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WAYS & MEANS

METHODIST REHABILITATION CENTER | 2023 EDITION

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Now I can... go the distance

When a looming leg surgery threatened to keep Reece Barham out of the dugout, the Hartfield Academy student and baseball statistician handled the challenge like a major leaguer.

Reece and his parents chose Methodist Outpatient Therapy for his post-operative care, knowing he would need therapy equipment and technology only available at MRC.

“I think I have probably touched nearly every machine they’ve got in there,” Reece said. Reece completed outpatient therapy and is pleased with his progress. “I am definitely in less pain, and I can tell my endurance is better,” he said.

After a visit to MRC’s Assistive Technology Seating Clinic, the Barhams also decided to upgrade Reece’s wheelchair. Its expanded features will help Reece as he plans to navigate college campuses after high school. With stronger legs and a new wheelchair for backup, Reece is ready to step up to the plate.



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For more information, visit methodistonline.org or call 601-981-2611 or toll free 1-800-223-6672.

Total Number of Patients Served: 1464

STROKE

476 patients | 32.51%

ORTHOPEDICS

304 patients | 20.77%

GENERAL

191 patients | 13.05%

BRAIN INJURY

219 patients | 14.96%

SPINAL CORD INJURY

167 patients | 11.41%

NEUROLOGICAL

107 patients | 7.31%



Destination After Discharge

HOME | 44.40%

HOME + HOME HEALTH | 31.90%

SNF | 11.89%

ACUTE | 9.56%

Overall Satisfaction

EXCELLENT | 80.60%

VERY GOOD | 13.80%

GOOD | 4.90%

FAIR | 0.30%

POOR | 0.40%

Adolescents Only

SCI | 5 PATIENTS | 33.33%

BRAIN INJURY | 7 PATIENTS | 46.67%

STROKE | 1 PATIENT | 6.67%

ORTHO | 2 PATIENTS | 13.33%

Age Range: 13-17 | Total Served: 15
Male: 10 - 66.67% | Female: 5 - 33.33%

FROM THE CEO

THE ART OF REHAB

Before I became CEO of Methodist Rehab in July, I thought I knew what MRC was all about. I've served on MRC's board of trustees for 23 years, the last two as chairman. Under Mark Adams' 33 years of leadership, I've witnessed an amazing amount of growth.

I've seen MRC build numerous outpatient clinics, create Methodist Specialty Care Center, sign an affiliation agreement with the University of Mississippi Medical Center and add a million dollars' worth of robotic rehabilitation equipment to its thriving research department.

Despite my years at MRC, however, I didn't fully understand the scope of MRC's extraordinary mission until I began exploring the hospital and talking to staff and patients. Listening to them made me realize not only what MRC is, but also what it does.

There's nothing like sitting at the bedside of a patient who has survived a traumatic injury or illness and hearing them proudly describe their achievements in the therapy gym. So many tell me how our staff made that possible—from the doctors, nurses and therapists who guided their medical care, to the housekeeping employees who offered encouraging prayers.

It's an impressive legacy for any leader to build on. Yet, when Mark announced his retirement and suggested I take over his role, I initially hesitated. After all, I was enjoying my own retirement after 35 years with Xerox.

It quickly became apparent, however, that I could not resist being part of such life-changing work. I tell people I would not have come out of retirement for any place other than MRC. It's such a great organization; it's like joining a Super Bowl championship team.

I've really enjoyed getting to know what our directors do and how they do it. I gleaned a bit of wisdom recently from Mary Collins, our director of admissions and medical records. She told me that everyone at MRC is essential, and I'm quickly learning how that's true. All of our employees literally represent the hands of God's healing.

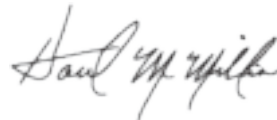
There is physical healing here without a doubt, but there is also mental and spiritual healing. I don't ever want to forget that dynamic. Recently, my wife, Lyn, and I commissioned the collage you see on the Ways & Means cover for my office. It highlights what I consider the art of rehab—the science of medicine combined with the spirit of caring that colors everything we do at MRC.

The painting prominently displays the late Earl and Martha Wilson, and it's an important tribute. Earl's efforts as MRC's founding chairman helped bring the best in rehab medicine to Mississippi in 1975. From growing up in Tippah County's small community of Chalybeate, I understand how important it is that everyone has access to expert care in their home state. The fact that our founders had that vision and it's actually here today seems miraculous.

When Xerox brought us back to Mississippi in the mid-'90s, Lyn introduced me to the Wilsons. Soon afterward, Earl called and struck up a conversation. Before I knew it, I was on MRC's board of trustees. Lyn eventually found a role at MRC, too. She serves on the board of the Wilson Research Foundation, MRC's fund-raising arm.

Together, we're proud to promote a place that has such a profound impact on people's lives. Like our mission statement says: In response to the love of God, Methodist Rehabilitation Center is dedicated to the restoration and enhancement of the lives of those we serve. We are committed to excellence and leadership in the delivery of comprehensive rehabilitation services.

Sincerely,



David McMillin
Chief Executive Officer
Methodist Rehabilitation Center

Grace and peace,

It has been an extreme joy for the Mississippi Annual Conference of The United Methodist Church to have been an integral founding partner and a continuing supporter of the important ministry of Methodist Rehabilitation Center. In my role as the presiding bishop of the Mississippi Annual Conference, I am excited to invite you to read this publication that bears witness to how God continues to work through Methodist Rehab impacting the lives of many in the communities across the state of Mississippi. Methodist Rehab provides services that help so many suffering from injuries to their arms, legs, other body parts to once again be made whole. This center does not just rehabilitate the obviously injured body parts, but brings healing to the whole person. It is a healing of bodies, minds and hearts.

"Nevertheless, I will bring health and healing to it; I will heal my people and will let them enjoy abundant peace and security." — Jeremiah 33:6

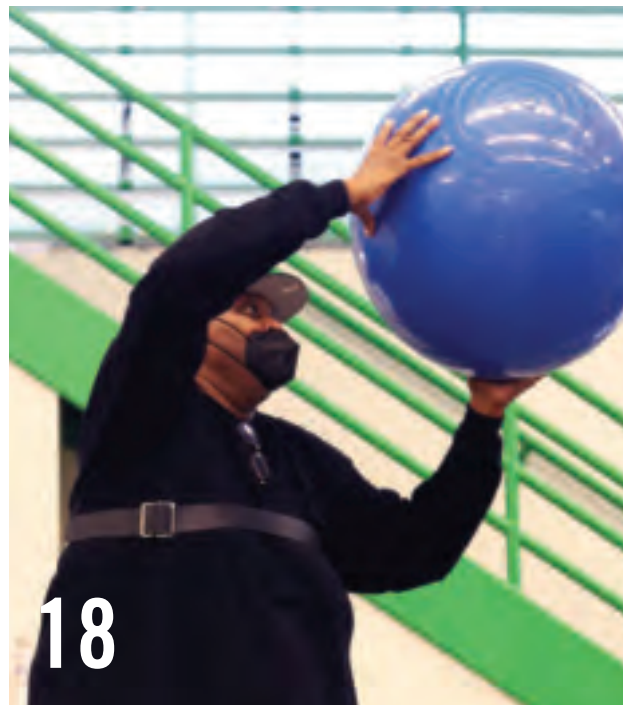
Rehabilitation helps the injured to experience a genuine quality of life. I celebrate and give thanks to the women and men serving our patients at Methodist Rehab. It is because of your willingness to deploy your gifts in serving in this ministry of rehabilitation every day that we can fulfill God's promise of healing that restores abundant peace and security. It is this ministry's gift to the patients and to the wider community that provides them with the opportunity to return to their daily activities restored, and ready to contribute to the betterment of this world. We are proud to serve with you in this effort.

Blessings,

Bishop James E. Swanson, Sr.
Resident Bishop of the Mississippi Episcopal Area

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WAYS & MEANS

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Methodist Rehabilitation Center provides comprehensive medical rehabilitation programs for people with spinal cord and brain injuries, stroke and other neurological and orthopedic disorders. The 124-bed state-of-the-art hospital in Jackson has twice been designated a Traumatic Brain Injury (TBI) Model System site by the National Institute on Disability and Rehabilitation Research and is also the only hospital in Mississippi twice named one of America's best by U.S. News & World Report.

Methodist Rehabilitation Center

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NEWS BRIEFS

MRC BOARD ANNOUNCES NEW LEADERSHIP



After 23 years on Methodist Rehab's Board of Trustees—most recently as Board Chairman—David McMillin accepted the role of CEO in July.

McMillin recently retired from a 35-year career with Xerox Corporation. After working in sales, sales training and sales management, he was most recently a regional financial controller. He was awarded numerous accolades, including Leadership Person of the Year.

McMillin received his Bachelor of Business Administration degree from the University of Mississippi, and his Master of Business Administration from Millsaps College, where he received the Charles H. Sewell award for Outstanding MBA Student.

Replacing McMillin as MRC Board Chairman will be Sam Lane of Jackson. He is Chief Development Officer for First Commercial Bank, which he co-founded in 2000 after decades of banking experience.

Lane became intimately aware of MRC's capabilities in 2007. His son Samuel became an MRC patient after suffering a life-threatening brain injury while a student at the University of Georgia.

The experience led Lane to become involved with the Wilson Research Foundation. Since joining the foundation's board in 2008, he has helped raise over \$10 million for research, education and technology needs at MRC.

Gary Armstrong of Madison has also assumed a new role at MRC. Already Chief Financial Officer, Armstrong added president to his title. He joined MRC in 1977 and has held positions of progressive responsibility, beginning in information services and eventually moving to finance. 🌿



MRC BOARD ADDS JUSTIN PETERSON

Justin Peterson of Jackson has joined the Methodist Rehabilitation Center Board of Trustees.

Peterson is manager of StateStreet Group, a real estate development company based in Jackson. He was previously a litigator at Bradley LLP, a law clerk to Judge Rhesa Hawkins Barksdale of the United States Court of Appeals for the Fifth Circuit and vice president at Silicon Valley Bank.

