than a fourth of the nurses at BIR are Certified Rehabilitation Registered Nurses (CRRN). Certification in rehabilitation nursing signifies that the nurse is committed to excellence in caring for people with physical disabilities and chronic illnesses. It indicates that they are an experienced rehabilitation or restorative nurse who has achieved a level of knowledge in this practice area.

Lynda Cook, CRRN
Linda Marter, CRRN
Sharon Rowland, CRRN
Susana Maurzyma, CRRN
Nancy Publico, CRRN
Veronica Jones, CRRN
Joy Lahrbach, CRRN
Mariamma Philip, CRRN
Dorothy Ray, CRRN

Debra Patty, CRRN
Linda Dean, CRRN
Sharon D’Aluisio, CRRN
Carme Robinson, CRRN
Kelsey Frank, CRRN
Georgia Valer, CRRN
Thelma Grady, CRRN
Leela Singh, CRRN
Jacy Scott, CRRN
Patient Admissions
Patients are referred to BIR inpatient care from throughout the nation and internationally. Last fiscal year BIR received patients from 20 U.S. states, as well as one patient from Barcelona, Spain. Patients came from Arizona, Arkansas, California, Colorado, Connecticut, Georgia, Idaho, Illinois, Louisiana, Maryland, Michigan, Mississippi, Missouri, Nevada, New Mexico, New York, Ohio, Oklahoma, Texas and Washington. BIR is well known for our expertise in treating brain injury, spinal cord injury, and stroke, as well as other orthopaedic and neurological conditions as evidenced by the number of patients served each year in these diagnostic categories.

Outcomes by Diagnostic Category
BIR has been able to help patients reach a higher level of independence and quality of life, according to outcome data collected by rehabilitation hospitals on a regional and national basis. The Functional Independence Measure (FIM) is designed to monitor the patient’s progress in the areas of activities of daily living and self care, and rates his or her abilities from total assistance to complete independence. The FIM score measures a variety of abilities, including grooming and bathing; transfer skills from one area to another, such as the bed to the chair; movement through walking or wheelchair, and thinking and memory skills.

Discharges to the Community
From the day of admission, our treatment team establishes a tentative discharge date and goals to help the patient return to his or her home, community, school and/or work setting. Through patient-centered therapy, family member or caregiver education and training, and extensive continuum of care services, we have been able to successfully transition an exceptional percentage of our patients from the hospital to home. Our rate of patients discharged to a community setting is 82.59 percent, which exceeds both the regional (75.57 percent) and national (76.15 percent) averages according to e-Rehab Data.

Innovation
BIR continuously looks for innovative technology and treatments to help improve the lives of the patients we serve. Last year we introduced a new mobility system for persons in wheelchairs, and a research study which helps people with stroke walk again correctly.

iBOT Mobility System
The new INDEPENDENCE® iBOT® 4000 Mobility System aids patients with mobility impairments to help make life in a wheelchair a little bit easier. The iBOT® 4000 allows the user to climb stairs or curbs, raise the chair to the eye level of someone who is standing, lower it to sit comfortably under a desk or table, and even travel over uneven terrain such as sand, grass or gravel. According to Blake Uter, 22, the first recipient of the iBOT® at BIR, the four-wheel and balance functions are particularly beneficial. “As a student, it has been my experience that when you’re able to talk with people at their own level, they tend to take you more seriously,” he says. Blake also likes how the four-wheel function enables him to attend his 9-year-old sister’s soccer games. “The fields don’t always have sidewalks,” he says. “And it makes going across rough surfaces like grass a lot easier.”

Because the iBOT® is not recommended for every wheelchair user, each potential user at BIR goes through an assessment to determine if they are a good fit for the wheelchair. Some of the variables are level of impairment, function and physical abilities.
Libby Philip arrived at BIR in March 2005 after experiencing several strokes that resulted in left-side paralysis and impaired vision in both eyes. From the beginning of her rehabilitation, Libby, then 29, had one major goal: to walk down the aisle as maid of honor at her sister's wedding in November 2005.

After extensive inpatient rehabilitation, Libby began outpatient treatment in the Day Neuro Rehabilitation program. It was in this program Libby was able to reach her goals.

Therapists in the Day Neuro Rehabilitation Program created an aisle where Libby practiced walking just as she would at the wedding. They helped her stay focused and not be distracted by people around her. A speech therapist helped her rehearse the toast she planned to give.

"My physical therapist came to the actual dress rehearsal to help me," Libby says. "She showed the groomsman how to hold his arm, so I could lean on him and not use my cane. She took time out of her personal life because she knew how much it meant to me. It made my experience at Baylor that much better."

Libby is also grateful for the tremendous support, prayers, and love she has received from her family, friends and church family.

"I had a sign in my room that said Must Walk by November," Libby says. "To stay focused, I put the same sign on my locker and my lunchbox."

