



THE MANY FACES OF COVID-19

REHAB HELPS MIDDLE SCHOOL ART TEACHER JULIETTE COLLIER GET BACK TO HER CLASSROOM

FROM THE CEO

HEADWINDS WE FACE

As you know, Methodist Rehab Center provides comprehensive rehab services, anchored by our inpatient hospital located on the University of Mississippi Medical Center campus. We are a Level 1 rehab that helps people recover from strokes, traumatic brain and spinal cord injuries, and other disabling conditions. We are affiliated with our neighbor UMMC in a partnership that provides a powerful new model for neuroscience research, education and clinical care in the state. This past year, we had about 1,400 inpatient admissions, and we treated thousands through outpatient and support services.

I want you to understand some of the headwinds we face.

This is a difficult time for all rehab hospitals. Over the years, Medicare has significantly limited who can come to inpatient rehab, dramatically cutting the patient census here and other facilities nationwide. Also, reimbursement rates we receive from insurers do not keep up with rising operational costs.

We adjust to these headwinds: In fact, we have doubled down and made a commitment to maintaining MRC as a nationally recognized center of excellence. We offer many of the programs and services found in very large metro areas, such as:

- teams of specialists who coordinate through inpatient and outpatient care phases of recovery
- a thriving clinical research program that makes important discoveries and improves patient outcomes
- the latest innovative rehab technology
- financially subsidized services
- a host of specialized services, spasticity management, adaptive seating, orthotics, prosthetics, community support programs and more

But please understand: Our hospital is not full. We have excess bed capacity, including an entire 22-room floor sitting empty. This is primarily driven by the limitations mentioned above in the Medicare world.

The point is that there is no need for additional rehab hospital beds in central Mississippi.

A NEW THREAT

Mississippi is one of 36 states with a Certificate of Need (CON) requirement, a process which controls health care costs by restricting duplicative services and determining whether new capital expenditures meet defined community needs. It's not a perfect system, but it does offer protections for hospitals and citizens alike.

Last fall, Encompass Health Corp. (formerly HealthSouth, a for-profit rehab provider) asked the Mississippi State Board of Health to change the CON criteria in the State Health Plan. They want to build a new freestanding Inpatient Rehabilitation Facility in Rankin County.

The Board's CON Committee formed an Advisory Task Force to gather information about whether there is an unmet need for additional rehab hospital beds and any impact the proposed change may have. The majority of Task Force members did not recommend the changes, though they did suggest some data in the state plan be updated.

Despite this, the CON Committee recently voted to change the criteria in the state plan that would allow a provider to request a CON to build a new hospital. The committee made this decision without any public discussion of the Task Force recommendations; the basis of opposition letters received from several other rehabs and stakeholders across the state, or newly updated data that shows even less need for Level 1 rehab beds for treating patients with spinal cord injury, stroke, brain injury and congenital deformity.

Several CON committee members were outspoken about their dislike of Certificate of Need, favoring the free market. These personal feelings do not negate the fact that Mississippi does have a CON program. And simply creating additional rehab hospitals will not change Medicare's stringent admission requirements.

The full Board of Health must approve any recommended changes to the State Health Plan. The topic is expected to be on the board's agenda in early 2022.

While generally the State does not concern itself with federal requirements, in this instance the federal admission requirements directly impact the number of patients that a rehab hospital can treat. Adding more beds, when the availability already exists, will not improve access to these specialized services. It would only serve to drive up costs, which in turn negatively impacts access for uninsured and underinsured patients.

If this change is approved, Encompass will, of course, build a rehab hospital a few miles from Methodist Rehab—a needless duplication—and one that will profoundly impact Methodist Rehab. Resources to treat patients, fund research activities and purchase innovative equipment will become even scarcer. Staffing issues affecting all facilities that are already at crisis level will be made worse.



Facebook.com/MethodistRehab

Now I can...

get back to my life

When Idaho native Janet Henry was hit by a car while cycling on the Natchez Trace, the impact fractured her spine in three places, broke seven ribs, bruised her brain and shattered bones in her left arm.

It was a devastating outcome for an adventure-seeker who loves biking, kayaking, dancing and traveling cross country in her RV. "But if it had to happen, what a great place for it to happen," she said. "I've been blessed with angels who care every step of the way."

After more than four months of inpatient and outpatient therapy at Methodist Rehabilitation Center, Henry got back astride her bike and behind the wheel of her RV. She left Mississippi saying, "I really do hate to leave."

"I've made some new friends," she said. "The team Methodist Rehab put together for me was excellent. They were professional, caring, motivating, fun and made it interesting to come to therapy."



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The CON process for allocating healthcare has its supporters and detractors. And there is talk about completely overhauling those laws. For now, however, this is the regulatory framework our state follows, and it needs to be fairly applied. The State should not adjust its existing plan to address the desires of a single for-profit company trying to get into a self-chosen area of the state for its own interest and at the expense of your Methodist Rehabilitation Center.

THE MISSION CONTINUES

Meanwhile, we have not allowed this to distract us. In these pages you will see examples of restoring ability and hope. You will read about Gavin Miller, a teenage brain injury survivor from the Gulf Coast. His family looked at several inpatient rehab options, but chose Methodist because they saw that it was the best choice for him. You will read about two stroke survivors that, with the help of our innovations, recovered to lead active lives again. You will read of important spinal cord injury research and of longtime spinal cord patient La’Jarvis Horton, who has been helped by our many certified clinicians and by our technology investments.

And you’ll see how our research advancements are made possible by the generosity of hundreds who have contributed over the past year.

Finally, no illness has been more prevalent and created more need for MRC in the last 18 months than the COVID-19 virus. More than 130 patients left disabled by the disease have benefited from our expertise to overcome ongoing symptoms such as severe weakness, respiratory and nerve damage and cognitive decline.

COVID-19 was a new disease for us, but not necessarily new territory. The impact can be similar to the long-term consequences of West Nile, another devastating virus. Our researchers were the first in the world to report a link between West Nile and a polio-like paralysis in 2002. In the years since, they’ve investigated other impacts of the disease, such as debilitating fatigue and central nervous system damage, even in patients with mild cases of WNV.

As a physical medicine and rehab hospital, we specialize in treating medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles and tendons. And this whole-body approach is an advantage when you’re treating what researchers at Stanford School of Medicine recently called an “astonishing” number of persistent, post-COVID symptoms.

A new dashboard created by AAPM&R estimates how many of those long-haulers are in each state and county, based on an assumption that about 30 percent of survivors with confirmed COVID-19 suffer ongoing symptoms. In Mississippi, that amounts to 147,332 long-haulers, including 20,165 in the metro Jackson area.

We believe we could be helping more long-haulers. That’s why we’ve also launched a Recovery After COVID Clinic. It operates once a week from our outpatient hospital clinic and offers access to a broad spectrum of specialists. Included are a physician, nurse practitioner, radiologist, wound care specialist, nutritionist, pharmacist, neuropsychologist and access to respiratory, speech, occupational and physical therapists as needed.

You can learn more about the clinic and experiences of several COVID survivors in the following pages. As many will tell you, it’s not an experience they would wish on anyone.

So we join 25-year-old John Blackwell—one of our youngest patients—in urging you to get vaccinated. “If you have a chance to get the shot, get the shot,” he said. “And if you do catch COVID, do what the doctors tell you to do. They know best.”



A handwritten signature in black ink, appearing to read "Mark Adams".

*President and Chief Executive Officer
Methodist Rehabilitation Center*

WAYS & MEANS CONTENTS



MISSION STATEMENT

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.