Peterson graduated from Wake Forest University and received his juris doctorate degree from the University of Virginia. Peterson also serves on the board of trustees of St. Andrew's Episcopal School and the boards of River Hills Club and the Eudora Welty Foundation. 🌿

E.B. "BUD" ROBINSON JR. HONORED AS LIFE MEMBER OF MRC BOARD

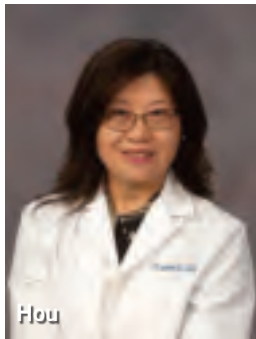


E.B. "Bud" Robinson Jr. has been named a Life Member of the Methodist Rehabilitation Center Board of Trustees. The designation honors his 31 years of service to the board and his deep concern for the people of his community and the patients of MRC.

During his board tenure, including stints on the executive, finance and personnel committees, Robinson contributed to the establishment of MRC's Center for Neuroscience and Neurological Recovery and Methodist Specialty Care Center. His leadership and counsel also played a role in MRC's successful affiliation with the University of Mississippi Medical Center. The collaboration promotes common goals of improving medical education, research and health care.

Robinson is the former chairman and chief executive officer of Deposit Guaranty Corp. and Deposit Guaranty National Bank. 🌿

BRAIN INJURY SPECIALIST DR. JOAN HOU JOINS STAFF



Dr. Joan Hou is a brain injury specialist on the staff of Methodist Rehabilitation Center and a member of the Division of Physical Medicine and Rehabilitation staff at the University of Mississippi Medical Center.

Hou is double board-certified in Physical Medicine and Rehabilitation (PM&R) and Brain Injury Medicine. Before coming to Mississippi, Hou's positions included staff physician at Lakeland Regional Health Hospital in Lakeland, Fla., medical director and staff physician at St. Vincent Rehabilitation Institute in Evansville, Ind. and staff physician in the Department of PM&R at Hennepin County Medical Center in Minneapolis, Minn.

Hou received her medical degree from the Peking Union Medical University and Shanxi Medical University in China. She also earned a master of science degree in Medical Microbiology and Infectious Diseases from the University of Alberta in Edmonton, Canada.

Hou did her PM&R residency at Kingsbrook Jewish Medical Center in Brooklyn, N.Y. and a fellowship in Traumatic Brain Injury/Polytrauma at Hunter Holmes McGuire Veteran's Administration Medical Center/Virginia Commonwealth University.

Hou is a member of the American Academy of Physical Medicine and Rehabilitation and the Association of Academic Neurologists. 🦋

LEGAL AFFAIRS VP TAMMY VOYNIK NAMED TO HEALTH LAW COMMITTEE

Tammy Voynik, vice president of legal affairs for Methodist Rehabilitation Center, was appointed to the executive committee for the Health Law Section of the Mississippi Bar Association. The mission of the section is to provide a forum for communication and education leading to the improvement and development of the field of health law.

Members interact and exchange ideas and information to develop expertise in health law, thus serving their clients more effectively. The section provides opportunities to give back to the law community, by sponsoring projects such as awarding a scholarship to a student at both Mississippi College School of Law and the University of Mississippi School of Law. 🦋

PT JACOB LONG PRESENTS AT ASIA SCIENTIFIC SUMMIT



MRC physical therapist Jacob Long recently added several achievements to his long list of accomplishments.

At the American Spinal Injury Association Scientific Summit in May, he presented the results of a study that posed the question: Does the speed of robotic leg movements during tilt-table verticalization mitigate orthotic hypotension in subacute spinal cord injury? He also participated in a podcast about the study.

An Assistive Technology Professional, Seating and Mobility Specialist and Neuro Clinical Specialist, Long also was recently elected to be Vice Chair of the American Physical Therapy Association Neuro Section-Seating/Wheeled Mobility Special Interest Group. 🦋

TECHNOLOGIST BEST ABSTRACT AWARDED TO MRC CERTIFIED NERVE CONDUCTION TECH

Isvan Alvarez Herrera recently received the Technologist Best Abstract Award from the American Association of Neuromuscular and Electrodiagnostic Medicine.

Herrera is a Certified Nerve Conduction Technologist at Methodist Rehabilitation Center and the author of the abstract, "A Nerve-Wrecking Journey to Porphyria." The abstract traces the case of a paralyzed patient who suffered multiple misdiagnoses before a MRC nerve conduction test helped identify porphyria.

Porphyrins and porphyrin precursors are chemicals involved in the function of hemoglobin. When they build up in the body, they can lead to a group of disorders known as porphyria. Usually inherited, porphyria mainly affects the skin or nervous system.

A urine test can easily confirm a case of porphyria, but few physicians are on the lookout for the disorder due to its rarity. Herrera presented his abstract at the AANEM annual meeting in Nashville, and he hopes it will help health care workers be more aware of the disorder when they take histories and do nerve conduction studies. His long-term goal is to promote random urine testing for porphyria markers in patients admitted for Guillain-Barré Syndrome, another paralyzing nerve disorder. 🦋



CELEBRATING 33 YEARS OF EXCELLENCE

Methodist Rehabilitation Center Congratulates Mark Adams on His Retirement

MEET THE

Legacy of Leadership

AT MISSISSIPPI'S REHAB AND RESEARCH HOSPITAL

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Earl R. Wilson, Founding Chairman
METHODIST
REHABILITATION CENTER

Now I can...

reclaim my career

Faith Martin was 44 years old and teaching six fitness classes a week when she had two strokes linked to a bout of sepsis.

"I'd never been sick and out of nowhere it happened," she said. "They didn't think I was going to make it."

Martin survived, but it took two years before she felt like herself again. For much of that time, she relied on Methodist Rehabilitation Center's Stroke Recovery Program to guide her comeback.

Today, the 51-year-old teaches Pilates, boot camp and spin classes at the Flowood YMCA. And she's grateful to all the caregivers who helped her get back in the gym.

"I tell people if something is wrong, Methodist is the place you need to be. I feel like they saved me. My goal was always fitness. That is what my normal is."



Earl R. Wilson, Founding Chairman

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WHERE ARE THEY NOW?

What MRC alumni have done since they left the therapy gym

by Susan Christensen

RYAN ESTEP

The first time Ryan Estep of Florence received international recognition was as a wheelchair fencer.

Three years after being introduced to the sport via Methodist Rehabilitation Center's therapeutic recreation program, he was ranked No. 5 in the world in epee style fencing. The seven-time national champion and 2011 Western Hemisphere champion competed in the London Paralympics in 2012.

Next, came a stint as a pro gamer and a trip to Australia to compete in the Valor Series Finals.

But his favorite moment in the international spotlight came after he posted a Facebook story about his Las Vegas wedding to Chandler Dendy on June 5, 2021.

A paraplegic since a car wreck his senior year of high school, Estep hatched a plan to surprise his bride. He had two friends hold him up so he could have a traditional first dance with Dendy. And a video of that moment went viral.

"The Love Matters organization did a story on the wedding dance video that was published in 12 languages," Estep said. "That's how it was shared internationally. It was watched in 13 or 14 countries."

The video included a heartfelt note from Estep.

"All of the accolades from football before the accident, and fencing on the world stage, do not hold a candle to somehow winning over Chandler's heart," he said. "I consider that my greatest achievement. The emotions felt, tears and smile on her face was well worth it. She's the most amazing woman I've ever met, and couldn't be a better person to spend the rest of my life with."

Today, the couple live in the Pensacola area, where Estep is now devoting his trademark intensity to his job as a dedicated fleet manager for Total Transportation.

"I am over all of Total's Gulf of Mexico port work from Houston, Texas, to Jacksonville, Fla.," he said. "If you bought produce that had to be imported, I probably had something to do with it."

Estep has fond memories of MRC, particularly the times he spent with Ginny Boydston, the hospital's former therapeutic recreation director and team manager of the U.S. Wheelchair Fencing Team.

"Most of my memories revolve around fencing being a safe haven for me," he said. "I owe so much to her for who I am, as well as the Paralympic coaches and MRC. I wouldn't be successful doing all the things I'm able to do now if they hadn't drilled in the mindset that anything is possible." ♣

Jasmine Whiteside
Photo: Courtesy Jasmine Whiteside



JASMINE WHITESIDE

Jasmine Whiteside, Ph.D. recently began her first semester as an assistant professor of sociology at the University of Louisville.

So it's hard to imagine she was "cognitively devastated" when she was admitted to Methodist Rehabilitation Center in May of 2014.

"My first encounter with her, she was severely impaired, confused and disoriented," remembers Clea Evans, Ph.D., director of neuropsychology at MRC. "She could not functionally communicate or read or write, and her judgment and reasoning were impaired."

In 2014, Whiteside was a senior Lucky Day Scholar at the University of Southern Mississippi when a rare brain disorder put her in a six-month coma. She fought more than two years to recover and finish her degree.

Along the way, neurological testing at MRC helped Whiteside receive an objective measure of her academic progress so she didn't attempt too much too soon.

"She is one of those people who wants to leap tall buildings with a single bound, and she can get ahead of herself," Evans said. "All I did was adjust her timetable a little bit."

After graduating from USM, Whiteside obtained a master's and doctoral degree in sociology at The Ohio State University. Her research explores the decades of unequal access to educational resources and the experiences of students who overcome challenging circumstances to obtain their educational goals. And as Whiteside received her doctorate, she was thinking how much her own success was a product of the support she received during her illness.

Carol Ann Gaddis
Photo Courtesy of Carol Ann Gaddis



"Walking across the stage for the last time made me even more grateful for the doctors, therapists, family and friends that nurtured me when I was at my lowest," she said. "I will forever be grateful for my team and everyone that entailed. I can't thank them enough for their care." 🙏

CAROL ANN GADDIS

Before a 2014 stroke, Carol Ann Gaddis of Jackson rarely sat still. When she wasn't selling real estate, she indulged in a dizzying amount of hobbies.

So living with right-side paralysis was a reality she couldn't imagine. "I was about to give up," she said.

Then, an occupational therapist at Methodist Rehabilitation Center pushed her to make a list of her favorite activities. "She said we're going to get you started back because if you don't start, you won't get better," Gaddis said. "She talked to me like I was her sister."

When Gaddis started inpatient rehab, "I couldn't move my whole right side," she said. But therapy there, plus stints at outpatient neuro rehab and MRC's Quest program, put her back in action.

"They were so persistent. They talked me into exercising more and stretching more," she said. "Everyone was real nice."