Because another of Libby's goals was to return to school, she participated in the Community Partners Program. A graduate student in speech therapy from the University of Texas at Dallas worked with Libby on study skills, including taking notes, reading chapters, and highlighting and organizing important information.

Libby recently began taking classes at Eastfield Community College and Dallas Theological Seminary. "I want to see what parts of my brain are working," Libby says. "I used to do a lot of public speaking to youth groups. Some of this ability is talent, but some you have to hone to improve your skills. I'm working to make this skill better."
Locomotor Treadmill Training – Helping Patients with Stroke Walk Correctly

In the first research study within Baylor Health Care System to be conducted by physical therapists, patients who have experienced a stroke are learning not only to walk again but also to walk correctly. Many patients who have experienced a stroke often have difficulties walking without dragging a foot or “limping.” The new body weight treadmill support system study is designed to develop a technique that will help patients walk correctly again. To date, 12 patients have participated in the study, and all have had successful outcomes. The approach, known as “locomotor treadmill training” with partial body weight support, uses a treadmill outfitted with a harness and a team of physical therapists that assist and closely supervise the patient. The patient is secured in the harness to support a portion of his or her body weight as the therapist helps correctly position his or her foot while walking on a treadmill. In this reduced weight environment, the patient can relearn how to walk in a safe and controlled manner. Once the patient becomes stronger, more body weight is added until he or she can comfortably walk without the need for assistance. “Not only does walking incorrectly create a stigma for these patients, but it also makes them more susceptible to injury and directly affects their quality of life,” says Karen McCain, PT, DPT, NCS, physical therapist at BIR and lead investigator of the study. “We want to prove that this method is a safer and better way to rehabilitate these patients.”

The North Texas Traumatic Brain Injury Model System

BIR’s model system, known as the North Texas Traumatic Brain Injury Model System (NTTBIMS), is a cooperative effort among the University of Texas Southwestern Medical Center, Baylor University Medical Center at Dallas and BIR. This unique collaboration allows for efficient, comprehensive and continuous care of persons with brain injuries. In many industries, model systems set standards against which other institutions can measure their own effectiveness. In health care, model systems continually evaluate their own methods to constantly improve treatment strategies and their outcomes. Model systems develop and evaluate a continuum of comprehensive services, which must fully consider and respond effectively to the short- and long-term needs of persons with traumatic brain injury and their families. The following elements of care are included in BIR’s system:

- Emergency medical services
- Intensive acute care services
- Acute medical rehabilitation services
- Post-acute services
- Ongoing community follow-up
- Referrals to community agencies
- Educational programs and research

In 2002, the National Institute of Disability and Rehabilitation Research (NIDRR) provided a $720,000 grant over a five-year period to fund the North Texas Traumatic Brain Injury Model System. Each center is responsible for gathering and submitting data to the national TBIMS database, as well as conducting numerous local and collaborative research studies. The overall goal of the research is to learn more about TBI and about the vast array of issues encountered by those who are affected by TBI, thereby helping to improve outcomes and quality of life for TBI survivors and their families. The NTTBIMS team is currently working on a pilot project, approved by Baylor’s Institutional Review Board, in preparation for resubmission of a grant proposal in spring 2007 for a randomized control study involving patients in the sub-acute period following TBI.

DVT Research

Deep vein thrombosis (DVT) is a particular problem among patients with TBI, yet no consensus exists among physicians on the best way to prevent or treat this potentially life-threatening condition. Because these patients also may have bleeding in the brain, administration of anticoagulant therapy potentially risks causing further brain hemorrhage. Mary Carlile, M.D., Medical Director, Brain Injury Services, is conducting a research study to identify safe and effective methods for preventing and treating DVT in patients with a brain injury. As the lead institution, we are collaborating with 11 other rehabilitation centers across the country in this study, which is funded by a grant from the National Institute on Disability and Rehabilitation Research. “With blood clots, no single prevention or treatment method is 100 percent effective,” Dr. Carlile says. “There is a fine line between preventing clots and causing additional bleeding. We want to find out what works best, so we can create guidelines and a nationally recognized standard of care.”

Dr. Carlile and her team developed a case report form that is used to collect 152 pieces of information about each TBI patient enrolled in the study, detailing his or her experience with blood clots. Researchers have been collecting data for two years, and the study will be completed in June 2007. Researchers hope to gain insight about both upper extremity and calf DVT.

With an anticipated enrollment of more than 2,000 TBI patients, this will be the largest study ever done on DVT in this patient population.