2022 EDITION



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Meet eight of the over 130 patients MRC has treated to address their lingering, 'long-haul' issues.

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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.

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WHERE ARE THEY NOW?

What MRC alumni have done since they left the therapy gym

by Susan Christensen

SHELBY CISSOM

Six years ago, Shelby Cissom got an up close and personal view of health care when an ATV accident left her a paraplegic at age 19.

Now, she's intent on joining the profession as she begins a master's program in social work at the Tupelo campus of the University of Mississippi. Along the way, she'll also be adjusting to another new role. She's expecting a baby in December.

At the time of her injuries, the Tippah County scholarship student was just a couple of weeks away from pursuing a nursing career at Northeast Mississippi Community College in Booneville.

Instead, she landed in a different learning environment—the therapy gym at Methodist Rehabilitation Center.

"I loved it," she said of the time spent at MRC. "I've told a lot of people if they have to do inpatient rehab they should go there. I thoroughly enjoyed it."

After she returned to school, Cissom realized her first career choice might be challenging from the seat of a wheelchair. So

she pivoted to another profession where she could help people.

"I really fell in love with social work during the first course I had at Northeast," she said.

During her time at MRC, Cissom was known for her upbeat attitude. And while she's still an optimist, she now tells herself "it is OK not to be OK."

"Before, I kept my feelings bottled up, and it didn't help any. Now, I know how to approach my feelings and talk about it. I still have moments struggling with my limitations, but I've gotten better about dealing with it."

That hard-won wisdom proved to be an asset as she worked with clients during an internship at Region 4 Mental Health Services in Ripley.

"I realized I could take what I had been through and apply it to being able to connect with clients," she said. "They saw I wasn't this person who hadn't experienced any difficulties." ❧

MAR'SHANNA GRAHAM

As she performs her duties as a registered nurse at Meth-

Mar'Shanna Graham.
Photo: Carey Miller



Aliyah Cubit. Photo: Courtesy Aliyah Cubit

odist Specialty Care Center in Flowood, Mar'Shanna Graham brings something unique to her profession.

The center is a residential care facility for people with severe disabilities. And Graham intimately understands what it's like to have your life upended by a debilitating disease.

In 2017, the then 19-year-old came to Methodist Rehab to recover from a hemorrhagic stroke caused by a blood vessel malformation in her brain.

Determined to get back to college and pursue a career in nursing, Graham gave it her all in inpatient and outpatient therapy and reached her goal.

In May 2020, she received her nursing degree and took a job at St. Dominic Hospital. The pandemic had started and Graham said, "It was a wild moment for sure."

Mostly, though, she worked in neurology, the same department that saved her life post-stroke. "It was like following my calling," she said.

She moved to Methodist Specialty Care in April, which brings her full circle to a facility that's part of MRC.

Graham is able to perform her duties, thanks in large part to Quest. The MRC outpatient program helps patients make a successful return to work. And staff there taught Graham strategies to overcome impairments to her right hand.

"I've learned to adapt so well, it surprises a lot of people," she said. "It surprises me sometime."

Known for her sunny nature, Graham hopes to be a positive influence for her patients. And she says she enjoys being part of a health care center that played such a large role in her

own recovery.

"It's awesome to be connected," she said. "These people here made me feel like family the first day. Everyone here tries to help everyone out. We all get it done, and I love that." ¶

ALIYAH CUBIT

When an October 2019 car crash sent Aliyah Cubit flying out of a passenger window, she suffered multiple fractures and injuries.

"I broke my pelvis front and back, fractured ribs and had nerve damage to my left foot," said the 20-year-old Brookhaven resident.

Cubit would ultimately undergo 27 surgeries and faced many hurdles in her recovery.

But she remembers her time at Methodist Rehabilitation Center as a high point. Her grandfather, who worked at the University of Mississippi Medical Center, insisted she go to MRC because "it's the best place."

And she's glad he did.

"People are not just there to do a job," she said. "They actually care for their patients. They were very genuine, and they still reach out to check on me."

Today, she's happy to report she's mostly healed. "I am able to do everything on my own now, and it was a long time coming," she said.

The whole experience gave Cubit an intimate view of health care, and now she hopes to become a caregiver herself. She's in pre-nursing at Alcorn State University. ¶

Employees of the Year



Aubrey Garmen
Clinical Services



Lionel "Griff" Griffin
Support Services



Wes Myers
Clinical Services, External



Susan Mitchell
Support Services, External

AUBREY GARMEN

Every night before she goes to sleep, Methodist Rehabilitation Center nurse liaison Aubrey Garmen says a simple prayer: "Help me benefit my patients the best way I can."

But that's not to say the registered nurse expects God to do all the work. MRC's latest Employee of the Year for Clinical Services doesn't sit idly by when she sees a need.

An example is how she helped out a former patient who couldn't afford some much needed home equipment.

"Aubrey took to social media and found some of the equipment for sale," said Doug Boone, vice president of Business Development and Community Relations at MRC. "She was prepared to buy the equipment herself, but she was able to persuade the seller to donate a hospital bed, shower and bathroom chair. Aubrey then rented a U-Haul, picked up the equipment and delivered it to the patient's home that weekend."

As a nurse liaison, Garmen smooths the path for patients who want to be admitted to MRC's hospital. And it can be challenging to balance the needs of referring hospitals, MRC's admitting physicians and the patients and their families.

But she said the rewards are sweet when it all works out. "A lot of times, I'm that phone call when they've lost all hope and think they'll have to go to a nursing home," she said. "When I call, I've had so many people start crying. It's always a good feeling to be a gateway for their answered prayers."

Garmen came to MRC in March, 2018 after a stint as a stroke nurse at North Mississippi Medical Center in Tupelo.

Her background gave her insight into the type patients MRC can most help. Plus, it offered the opportunity to witness what's she'd been missing as a floor nurse.

"When you are a bedside nurse, they discharge and you say: 'I wish you well.' Now, I get to see their outcome, and it's really encouraging."

Garmen said she also enjoys the opportunity to grow and

have a more expansive view of health care. And she appreciates working with a team that's intent on doing what's best for patients.

Garmen operates out of Memphis, so it took some subterfuge to get her to accept the award in Jackson without letting the cat out of the bag.

"I was shocked, I didn't expect it at all," she said. But with her Sept. 18 wedding in the planning stages, the award money definitely came in handy.

Recently back from her honeymoon, Garmen was ready to dive back in to a profession that's so fulfilling.

"Every day I want to make a positive impact on patient's lives ... to keep their spirits up and make a positive impact on the situation," she said. "I want to give them hope that they are going to get better, it's just going to take some time." ♣

LIONEL GRIFFIN

The first time Lionel "Griff" Griffin was recognized as an Employee of the Year, he was a naval serviceman on the USS Bainbridge.

Although he was only 22, he knew how to model a good work ethic for the 24 sailors under his watch. "Growing up on a country farm, by the time I was 10 or 11, I knew how to work like a man," he said.

Today, he's no less industrious as supervisor for 15 security personnel at MRC. His commitment earned him MRC Support Services Employee of the Year for 2020.

"Griffin is one of the most dedicated and hardworking people about his craft and job," said Syrone McBeath, director of security. "He is passionate about his work ethic, his customer service and his awareness to details."

He also helps out other departments—whether it's grabbing a broom to sweep up in the lobby or lending a hand to fix

a maintenance issue.

Griffin's late mother was a private duty nurse, so he believes she'd be pleased he's at MRC. But as someone with a background protecting movie and TV stars, he questioned whether it was the right fit.