Quest employs psychological counseling, job coaching and physical, occupational and speech therapy to help stroke, brain and spinal injury survivors successfully return to work, school or community life. And Gaddis proved an apt student. "Now I'm doing more than I did before my stroke," said the 65-year-old, ticking off activities including making jewelry, sewing, crocheting and keeping her real estate license current. "Methodist Rehab brought me such a long way." 🙏



Employees of the Year



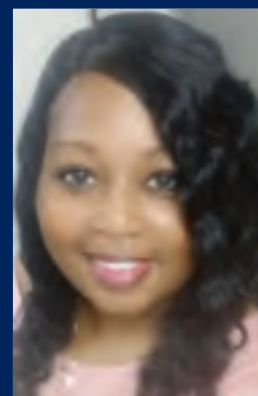
K.K. Ramsey
Clinical Services



Mary Thomas
Support Services



Sam Loden
Clinical Services, External



Torrey Lenford
Support Services, External



K.K. RAMSEY

A small sign on top of K.K. Ramsey's bookshelves reads, "Go the extra mile—it's never crowded." The motto

inspires Ramsey professionally, as she has taken pride in walking the road to recovery alongside patients for over 17 years at Methodist Rehabilitation Center.

Ramsey grew up in Monroe, La., and graduated in 1984 with a bachelor's degree from the University of Louisiana in Monroe. She immediately went to work, later completing the nurse practitioner program at the University of Mississippi Medical Center.

As a patient of Dr. Stuart Yablon, Ramsey was introduced to Methodist Rehab in 2003. Ramsey was born prematurely, resulting in issues with walking. She came to MRC for help with muscle spasticity, and in 2005, she ended up with a job as nurse practitioner for the hospital outpatient clinic. Despite leaving her parents and hometown, Ramsey is thankful she took a leap of faith all those years ago.

"I received care here, and I believed in the mission immediately. I saw positive outcomes from my care here. Because of my own struggle, I relate well to my patients. I don't just talk the talk; I walk the walk with them," she said.

Methodist Rehab's outpatient clinic is responsible for follow-up appointments with patients after they discharge from the inpatient facility, as well as new employee physicals. Ramsey utilizes Botox injections and intrathecal baclofen pumps to help her patients manage spasticity.

Ramsey's supervisor, Valerie Massey, praises her outstanding spectrum of knowledge, as well as her caring spirit.

"This clinic would not be where it is without her. K.K.'s patients love her as much as she cares for them. She really treats them with compassion, as if they are family to her, as well as her coworkers," said Massey.

Through the years, Ramsey has undergone treatment at Methodist Rehab in the inpatient facility and sessions at Methodist Outpatient Therapy. Today, she lives in Madison with her cat, Kali. When reflecting on her career with MRC, she said, "This is not a job — it's truly my calling. I have enjoyed my time here." ♡



MARY THOMAS

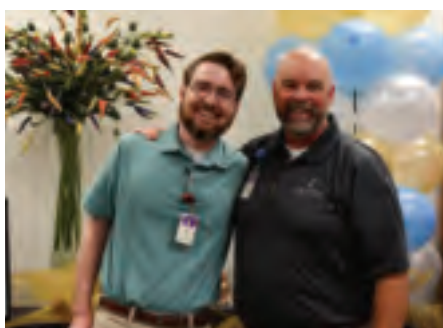
When Mary Thomas won Employee of the Year for the first time in 2012, she thought the

biggest adjustments she would have to make were because of a healthier menu. Little did she know, she and her

coworkers would diligently serve patients through a global pandemic.

In an area of the hospital where safety and sanitary measures are always important, the pandemic put even more pressure on the dietary department. With the dining rooms and cafeteria closed to the public, Thomas and her coworkers worked diligently behind the scenes to feed the patients at MRC. Despite supply chain issues and staffing shortages, Thomas continued to serve patients, who have always been her motivation.

“Mary Thomas is an extremely hard worker,” said Damian Slingerland, manager of operations, Food & Nutrition. “She cares a great deal about the patients and customers of Methodist Rehabilitation Center.” 🌿



SAM LODEN

Sam Loden always knew he wanted to do two things in life—build things with his hands and help people. When he started his career

at Methodist Orthotics & Prosthetics in Meridian, he knew he'd found an opportunity to do both.

The Fulton native graduated from Mississippi State University with a bachelor's degree and went on to achieve a master's degree in prosthetics and orthotics from Alabama State University. Loden moved to Meridian and has been serving patients there since 2017.

As an undergrad, Loden thought about going to school for physical therapy. But his appreciation for building, tweaking and tinkering led him to specialize in orthotics and prosthetics instead. What started as a love for carpentry and construction projects with his dad and uncle turned into a career marked by hard work and innovation.

“I am definitely still learning bits and pieces five years later. There is never a dull day in our clinic,” he said.

Whether Loden is designing a prosthesis from scratch or making adjustments to an older device, his dedication to his patients makes him a beloved member of the team in Meridian.

His supervisor Briscoe James said, “Sam is a team player and works well with other staff members, therapists, patients and referral sources. Sam has the attitude, compassion and work ethic that represents Methodist Rehab's mission statement and goals. Sam is deserving of employee of the year for these reasons and many more.”

Loden takes pride in the quality of care the Meridian clinic provides to patients, and he wants to know that “at our clinic, you are not just a patient number on a chart.”

Supported by his wife Sarah and their families as well as his coworkers, Loden was pleasantly surprised to be honored as MRC's External Clinical Employee of the Year. He is the first person from Meridian's Orthotics & Prosthetics clinic to hold this title. 🌿

“I couldn't ask for a better career, coworkers and patients. I just appreciate being able to help.”



TORREY LENFORD

After driving two hours from Monroe, La., Torrey Lenford was shocked to find the kitchen at Methodist Orthotics

& Prosthetics in Flowood packed with employees and staff, waiting to award her the External Support Employee of the Year.

“I was so surprised,” Lenford said. “I just thought I was there for a meeting.”

After years teaching pre-k and first-grade students, Lenford decided she was ready for a career change. When she saw an office coordinator position for Methodist Orthotics & Prosthetics' Monroe office online, she had never heard of Methodist Rehab. Because her degree from McNeese State University was in education, she also didn't consider herself an expert in healthcare, either.

Thankfully, Lenford was up to the challenge of managing a small but incredibly busy clinic. Seven years later, Lenford has mastered her role. She juggles reception work, insurance verification and patient and provider needs. Her “can-do” attitude and friendly personality make her an asset to her friends in Monroe and the rest of the O&P team in Mississippi.

“Torrey has demonstrated a desire and willingness to go beyond her job description in an effort to see our organization succeed and our patients receive exceptional care,” said Chris Wallace, director of Orthotics and Prosthetics at MRC. “She is a brand ambassador who believes in what we do and is willing to challenge herself, even to the point of stepping into difficult roles, in order to see our organization thrive.”

Lenford feels thankful for her coworkers, as she doesn't have much extended family in the Monroe area. She would like to thank Chris Wallace for always being there for her, as well as Susan Mitchell for always answering her panic calls.

“The people I work with are my Methodist family,” she said. “I have never worked for another group who made me feel more welcome.” 🌿



From left, certified prosthetist Taylor Hankins works to fine-tune Michael Savage's prosthetic leg at Methodist Orthotics & Prosthetics in Flowood. The two went online to confer with a rep from Ossur, the Iceland-based maker of Savage's innovative prosthetic knee. Photo: Lee Catherine Hodges

'I can do what I want to do'

Flowood clinic joins global launch of powerful prosthetic knee

by Susan Christensen

Ever since he lost his right leg at hip level, Michael Savage has embraced every breakthrough in the field of prosthetic limbs.

So he welcomed the chance to receive the first Ossur Next Generation Power Knee to be fit and delivered in Mississippi.

As part of a global launch of the prosthetic knee at Methodist Orthotics & Prosthetics in Flowood, Savage praised its one-of-a-kind, built-in motor. Since he has no hip or upper leg muscles to power a prosthesis, the motor provides the force to keep him moving.

"I don't have to pick up my leg and fling it forward like I used to. I can walk normal and do what I want to do," said the 67-year-old resident of Vineyard, Ark. "I was having a lot of problems with my sound knee, and this takes a lot of stress off it. It's also helped my back pain and leg pain a lot."

For the first time in 19 years, Savage can also go up and down stairs easily, kneel and rise back up and there's no more plopping into chairs. "If I want to sit down, it eases me down," he said.

Savage was the first non-military, hip-level amputee in the United States to receive the second version of the Power

Knee in 2011. Based on user feedback in the years since, the new knee has undergone several upgrades. It's now 1.3 pounds lighter, 7 decibels quieter and the battery lasts three times longer.

Methodist O&P Director Chris Wallace said Savage got to be an early adopter of the Next Generation Power Knee due to Methodist's ongoing relationship with Iceland-based Ossur, an international leader in prosthetic devices.

"Methodist is part of a network of practices interested in using new technology to bring more services to their patients," said Todd Schweizer, manager for Ossur's Orthotic/Prosthetic Services. "They are not afraid of being in the forefront."

"At the end of the day, that's what it takes," said Brian Chambers, regional sales manager for Ossur's Southeast prosthetic team. "The patient can want something all day long. But until the care team is willing to get involved and try new technology, it's just a dream. Chris and his team have to be onboard to work with the Ossurs of the world."

Wallace said Methodist's scope and size—seven Mississippi clinics and one in Louisiana—make it attractive to businesses bringing new technologies to market.

"Companies recognize our expertise, our facilities and the

team we have in place, not just in our O&P department,” he said.

As a division of Methodist Rehabilitation Center, Methodist O&P has easy access to physical medicine and rehabilitation physicians, nurse practitioners, occupational and physical therapists, clinical psychologists, assistive technology experts and even driver rehabilitation specialists.

“There are so many facets of MRC we can tap into based on the needs of our patients,” Wallace said.

Prosthetic users can even be evaluated in MRC’s Motion Analysis and Human Performance Laboratory, the only one of its kind in Mississippi and one of only a handful in the Southeast.

Savage certainly recognized MRC’s expertise as he considered where to recoup from the accident that nearly killed him.

On May 21, 2003, the former firefighter sat cross-legged in front of a tall generator, preparing to do electrical work. When it inexplicably tipped toward him, he tried to scramble to safety. But the 60,000-pound machine landed on his lower body. The impact sliced off his right leg at the hip and crushed his femur and severed toes on his left leg.

He received 78 units of blood and underwent 15 surgeries. He spent a month in a coma, and at least six times his heart stopped beating.

