

VISION

for Excellence

F A L L | 2014

PAGE

8

A Closer Look:

VISN 4's Rehabilitation and Prosthetic Services

“My PATH ^{HAS} not
been determined.
I shall HAVE **more**
EXPERIENCES
and **pass** many **MORE**
milestones,”

- Agnetha Faltskog

(Swedish recording artist; member of
the pop group, ABBA)

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DIRECTOR'S VISION



Dear Veterans, fellow employees, volunteers and friends of VISN 4:

At the Department of Veterans Affairs (VA), we daily celebrate the service, sacrifice, and enduring achievements of almost 22 million living Americans who served our Nation in uniform – at home and abroad – during times of war and peace.

Here in VISN 4, we believe there is no greater privilege than to be allowed to serve America's Veterans by providing them with the best possible health care.

We work to continuously improve our care for Veterans by listening to their concerns; to the ideas of our co-workers; to the thoughts of our friends representing Veterans' service organizations; to the observations of our medical school affiliates; and to others. We use everyone's insights to help our Network move forward.

We also strive to expand the care and services we deliver to Veterans. We demonstrate our commitment by designing and building new, state-of-the-art facilities; by using the latest technology to treat Veterans not only at our hospitals and clinics, but also at home or close to home; and by providing the best in medical rehabilitation and prosthetic and sensory aid services to those who will benefit from them.

This issue of *Vision for Excellence* will discuss each of these topics. We'll offer a special focus on our rehabilitation and prosthetic services – programs that promote health, independence and quality of life for Veterans with disabilities. Veterans who have lost their sight, their limbs, or their ability to speak, can all either regain their skills or learn new adaptive skills, as can those suffering from polytrauma or traumatic brain injury. We're excited to tell you more about some of these programs, beginning on page 8.

On behalf of all VISN 4 employees, I thank the Veterans of our region and their families for allowing us to continue to serve you. It continues to be my privilege to serve as your interim VISN director.

Sincerely,

GARY W. DEVANSKY, *Interim Network Director*

AROUND the NETWORK



Fresh from the Farm

Seasonal farmers' markets make buying fresh produce more convenient and economical. This summer, three VISN 4 facilities – Butler, Clarksburg, and Erie – made it easy for Veterans and employees to purchase locally grown, farm fresh produce by hosting farmers' markets onsite during administrative hours.

Farm fresh fruits and vegetables are an excellent source of vitamins, minerals and fiber. They keep us feeling full, control hunger, and can help with weight loss efforts. A 2004 study published in the Journal of the National Cancer Institute showed that eating fruits and vegetables helps reduce the risk of cancer, heart disease, stroke and diabetes.

VA Volunteer Fares Well at Golden Age Games



Navy Veteran and 20-year Clarksburg VA Volunteer Ed DeMundo won four medals at the 2014 National Veterans Golden Age Games in Fayetteville, Arkansas.

The National Veterans Golden Age Games is the premier senior adaptive rehabilitation program in the country, and is the only national multi-event sports and recreational seniors' competition program designed to improve the quality of life for all older Veterans. DeMundo, 80, participated in six events during his fourth appearance at the Games in the past six years. He won first place in javelin, was second in both bowling and dominoes, and finished third in shuffleboard.

For more on the Golden Age Games, visit www.va.gov/opa/speceven/gag.

LEADING BY EXAMPLE

TO SERVE, TO TEACH, TO DISCOVER

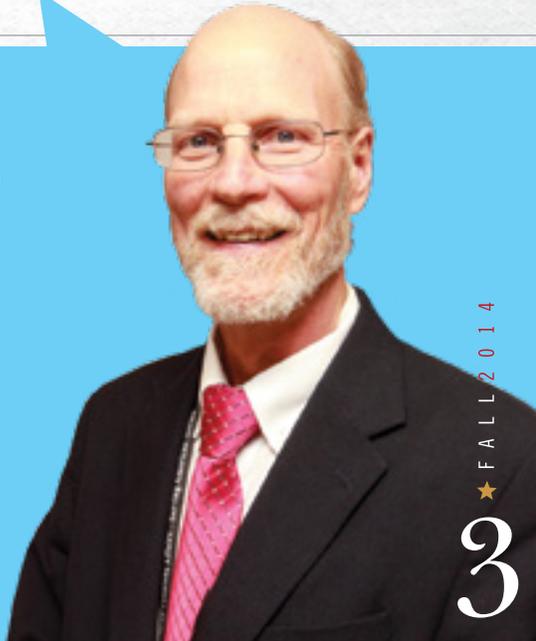
WILKES-BARRE VAMC Michael D. Adelman, MD