"It was my first time to do hospital security, and I wasn't sure about it," he said. "But it turned out well. I love the chemistry of the people who work here. Everybody has a common goal to empower the patients. I see people come in wheelchairs and walk out, and it's very inspiring. It makes you feel good to be a part of that. It's like seeing magic work."

In California, Griffin's first security job was at Fox Studio, where he protected stars like Moonlighting's Cybill Shepherd and Bruce Willis. He later worked with Arsenio Hall and once had to evacuate 600 people from his show after a bomb threat.

As an undefeated Navy boxer, a martial arts aficionado and someone who understands the importance of customer service and public relations, Griffin was destined to go far in the field of celebrity security. But when one of his brothers was diagnosed with Alzheimer's, he moved back to Mississippi in 2016 to help out.

December will mark his fourth year at MRC. And he credits McBeath with making it a good experience. "He wants you to treat people like you'd want your family to be treated if they were coming here," he said.

While he no longer deals with paparazzi or inebriated fans, Griffin said his MRC job is not without some drama. "Getting through an ice storm in the middle of COVID was something," he said. "We had to pick up a lot of employees and get them home. And a lot had to stay overnight to start their next shift. That was serious. I think it brought everybody together to make it work."

When he's off-shift, Griffin likes to practice his first love of photography. And he often volunteers to shoot events at MRC. So when it came time to announce Employee of the Year, human resources staff pretended they needed him to video the process in order to surprise him with the award.

"They got me good," he said. "I had no idea up to the last second. It was amazing to me how everybody knew and kept it a secret. That is one I'll never forget." ❧

WES MYERS

Wes Myers of Kosciusko will celebrate 10 years with MRC in May. Not bad for his first gig out of college.

Myers, 35, received his physical therapy assistant degree from Meridian Community College in 2012, and he performed one of his clinical rotations at Methodist Outpatient Therapy in Flowood with the clinic's director Joe Jacobson as his instructor.

"I really liked working here," Myers said. "Joe had a job opening, so as soon as I graduated I came back here."

Jacobson says that Myers quickly became an invaluable member of his therapy team.

"Wes is the type of person upon whom others can depend," he said. "He has a calm, reassuring manner that inspires confidence, and he is often requested by returning patients."

Myers says he's grateful that MRC has allowed him to continue his education while on the job. While working full-time, he has completed the training to become certified in some different specialties.

He's a certified kinesio taping practitioner (CKTP), a discipline that uses therapeutic tape that's applied strategically to the body to provide support, lessen pain, reduce swelling and improve performance.

He's also certified in the Graston technique, which uses a special set of tools in manual therapy to alleviate musculoskeletal dysfunction. And he's had some training in the use of myofascial release, another form of manual therapy.

"I probably do more kinesio taping than anyone out here—I think it really works," Myers said.

Jacobson also describes Myers as the model of a "humble servant"—and that humility was on display when he was selected as Clinical Services Employee of the Year for MRC's external campuses.

"I was completely shocked, I didn't realize people thought that highly of me," he said of the award.

It's impressive that Myers' recognition came as he's deep in the sleep-deprived days of fatherhood. He has a 2-year-old daughter, Dottie Kate, and his son, Riggs, arrived in March. But rather than toot his own horn, Myers gives credit to his coworkers.

"I've learned a lot from Joe and all of the staff out here," Myers said. "Everyone here specializes in something different. I help treat everybody's patients, so I've been able to learn something new from every therapist." ❧

SUSAN MITCHELL

Susan Mitchell of Terry didn't know a lot about the field she was getting into when she started working at Methodist Orthotics & Prosthetics 11 years ago.

Her sister-in-law, Shonda Sifford, also works for MRC and told her of a job opening for a secretary.

"My position had been eliminated, and I needed work," said Mitchell, who had worked in the mortgage and loan and credit union fields during her career.

Mitchell's expertise with managing finances made her a great fit for the job, and she soon found that the way O&P helps people get back to their lives was greatly rewarding.

"I love that we can help patients," Mitchell said. "A lot of times when they come to see us, we see them at a low point. They're just starting the process of getting to walk again. So, it's really cool to help them in the fight to get what they need."

Now, Mitchell, 50, serves as office/billing coordinator, responsible for billing compliance and front office billing procedures for Orthotics & Prosthetics' flagship Flowood clinic, as well as assisting with those duties in the operations of their seven other locations.

"Susan wears a couple different hats, and they're all critical," said Chris Wallace, director of Methodist O&P. "She not only oversees billing, but also billing compliance, and that's huge—making sure we're compliant and consistent across the board. And those are duties she's taken on over time, so she continues to grow in her position. She just goes the extra mile."

Mitchell says it was a great surprise that her peers chose her as Support Services Employee of the Year for MRC's external campuses, especially since a lot of her work is done from her office over the phone.

"I couldn't believe it," she said. "It was a great honor. I got a lot of calls and congratulations." ❧



‘You’ve got to be safe’

Hunter Jody Jones grateful to be walking again after suffering several fractures in 22-foot tree stand fall

by Susan Christensen

When Jody Jones takes his 10-year-old son, Henry, hunting these days, he savors every moment. A close call last hunting season taught the Flora resident not to take anything for granted. On Oct. 24, 2020, he fell 22 feet as he tried to remove an unsafe tree stand. The impact crushed his right heel and fractured his right femur, pelvis and some vertebra in his spine. And Jones feels fortunate the accident wasn't fatal.

“I don't know how I landed like I did. I should have landed flat on my back or head,” he said. “The Lord was watching out for me is all I can say.”

Surgery at the University of Mississippi Medical Center in Jackson repaired the major bone breaks. And doctors prescribed a wearable brace to support Jones' spine until it healed.

To be independent again, the then 46-year-old was told he needed a stint at neighboring Methodist Rehabilitation Center. But he initially fought the transfer.

“I wanted to go home,” he said. “But it was a consensus I was going to have to have extra therapy. There's no way, shape, form or fashion I was going to be functional at home. I could stand with assistance, maybe a minute. And if I fell, my wife (Heather) couldn't pick me up.”

Once he became a regular in MRC's therapy gym, Jones said he realized the value of working with its experienced staff.

“It's a good place with good people who know what they're doing,” he said. “I improved every single day, and I could not have done that at home.”

Jones' physical therapist was Jacob Long, who is a certified assistive technology professional and seating and mobility specialist. He used his expertise to address pain issues that were thwarting Jones' ability to give it his all in therapy.

“His right hip hurt a lot,” Long said. So he fit Jones with a power wheelchair. “He could use the power seat functions to get comfortable because it tilts, reclines and can elevate the leg,” Long said.

Over 17 days at MRC, Long began walking again, despite some weight-bearing restrictions on his right side. Initially, he practiced taking steps with the help of MRC's overhead harness system.

“It has straps that can unweight a limb,” explained occupational therapist Stephanie Lynchard. “We used it early on for more balance and gaining confidence with standing, using a rolling walker and doing wheelchair transfers.”

Soon, he was able to manage without the overhead support, logging some 400 feet with the help of a walker.

A history of body-building and staying active proved to be a physical advantage in the therapy gym. Mentally, Jones was motivated by his desire to be with his family again.

By the time he left MRC on Nov. 21, 2020, COVID-19

restrictions had kept Jones from being with Henry for over a month. So as he prepared to head home, he predicted an emotional reunion.

“I’m going to hug my baby boy for a day or two,” he said. “And I’m going to apologize to him because Daddy should have been more careful.”