Once his survival seemed assured, the then 47-year-old turned his focus to “getting up and walking out.” Not everyone thought that was achievable.

“Most people were saying I wouldn’t walk again because my left leg was so damaged, and I had no right hip,” he said.

But in Savage, Methodist staff saw a man with enough moxie to take on the challenge. They agreed to help, and a relationship began that has stretched over 19 years and thousands of miles.

“I drive a little over 220 miles to get here,” Savage said.

Fitting Savage with a new leg begins with the creation of a socket. Custom-molded to fit his anatomy, the socket provides a place for the prosthesis to attach. For amputees whose socket can be worn on a residual limb, the process is fairly straightforward. But Savage’s high-level injury required some creativity.

Methodist certified prosthetist Taylor Hankins devised what looks like a modified plastic bucket to support Savage’s right side. His prosthesis attaches to the front of the socket, and a custom-made belt holds it all in place.

“The socket is the most important part because if it’s not comfortable, it doesn’t matter how well it works or how good it looks, most likely it’s not going to be used,” Hankins said. “If it’s painful, it defeats the purpose.”



Michael Savage was more than happy to receive the first Ossur Next Generation Power Knee to be fit and delivered in Mississippi. Photo: Lee Catherine Hodges

Now on his sixth leg, Savage has adjusted to his new prosthesis with his usual aplomb.

“It takes a lot of confidence to walk on something, not being able to feel it, not knowing where it is in space and just trusting that it’s there,” Hankins said.

But Savage has proven to be fearless, especially when it comes to falling.

“Being afraid to fall holds people back,” Hankins said. “But he doesn’t have that, so he can get the experience it takes to have confidence.”

And don’t think he hasn’t put the prosthesis through its paces.

“I am very active; I’m not that old yet,” Savage said. “I still do stuff out in the wood shop. I still weld, cut grass, whatever I want to do. I’m not somebody who can sit in the house. God left me here for a purpose. I can’t give up.” 🙏



Taylor Hankins, a certified prosthetist at Methodist Orthotics and Prosthetics, adjusts the fit of Kendarious Greenwood's custom-built prosthetic leg. Photo: Lee Catherine Hodges

'Right after the amputation, things started getting better'

National Guardsman chooses amputation to save his life and independence after traumatic car crash

by Lee Catherine Hodges

Kendarious Greenwood had been hospitalized for a month. Thirty long days in the hospital were taking a toll on the Canton native. Greenwood felt like the walls of his hospital room were starting to close in on him. The 24-year-old National Guardsman's body was broken, weak and struggling to fight infection. He wanted to see more progress, and there was just one thing in his way—his left leg.

On Aug. 21, 2021 Greenwood was driving his Ford Mustang in Carthage. He collided with another car, leaving his crushed body in the middle of the road. Passersby called 911, and paramedics found Greenwood unresponsive, but alive. They intubated him at the site of the crash, and he was taken to a nearby hospital for stabilization. Later, he was airlifted to an intensive care unit in Jackson.

Greenwood had severe lacerations to his kidneys, liver and spleen, a skull fracture and a tear to his aorta. He suffered a stroke on the right side of his brain, which affected his left arm. Every bone in his left leg was broken. Greenwood underwent multiple surgeries, and doctors worked to save his leg despite concerns that it might be irreparable.

Eventually, Greenwood's kidney function improved, and he started eating regular food again. He was thrilled to see

progress, but frustrated when doctors saw signs of infection. When doctors told Greenwood that the cells in his left leg were dying, he knew it was time to make a life-changing decision. He chose to amputate his leg.

"It was crazy. Right after the amputation, things started getting better," Greenwood said.

While his health certainly improved after the amputation, Greenwood had a long way to go before returning home or to work. His sister, Regina Perkins, had heard good things about Methodist Rehabilitation Center from her friends at church, and she pushed to have her brother admitted where he would have the best chance at a full recovery. He came to MRC after two months of surgeries and critical care.

When he arrived at MRC, Greenwood was stiff and weak, which was the opposite of his usual athleticism. He worked alongside physical therapist Kathleen Dobbs to gain much-needed strength and endurance. They practiced standing and walking with a walker, as well.

"In the inpatient facility, Kathleen was always very adamant and teaching me about falling, so I really know how not to fall," Greenwood said with a laugh.

When he left MRC, Greenwood was still in his wheelchair.



Physical therapist Rachel Cooley programs Greenwood's session on a specialized treadmill equipped with virtual reality features.
Photo: Lee Catherine Hodges

However, his spirits improved as he was able to feed himself, dress and undress, brush his teeth and shower.

Greenwood immediately began therapy at Methodist Outpatient Therapy in Ridgeland, where he received physical, occupational and speech therapy.

When he arrived for outpatient therapy in October, Greenwood was doing more hopping than walking. And he could only travel short distances. As he waited for a wound on his right foot to heal, he worked with physical therapist Rachel Cooley to improve his quad, hamstring and hip muscle strength in anticipation of receiving a prosthesis. On Dec. 1, 2021, Greenwood arrived for therapy with his prosthesis, ready to cover some ground.

Luckily for Greenwood, the Ridgeland clinic is home to one of the three AlterG Anti-Gravity Treadmills™ in Mississippi. The AlterG treadmill uses NASA Differential Air Pressure technology to lessen the effects of gravity on the body as a person walks. This technology allows patients to rebuild muscle and practice walking with less pain and pressure. Because the AlterG treadmill unweights patients up to 80 percent, the force and energy needed to walk can be customized and adjusted as the patient progresses. The AlterG treadmill tracks walking patterns, in addition to speed and other data, to help therapists understand their patients' needs as they progress.

"With the use of the AlterG treadmill, which allows us to take some weight off the patient while they walk, he was able to increase his distance dramatically," Cooley said. "He did very well with this and increased his weight-bearing tolerance each visit. He has continued to excel and is now walking up to a mile in 22 to 24 minutes without an assistive device."

Methodist Orthotics & Prosthetics provided Greenwood's prosthesis, and prosthetist Taylor Hankins fitted him with a

customized leg perfected for as much movement as possible. Because Greenwood is tall, Hankins had plenty of room to fit the best components for increased mobility and power. Greenwood's height also provided him more leverage than the average amputee.

Hankins created a socket made of clear plastic that he molded to Greenwood's left leg. Greenwood wore that model for two to three weeks to make sure it was comfortable and fit properly. Next, Hankins fit him in a super-strong, lightweight prosthesis made of carbon fiber and fiberglass.

Greenwood's leg features a vacuum that pumps air out of the prosthesis to help it stay in place when he is moving quickly or forcefully. His leg also has a sleeve that attaches to his body for extra support. It essentially suctions the leg to his body for him. Because Hankins knew Greenwood wanted as much freedom to move as possible, the prosthesis was designed to be lightweight and provide as much energy return as possible—similar to a prosthesis used for running, but modified for everyday functionality.

"In orthotics and prosthetics, we always aim for your potential," Hankins said. "We don't want to limit you down the road. Whether or not the patient tries to reach that potential or not, I want to know that as a prosthetist, I have equipped them to reach their fullest potential."

In occupational therapy, Allison Harris prioritized Greenwood's left arm that had been affected by a stroke and compressed nerves.

Greenwood is part of the Quest program at Methodist Outpatient Therapy in Ridgeland, which is MRC's comprehensive community-reentry program. Quest patients must express a desire to independently perform activities of daily living, volunteer in the community or return to work or school. Once a patient has a goal in mind, a team of physical, occupational and speech therapists design and implement a treatment plan to help the patient achieve those goals.

Greenwood's Quest goal is to return to his duties in serving his country. In the therapy gym, Greenwood approaches his therapy with intensity. He sometimes downs a pre-workout drink because he puts in work as if he is conditioning at the gym.

"He has been a fighter since the day he had the accident and is absolutely determined to get back to doing everything he did prior to his injury," said Cooley.

Greenwood enjoys working out, and he shares his upbeat attitude with other patients in the therapy gym. He talks to patients about their injuries and encourages them as they progress. In hindsight, Greenwood is thankful he made the choice to amputate his leg. He is proud of the progress he has already made and worries that if he had tried to keep his leg, it could have cost him his life.

"It's crazy how many people have prosthetics. Young people, too," he said. "Now that I have one, I follow some people who have them, and it is really amazing." 🦿

STANDING TALL

Robert Carter reclaims active lifestyle thanks to custom prosthetic leg

by Susan Christensen

At 6-foot-9 and 400-plus pounds, Robert Carter of Jackson looks invincible.

But back in November, diabetes complications almost did him in. He was just starting to heal from a diabetic foot ulcer when he fell asleep near a space heater and burned the foot.

An infection followed that threatened to be fatal. So when doctors proposed a below-knee amputation of his left leg, “I decided to let them take it,” he said. “I was scared for my life.”

Today, with the help of a custom-designed prosthesis, Carter is regaining the physical confidence he once had as a center for Jackson State University’s basketball team. Still, it was a tall order to get the 53-year-old back on his feet.

Take it from certified prosthetist Joe Moss, who built and fit Carter’s lengthy left leg at Methodist Orthotics & Prosthetics in Flowood.

“I knew from the minute I set eyes on him this was going to be a special project,” Moss said. “He’s the biggest patient I’ve ever had.”

While he’s slimmed down to 411 pounds, Carter weighed 465 pounds when he started working with Moss.

“I realized I’d have to order heavy-duty titanium components,” Moss said. “When we built his socket, we used double the amount of carbon fiber and lamination. And his foot is size 18, so we ordered the largest foot out there, which is 31 centimeters.”