Patient Advocacy

As chair of the Legislative Policy Committee of the Texas Traumatic Brain Injury Advisory Council, Dr. Mary Carlile speaks frequently to physicians, allied health care professionals and legislators about shaping the future of brain injury treatment through TBI model systems. Dr. Carlile most recently made a presentation to the Texas Medical Association titled “The Motorcycle Helmet Law in Texas: The Cost.” Since 1997 when the helmet law was changed in Texas, there has been a five-fold increase in the number of non-helmeted persons injured in motorcycle accidents, from 500 to 2,500. In the North Texas Traumatic Brain Injury Model System, 66 percent of motorcycle collision-related TBIs have been in persons who were not wearing a helmet. Fifty-eight percent of these patients had no private health insurance. For persons not wearing a helmet, acute care hospital costs are 36 percent higher than for those wearing a helmet, and rehabilitation costs are 33 percent higher. For a Texas trauma system that is already heavily burdened, the impact is significant.
When patients and their families choose to receive care at BIR, they are entrusting us with their health, life and future. We know that rehabilitation is a lifelong process and the emotional and physical impact can be far reaching. We are dedicated to those we care for and will stand by them as partners from the day they enter our hospital and for many years afterward.

Animal-Assisted Therapy

Petting a dog can help increase range of motion in a patient’s arm after a stroke has left it weakened. A patient may respond first to a dog when trying to speak following a brain injury. And for many patients, a visit with a dog can make the hospital seem a little more like a home.

The Animal-Assisted Therapy program has helped patients progress in reaching their rehabilitation goals since 1985 when the first dog was used in treatment. Therapy dogs work one-on-one with therapists and patients, and also visit with patients in their rooms or on the therapy floor. Now there are more than 90 teams of volunteer dogs and their owners working throughout Baylor Health Care System.

One such BIR volunteer was an employee of Sewell Cadillac. When they learned of her volunteer activities at Baylor, they were so impressed that they decided to hold a Dogtail Reception during Volunteers Week to honor them. The dogs were treated like royalty, with snacks and bottled water served in silver bowls.

The volunteers all received a Chinese gift box patterned with paw prints with an iced dog cookie, a safety window decal and a medal engraved “Animal-Assisted Therapy dog.”

Community Aquatics

An important component of our continuum of care is the Community Aquatics Program. This program offers former BIR patients, as well as anyone in the community with a disability, the opportunity to use BIR’s heated 60’ X 30’ exercise pool, heated 30’ X 20’ treatment pool and hot tub. An average of 50 to 70 people per day take advantage of the program, either through classes or exercising on their own.

Aquatic therapy helps to maintain range of motion, reduce pain and swelling, and build cardiovascular and muscle strength in individuals with a variety of conditions. And it’s a great place to meet new friends and socialize with others in the community.

Community Partners Program

When the speech-language therapists at BIR realized that many patients were not receiving the added therapy needed post-discharge because of limited funds, a mutually beneficial partnership between the University of Texas at Dallas internship program in the Program of Communication Disorders and BIR was developed. The Community Partners Program offers additional speech-language and cognitive therapy led by graduate students at UTD at no cost for patients with stroke, brain injury or other neurological disorders who have been discharged from the outpatient therapy or Day Neuro Rehabilitation program.

As a part of their clinical rotation, the students help patients work on their skills with speech, comprehension and cognition. Some patients also work one-on-one with a graduate student to focus on specific skills they may need to return to school or a job, or begin driving again.

Begun in January 2002 with eight patients, Community Partners has served approximately 45 patients, with an average of 12 to 15 patients per semester. BIR provides space for the sessions and any materials that are required. The graduate students are supervised by a certified speech/language pathologist with eight years’ experience with Baylor Health Care System before teaching at UTD. Patients can graduate from the Community Partners Program, or remain in it for continued services and social interaction.

After completing rehabilitation for a stroke, Eddie Mae Dawson (pictured right), found the perfect volunteer position through BIR’s Community Partners Program. The position helps her use her organizational and cognitive skills and enjoy socializing with seniors at the Park South Family YMCA. Eddie serves breakfast and lunch and helps with arts and crafts projects.
On the morning of October 8, 2005, John Sidler was on his way to work as a waiter when a serious automobile accident left him in a coma with multiple skull fractures. Life for the high school graduate had been carefree. In fact, he had found his passion in a second job as a deejay and recording engineer.

That same passion became part of his recovery and therapy. While in the acute care hospital, his family played the classical music he had loved. John was transferred to BIR after 17 days in a coma and spent two months in inpatient care and six months in outpatient therapy. As he progressed, he was no longer a passive listener. Instead, he was using the skills that he had relearned in memory, organization and coordination to spin records for others.

While in the outpatient Day Neuro Rehabilitation Program, John worked with a therapist who is a former deejay. “He and I really connected,” John says. “He arranged for me to deejay the Day Neuro Christmas party for all the patients and staff, and then I deejayed the Friends of Hope day camp.”

Therapists in the program also helped John return to his restaurant job. Therapists placed five- and 10-pound weights and plastic cups on an actual tray from the restaurant and set up an obstacle course for John to navigate.