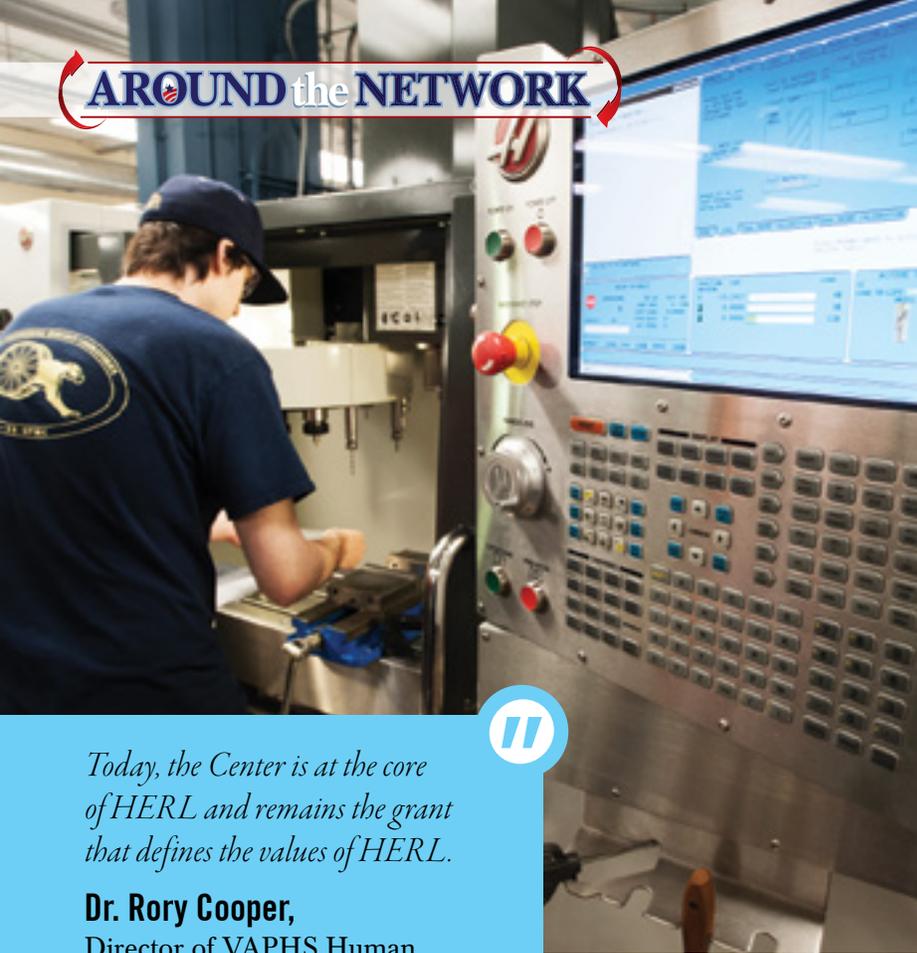
Director since 6.1.14

Previously served as Director of Erie VAMC

16 YEARS OF VA SERVICE

Dr. Michael Adelman, a member of the American College of Physicians and the American College of Physician Executives, brings a wealth of knowledge and experience to his new position as director of the Wilkes-Barre VA Medical Center, including government, private practice, and teaching experience. Early in his career, Adelman was a commissioned officer in the United States Public Health Service, assigned to the Indian Health Service. He also served as acting chief medical officer for VISN 4 for nearly a year, and as interim director of the Philadelphia VA.





Today, the Center is at the core of HERL and remains the grant that defines the values of HERL.

Dr. Rory Cooper,
Director of VAPHS Human Engineering Research Laboratory

VA Pittsburgh Center of Research Excellence Renewed

The Department of Veterans Affairs has approved five more years of funding for the Wheelchairs and Associated Rehabilitation Engineering lab, a VA center of excellence.

The lab is part of the Human Engineering Research Laboratories (HERL), a joint project between VA Pittsburgh and the University of Pittsburgh. Lab director Dr. Rory Cooper said he was grateful for VA's continuing support.

“The VA Center was the catalyst for the growth of HERL into a world-wide leader in assistive technology,” said Cooper.

The new funding will enable continuing work on devices and adaptations for people in wheelchairs or with other limited mobility or use of limbs.

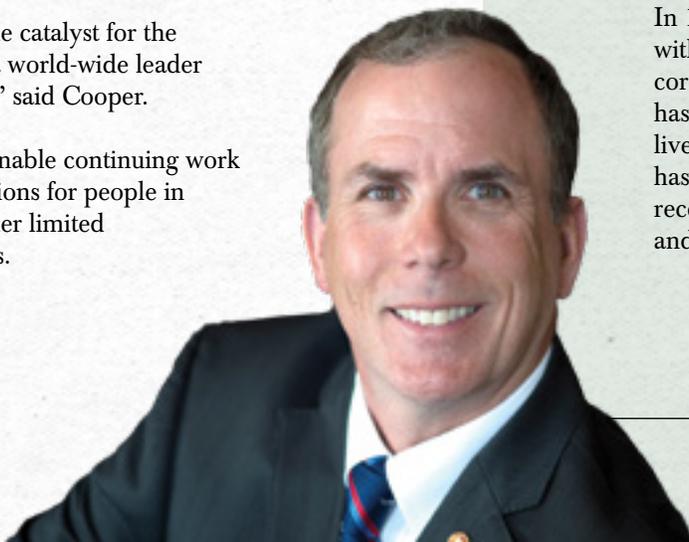
To learn more, visit www.herl.pitt.edu.

VA Researcher Lauded

Dr. Rory Cooper, director of VA Pittsburgh's Human Engineering Research Laboratory, recently received two significant scientific awards. Cooper was one of three recipients of the robotics industry's highest honor, the Engelberger Robotics Award. He received the award in Munich, Germany, on June 2.

In May, Cooper was one of 12 recipients of the Henry Viscardi Achievement Awards and was also officially appointed Civilian Aide to the Secretary of the Army for western Pennsylvania. In appreciation of his work and accomplishments, the Pittsburgh City Council proclaimed June 17, 2014, as “Dr. Rory A. Cooper Day.”

In 1980, Cooper was stationed in Germany with the Army when he injured his spinal cord in a bicycle accident. Since then, he has dedicated his career to improving the lives of wheelchair users worldwide, and has received both national and international recognition for his remarkable achievements and inspiring commitment to his work.



CONSTRUCTION MILESTONES



Altoona VAMC

5.28

EXPANDED JOHNSTOWN CBOC

The Altoona VA Medical Center held a ribbon-cutting and open house for the facility's recently relocated and expanded Johnstown community-based outpatient clinic. Veterans began to be treated at the new facility on April 29.