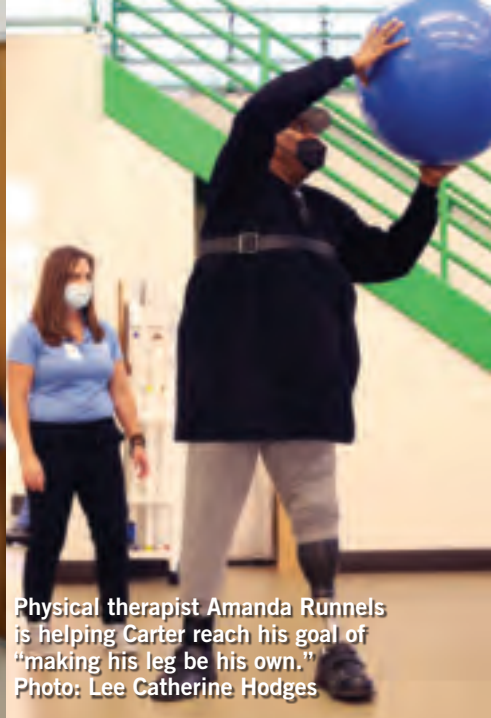
Raelyn Carter looks up to her father, 6-foot-9 Methodist Rehab patient Robert Carter.
Photo: Lee Catherine Hodges



Methodist Orthotics & Prosthetics and two Methodist Outpatient Therapy clinics share the same Flowood campus, so Robert Carter had easy access to a team determined to keep him on his feet and healthy. Prosthetist Joe Moss checks the fit and function of Carter's prosthetic leg. Photo: Lee Catherine Hodges



Physical therapist Steve Friend works with Carter to decrease the pain and improve the strength in his shoulders. Photo: Lee Catherine Hodges



Physical therapist Amanda Runnels is helping Carter reach his goal of "making his leg be his own." Photo: Lee Catherine Hodges

The heavy-duty prosthesis is designed to accommodate Carter's desire to stay active. He'd seen his father give up after an amputation at age 86, and he's determined not to make the same mistake.

"He threw in the towel and quit. But I've got another 30 years, so I've got to get up and get going," Carter said. "Plus, my wife, Candace, and daughter, Raelyn, added to my motivation."

Carter took his first steps on his new leg at Methodist O&P. And despite being supported by parallel bars, "it still made me nervous," Moss said. "That's a lot of man. And with someone that tall, you're usually going to have balance issues. But he's a former athlete, and he did great."

It helped that Carter had already gained strength during a two-week inpatient stay at Methodist Rehabilitation Center.

While there, he was visited by Kenny Buford, a prosthetic technician at Methodist O&P who also has a prosthetic leg. Seeing how freely Buford walked and knowing the quality of therapy at Methodist, Carter eagerly turned to the hospital's O&P division for help.

"He was very excited and actually confident the first time I fit the prosthesis," Moss said. "He stood up right between the parallel bars with no problem. And he walked step-over-step, which is rare."

"I became super motivated at that particular point," Carter said. "Once I was able to get my balance, oh, man, that was everything."

Happy to have his leg at last, Carter dove into sessions with physical therapist Amanda Runnels. She works just across the hall from Methodist O&P at Methodist Outpatient Therapy. So she can easily collaborate with Moss if adjustments are needed to Carter's prosthesis.

"Most patients spend some time in a wheelchair, but he pushed himself to walk early on," Runnels said. "He had to get used to standing, which was hard. I think it was 30 seconds at first."

Today, Carter does about three hours of therapy at a time. In addition to sessions with Runnels, he sees physical therapist Steve Friend for some shoulder and back strain related to his time using a walker.

"He had a lot of weight coming down on his arms, and it's just a big compression force," Friend said. "He ended up with rotator cuff sprain and strain. We worked on things to decrease the pain and inflammation and hopefully provide strengthening for his rotator cuff and scapula stability."

Runnels said Carter's biggest goal is "making his leg be his own."

She said it requires a lot of repetition and practice, but Carter is committed. "He wants to get back to what he was doing before. And that's the perfect mindset. He also has a young child and wants to get back to being a good dad."

Now retired from his job as an auditor for the Mississippi Division of Medicaid, Carter said he's "officially a house husband."

"My priority is taking care of my daughter and getting her to her activities," he said.

At age 6, Raelyn doesn't always understand her dad's new reality. "A week or so ago, she asked me if my leg was going to grow back," he said. "Whenever I go to school, all the kids get enamored with my metal leg. They say: What is that?"

As for Carter, he sees his leg as "a godsend." And his time with Methodist Rehab as a gift.

"I've enjoyed everywhere I've been and who I've dealt with," he said. "Everybody has been positive and pushing me, and it gives you the feeling of family." 🙏



Using her hands to perform myofascial release—a type of gentle, sustained pressure—physical therapist Teresa Swyers helps breast cancer patient Tiffany Wilson overcome the pain and loss of function related to breast cancer treatment. Photo: Susan Christensen



‘Like someone wrapped barbed wire around my chest’

Brandon nurse finds relief from post-mastectomy pain via hands-on therapy

by Susan Christensen

ER nurse Tiffany Wilson of Brandon thought she knew what to expect after being diagnosed with a virulent form of breast cancer on April 12, 2021.

But the triple whammy of chemo, radiation and a double mastectomy ravaged her body in ways she never imagined. The normally active 48-year-old spent weeks barely able to move.

“I couldn’t do anything. I wasn’t even able to lie down flat,” she said. “It was like someone wrapped barb wire around my chest and was tightening it. It was unbearable, and I have a pretty high pain tolerance.”

Her doctor recommended physical therapy. So Wilson turned to her daughter-in-law Adrienne Brumfield for advice.

Brumfield is an occupational therapist at Methodist Outpatient Therapy in Flowood. And she immediately

thought of coworker Teresa Swyers. The veteran physical therapist is trained in myofascial release, which helps many patients overcome the pain and loss of function related to breast cancer treatments.

The hands-on therapy targets fascia, which is the thin membrane that surrounds and protects every type of muscle tissue. When it becomes constricted, “it causes excruciating pain and limits all aspects of self-care,” Swyers said.

Fascial problems can be a particular risk for patients like Wilson who opt for reconstructive surgery following mastectomy.

“Some muscles have been cut and some stretched to their limits to replace the ones that have been removed,” Swyers said. “That in addition to expanders create tremendous tightness and pressure on soft tissue.”



Tiffany Wilson bow hunting in fall of 2022.
Photo: Steve Wilson

To relax tensed tissue, Swyers uses her hands to apply gentle, sustained pressure. Wilson said the result is “amazing.”

“Anybody else can barely touch around my scars,” Wilson said. “Teresa is the only person who can touch them, and it feels like all that tension is released. If it wasn’t for her, I still wouldn’t be able to use my arm.”

Because it soothes pain and fosters normal body alignment, myofascial release can be a first step toward more typical therapy activities. “A lot of times pain is the limiting factor for other aspects of therapy,” Swyers explained.

Once Wilson was more pain-free, she moved on to strengthening and stretching exercises designed to make her more independent. “I had no upper body strength to get myself up when I laid down,” she said.

Wilson steadily progressed in therapy, and she says her surgeon was “majorly impressed.” At the year anniversary of her October surgery, she was back to hunting with her crossbow.

“I never thought I would get to hunt or drive a four-wheeler ever again until Methodist Rehab and Teresa worked their magic,” she said. “Now, I’m back in the woods, ready to hunt, and I can climb a tree stand, too. I’m even going back to my career in nursing. I will be forever grateful for Teresa giving me back the ability to live my amazing life.”

It’s a stark contrast to how she felt at first.

“You are beaten down and feel like all these things have been taken from you,” she said. “Praying and staying positive got me through this. I look at every single day in a new light.”

She’s encouraged that today’s breast cancer survivors have more treatment options.

“My grandmother had breast cancer and a double mastectomy,



Tiffany Wilson says her surgeon is impressed with the progress she’s made since she began post-mastectomy treatments with physical therapist Teresa Swyers of Methodist Outpatient Therapy in Flowood.
Photo: Susan Christensen

and she lost the use of both of her arms. I wish Granny had had Teresa as a therapist.”

Going forward, Wilson hopes to make other breast cancer survivors more aware of therapies like myofascial release.

“What’s really cool is not only is Teresa helping me, but the thousands I will touch as a nurse in the ER. If I can help get patients here to benefit the way I have, it makes it so much worth it.”

Methodist Outpatient Therapy provides myofascial release and other forms of therapy for post-mastectomy patients at clinics in Flowood and Ridgeland. For more information, call 601-936-8888. Methodist Orthotics & Prosthetics in Flowood also offers breast forms and supplies and lymphedema sleeves. Call 866-306-9933 to learn more. ♡



Methodist Rehab physical therapist Karen Klein leads Tim Taylor through LSVT BIG, an exercise regimen that combats movement restrictions related to Parkinson's disease. Photo: Lee Catherine Hodges

Parkinson's therapy keeps Jackson architect active at work and with family

by Susan Christensen

When Tim Taylor's grandkids tell him to "take big steps," they're not asking him to hurry. Instead, they're helping their "Pepo" practice LSVT BIG. The innovative exercise program helps Parkinson's disease patients stay active by addressing problems with walking speed, balance and trunk rotation.

The 65-year-old practicing Jackson architect was diagnosed with the movement disorder six years ago. At the time, he was somewhat oblivious to symptoms such as unusual arm movements and difficulty walking.

"I was bumping into people all the time, and I thought they were bumping into me," he said. "And I would fall, but I thought it was just balance problems."

At the insistence of his wife, Ingrid, he went for a physical and asked his doctor if he might have Parkinson's. "The

doctor asked a few questions, 'Are you writing smaller, walking funny? Then he said, 'You have Parkinson's.'"

A neurologist confirmed the diagnosis, and Taylor began taking a Parkinson's medication. He had no trouble continuing the private design business he'd begun in 1993, but navigating construction sites was sometimes a challenge.

One of his customers is physical therapist Karen Klein. And when they met for a consultation in February, she noticed his unsteadiness while walking in the woods.

"I was grabbing his arm because I was afraid he was going to fall," she said. "He told me he had Parkinson's, and I said I think we can help you if you come see us for therapy."

Klein is among 13 therapists at Methodist Outpatient Therapy in Flowood and Ridgeland who are trained to lead LSVT BIG. With her encouragement, Taylor decided the program was a good idea to keep him safer on job sites.



Klein monitors Taylor as he works on improving his trunk rotation, which can be limited by muscle rigidity associated with Parkinson's.
Photo: Lee Catherine Hodges



LSVT BIG helped Taylor be part of all the fun during a trip to Maine with his wife, Ingrid, and their eight grandchildren.
Photo: Taylor family

The program is intense. Therapy is four times a week for four weeks, plus homework. And it's obvious why it's called BIG. Participants amplify every exercise, swinging their arms wide and taking giant steps.

"When you exercise, you can feel it. You feel tired in the afternoon," Taylor said.

"I think he found a few muscles he forgot he had," Klein said. "All the time I was trying to keep it challenging because I know how competitive he is. To keep it fun for him, I had to be creative. Everybody thinks of him as a big kid. He plays in the pool and golfs with his grandkids."