Jones said he typically wears a safety harness whenever he’s hunting from a tree stand. But he didn’t see the need to put one on for the quick chore of removing a lock-on stand.

“These stands are attached by a chain and most people put a ratchet strap at the bottom for added stability,” he said. “I took the strap off and was going to shake the chain loose and detach it from the tree. Unfortunately, the chain was not connected, and I did not realize it. The strap came loose. I had one hand on the stand and fell backwards.

“I tried to reach for the ladder and couldn’t get it. My foot hit the ground first and I landed on my side. I knew I was hurt pretty bad.”

Jones was outside Flora, in a heavily wooded area where there was “no good addresses, no good landmarks.”

So he phoned his wife and asked her to send his brother-in-law Brad Franklin to the scene. “She’d have no idea where to tell (rescuers) to come to. He was the only one around to know.”

Members of the Flora Volunteer Fire Department arrived on ATVs to assess and stabilize Jones. But to get Jones to an ambulance, it took the driving skills of a “daring friend” with a pick-up truck. “They put me on the back of the pick-up and that’s how I got out,” Jones said.

At UMMC, surgeons put a metal rod in Jones’ right leg. But he knows it could have been worse. Victims of tree stand falls often suffer serious brain damage or paralyzing spinal cord injuries. And some don’t survive.

According to stats gathered by the Mississippi Department of Wildlife, Fisheries & Parks, there was one fatality among the nine tree stand falls recorded from July 1, 2019, to June 30, 2020.

Today, Jones still suffers pain in his back, ankle and heel. And he believes he’d be better off if a bout with COVID-19, an ice storm and a return to work hadn’t prevented him from continuing therapy at an MRC outpatient clinic.

After all, he’d made plenty of progress during his inpatient stay. “I would not be able to function today like I can if not for therapy there,” he said. “I could not have gone straight home from the hospital.”

By January, Jones was back in the woods, accompanied by “my friendly neighborhood physical therapist Jacob Long.” The two men became friends while Jones was at MRC and now stay in touch.

Once COVID-19 restrictions ease, Jones hopes to be able to visit MRC to encourage others who’ve experienced similar injuries.

Meanwhile, he’s doing his part to not be a second-timer at MRC. He only uses the safest of tree stands and wears a harness whenever he climbs. And he’s making sure Henry understands the importance of safety gear.

“You’ve got to be safe because you may not always get a second chance the way I’m getting one,” he said. ♡

Jody Jones and his son Henry on a recent hunt this fall. Photo: Courtesy Jody Jones



TEN TIPS FOR TREE STAND SAFETY

1. Always wear a fall-restraint device. Wear it from the time you leave the ground until you return to the ground.
2. Read and follow manufacturer’s instructions and warnings.
3. Practice with your tree stand at a low level, under 5 feet, until you are sure you know how to use the stand.
4. Check your stand before and after each use. Correct problems before using stand again.
5. Take your time when climbing and watch every step you make.
6. Never climb with anything in your hands. Use a pull rope to bring up equipment after you’re secure in your stand.
7. Watch the weather. Some tree stands will slip on wet trees. Most stands are made of metal and are not safe during lightning storms.
8. Do not sleep in tree stands or drink alcohol or take drugs during tree stand use.
9. Tell someone exactly where you will be hunting and what time you plan to return. Agree that they will search for you if you do not return within an hour of that time.
10. Take a whistle, flashlight, cell phone or two-way radio so you can signal rescuers with your location.

Source: “The User’s Guide to The Tree Stand (Its History and Safe Use)” by L.J. Smith



MRC occupational therapist Skyler Hearn, at right, has stroke survivor Derrick Freeman lift and stretch using a weighted ball to recover strength in his left arm. Photo: Carey Miller

‘Completely unexpected’

Stories of stroke survivors Derrick Freeman and Mike Bossetta illustrate the life-saving importance of stroke awareness

by Carey Miller

Though Derrick Freeman and Mike Bossetta have often crossed paths in the therapy gym at Methodist Rehabilitation Center’s stroke recovery program over the past month, neither may have realized just how much they have in common.

Both have a background in law enforcement. The 64-year-old Bossetta worked as a detective for the New Orleans Police department for 27 years, while the 39-year-old Freeman is a sergeant for the Adams County Sheriff’s Department.

And both suffered strokes despite being relatively fit and healthy.

“I take blood pressure medicine, that was it,” Freeman said. “Having a stroke was completely unexpected.”

Bossetta takes blood pressure medicine as well, but says he was also blindsided by his stroke.

“I never had many health problems before,” he said.

Hypertension is a prime risk factor for stroke. It’s however known as one of the “controllable” risk factors, meaning it can be managed with proper care and/or medication. Other controllable risk factors include diabetes, diet, obesity and smoking.

But both men had some risk factors that are not considered controllable. Age, family history, race and gender fall into this category.

For Freeman, it was his race. African Americans are 50 percent more likely to have a stroke than whites, according to the U.S. Department of Health and Human Services.

For Bossetta, it was his age. Men aged 60–79 are three times as likely to have a stroke as men 40–59, according to the American Heart Association. And

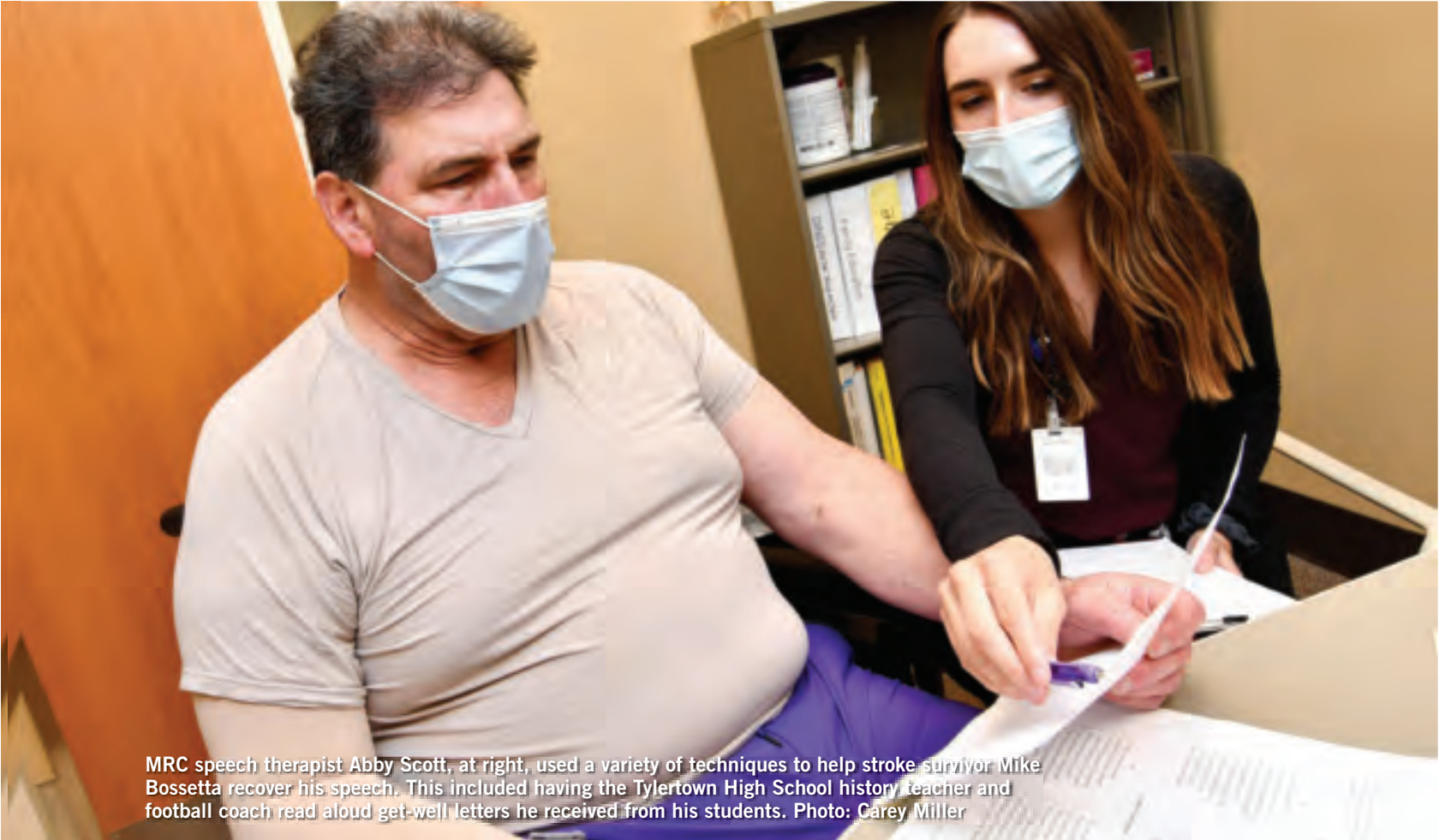
that likelihood more than doubles again for men after they reach 80 years of age.