VA Butler Healthcare

6.11

NEW COMMUNITY LIVING CENTER

VA Butler Healthcare celebrated the completion of its new Community Living Center (CLC). The first 30 beds opened in fall 2011. Now complete, the new CLC houses 60 Veterans and is designed to make Veterans feel more at home.



Lebanon VAMC

7.1

NEW REHABILITATION CENTER

The Lebanon VA Medical Center held a ribbon-cutting ceremony to celebrate the opening of the medical center's new residential rehabilitation and treatment center (a domiciliary).



James E. Van Zandt VAMC

7.28

NEW BEHAVIORAL HEALTH BUILDING

The Altoona VA kicked off the construction of a new behavioral health building with a groundbreaking ceremony. The \$7.5 million facility will allow for expanded behavioral health services.



Louis A. Johnson VAMC

7.7

EXPANDED COMMUNITY BASED OUTPATIENT CLINIC

The Clarksburg VA held a ribbon-cutting ceremony to celebrate the opening of the redesigned and expanded Tucker County Community Based Outpatient Clinic in Parsons, West Virginia. Veterans began to receive treatment there on June 23.

7 Questions with Jim Torok

VISN 4's Telehealth Program Manager

What is Telehealth?

Telehealth is the use of modern technology to expand access and provide patient-centered care in non-traditional locations, such as a Veteran's home, an institution of higher learning, or a community clinic.

How does Telehealth help Veterans?

Telehealth enables more accessible and convenient health care for Veterans. It reduces the time Veterans need to spend in the hospital, and increases access to services without requiring long drives for patients.

What kind of Telehealth does VISN 4 offer?

VISN 4 offers three types of Telehealth technologies:

Store and Forward Telehealth is the acquisition and storage of clinical information such as data, images, sound, and video.

Clinical Video Telehealth connects Veterans with distant providers in real time using video conferencing.

Home Telehealth makes it possible for clinicians to monitor patients in their homes using telephone lines and mobile phones.

What are some of the latest developments in VISN 4 Telehealth?

VISN 4 is participating in two nationwide pilot programs.

In one pilot, our Clarksburg VA Medical Center will expand Home Telehealth to begin monitoring Veterans whose diseases are serious but less critical than Veterans who already qualified for Home Telehealth monitoring.

The other pilot uses Store and Forward Telehealth. In it, providers at VA Pittsburgh Healthcare System and the Wilmington VAMC will treat and monitor wounds, such as surgical wounds, foot wounds, and vascular wounds from afar.

Are there Telehealth programs aimed at our younger Servicemembers?

Many of our returning Servicemembers find themselves going back to school to help with their transition to civilian life. We are really excited about the possibility of bringing VA care to them so they don't have to miss any classes.

We have already partnered with Edinboro University, Slippery Rock University, and WyoTech, a vocational trade school in Blairsville, Pennsylvania. As part of this program, the school provides a secure room and supports the technology needed for VA providers to connect with Veterans right on site using video conferencing.

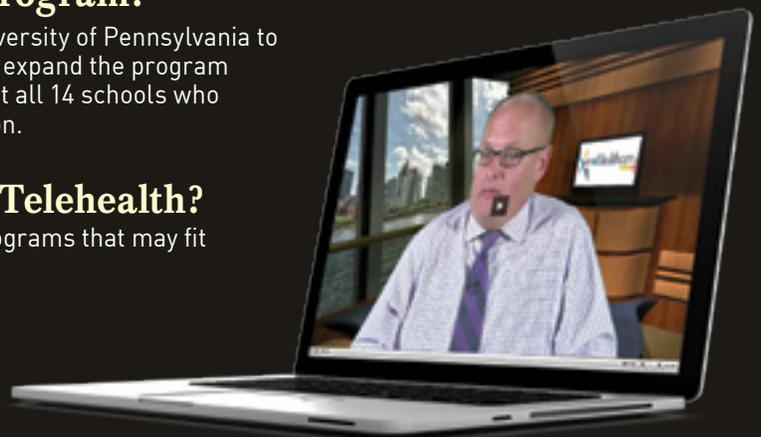
Are there any plans to expand this program?

We are working with Clarion University and the Indiana University of Pennsylvania to implement the program there. We are hoping to eventually expand the program even further, and possibly even have the program in place at all 14 schools who belong to the Pennsylvania State System of Higher Education.

How can Veterans get involved with Telehealth?

Veterans should talk to their providers about Telehealth programs that may fit their lifestyle and their health care needs.

For more on VISN 4 Telehealth, visit our website, www.visn4.va.gov, to watch a video of Jim Torok explaining Telehealth's role in the Network.



New Program in Coatesville Helps Veterans Connect and Thrive

“We know people do better when they can stay in their own homes,” says Coatesville VA’s associate director for patient care services, Nancy Schmid. “We offer a variety of programs and services designed to help aging Veterans stay engaged in life, and keep their homes safe and happy.”

Many VA programs are available to provide home-based support, including primary care, caregiver support, respite care, and more.

This spring, the Coatesville VA Medical Center added a mobile adult day health care program to the list of services it provides. Through the social and supportive program, more than 25 elderly or disabled Veterans who live in their own homes join VA health care professionals for recreational activities. A typical day may include some combination of social time, music, therapeutic exercise, current event discussion, trivia, art and other leisure activities. Veterans also enjoy a provided lunch.

The program takes place near to where Veterans live – one day each per week at the Downingtown Veterans of Foreign Wars Post 845 and the West Chester Veterans of Foreign Wars Post 106. Veterans must be enrolled and eligible for VA health care to participate.