The aim of the exercises is to combat movement restrictions associated with Parkinson's, such as a shuffling gait, slow movements, loss of trunk rotation, a rounded posture and muscle rigidity.

Taylor said the BIG program "improved everything," and friends and family immediately noticed the change. He also showed progress on the performance outcome measures Klein kept as an objective record of his improvement.

Taylor also plans to start LSVT LOUD. It's the speech therapy component of the program and helps Parkinson's patients overcome voice and swallowing problems.

Taylor's issue is his voice is now softer and harder to hear. It's a problem many Parkinson's patients don't even realize.

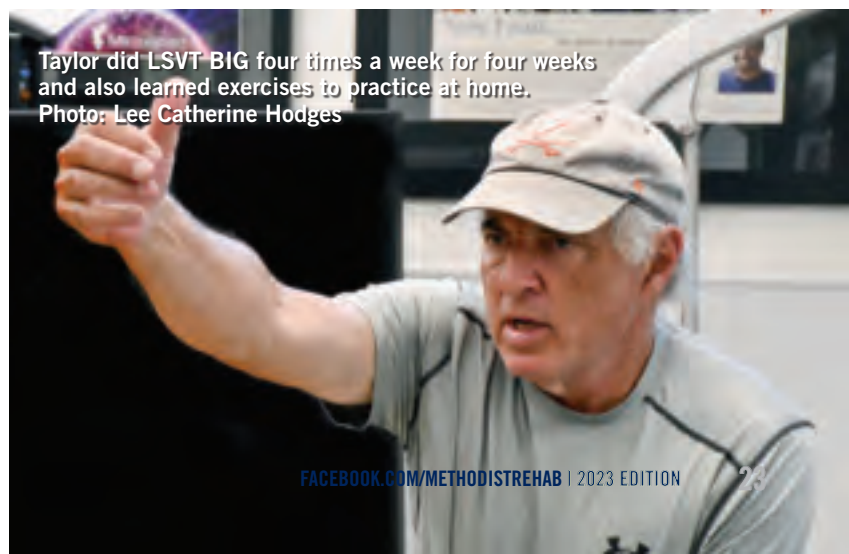
"Their perception of their voice is not what ours is, so they can't tell their voice is low," said Methodist speech therapist Kimberly Boyd. "We do voice recordings during their initial evaluation and throughout their therapy. After a couple of weeks, I'll have them listen and they are absolutely amazed.

They can't believe how much they've improved in such a short time."

Graduates of LSVT BIG and LOUD are encouraged to continue their exercises twice a week. "It's like maintenance on your car, you have to keep your body up," Klein said. "And Tim knows the benefit of doing it."

Indeed, on a recent vacation trip with his grandkids, "I did everything they did," Taylor said.

LSVT BIG and LOUD are therapies designed to help people with Parkinson's overcome symptoms commonly associated with the neurological disease. BIG addresses impairments such as a shuffling gait, slow movement, loss of trunk rotation, postural changes and muscle rigidity, while LOUD combats speech and swallowing problems. Methodist Outpatient Therapy has 13 physical and occupational therapists trained in LSVT BIG and 4 speech therapists in LSVT LOUD. For more information, call its Flowood clinic at 601-936-8889 and its Ridgeland Clinic at 601-984-8700. ♡



Taylor did LSVT BIG four times a week for four weeks and also learned exercises to practice at home.
Photo: Lee Catherine Hodges



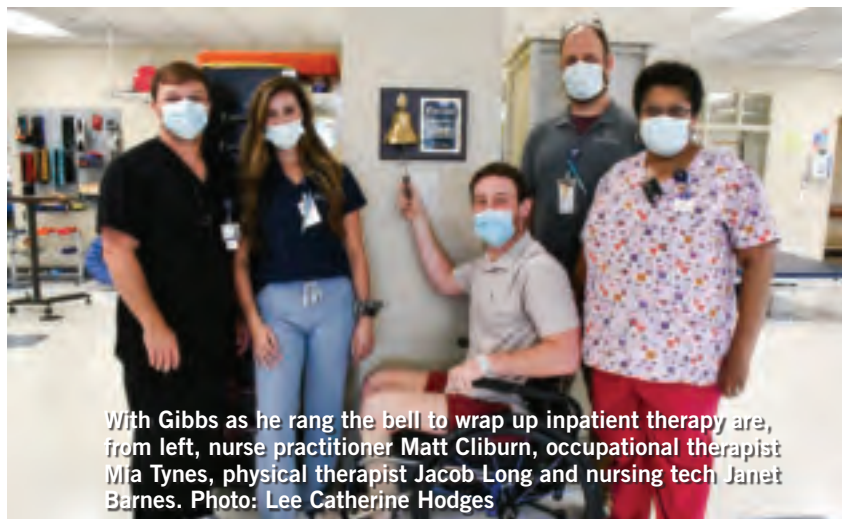
SPINAL CORD INJURY PROGRAM

'I WANT TO LEARN EVERYTHING AND DO EVERYTHING'

Biomed major explores profession while recovering from paralysis

by Susan Christensen

Noah Gibbs was happy to be vertical again as he did sessions on MRC's LokomatPro FreeD, a robotic rehab device used for research and clinical objectives. Photo: Lee Catherine Hodges



With Gibbs as he rang the bell to wrap up inpatient therapy are, from left, nurse practitioner Matt Cliburn, occupational therapist Mia Tynes, physical therapist Jacob Long and nursing tech Janet Barnes. Photo: Lee Catherine Hodges

Noah Gibbs of Madison had his life mapped out. First, he'd finish a degree in biomedical engineering at Mississippi State University, then pursue a career as an orthopedic surgeon.

But instead of a fall semester hitting the books and shadowing Starkville physicians, he's learning about health care from an unexpected perspective. Since July 22, he's been recovering from a paralyzing injury suffered in a side-by-side accident.

The 20-year-old was a passenger in the off-road vehicle when it flipped. "I was projectile-launched from it, and I kind of spiked into the ground," he said.

When he realized he couldn't move his legs, "I freaked out for a second," he said. But his analytical nature soon took over, and he began directing rescue efforts. Ever since, he's been treating his recovery like a science project to be aced.

Methodist Rehabilitation Center staff predict that proactive mindset will take Gibbs far in his recovery. He began inpatient therapy on Aug. 5 and quickly impressed everyone with his work ethic.

MRC occupational therapist Mia Tynes said he easily managed skills that are a struggle for most paraplegics. "He could do four sets of 20 with 200 pounds on the rickshaw, upper body weight machine," she said.

"He's probably one of the fastest progressing paraplegics I've had up here," said physical therapist Jacob Long. "It only took him about a week to get through all of his normal functional skills."

"It was like I just won the lottery."

Now at Methodist Outpatient Therapy in Ridgeland, Gibbs has advanced to standing between parallel bars with the aid of a right leg brace and his strong upper body. It's leaps beyond what he was first led to expect.

Initial testing indicated his paralysis was probably permanent. "I'm not the type of guy to show weakness or despair,



Tynes monitors Gibbs as he lifts the maximum weight on the therapy gym's rickshaw upper body machine. Photo: Lee Catherine Hodges

especially in front of my family," he said. "But internally, I was heartbroken. It's not something I could shrug off or be tough about."

But after beginning therapy, there came a day when he had cause to celebrate. He noticed a twitch of movement in his left quad. "There was this little, small speck that I could move voluntarily. And it was like I just won the lottery or something."

MRC Medical Director Jennifer Villacorta, who is double board certified in Physical Medicine and Rehabilitation and Spinal Cord Injury Medicine, said Gibbs likely benefited from a variant spinal anatomy he has had since birth. Due to the way his rib cage and lower spine developed, his spinal cord likely received more protection from the initial impact of his accident.

"He was spared from what could have been a more involved cord injury," Villacorta said. "His efforts in combination with his unexpected gift of anatomy helped him achieve a good neuro-recovery."

By the time he moved to outpatient therapy, Gibbs was seeing expanded movement in both legs. So his initial physical therapy focused on using functional electrical stimulation (FES) devices to activate specific muscles and nerves and trigger desired movement.



Physical therapist Merry Claire Wardlaw steadies Gibbs as he practices standing between parallel bars in outpatient therapy. Photo: Lee Catherine Hodges

“We want him to regain as much strength and control as he can in his legs, core and hips,” said physical therapist Merry Claire Wardlaw.

While he’s still early in his recovery, Wardlaw feels like “the sky is the limit” on his potential. “His story is definitely not done,” she said. “I feel like he is so clever and sharp he’ll find a way to achieve everything and anything.”

While his therapy encourages new capabilities, Gibbs is also benefiting from strategies to overcome his current physical limitations. He has a customized wheelchair and will drive with adaptive controls recommended by MRC occupational therapist Allison Harris.

Gibbs tries to apply all he’s learned to the goal of “getting a little better every day.”

There’s no doubt he’ll do whatever it takes, said his mom, Emily Gibbs. “He’s always gone 125 percent in everything he does,” she said.

“I want to be as independent as possible.”

A former football player for Germantown High School, Gibbs brought an athlete’s mindset into the therapy gym—plus a whole cheer squad. He has three siblings, including a fraternal twin, two very supportive parents and a girlfriend.

Gibbs’ need for his family’s encouragement is the primary reason he came to MRC. He originally planned to go to Shepherd Center in Atlanta. But when word came he’d only be allowed one visitor, he was in turmoil. “I couldn’t choose between my mom, my dad and my twin,” he said.

Now, he thinks: “It was a sign from God that Shepherd fell through, and I ended up at Methodist. Obviously, I made the right choice for my family, and Methodist Rehab has great resources.”

More than \$1 million in robotic rehabilitation devices are housed in MRC’s research department, the Center for Neuroscience and Neurological Recovery. And Gibbs was soon trying out two of the devices—the ErigoPro and the LokomatPro FreeD.

The ErigoPro combines three therapies in one—a tilt table, functional electrical stimulation and robotic leg movements. The Lokomat is a treadmill that uses a harness system to partially unload a patient’s weight, while a robotic device attached to the hips, knees and ankles guides the legs in a proper stepping motion.

Both provide therapeutic benefits. But Gibbs also saw the devices as a window to the world of biomedical engineering. To learn more, he asked if he could shadow MRC biomedical engineer Bonnie Perry, whose role is to bridge the gap between technology and therapy.

“A lot of technology is poorly understood when it comes to

how to apply it and to whom to apply it,” she said. “My job is to try to understand the interaction between the human and the device and translate that into something useful for the therapists.”