Another thing the two men had in common was they shared the same therapy team at MRC’s stroke recovery program—physical therapist Boon Ong, occupational therapist Skyler Hearn and speech therapist Abby Scott.

“Both of them made really great progress,” Scott said.

Bossetta had some severe speech issues that Scott helped him with.

“When he first came in, he wasn’t able to say his name or even where he was,” Scott said. “His initial evaluation had to use written cues of ‘yes’ and ‘no’ because he couldn’t do it verbally. Now, he can speak in full, albeit imperfect, sentences. He’s been able to tell us stories about his work, convey his wants and needs and even joke around with us. He’s made dramatic improvement.”



MRC speech therapist Abby Scott, at right, used a variety of techniques to help stroke survivor Mike Bossetta recover his speech. This included having the Tylertown High School history teacher and football coach read aloud get-well letters he received from his students. Photo: Garey Miller

Bossetta's near-paralysis on his right side presented a challenge to Ong as he worked to get him mobile.

"When he first got here, he needed assistance with everything—standing, moving his legs, even operating a wheelchair," Ong said.

Bossetta's rehab stay was six weeks. This allowed him to develop a special camaraderie with Ong as he slowly learned to walk with assistance.

"Boon did wonders for helping me walk," Bossetta said.

He says he was also grateful to his newfound friend for giving him a haircut when he desperately needed one after being in the hospital for so long. Ong learned his scissor skills from his mother, who is a hair stylist.

"If the physical therapy doesn't work out, he's got something to fall back on," Bossetta said.

Meanwhile, Ong also worked with Freeman, who left MRC walking independently.

"At first, he had some movement, but little controlled movement," Ong said. "I worked with him using a walker, then a cane, then we worked on walking until he got to the point he is at now."

Hearn worked with Freeman on his left arm, which was severely weakened by

the stroke.

"He had a little bit of movement, but nothing really functional," she said. "We focused on strengthening, coordination and control. By the time he left, he had controlled movement of his hand and could pick up and grasp objects. He made great progress."

"I feel so much more confident now, I can walk on my own," Freeman said. "I'm still a little weak, but it's going to come back eventually... all of my therapists were awesome."

Both men say they were lucky to have loved ones who recognized stroke symptoms and quickly took action, likely saving their lives.

Bossetta's girlfriend, Jennifer Boe, quickly dialed 911 when she found him paralyzed, mute and helpless as they got ready for work on March 29. And when Freeman wasn't feeling right the weekend of April 17, his fiancée, Clarinda Tenner, recognized that his drooping face might be a stroke symptom and took him to a doctor.

"They asked me to take off my mask, took one look at my face, and sent me to the emergency room," Freeman said.

The American Stroke Association teaches the acronym F.A.S.T. as a guide to recognizing stroke symptoms. The F

stands for face drooping, a telltale sign like Freeman experienced. The A is for arm weakness, which both men experienced. The S is for speech, which, in Bossetta's case, he was unable to speak at all. And the T stands for time, meaning that if any of these symptoms are observed, it's time to call 911.

Both men have gone back home and will continue their recovery at outpatient clinics nearby.

"I think they'll continue to make good progress," Scott said.

Freeman is hopeful that through outpatient therapy he will continue to improve and eventually return to work.

"I'm not going to rush it, though," he said.

Bossetta's goal is greater independence. He knows getting back to his job as a history teacher and football coach at Tylertown High School might not be possible. Although he wishes he could get back to his many students who sent get-well cards and well-wishes during his recovery, he's still grateful for how far he's come at MRC.

"Everybody—from the rehab techs to the nurses to all my therapists to my doctor—was fantastic," Bossetta said. "I can't say one bad thing about this place." ❧



'That's my kid'

Family counting blessings as son Gavin Miller overcomes brain injury suffered in hit-and-run with rehab at MRC

by Susan Christensen

Nov. 24, 2020, was the most thankful Thanksgiving ever for the family of Picayune's Gavin Miller.

Just a week before, a hit-and-run driver crashed into the 17-year-old as he was walking to a school bus stop.

A resulting head injury left his mother, Hesper, worrying: "Is he going to be like himself afterwards?"

"He'd wake up, and it would just be a blank stare," she said. "Thanksgiving day was his first good day. He was awake and alert and I said: 'There he is, that's my kid.' He was making little jokes, and I was so happy."

It was the morning of Nov. 17 when Hesper fielded a heart-stopping phone call.

"They said, 'We don't know what happened, but he was found in a ditch with lots of plastic around him.' They didn't say anything about the seriousness. They said it's possible he has a head injury."

A licensed practical nurse at Pearl River County Hospital and Nursing Home, Hesper tried to stay positive as she headed to a Picayune hospital. Then she saw a helicopter overhead.

"I knew: 'Oh my God, this is bad,' she said. "I got to see him a second. They said he had a brain injury, and they were flying him to a hospital in Jackson."

At first glimpse, Gavin's injuries weren't that apparent. "He had some scratches," Hesper said.

But at the University of Mississippi Medical Center in Jackson, doctors detailed the damage that had been done when Gavin was tossed onto the hood of the SUV and slammed his head into the windshield.

The impact fractured his right hip socket and his C-6 and C-7 vertebra, lacerated his spleen and both kidneys and bruised his brain.

"They told me his first night in ICU that we won't know what deficits he has until he wakes up," Hesper said.

But on Thanksgiving, Gavin was cognizant enough to survey damage to his own body and utter one of his signature phrases.

"It'll buff," he said.

"He was still having short-term memory issues, but I was like: 'He's back,'" Hesper said.

“I think Methodist Rehab sets the standard. Everything from the doctors to housekeeping to security is so nice. It’s therapy based, and it’s good and it’s aggressive. Every day there is an improvement.”

— Hesper Miller

After leaving UMMC, Gavin arrived at Methodist Rehabilitation Center on Dec. 1.

Hesper admits it wasn’t her first choice among four Mississippi hospitals presented to her. “I picked Forrest General Hospital in Hattiesburg and Encompass Rehabilitation Center in Gulfport because they’re closer to home.