According to the mobile adult day health care program coordinator, Karen Elechko, the possible benefits of these programs for individual Veterans are tremendous. “We are observing a lessening of depression, better sleeping, better appetite and a better mood.”



Partners Connecting for Veterans

While VA continues to expand mental health resources to meet the needs of Veterans, truly Veteran-centric, recovery-oriented care requires active collaboration and coordination with community partners. Through collaboration, VA promotes awareness and utilization of VA mental health resources, helps Veterans gain access to community services, and builds healthy communities for Veterans and their families.

For the second consecutive year, mental health summits throughout VA helped facilities establish and enhance positive working relationships with their community partners and to nurture community engagement to better address the broad mental health care needs of Veterans and their families. These summits provide opportunities for dialogue and active engagement between VA and the community.

In VISN 4, Coatesville VA kicked off the summits in June. Clarksburg, Erie and Pittsburgh held summits in August. The Network’s remaining six facilities held mental health summits in early September.

In Coatesville, participants enthusiastically leveraged their knowledge and experience to identify opportunities to enhance access to and availability of mental health care for Veterans.

Structured conversations centered around military culture, benefits and education; VA health care enrollment; the transition from military to civilian life; resources for homeless Veterans; health care for women Veterans; job development; community mental health resources; resources for the family; coordination of mental health care; and technology and VA health care.

Participants explored various issues during the discussions. Veteran Shawn Carter explained that some Veterans are not comfortable accessing mental health care services, which could prevent them from seeking out needed care. He also noted that VA has gotten better at reaching out to Veterans and providing them with needed services. “VA has come a long way since 1990. Since I came back from Iraq, it’s a whole different ball game. But it comes down to the Veteran.”

We know that there are ways that we can work together to improve services for Veterans. The summit is an excellent opportunity to exchange ideas.

Dr. Michael Gliatto,
Coatesville VA Associate Chief of Staff for Mental Health






VISN 4's
REHABILITATION
AND
PROSTHETIC
SERVICES

Issue 19

Cover Story



VA's Rehabilitation and Prosthetic Services is responsible for medical rehabilitation, prosthetic and sensory aids services that promote the health, independence and quality of life for Veterans with disabilities.



MY PATH HAS NOT
BEEN DETERMINED.
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Agnetha Faltskog
Swedish Recording Artist



REHAB: IT'S A TEAM EFFORT

Individual planning and specialist support is the key to successful rehabilitation in the Department of Veterans Affairs

“It’s not just one discipline doing the work: it’s the integration of the team — including the patient and his or her family. That’s really the key to success.”

Douglas E. Bidelspach,

Rehabilitation Planning Specialist for VA Office of Rehabilitation and Prosthetic Services

“The focus of rehabilitation is to look at a patient’s functioning following an injury,” explains physical therapist Douglas E. Bidelspach, rehabilitation planning specialist for VA’s Office of Rehabilitation and Prosthetic Services.

“We try to take a holistic view of the patient, do an individualized assessment, determine where their needs are, and then develop an individualized treatment plan that incorporates an entire rehabilitation team to try to maximize their function and get them back to their highest level of functioning in the community as possible,” he explains.

VA physical therapists diagnose and manage movement dysfunction and enhance physical and functional abilities. Occupational therapists provide evaluation and treatment in areas of self-care, work, productive activities, and leisure activities to help Veterans participate in their everyday life occupations. Kinesiotherapists apply scientifically-based exercise principles to enhance the strength, endurance, and mobility of Veterans with functional limitations.

“Rehabilitation nurses are always key members of inpatient rehabilitation teams,” says Bidelspach, whose office is located at the Lebanon VA Medical Center and who is one of five VA rehabilitation planning specialists throughout the Nation.

“When a patient is receiving inpatient rehabilitation (at one

of VA’s Comprehensive Integrated Inpatient Rehabilitation Programs), we bring in other team members to treat the entire patient, including nutritionists and case managers.”

Case managers link Veterans up with community resources when they are needed and work very closely with the entire rehabilitation team in coordinating necessary services.

“The rehab team and the physiatrist are the drivers of the treatment plan during rehabilitation hospital stays. The case manager ties the pieces together, and also has an eye on the patient and family’s needs in the community once the patient is discharged,” according to Bidelspach.

“Patients and families also drive the team in terms of what their needs and goals are. They help determine how the process moves forward and the best setting to maximize Veterans’ functional independence.”

For stroke patients, for example, a rehab team would look at strengthening mobility, gait training, perceptual, vision and communication disorders (speaking, listening, writing, and comprehension). The team might also have to deal with swallowing disorders (whether or not a patient can eat and swallow safely), and may have to address behavioral and mental health issues as well.



Tom Willis, Air Force Veteran, is being assisted by Angela Washenitz, physical therapist, while strengthening his balance on the balance system at the VA in Clarksburg, West Virginia.



Social workers, recreation therapists, blind rehabilitation therapists, and audiologists also play key roles on rehabilitation teams in improving patients' level of functioning.

Rehabilitation for orthopedic surgical patients involves regaining the range of motion and strength in the limb that was operated on, and also incorporating mobility training: transferring from sitting to standing, from using a wheelchair to a walker, to a cane, and ultimately enabling people to walk without any assistive devices whatsoever. In post-surgical rehab, the team includes orthopedic surgeons who often have a preferred treatment strategy for their patients.

"In any rehabilitation situation," Bidelspach concludes, "the key pieces are the individualized assessment and the individualized treatment plan. But the real cornerstone of a successful rehab program is well-coordinated implementation of the treatment plan by the interdisciplinary rehabilitation team."