Perry said Gibbs’ biomedical engineering background likely gave him an edge as he analyzed how technology was impacting his anatomy. And if he continues in biomedical engineering, “he is going to have a leg up on other students,” Perry said. “Because he has seen the therapy in action, it’s not just a theory on a page.”

Gibbs also met with Dr. Keith Tansey, a senior scientist in MRC’s NeuroRobotics Lab and a long-time researcher and educator in the field. After learning of Gibbs’ career interests in biomedical engineering and orthopedics, Tansey arrived with a sheaf of med school lectures in his hand and some illustrations about how the fields intersect.

“This is someone who really cares about what he does, not only for patients but for the future of medicine,” Gibbs said. “I was very happy to make his acquaintance.”

Tansey, in turn, found Gibbs “a glass half full kind of guy.”

“He’s facing a very scary, unknown future, and I was impressed both with his optimism and his enthusiasm for learning,” Tansey said. “He seems like the kind of guy who is going to carve something out of life for himself. If anything he has been motivated by his clinical experience. He’s already interested, and now he has more reason to dive in head over heels to study this stuff.”

Gibbs plans to return to MSU with the help of Quest, an MRC outpatient program that helps people make a successful return to school, work or community life.

As for medical school, “there’s no reason for those dreams to be given up,” Villacorta said. “He may have to figure out a different way of doing things, but it is also usually in the unique or different that we unexpectedly find greatness. In his case, his prognosis will be defined by his own persistence.”

And there’s no doubt he has the incentive to succeed. “I want to be as independent as possible to make my family proud and make my therapists proud,” he said. “I wake up every day for therapy hyped like I’m going to play a football game. I want to learn everything and do everything.” 🦋



Family and friends wore rubber bracelets inscribed with Deuteronomy 31:6 in support of Gibbs.
Photo: Mia Tynes



Gibbs wanted parents Emily and Darryl by his side, so he chose MRC over another facility that limits family visits.
Photo: Lee Catherine Hodges



Wardlaw and Gibbs confer as she adjusts the setting on a Functional Electrical Stimulation bike.
Photo: Lee Catherine Hodges

'SPINAL CORD INJURY CARE BEGINS AT THE SCENE'

Methodist Rehab physician says rescuers helped Delta farmer avoid paralysis after truck vs. tractor crash

by Susan Christensen

Miller King of Greenwood had one thing running through his mind as rescuers raced to remove him from his crumpled tractor cab on Feb. 15.

"Keep breathing. You've got to get back to them."

King was thinking of his wife and three kids, and whether he'd survive being hit from behind by a 1-ton, dually truck pulling a gooseneck equipment hauler.

The 31-year-old farmer broke his neck and fractured six more vertebrae—injuries that often lead to quadriplegia. But the quick actions of EMT Sara Moreland Hester of the Leland Volunteer Fire Department prevented a worst-case scenario.

"When I first get on the scene, I immediately think of spinal precautions even if it's just a fender bender," Hester said. And this was no minor mash-up.

"I was about a half-mile from my turn-off when the next thing I know it felt like I was in a tornado," King said. "It spun my tractor around 180 degrees, then it rolled 360 degrees back over."

It crushed the cab, but King remained in his seat. Hester found him still slumped over his steering wheel. His brother, Keith, and father, Mark, were already at the scene, using their shirts to stymie blood flow from a gash in King's scalp.

Hester's first move was to place her hands on both sides of King's face to keep his head aligned with his spine. Then, she noticed a severe deformity in his neck. "From that moment, I knew I would not let a single person move

him. I knew one wrong move and he could be paralyzed for life," she said. "I stayed with my hands on his face."

Her extreme caution was not an overreaction, said Dr. Jennifer Villacorta, medical director of Methodist Rehabilitation Center, Mississippi's No. 1 site for spinal cord injury rehabilitation. "The care he got definitely saved him from getting a more horrendous injury," Villacorta said.

If King's spinal cord had been injured where his neck fractured, he might have been dependent on a ventilator to breathe, a power wheelchair for transport and a full-time caregiver. Instead, he walked out of Methodist Rehab after a week of therapy.

Villacorta said such outcomes owe a lot to advances in accident scene treatment for spinal trauma patients. The protocol now is to stabilize the neck with the use of a cervical collar and to log-roll patients onto transport boards.

"All of my spinal cord lectures begin with how spinal cord injury care begins at the scene," said Villacorta, who's also assistant professor of neurosurgery at the University of Mississippi Medical Center.

King said the emergency care he received "is the reason I'm walking." And it was no easy rescue.

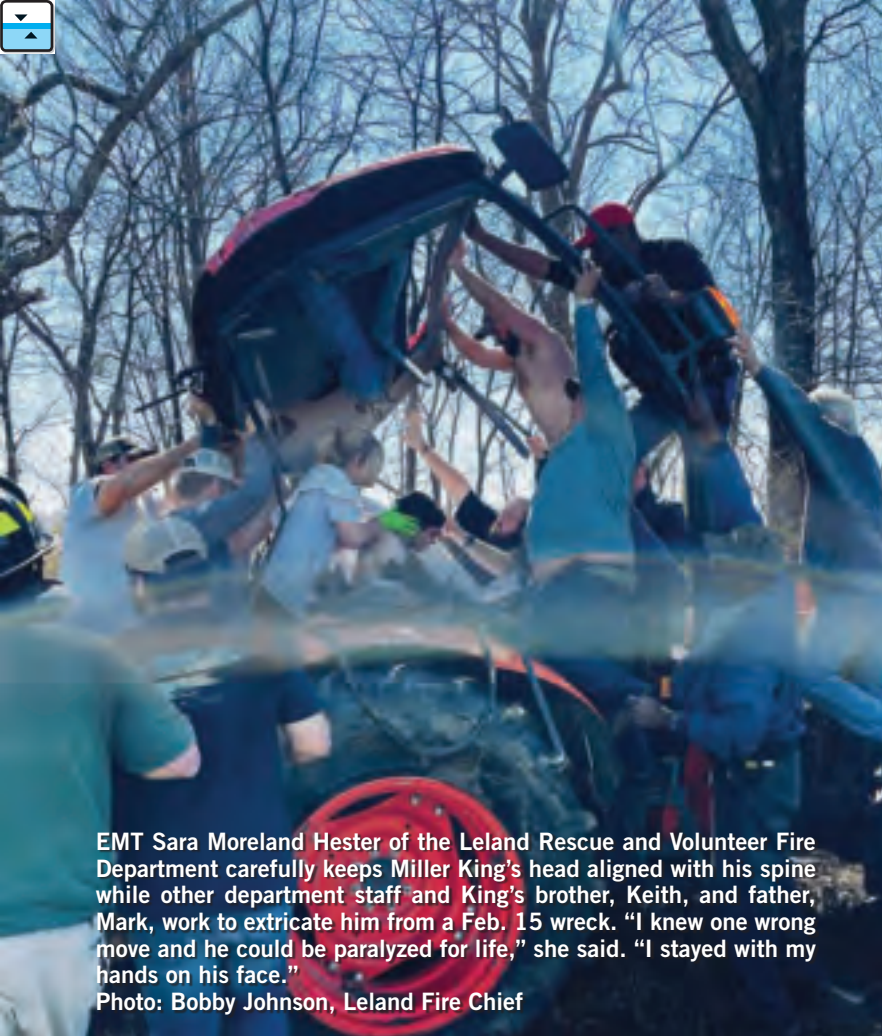
First responders used the Jaws of Life to remove his tractor roof and extricate him. "We have a phenomenal fire department that knew how to work the machinery with their eyes closed," Hester said. "Then we put him in an extrication device to keep him in a seated position and lifted him straight to the stretcher."

A helicopter flew him to The Regional Medical Center

***“Keep
breathing.
You’ve got to
get back to
them.”***

When he wasn't in the therapy gym, Miller King loved enjoying the sunshine on Methodist Rehabilitation Center's third floor deck.
Photo: Lee Catherine Hodges





EMT Sara Moreland Hester of the Leland Rescue and Volunteer Fire Department carefully keeps Miller King's head aligned with his spine while other department staff and King's brother, Keith, and father, Mark, work to extricate him from a Feb. 15 wreck. "I knew one wrong move and he could be paralyzed for life," she said. "I stayed with my hands on his face."

Photo: Bobby Johnson, Leland Fire Chief



Delta farmer Miller King, at right, works on walking up and down stairs during sessions with Methodist Rehabilitation Center physical therapist and neuroclinical specialist Jacob Long. Photo: Lee Catherine Hodges

at Memphis, where surgeons repaired his fractures. Then King and his family went online to find the best place for therapy. "Methodist Rehab popped up on the screen," said his dad. "Everyone we talked to highly recommended it," King added.

King's care at MRC was guided by occupational therapist Stephanie Lynchard and physical therapist and neuro clinical specialist Jacob Long. Both focused on the abilities he would need to return to farming 1,250 acres and working for Southern Ag Consulting.

Long said the initial evaluation of King's injuries "just about filled up a page." He had multiple fractures in his spine and left arm paralysis due to nerve damage in his neck. He'd also lost 20 pounds.

"We needed to build him up," Long said. So PT sessions focused on endurance and strengthening. "And we did a lot of balance exercises due to his plan to get back to climbing on and off heavy equipment," Long added.

King was up on his feet "as fast they would let me." Rehabbing his left arm proved a bigger challenge. "I really had no motion other than my grip," he said.

Lynchard concentrated on strategies to help him maintain range of motion and avoid abnormal movement patterns until the nerve heals. "I learned a lot of things to work on that I can do at home," he said.

King couldn't lift anything heavy for six months. Plus, he

had to wear braces on his neck and torso. "My 6-year-old has big plans to turn it into a Ninja Turtle shell," he said of his chest-to-waist brace.

Farmers could use some super-hero protection, considering the occupation's risks. According to the Centers for Disease Control, 410 farmers and agriculture workers died from work-related injuries in 2019. The leading cause was transportation accidents, which include tractor overturns.

John Hubbard, senior safety specialist for the Mississippi Farm Bureau, said improvements in tractor design have helped limit severe injuries related to tractor rollovers. "Equipment has come a long way with rollover protection and seatbelts," he said.

User error, though, remains a threat. "The majority of time, people are doing things they know are questionable," Hubbard said. At planting and harvest time, they're often tired and in a hurry and might override safety features. Or they think they can handle situations like a tractor starting to overturn on a slope.