“While we were waiting to hear back from them, one of my coworkers said the other places weren’t good enough, and we needed to go to Methodist. I also have a friend whose son was at Methodist 17 years ago. She called me and told me I really needed to look into going to Methodist.”

So when the other two hospitals rejected Gavin because of his age, Hesper came to see it as a blessing in disguise.

“I was upset at first about not being closer to home,” she said. “Now, I’m glad we got turned down. I think Methodist Rehab sets the standard. Everything from the doctors to housekeeping to security is so nice. It’s therapy based, and it’s good and it’s aggressive. Every day there is an improvement.”

Gavin managed the progress despite working with a major impediment. Until his hip healed, he wasn’t allowed to put weight on his right leg, a hindrance to his walking efforts.

His balance was also off, making him a fall hazard. And he no longer had the strength of a teen who bragged of doing a 4-minute, 42-second mile.

“He lost a lot of muscle and had some issues with motor control,” said MRC physical therapist Anna Sumrall. “When he got here, he was not able to pick up his toes on his left foot. We did some electrical stimulation on his muscles, and now he’s able to do it.”

While Sumrall focused on getting Gavin mobile again, occupational therapist Bonnie Lahuta and OT student Baleigh Gooch worked on his self-care tasks, such as dressing and bathing.

“As far as being independent, he came a long way,” Gooch said. “At first, he couldn’t get from his wheelchair to the therapy mat without help.”

Lahuta said he was also lax about safety concerns, so improving his awareness of proper precautions became a big focus of his therapy.

During speech therapy, he also worked on his awareness in general. “With the brain injury, he did have some cognitive impairment,” said speech therapist Rachel Anderton. “But by the time he got to us, it wasn’t super severe.”



The Miller family were happy to have Gavin home again, after a month away recovering from his injuries. From left are his sister, Piper, his mother, Hesper, and his father, John. Photo: Family friend Brandy Pittman.

Anderton said she dedicated most of his speech sessions to increasing his attention and “executive function skills.”

“That’s his ability to problem solve and reason through things,” she explained. “I might give him a safety scenario and ask what he would do in that situation. We also worked a lot on attention during conversation. He would change topics so fast. We worked on that so he wouldn’t be all over the place.”

As he became more clear-headed, Gavin began renewing his reputation as a cut-up.

“He was fun to work with and kept things interesting,” Sumrall said. “He’s a jokester for sure. Every day, he would say: ‘Who knew walking could be so hard.’”

That happy-go-lucky attitude gave him an advantage over teens who often let their despair over a life-changing injury impede their therapy progress.

“He was able to see this as temporary,” Lahuta said. “For the most part, he’s going to go back to being a regular teenager.”

His therapists say his pre-injury youth and fitness level certainly helped his recovery. He was a gung-ho member of the ROTC unit at Picayune Memorial High School, determined to follow the family tradition of military service.

“I was in the Army and most of my family was in the Navy,” Hesper said. But Gavin had his heart set on the Marines.

So he was amazed to learn he’d spent some of his hospital time thinking he was a fighter pilot. “Apparently, I shot down three planes,” he said. “It’s amazing what the mind can do.”

SPINAL CORD INJURY PROGRAM

Gavin remembers none of it, but his family has filled him in on some of his more outrageous behavior. He thought he'd been bitten by zombies once and often fought to yank out various tubes while in ICU.

"It was scary," Hesper said. "I work in geriatrics and know nothing about head injuries. We didn't know what to expect. I had to tell him a few times every day: 'Do you know where you're at and why you're here?' He'd be surprised."

Gavin was hit in early morning as he walked to catch the bus. He was flung into a ditch after a driver crashed into him and left the scene.

"We found out later a man and woman were driving down the road and the man saw Gavin's shoes in the road and saw Gavin in the ditch," Hesper said. "She called 911 and said the man prayed with Gavin."

A photo of the offending vehicle was caught on school bus video. According to WLOX-TV, 22-year-old driver Kristin Pittman turned herself in that day and was charged with leaving the scene of an accident with injuries.

According to the National Highway Traffic Safety Administration, school-related pedestrian accidents aren't uncommon. From 2006 to 2015, 102 pedestrians age 18 and younger died in school-transportation related crashes. Like Gavin, 36 percent were hit by vehicles other than a bus or school transportation vehicle.

But Gavin's case, at least, seemed headed for a happy ending. He is nothing if not determined.

"When people say I can't do something, I say: 'Watch me,'" Gavin said. "I walked 17 feet my first day. Now I don't walk less than 82 feet, and I do it faster."

As he got ready to leave Methodist Rehab on Dec. 15, Gavin admitted to mixed feelings. "I'm going to miss it," he said. "MRC is a good place, and everyone's super nice. But I like my house, too. I like my bed, my dog and my sister. I haven't seen her in a month. And she has no one to annoy." ❧

Horton enjoyed using the FES cycle at Methodist Outpatient Therapy in Ridgeland with physical therapist Erin Perry. Photo: Carey Miller



'A great experience'

Spinal cord injury survivor La'Jarvis Horton gets back to his love of driving with the help of MRC

by Susan Christensen

When he hits the streets in his bright blue Camaro, La'Jarvis Horton of Jackson feels he's gotten back a little of what he lost on the morning of Aug. 23, 2017.

He was driving a BMW that day—a graduation gift from his grandfather, Harry Horton. And all was right with the world as he headed to classes at Alcorn State University in Lorman.

Then a drunk driver crashed into the back of his beloved Beemer.

"I never did see the guy, it was like he came out of nowhere," Horton said. "And I woke up on the ground."

The ramifications of that day left Horton reeling. In addition to being paralyzed from the chest down, he suffered a near-fatal pulmonary embolism a couple of months after the accident.

It was all too much for someone who saw himself as a "nice, handsome fellow who got a lot of things done without trying hard."

"Mentally and physically, I wasn't the same La'Jarvis anymore, and I hated it," he said.

But he came to realize that he needed to "man up."

"I was raised right, and my whole life I've set an example for my little brother and sister," he said. "I didn't want them to see me giving up."

During inpatient stays at Methodist Rehabilitation Center, Horton remembered meeting fellow wheelchair users who had reclaimed their independence. And as his health got better, he turned to MRC to help him regain more autonomy, too.

What he found was a variety of services that reflect the hospital's comprehensive

Horton with his beloved blue Camaro. Photo: Carey Miller



focus on the long-term well-being of chronic spinal cord injury patients.

They include follow-up treatment via a hospital-based clinic and outpatient therapy for both mental and physical concerns, access to clinical trials through MRC's Center for Neuroscience and Neurological Recovery, a nationally recognized spasticity management program and guidance on the selection of wheelchairs, environmental control units and adaptive computer equipment via an Assistive Technology Clinic.

Horton reached out to the latter program for help transitioning from a power wheelchair to what he considered a less obtrusive manual model.

The clinic is staffed by physical therapists who are certified through the Rehabilitation Engineering and Assistive Technology Society of North America. So while they always take a patient's wishes into consideration, they make sure equipment is designed to enhance functionality and prevent health problems before they make a recommendation.

Once Horton got the manual chair, he turned to his next goal—finally getting behind the wheel of a car again.

Once again, MRC came through with its Driving Rehabilitation Program. The service is one of-a-kind in the Jackson area, and one of only three such programs in the state.

Allison Harris is one of two MRC occupational therapists who are Certified Driving Rehabilitation Specialists. And she soon had Horton back on the road again.

"He knew what he wanted and was ready to go," she said.