MAKING BADLY INJURED VETERANS

VA's Polytrauma System of Care supports wounded Iraq and Afghanistan Veterans

Many wounded Servicemembers returning from Iraq and Afghanistan are victims of car bombs, improvised explosive devices, motor vehicle accidents and other exposures that cause severe injuries to several parts of the body. These multiple complex injuries are called polytrauma. Polytrauma can include a combination of injuries to the brain and internal organs; limb, vision, and hearing loss; paralysis; chronic pain; burns; and psychological disorders.

Veterans with serious injuries of this kind need a closely-integrated network of care from the time they are wounded on the battlefield, to their initial care at Department of Defense hospitals, to rehabilitative care at VA. They need their care to be provided seamlessly; require highly-trained clinicians; and must have comprehensive case management to make sure they are supported properly every step of the way.

VA's Polytrauma System of Care was designed to support these men and women. It is an integrated system of care with more than 100 specialized rehabilitation sites throughout

the Nation. The system provides services delivered by interdisciplinary teams of rehabilitation specialists and medical consultants, and focuses on making Veterans as independent as possible and reintegrating them into their communities.

VA operates five polytrauma rehabilitation centers for patients with significant medical problems; twenty-two polytrauma network sites, providing rehabilitation services for Veterans who no longer need acute care; 81 polytrauma support clinic teams (PSCTs), offering a full range of outpatient rehabilitation services for patients with stable treatment plans; and 49 point of contact centers, which can make referrals to the appropriate component of the system of care.

Victor Intintolo is the Traumatic Brain Injury (TBI)/polytrauma/spinal cord injury coordinator at the Philadelphia VA Medical Center, the polytrauma network site for VISN 4. All other facilities in the Network, except for Clarksburg, have PSCTs. (Clarksburg is a point of contact center.)



TRANS WHOLE AGAIN



“There are many very, very dedicated team members serving Veterans with TBI and polytrauma. I am impressed by the commitment of these teams to serve these Veterans.”

Victor Intintolo,
Philadelphia VAMC TBI/Polytrauma/
SCI Coordinator

Because Philadelphia is VISN 4’s polytrauma network site, the hospital provides guidance, advice and support to the Network’s other programs.

“We’re in a consultant-type role for them,” Intintolo tells us. Philadelphia has quarterly conference calls for all VISN 4 PSCTs, is available for as-needed contact, and offers additional training for team members throughout the VISN.

Each facility’s team is set up along a rehabilitation-based model, providing physiatry (physical medicine and rehabilitation services), neuropsychology, physical and occupational and speech therapy, blind rehabilitation support, nursing, social work, and any other appropriate service. These services provide the core of interdisciplinary support for Veterans with TBI and polytrauma.

“More than 90 percent of the Veterans we case manage have had a traumatic brain injury,” says Intintolo.

Because of this, rehabilitation programs at each facility focus on neuropsychiatry, occupational therapy, and speech therapy. “I’m not saying that they are the only therapies we provide Veterans,” Intintolo makes clear, “but they are three very important pieces of the puzzle, because of the nature of brain injuries.”

As long as a Veteran needs the services of more than one of these disciplines, the polytrauma system of care will continue to provide him or her with case management services.

“Case management means organizing a Veteran’s treatment program between the interdisciplinary team and the Veteran and his or her family,” Intintolo explains. “We try to make sure they know what’s going on in their cases, when they have certain appointments, and the treatment intent and progress of those appointments. If they’re missing appointments, we try to get them back in. We want to make sure the proper people on the treatment end and at the Veteran’s end are all involved in the treatment process.”





HELPING BLIND VETERANS



TO COPE

VISN 4's VIST teams, specialized programs, offer life-long support to low vision and legally-blind Veterans

More than one million Veterans in the United States have low vision that causes a loss of ability to perform necessary daily activities, and approximately 157,000 Veterans are legally blind.

Those numbers are expected to increase in the years ahead, as more Korean and Vietnam Veterans develop vision loss from age-related diseases such as macular degeneration, or other progressive eye diseases such as diabetic retinopathy, optic neuritis, and glaucoma.

"The VIST (Visual Impairment Services Team) program is a life-long case-management program to help Veterans who are legally blind or with low vision attain or maintain independence, safety and self-confidence in accomplishing their daily living activities," explains Elizabeth (Beth) Wagner. Wagner is the VIST coordinator for VA Pittsburgh Healthcare System (VAPHS).

In 2013, VISN 4 as a whole supported 3,313 visually impaired Veterans. It's estimated that approximately 8,000 enrolled Veterans throughout the Network have low vision or are legally blind.

Throughout the Nation, VA Blind Rehabilitation Services offers a continuum of care ranging from 13 inpatient residential Blind Rehabilitation Centers (BRCs), to top quality blind rehab services and training provided in the home. While VISN 4 does not have a BRC within its service area, its VIST teams work closely with BRCs in West Haven, Connecticut, and Cleveland, Ohio, referring Veterans to those centers who would benefit from their services. VISN 4 itself offers a Vision Impairment Services in Outpatient Rehabilitation (VISOR) program at its Lebanon VA Medical Center. VISOR is a short-term residential program, lasting for about

two weeks, which provides blind rehabilitation and adaptive computer training. The Philadelphia VA Medical Center has an Advanced Low Vision Clinic; Pittsburgh an Intermediate Low Vision Clinic; and VIST/Eye Care provider clinics are located in Clarksburg, Erie, Coatesville, Butler, Altoona, and Wilkes-Barre.

Together, these programs provide a continuum of blind and low vision care for VISN 4 Veterans. In addition, all VISN 4 facilities maintain special low-vision clinics for Veterans, providing them with clinical examinations, a full spectrum of vision-enhancing devices, and specialized training in perceptual and motor skills.