"Everybody thinks they can jump off it, but you're not that fast. They can go over in 1.7 seconds or less," Hubbard said.

The Farm Bureau has a variety of safety programs that are presented at venues across the state. But King is proof you can follow all the safety rules, and still be at the mercy of a random motorist.



Miller King rings the bell to signify his last day of therapy at MRC with, from left, physical therapist Jacob Long, occupational therapist Stephanie Lynchard and nursing tech Janet Barnes. Photo: Lee Catherine Hodges



A poster from his three kids kept Miller King's spirits up as he worked to overcome multiple spinal fractures at Methodist Rehabilitation Center in Jackson. Photo: Lee Catherine Hodges

"I had my slow moving sign on and flashing lights," King said. "But with phones and all the distractions in people's cars, it's more dangerous on the highway. This is the second time I've been hit."

The National Agriculture Tractor Safety Initiative says collisions with motor vehicles account for about 50 tractor operator deaths per year.

"You always have accidents on the highway where people hit tractors," Hubbard said. "The tractor is not driving as fast, and they are up on them before they realize it."

In the Delta, at least, people should be more mindful of slow-moving farm equipment, Hester said. "You know tractors are all over the place. The whole highway is surrounded by farms," she said.

Like King, she believes drivers need to pay better attention. And she has her own way of making that point. "If I'm riding with someone who's driving distracted, I'll threaten to put my hands over their eyes and count to five," she said. "They freak out, but it's equivalent to looking at a phone."

Then she reminds them what's at stake when they take their eyes off the road.

"Is such and such's comments worth dying for?" she asks.

"I see so many people screaming on the highway because their baby died, all because of a Facebook post they could have seen when they got home." 🙏



Miller and Mary Clyde King with their children: Sam (6), Louise (1) and Molly McLeod (3)
Photo: Leigh Carter Photography



Q&A WITH MARK ADAMS



What attracted you to Methodist Rehabilitation Center when you took the job as Chief Operating Officer?

My second management position was as an assistant administrator at a for-profit hospital in Shreveport, La. that no longer exists. My hospital operations experience was greatly enhanced through corporate management education, but the for-profit culture of corporate healthcare was not aligned with how I valued patients and employees. While working there, I would not recommend the hospital to family and friends. I worked under four hospital administrators from 1984 until 1989.

The last hospital administrator I worked for in Shreveport took the CEO position at Methodist Rehab in 1989 and called to recruit me to Methodist. I knew a little about the hospital. A family friend in Shreveport used Methodist and its physicians to address severe juvenile rheumatoid arthritis issues. Also, the Shreveport hospital utilized the Methodist Rehab Spinal Injury Learning Series, which was the most highly recognized Spinal Injury Rehab model in the country. I knew Methodist was a hospital with a great reputation for excellence I could recommend to family and friends.

Describe your relationship with founding chairman Earl Wilson. How did his mentorship influence your acceptance of the CEO role?

Earl Wilson was a recognized community business leader, a visionary and part of the positive image Mississippi was embracing at that time via former Governor William Winter, the internationally recognized breakthrough research of Arthur Guyton, M.D., and racial reconciliation efforts that were steadily being embraced. The Methodist

Rehab Board of Trustees was ecumenical, as Earl would refer to it, and included members of many different religious faiths, races and sexes.

Earl's father had a stroke at a young age when Earl was a young man. He saw how a family member with a stroke can devastate a family. As a young lawyer, Earl said he would travel through the Delta of Mississippi and see stroke victims being cared for by family members and it added to the already impoverished state of many families who were trying to work and improve their living conditions. Earl knew he wanted to address the needs of Mississippi's stroke victims. Earl's commitment to establishing a world class rehabilitation hospital was unique at its time when it opened in 1975. Few such hospitals existed in the U.S. A comprehensive approach to rehabilitation after a life-changing neurological injury or illness was mostly nonexistent. Methodist Rehab didn't ease in to addressing the rehabilitation needs of Mississippians, it addressed it with unwavering commitment and determination with Harvard Medical School educated physicians and an academic and research affiliation on the University of Mississippi Medical Center's campus.

So, Earl Wilson impressed upon me the need to take risks and address patient needs even when there weren't apparent readily available resources to fund them. Leaders will find ways to come together to address the needs of a community. He also impressed upon me to surround myself with strong leaders, assure they share my values for the organization and seek their advice on matters of great importance to the hospital. However, I would have to take responsibility for the decisions made and might not always find agreement, but should get full support.

What goals did you have in mind as you became CEO? Did you have a leadership “style” you wanted to emulate?

Early in my position as CEO, I had a very well-respected rehab physician tell me that an educated plan for a patient’s rehabilitation was developed upon the patient’s admission to inpatient rehabilitation, the plan implemented, and the patient eventually discharged to outpatient follow-up care. Some patients improved, some didn’t, and no one was sure what really worked and what didn’t. Medicine was certainly an art, but I knew then there had to be more science involved in the decisions made for patient rehabilitation. The initial rehabilitation after a patient’s injury or illness was the most important stage in the patient’s chances for recovery. So, I set out to formalize the hospital’s rehabilitation research initiatives and have them aligned and integrated with the clinical model for rehab. Together, we could ensure the patient would receive the most currently effective rehabilitation medicine available. Establishing the research division of MRC, funding it, and aligning it in ‘real time’ with the clinical care of patients is a challenge. I found out that’s why most hospitals don’t embrace it.

I asked Millsaps professor Ray Grubbs to help me establish the model. We met together often for a year with a clinical physician, a dedicated research scientist physician and an experienced principal investigator neuropsychologist. We hammered out our goals, recognized the “turf” issues that existed, and developed a realistic financial commitment that was needed to make it all work. The hospital’s Wilson Research Foundation took on the task of funding the research-aligned clinical model. The research director was given a position on the hospital’s board alongside the hospital’s medical director, and the new commitment to research-aligned clinical care at Methodist Rehab became a success. I can give numerous examples of achieved patient recoveries that would not have been possible without the unique Methodist Rehab model for rehabilitation.

What do you consider your most significant accomplishment?

Organizationally, the transition of the hospital board after Earl’s death was, in my mind, the single most important event to take place at Methodist during my tenure. Operationally, establishing the research department was essential to the Methodist model for excellence in care.

Highlights in Methodist’s continuum of care would be the establishing of Accessible Housing Apartments for our patients. Apartment complexes were established in Jackson, Hattiesburg and Meridian. The Orthotics & Prosthetics division of Methodist Rehab is a world renowned high-tech center aligned with testing of the new prosthetics developed by companies in Iceland and Germany. Only a

few such O&P beta test sites exist in North America.

Methodist Specialty Care Center was a milestone during my tenure. It opened in 2005 and was conceived of and developed by Methodist to serve the needs of severely disabled young adults who were being transferred out of state for long-term residential care that could provide highly specialized medical care. The objective was to create a residential living facility in Mississippi for these disabled young individuals that would respect their social needs and serve their unique medical needs. It was a collaborative effort between the Mississippi Legislature, the Mississippi State Department of Health, and Mississippi Medicaid. There are very few facilities in the country that are similar to MSCC. Referrals from Colorado, Florida and surrounding states have been made to MSCC. In the last few years, the Mississippi Department of Medicaid has slowly diminished its unique contractual support of the facility that made the facility possible. It will be a challenge to resolve for those who follow my tenure.

What advice might you have for David as he assumes the CEO role?

David McMillin as CEO and Gary Armstrong as President and CFO will continue to successfully move MRC forward by committing to the established values of the mission and MRC. They are both strong leaders. Gary will focus on the unique operational needs of Methodist, and David will focus on the broader vision for furthering neuro-rehabilitation research, the UMMC affiliation, the need for creating the Physical Medicine & Rehabilitation residency training program between Methodist and the University of Mississippi School of Medicine, and continuing to work with the Board of Trustees and Wilson Foundation Board that are still influenced by the wisdom and leadership of Earl Wilson to serve the people of Mississippi. ♡



RESEARCH PUBLICATIONS

MRC researchers are denoted in bold type

2021-2022

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Everyone who walks through these doors notices the spirit of Methodist Rehab — a spirit of caring — a place of healing. Our mission is to restore abilities and lives. And you can be part of this work with a gift to our **Wilson Research Foundation**.

If you are not familiar with our story, the name of the foundation honors MRC's founding chairman, Earl R. Wilson and his wife, Martha. Every year, hundreds in the community we serve give to support this work. This has allowed the Wilson Foundation to fund over \$11 Million in clinical studies, education and therapy technology. This includes a \$559,000 grant awarded this past year.

Typically, hospital-based research programs operate completely separate from patient care, not so at Methodist Rehab. Here, the research investigators work side-by-side with therapists and patients to guide care and recovery. Patients and clinicians have access to research expertise and state-of-the-art assessment and therapy tools. And all of our research services are free of charge thanks to your support.

Gifts are tax deductible, and you can give in honor or memory of a loved one. We will notify the person or family and publish your tribute. To recognize lifetime giving of \$1,000 or more, your name is included on a beautiful wall in the MRC atrium.

The Wilson Research Foundation has been very blessed, and your gifts have helped us make many important discoveries that are published in leading medical journals. Most importantly, your gifts are helping patients recover to their potential and get back to their lives. There is much work to do, and we ask that you continue supporting our foundation annually and in your legacy plans.

With your help... there are no limits."

--Earl R. Wilson

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1. Team Sam: \$19,345 (Katy Houston/Kelley Walton Fenelon, co-captains)
2. Rowdy Rehabbers: \$11,360 (Kaitlin Ingram Snyder, captain)
3. Rehab Rafterers: \$10,510 (Tammy Voynik/Karen Reeves, co-captains)
4. Team Wilson: \$8,200 (Ginny Wilson Mounger, captain)
5. Outpatient Olympians: \$7,155 (Adrienne Brumfield/Annice McGuffey, co-captains)
6. Record Team: \$6,614 (Mary Collins, captain)
7. Rehab Rockstars: \$6,490 (Valerie Massey, captain)
8. Team Karen: \$4,950 (Keith Ferguson/Karen Skeen, co-captains)



9. Rally for Research: \$1,092 (Bonnie Perry/John Chow, co-captains)
10. Specialty Care Center Rockin' Rollers: \$1,055 (Cortney L. Jones, captain)
11. Team Kappa Sigma \$1,000 (Patrick Davis, captain)

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