After evaluating Horton's vision, range of motion, strength and endurance and sizing up his desired car, Harris recommended a set of hand controls to operate the brakes and gas and a spinner knob for the steering wheel. Then he began practicing on one of two MRC vehicles that are similarly equipped.

"I find when people are fairly mechanically inclined, they pick it up rather quickly," Harris said. And Horton was no exception.

Horton also had to learn how to break down and stow his wheelchair after transferring into his car, and that, too, he passed with flying colors.

"I was impressed with him because he was such a self-advocate," Harris said. And she enjoyed his reaction as he experienced driving again.

"The first time you put somebody in the car behind the wheel, it's always so fun to see their face. It is so freeing and such an independence changer. La'Jarvis was like, 'Yes!'"

Horton said his first jaunt was to show off his car to his grandparents. "I surprised them," he said. "Then I just drove around a lot."

Until recently, one of Horton's destinations was Methodist Outpatient Therapy in Ridgeland. He'd been going there for sessions on the clinic's FES (functional electric stimulation) cycle.

The cycle uses electrical current to stimulate nerves and evoke muscle contractions that allow patients with paralysis or muscle weakness to "pedal" exercise bikes with their arms or legs.

"He has some spasticity in his legs, so we use the bike to help with that," explained MRC physical therapist Erin Perry. "It helps to decrease muscle atrophy and has cardiovascular benefits, as well, which is why we're trying to get a cycle for him for home use because of the long-term benefits."

These days, Horton feels more like that guy who was behind the wheel of that BMW back in the fall of 2017. And he has many to thank for the transition, particularly his mom, a nurse with 20-plus years of experience.

"She was always with me," he said. "She told her boss, 'You can fire me, but I'm going to be there for my son.'"

Horton said MRC has been there for him, too, and he appreciates all who made his time there "a great experience."

"Methodist Rehab rocks," he said. "All the good people helped make me who I am today." ♡



Methodist O&P prosthetist Brad Kennedy, at right, and Robert Schafhirt discuss possible adjustments to his left prosthesis that he began wearing in April. Photo: Carey Miller

‘The right people’

Methodist Orthotics & Prosthetics’ new Biloxi location allows its staff to better serve the needs of Gulf Coast patients

by Carey Miller

For over four years, Robert Schafhirt of Gulfport has been driving to Methodist Orthotics & Prosthetics’ Hattiesburg clinic for his prosthetic needs.

“We make a day trip of it,” said his wife, Sharon. “Your health is the most important thing, so we would have gone anywhere that’s right for him. And we know we’re with the right people.”

But now Robert has an option closer to home. Methodist O&P has opened its eighth clinic in Biloxi to serve the Mississippi Gulf Coast. The Biloxi location joins clinics in Hattiesburg, Meridian, Cleveland, Oxford, Starkville, Monroe, La., and the provider’s flagship location in Flowood.

“In my mind, our ultimate goal is to provide access to O&P services to everyone in the state of Mississippi,” said Chris Wallace, director of Methodist O&P. “We knew there was a significant medical community on the Gulf Coast that we needed

to serve.”

Robert, 67, had his first amputation below the knee in 2013. His first experience with a prosthetics provider close to home was “an ordeal,” he said. “I wish we had known about Methodist seven and a half years ago.”

Robert suffered from Charcot foot, which is a progressive condition that involves the gradual weakening of bones, joints and soft tissues of the foot or ankle. It so damaged his right foot that an amputation was necessary.

For over three years, Robert says he struggled with walking on his first prosthesis. He knew it just wasn’t the right fit, and it had begun to affect him both physically and mentally.

“I was going down the rabbit hole, I’m not going to lie,” he said.

Robert knew it was time for a change. His physician suggested he go to Methodist’s Hattiesburg clinic to talk with Brad



Although the symptoms of Parkinson's prevent her from doing strenuous chores, Henderson still enjoys grooming RideABILITY'S horses. Photo: Carey Miller

Kennedy, a certified prosthetist who is himself an above-the-knee amputee.

"In the beginning, we just sat down and talked as friends, both being amputees with shared experiences," Kennedy said. "We talked about his problems, most of which I've encountered at some point more than likely. We discussed options and solutions."

"We fell in love the first visit, it was just like coming home," Sharon said. "Brad understood what Robert was going through."

Kennedy fit him with a completely new prosthesis that includes a hydraulic ankle that fits Robert's active lifestyle. And he was soon able to walk proficiently for the first time in a long while.

"He was doing really well," Kennedy said. "But he still had the Charcot foot. After I had been seeing him for a while it started to give him some problems in his left leg, which was making it hard for him to put weight on his sound leg and be able to use his prosthesis at all."

Because he had been doing so well as a prosthetic user, his doctor recommended he get his left leg amputated below the knee to address the progression of his Charcot foot so he could remain able to walk.

"Sometimes you see people who have so many problems with their sound side that once they get a second amputation and get rid of the pain, it really lifts their spirits and they feel so much better," Kennedy said. "That was definitely Robert."

Robert's left leg was amputated in February. In April, Kennedy fitted him with a prosthesis practically identical to the one he wore on his right leg. For him to be walking well today with two prostheses, just four months after surgery, is nothing short of phenomenal, said Kennedy.

"He tackled it head on," Kennedy said. "He hit the floor running, so to speak. He has just done outstanding. It's impressive when someone with a single amputation can bounce back that quick, but for him to become bilateral and hit it that quick, it's incredibly impressive."

Kennedy will also see patients at the new Biloxi clinic, along with Hattiesburg clinical manager and certified orthotist/prosthetist Keith Frost. He says he looks forward to serving his patients closer to their homes.

"I feel fortunate that I've had patients willing to travel to see me," Kennedy said. "When you can find somebody that you can work with, it's a lifelong friendship because you're always going to wear out prosthetics and need assistance with them. The new office gives me the ability to be local and available for the people there that need our services, or even those like Robert that feel like they need a change."

As for Robert, he's looking forward to getting back to activities like fishing in his boat using his new prosthesis. And he and Sharon are happy that if any new problems arise, he won't have to go far for help.

"Methodist coming to Biloxi is just a godsend," Sharon said. "The community needs someone down there that cares like they do. We'll go there when we need to, but we'll always come back to Hattiesburg, too, because we love seeing everyone."

"They're family to us," Robert said. ♡

A 'Big' difference

Christy Henderson continues to teach therapeutic horse riding with Parkinson's therapy

by Susan Christensen

Christy Henderson of Pearl gave up horseback riding after Parkinson's disease made it difficult to stay in the saddle.

"I get so stiff when I'm up there, it's not fun anymore," she said.

But Henderson still gets a kick out of helping people with special needs enjoy the sport at RideABILITY Therapeutic Riding Center in Brandon.

So when a series of recent falls threatened that pastime, Henderson took action. She started doing LSVT Big, an intense therapy program for movement problems related to Parkinson's.

"I had an appointment with my neurologist, and he recommended I do it to work on my balance," she said.

Henderson worked with physical therapists Lisa Indest and Karen Klein, who are among five therapists certified to lead the program at Methodist Outpatient Therapy clinics in Flowood and Ridgeland. Methodist also offers LSVT Loud, which helps Parkinson's patients with speech and swallowing problems.

Nether program is meant to replace medications. "But it does address a lot of impairments that can get progressively worse, such as a shuffling gait, slow movements, loss of trunk rotation, postural changes and muscle rigidity," Indest said.

It's quickly evident why the therapy is called big. Participants amplify every exercise, swinging their arms wide and taking giant steps. It's all designed to delay the movement constrictions that can come with Parkinson's.