VISN 4's Blind and Low-Vision service program is collaborative in nature. Federal programs such as the National Library Service; state programs including the Pennsylvania Bureau of Blindness and Visual Services; and community associations for the blind that are able to offer transportation services and help Veterans participate in local athletic activities and events are mutually supported.

Right:
Elizabeth (Beth) Wagner, VAPHS VIST Coordinator



VISN 4 is leading the pack in blind rehabilitation nationally. I am so proud to be associated with this Network!

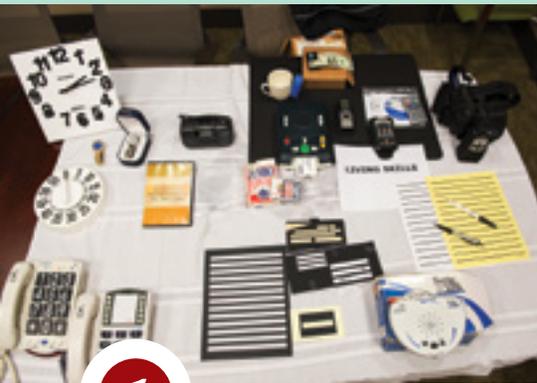
Neil Appleby,

President, Pennsylvania Region | Blinded Veterans Association

1 These devices help Veterans achieve daily success with their living skills, such as telling time, writing, and taking prescriptions.

2 In addition to prescribing a low vision device such as a hand-held magnifier, VA teams help Veterans learn eccentric viewing, scanning, and tracking techniques.

3 Computer adaptive training equipment helps Veterans stay informed and connected.



ABOUT THREE YEARS AGO, U.S. NAVY VETERAN JOHN NEUDORFER **STARTED GOING BLIND.**

"When I first started going blind, like anybody, I was feeling down a little bit," said Neudorfer. "But, I always try to find the positive in everything."

Neudorfer traveled to the Cleveland VA's Blind Rehabilitation Center, a 15-bed inpatient rehabilitation program that helps Veterans adjust to sight loss. It provides training in low vision, orientation and mobility, living skills, computer access training and manual skills training.

"My wife and son could not believe the difference in me in that two weeks," said Neudorfer. "It's an amazing place."

Upon returning from Cleveland, Neudorfer got involved in VA Butler Healthcare's monthly Visual Impairment Services Team support group. "There are variations in the support group — some have some vision, others have none — but it's nice being around those who have similar problems as you do," said Neudorfer. The support group gives Veterans a chance to get out and do something on their own, giving them a little bit of independence.

Right:
John Neudorfer, U.S. Navy Veteran

"The VA has helped give me my life back since I went blind," said Neudorfer. "If it wasn't for them, I'd probably be sitting in a corner somewhere feeling sorry for myself."





We're testing integrative medicine for polytrauma patients at three sites, and we're seeing impressive results.



Dr. David X. Cifu,

VA National Director | Physical Medicine and Rehabilitation Program

VA increasingly offers assistive technology to Veterans with brain injuries — primarily smart phone and iPad applications to reduce stress, deal with pain, enhance sleep, help with reading, and improve memory.

REHABILITATING THE MIND

Veterans throughout the Nation receive screening, support for brain injuries

“About 8 percent of the Veterans who served in Iraq or Afghanistan have persistent symptoms as the result of a concussion,” says Dr. David X. Cifu, VA’s national director of the physical medicine and rehabilitation program office. “Most of those concussions are combat related.”

Because that percentage is significantly higher than that of the general population, VA screens all returning Iraq and Afghanistan Veterans for possible brain injuries. Those who screen positive are offered a comprehensive examination to determine whether they had a brain injury and what difficulties they are having. Some report headaches, dizziness, sleep problems, behavioral problems, and other issues. VA then sets up a comprehensive, individualized plan to address their problems.

“We’ve got teams of specialists at 110 VA facilities to provide outpatient services to these Veterans,” explains Cifu.

“We’ve also got inpatient teams in each of the 21 Veterans Integrated Service Networks (VISN) — but 99 percent of the services these Veterans need can be provided as outpatients. There are telehealth services available from 25 VA hospitals that can provide initial and follow-up assessments, physical, speech and occupational therapy, and psychological virtual help everywhere in the Nation.”

Alongside the standard treatments for ailments related to concussions, VA offers integrative medicine (a linkage between traditional and complementary and alternative medicine) solutions, including acupuncture; chiropractic; yoga; meditation; and t’ai chi, a Chinese martial arts program that improves both balance and mental health.

Cifu describes the University of Pittsburgh, VA Pittsburgh Healthcare System’s affiliate, as a “world leader” in the field of assistive technology. The Center for Assistive Technology, a joint project of the University and the University of Pittsburgh Medical Center, works with VA to ensure brain-injured Veterans receive the correct adaptive services based on the patient’s needs and goals.

They also train VA employees, host in-person and virtual

education centers, and conduct site visits. “It’s a fantastic academic-VA partnership, and it occurs right in VISN 4,” he says.

While many services were originally directed towards Iraq and Afghanistan Veterans, they are available to all enrolled Veterans, regardless of age or diagnosis. “At this point, we have no special priorities for these services,” he tells us, “because we are striving to have the capacity to treat everyone.”

VA’s major priority in brain rehabilitation research is to find strategies for difficult-to-treat problems. Cifu mentions a \$62 million research initiative he is directing to look at the long-term effects of combat concussions on Veterans and service members. As part of the study, researchers will be looking at the benefits of specialized balance exercises, neuroendocrine management, and on VA and the military’s ability to successfully treat Veterans living in rural areas. The researchers will also track more than 1,000 Veterans who have had combat-associated concussions to see what effects those concussions may have over time — to see whether their symptoms will worsen or get better.