“I really liked that,” John, now 20, says. “I’d give the other patients a weight and a plastic cup and tell them this was their Cajun chicken pasta and margarita.” Using a menu, therapists helped John learn how to memorize a customer’s order without writing it down. John also went through the driving program to regain his driver’s license.

“I am especially grateful to the ladies at the Atrium Market for praying for me and giving my family inspirational support.”

Today, in addition to his music gigs and restaurant job, John is taking classes at Navarro College.
Friends of Hope Day Camp
Dr. Mary Carlile and a committee of BIR staff members began Friends of Hope Day Camp to raise community awareness about traumatic brain injury as well as provide TBI survivors the opportunity to socialize with peers and meet new friends. The first camp was held February 19, 2005. Both former patients of BIR and anyone in the community who has experienced a brain injury are invited. The camps attract 20 to 30 campers per session. BIR partners with area churches and synagogues, with each church providing a place to meet, food for breakfast and lunch, and volunteers who “buddy” with a TBI survivor for the day. BIR employees volunteer to help with any patients who may need special assistance. Therapists from the therapeutic recreation department bring games and other activities for the campers. We thank First Baptist Church of Dallas, First Chinese Baptist Church of Dallas, Temple Emanuel and Southside Baptist Church for their support and hospitality.

Mountain High Camp
For one week each summer, the town of Red River, N.M., turns out in force for BIR’s much-anticipated Mountain High Camp, a camp for adults who have experienced a brain injury. Now in its 13th year, Mountain High Camp is the creation of Charlotte Tribe Wilson, R.N., former coordinator of the brain injury service at BIR, and is co-sponsored by Faith Mountain Church in Red River and BIR. The camp has experienced tremendous growth and support from the community. The first year attracted 37 campers and 90 volunteers, and most recently drew 60 participants and 160 volunteers and family members. Open to both new and long-term survivors of brain injury and their family members and caregivers, the camp draws people from across the country who offer support, inspiration and lots of fun. Participants range from patients who are severely impaired to those who are doing well enough to be camp counselors. Mountain High Camp is held in the fellowship hall of Faith Mountain Church. Residents—almost everyone in town—volunteer to help campers with activities. BIR makes it possible for six BIR employees, including physical therapists, occupational therapists and nurses, to attend the camp to help patients who need assistance. During the camp, patients enjoy fishing, shopping, open air Jeep rides, a talent show and a barn dance on the last evening. “Life is turned upside down for patients who’ve survived a brain injury,” Charlotte says. “It’s often hard for them to maintain friendships. I thought it would be fun if we all could get together and do something different.”

Patient Assistance Fund
BIR established the patient assistance fund to assist patients with a variety of needs, including equipment, medication and medical supplies, that are necessary for the patient’s independence and quality of life after hospitalization. Often patients have exhausted insurance funds or need items not covered by their plans. Items such as wheelchairs, orthotics, assistive communication devices and the like are expensive but necessary to promote reintegration into the community. Or the need could be as simple as a shower chair or home ramp to make activities of daily living easier.

In FY06, the Patient Assistance Fund distributed $21,573, providing 114 patients with medication, 36 with equipment and 11 with transportation. In addition to donations, employees hold fundraisers, such as selling popcorn, holding garage/yard sales, and volunteering at local sporting events, to help replenish the fund.
Support Challenge Inspire
Support Challenge Inspire is a community-based outreach and support program sponsored by BIR for people with spinal cord injury. The support group, which meets monthly, provides attendees with educational and useful information, as well as the opportunity to enjoy regular social interaction and support. Presentations include a variety of topics such as research trends, current fertility techniques, equipment and home modifications, and nutrition and fitness.

An Annual End-of-Summer Bash was held this year at Lake Ray Hubbard. Participants enjoyed the opportunity to have fun on land and in the water. Activities included fishing on a wheelchair-accessible pontoon boat, kayaking and water skiing.

Dallas Wheelchair Mavericks
“Ability, not disability, counts”
For almost 20 years, along with the Dallas Mavericks, BIR has been a major sponsor of the Dallas Wheelchair Mavericks, one of the top teams in the National Wheelchair Basketball Association. BIR provides $28,000 annually to the 12-member team, which has won seven out of the last 10 Division 1 championships. In addition to their prowess on the court, team members work to improve the image of individuals with disabilities in the community.

The team funds educational scholarships for wheelchair users at the University of Texas at Arlington and Texas Woman’s University, and provides speakers and demonstrations that assist the community in understanding the capabilities of someone with a disability. Players also support rehabilitation activities at BIR, from discussing the importance of physical activity for wheelchair users and modeling mobility skills to serving as examples of successful marriages and relationships. From the athletes, patients see the result of successful rehabilitation: people living full and rich lives.