VA also maintains a registry of more than 760,000 Veterans who have been screened for brain injuries. “We know where they are, and how to get in touch with them,” says Cifu. “If something innovative comes up that may help their individual issues, we don’t have to wait until they have problems — we can reach out to them and let them know.”





PIRATE OFFERS HOPE TO APHASIA PATIENTS

Residentially based treatment program for brain-injured Veterans is unique in VA

Aphasia is a language impairment that affects reading, writing, understanding, and speaking. It occurs most often after a stroke, but can also be related to other forms of brain damage, such as traumatic brain injuries.

People with aphasia can have communications impairments ranging from mild problems in finding the right word to a complete inability to speak, understand, read, or write. While many people with aphasia recover significantly in the first six months after their impairment begins, many others continue to have significant problems communicating for long periods of time.

"We take applications from both Veterans and active duty military from all over the country," explains Dr. Patrick Doyle, director of Pittsburgh's audiology and speech pathology program and associate director for research at Pittsburgh's Geriatric Research Education and Clinical Center. Veterans accepted into the program receive six hours of training, every day, for 24 days. They participate in the speech pathology program as outpatients, and live in either Pittsburgh's Family House or the Pittsburgh Fisher House.

Current research shows that individuals with chronic aphasia can make significant gains in communication ability through behavioral speech language therapy, and that gains are often greater when therapy is provided on a more intensive schedule. PIRATE participants receive one-on-one therapy with speech pathologists, and participate in occasional group therapy programs. Afterwards, many participants receive home therapy to help maintain and continue improvements made during the program.

We've tried to make people aware of this highly prevalent disability, and to be advocates for those who have it, because they are truly underserved.

Dr. Patrick Doyle

Director of Pittsburgh Audiology and Speech Pathology Program

"We've had close to 100 Veterans come through the program," says Doyle. "We help them recover as much language as they can, and we also teach them how to live with aphasia, which cannot be cured."

While aphasia affects the ability to speak, it does not affect the ability of most of those who have it to think clearly, and therefore has a profound effect on people's quality of life. Many Veterans who have participated in the project and their families have testified about the extent to which PIRATE has changed their lives.

"Today," says Doyle, "there are more than a million people in the United States living with aphasia. Every year, an estimated 80 to 90,000 new cases of aphasia occur. The most common cause is stroke — and we're keeping more people alive who have had strokes, so the number of people with aphasia is increasing.

"Even though there are so many people with aphasia," he continues, "if you don't know someone with aphasia, you probably don't know what it is. That's because aphasia robs people who have it of the ability to communicate properly, so they can't advocate for themselves.





Bright Board
Folders Motor learning

Right: Veteran Ted Talarino practices speech techniques during a one-on-one, intensive therapy session with a PIRATE speech pathologist.

VA Pittsburgh's Program for Intensive Residential Aphasia Treatment and Education (PIRATE) is a residentially based, intensive treatment program for Veterans with aphasia. It is the only program of its kind in VA.

To learn more about PIRATE, visit www.pittsburgh.va.gov/PIRATE/index.asp

VETERAN ISN'T “CLOWNING AROUND” WITH APHASIA

Tom King, 67, a Vietnam-era Army Veteran, has been producing laughs for more than 25 years as ‘Tom E. Boy,’ a professional clown. He’s recognized among his fellow mirth makers as one of the best in the business.

He wowed ‘em with the Cole Brothers Circus. He knocked ‘em flat at the lighting of the National Christmas Tree for three years. He was even named Clowns of America International’s 2014 Clown of the Year.

In 2012, King suffered a stroke, which might have ended his career if it weren’t for his own heart and soul — and a big assist from VA Pittsburgh’s PIRATE program.

“I went to speech therapy twice a week,” said King. “But after PIRATE, I now feel confident.”

Jim Schumacher, the VA speech language pathologist who worked with King, said he had significant difficulty choosing the sounds he wanted to say.

“He would be close. He might say ‘pable’ instead of table,” Schumacher said. “He knew the words he wanted to say. He just wasn’t able to make the sound.

“The PIRATE program helped him get a much better command of the sound system and he can self-cue now. So, if he can’t come up with the letter, you’ll see him tracing the letter on his hand to come up with the word.”

During one visit to VA Pittsburgh, King took time to entertain fellow Veterans as Tom E. Boy. His wife, also a professional clown, says that when her husband does his act now, he incorporates aphasia awareness to make people laugh and learn.

“The PIRATE program really lives up to everything we were told,” said King’s wife. “We didn’t expect a magic wand, but this is a huge change. His speech has really improved, but I think the confidence PIRATE gave him was a big boost to him overall.”

Tom King, as “Tom E. Boy” looks for volunteers during an impromptu clown comedy performance at VA Pittsburgh.





“We want to show Veterans, especially those who use wheelchairs and amputees, that there are more activities they can be involved in than they realize.”

Doug Hilliard,
VISN 4 Prosthetics Manager

PROSTHETICS HELP VETERANS ADAPT

New prosthetic equipment helps Veterans with disabilities maximize their ability to function

“Prosthetics can provide just about any equipment requested by a VA physician as long as it is therapeutic and adaptive in nature,” explains Doug Hilliard, VISN 4’s prosthetics manager. “That includes adaptive equipment to replace body parts, and equipment from power wheelchairs to racing sports chairs.”

The general purpose of VA prosthetics programs is to provide Veterans with what they medically need, including artificial limbs, hearing aids, hospital beds, and home oxygen. However, prosthetics in VISN 4 is also concerned with making sure disabled Veterans understand what services their local communities can provide.

“We’ve been hosting community outreaches for Veterans,” Hilliard tells us. “There are a number of community organizations that host wheelchair basketball games, shooting, archery, and track and field events. One of my goals is not to create new events, but to introduce Veterans to those resources that are already out there.”

“With the Wheelchair Games being hosted by VISN 4 twice in the last four years, we’re seeing a lot of requests for adaptive sports equipment,” he continues. Other community-based activities for disabled Veterans include a sled hockey program supported by the Pittsburgh Penguins and an adaptive rowing event, sponsored by Three Rivers Rowing, held recently in Pittsburgh.

The VISN is also working to provide Veterans with the latest in adaptive technology. A VISN 4 Veteran recently received a new, powered ankle-foot prosthesis, developed by a VA team working with researchers at MIT and Brown University. The prosthesis uses tendon-like springs and an electric motor to move people forward.

Some Veterans have also been given iPads and other personal desk assistants, especially those with speech and language and memory difficulties. According to Hilliard, “some of the new applications for these devices are so great — it’s almost as if they were designed to help these people.”

Hilliard also mentioned another recent innovation: VA has established a contract that provides some Veterans who require service dogs with free veterinary services to keep their companions healthy throughout their lives.

“Veterans who want newer prosthetics need to understand that it all starts with their primary care team,” he concludes. “Those people are the primary gatekeepers. They are the ones who initiate the consults that enable Veterans to be seen and evaluated. We work very closely with them.”



THE LAST WORD

By David S. Macpherson, MD, MPH,

VISN 4 Chief Medical Officer and Acting Director | VA Pittsburgh Healthcare System

Any type of rehabilitation, from visual rehabilitation to speech rehabilitation to physical rehabilitation, requires retraining of either the muscles or the mind. Many people undergoing rehab must learn basic skills all over again.

It is very difficult work, especially for those who have had issues such as strokes. The gains are small each day, but with persistence, functioning can improve. Although therapists serve as guides, the real workers — the real heroes — are the Veterans who push themselves to go through rehab. The resilience I have seen on the part of many Veterans is incredible.

I know a Pittsburgh-area Veteran personally, one of my patients, who had what was essentially a stroke. Before he had the stroke, he was a very articulate and organized person. He spoke fluently, and with great intelligence.

After his stroke, he struggled to speak. He spent six to twelve months with a speech therapist. He gradually and slowly improved, to the point where his speech was once again fluent. His improvement reminded me how much effort is involved in achieving a good outcome.

That's one type of story: there are other Veterans who can't become fully functional again, but learn to adapt. Sometimes, people just can't get back to normal, but with the help of adaptive equipment and hard work, they get much better, and are able to function well in their home and community environments.

The VISN 4 employees who help Veterans in their rehabilitation have enormous patience. Often, Veterans' gains are slow, and our therapists use great coaching and interpersonal skills to help every Veteran they serve in ways that best meet their

patients' needs. Every Veteran responds to motivation differently, and our rehabilitation specialists are great at learning how Veterans want to be helped.

There's a science to rehabilitation, of course, and you've read about some of the latest advances in that science in this newsletter, but the heart of rehabilitation is the support our therapists provide. Their work is underappreciated, and it's my privilege to recognize them here.

Every day, a great deal of basic physical therapy and occupational therapy is accomplished in each of VISN 4's medical centers. The work our therapists do isn't fancy — no one is going to make a TV show about them — but the effort they put out is as effective, if not more so, than the most expensive equipment and medicines.

Every discipline, from primary care physicians, to surgeons, to neurologists, uses rehabilitation to help patients get better. Our physicians rely on our rehabilitation specialists to handle that aspect of the recovery process. That's where the true expertise lies.

I'm pleased this issue of Vision For Excellence shines a spotlight on their work, and on the hard work our patients do to regain their highest possible level of functioning. I hope you've enjoyed it.

Rehabilitation is an important part of every VISN 4 hospital's mission, and it is a part of every VA physician's practice in one way or another.





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VISN 4 Presents
ASK THE
STAFF

Fall 2014



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3

What is your favorite part of volunteering at VA?

1. LOWELL MURRAY | ALTOONA

A: "Helping Veterans and giving back to Veterans."

Noteworthy: He recently retired from driving for the Disabled American Veterans Transportation Network after giving more than 14 years, 2,808 hours and 30,371 miles to the DAV program.

2. BETTY SLAUGENHAUPT | BUTLER

A: "I've been here a long time and I've made some really good friends. I enjoy talking with and helping Veterans. That's my favorite part of volunteering."

Noteworthy: VA Butler Healthcare chose her as their 2014 Female Volunteer of the Year.

3. TEFANY HANNAS | CLARKSBURG

A: "Being able to put a smile on Veterans' faces and hopefully brighten their day."

Noteworthy: She has been volunteering for more than 19 years and has given Veterans more than 17,568 service hours.

4. MARY CONNELL | PITTSBURGH

A: "Meeting, greeting and helping Veterans."

Noteworthy: The American Legion Auxiliary selected her as their 2013 Volunteer of the Year.

5 KAREN O'NEAL, Chief of Voluntary Services | ERIE

We Asked Karen: "What is your favorite part of working with VA volunteers?"

A: "It is a treat to work with individuals who are so selfless and giving. Our volunteers are my second family, and they are very near and dear to my heart. Volunteers are precious gems, and they complete the VA patient care team!"

Noteworthy: She received the Department of Veterans Affairs 2013 Voluntary Service Award for Excellence.

VISION

for Excellence

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