"Sometimes people diagnosed with Parkinson's become slower and take really small steps," Indest explained. "Mrs.



Henderson works on her balance and reaching ability under the watchful eye of Lisa Indest, a physical therapist at Methodist Outpatient Therapy in Flowood. Photo: Carey Miller

Henderson has not lost her mobility. So we work on postural alignment and size of the movement.”

It didn't take long for the therapy to deliver results. As she backed her car out of a parking space recently, Henderson noticed she could once again look over her shoulder. “I just realized I had turned my whole body, and I was like, ‘Yay.’”

LSVT Big is custom-tailored to help patients achieve personal goals. For Henderson, that meant maintaining her involvement with RideABILITY.

The 62-year-old is a long-time horse lover. “I did not grow up riding horses, but I was very attracted to them,” she said. “If I saw a horse, I had to touch it.”

After a trip to a Colorado guest ranch intensified her interest, Henderson took riding lessons and bought a horse. RideABILITY came to be after she saw a photo of a boy with Down syndrome happily sitting on a horse and holding a Special Olympics blue ribbon.

Henderson researched therapeutic riding with hopes of volunteering for a program. When she couldn't find one nearby, she and her late husband, Dr. Harold Henderson, launched RideABILITY in 2007.

That same year, Henderson's co-workers at Rankin Medical Center began

noticing what turned out to be her first Parkinson's symptom.

“People would say, ‘What's wrong with your shoulder?’” remembers Henderson, then chief nursing officer for Rankin Medical Center in Brandon. “I wasn't swinging my right arm. It was just staying in a flexed position.”

As a physician, her husband knew the connection between Parkinson's and the loss of a natural arm swing. And a neurologist soon confirmed his suspicions. “At first, I just cried,” Henderson said. “I didn't like the thought of a future like this. But once they put me on Sinemet, it was very dramatic.”

The go-to Parkinson's medicine kept Henderson physically active for many years. And she needed to be. As RideABILITY grew into a six-horse center serving a variety of students with special needs, Henderson and a crew of faithful volunteers stayed busy.

“Back then, I was picking up 50-pound bags of horse feed and doing a lot of walking and shoveling horse manure,” she said. “And my doctor said keep on doing it as long as you can. But over time, I was not coordinated enough.”

Today, Henderson has stepped away from the center's executive duties and left the heavy lifting to others. But

she's grateful that LSVT Big therapy is helping her maintain her connection to the students, who mostly have mental or physical development problems such as autism or cerebral palsy.

“They run the gamut,” she said. “We've even had a couple of men in their 60s who are post-stroke.”

Like her students, Henderson has learned to live with her disability. But she also embraces programs designed to limit Parkinson's symptoms.

LSVT-Big proved to be intense, requiring therapy four days a week for four weeks, plus daily homework. And Henderson will have to keep at it long-term. But she's enjoying the fruits of her hard work.

“I am definitely less stiff,” she said. “I feel stronger and have improved stamina. And my balance is better. I would highly recommend the program. My therapists have helped me and done a really good job of working on my problems.”

For information on LSVT Big and Loud therapy, call Methodist Outpatient Therapy at 601-936-8888.

To learn more about RideABILITY, a therapeutic riding program for people with special needs, call 601-808-2287 or go to rideabilitytms.com.



Now I can...

help others recover after COVID-19

Dr. Michael Montesi barely survived a severe case of COVID-19.

So he's now a source of hope for his patients at Methodist Rehabilitation Center's Recovery after COVID Clinic.

"They've told me it's a relief to see someone who has come through to the other side," said the Indianola family practitioner and former Delta hospitalist. "They'll say, 'I've got foot drop and I'm still on oxygen, and you've gotten back to work.' "

After recouping at MRC and even participating in a COVID research project, Montesi said joining the clinic seemed "a kind of natural continuation."

"It feels good to contribute," he said. "I've always wondered why I made it and somebody else didn't. To me, there's a reason God put me here."



Earl R. Wilson, Founding Chairman

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BELL RINGERS

*I ring this bell for: / All the hard work behind me / All the recovery before me
All the support around me / All the strength within me / Now I can ...*

So reads the plaque next to the newest addition to our therapy gym: a golden bell. As they get ready to head home, patients now ring it to celebrate the accomplishments they've made while in our care. Here are some of our patients' inspiring stories.

1. MICHAEL SELLERS

As a former athletic director, football coach and history teacher at Cleveland High School, Michael Sellers knew the value of hard work when he came to MRC.

"Folks always say MRC is the best," he said. "But they always follow that with 'but they're going to work you.' I thought this might be payback for how hard I worked my players and students over the years."

Sellers came to MRC to recover from a severely weakened heart that put him in the ICU for 11 days. After having successful surgery in February for liver cancer, scar tissue began to wrap around his intestines, causing sepsis. Coupled with atrial fibrillation, the infection was nearly fatal in late April.

Sellers says he could barely move in the ICU, but by the time he came to MRC on May 23 he was walking short distances with a walker. Now, after two weeks of therapy, he's able to walk again independently.

Sellers said he can't wait to get back to his home in Gunnison and work in his beloved garden, which his devoted wife Nancy helped maintain the few moments she wasn't by his side during his recovery. And he says he's grateful to the staff at MRC for making it possible.

"There is no doubt this was the best place for me to come," Sellers said. "Everybody has been fantastic." ❧

2. TIFFANY BOONE

COVID-19 survivor Tiffany "Doll-Baby" Boone of Jackson had already

overcome double pneumonia, coding twice and 19 days on a ventilator in a medically-induced coma.

So she knew she'd be able to endure MRC's intense three hours of therapy each day—never mind that she couldn't even hold her head up.

"They said I was too weak for rehab. And I said: 'If you get me there, I'll do more than three hours a day. I've got three reasons at home.'"

She was speaking of her children, ages 13, 7 and 1, who hadn't seen their mom since Aug. 14.

After treating more than 130 post-COVID patients, MRC staff has the expertise to help patients prevail over COVID's most debilitating effects. And that knowledge plus Boone's work ethic made for a stunning recovery.

"I've never had somebody make leaps and bounds on a daily basis like she did," said physical therapist Kaitlin Snyder.

Boone is back on her feet, needing only a walker for safety reasons. And after some planned outpatient therapy to address nerve problems in her left hand and right leg, the 32-year-old expected to resume her hair styling duties at Polished Beauty Salon in Jackson.

Meanwhile, she looked forward to catching up on some family time. "It's been two full months, and I want to hug and kiss on my babies," she said. ❧

3. SAVANNAH RENFROE

"I'm thankful to even be alive," said 21-year-old Savannah Renfroe.

After suffering a life-threatening head injury in an ATV crash on Feb. 9,

Savannah underwent surgery to relieve pressure on her bruised and bleeding brain.

When she arrived at MRC on Feb. 26, she couldn't walk or remember recent events. But two weeks of intense therapy prompted an amazing turnaround. The day before she left, she even managed to run an obstacle course with the help of an overhead harness.

"She is so much better than we possibly hoped for," said her mom, Brandy Renfroe.

Savannah also improved her cognitive skills, particularly her short-term memory. And she says she won't soon forget how MRC's brain injury team worked together to nurture her recovery.

"They've all been amazing to me," Savannah said. "I loved it here, and they've helped me so much." ❧

4. MIGUEL MORGAN

Miguel Morgan of Ellisville said his caregivers had to use the overhead lift to get him out of bed and into a wheelchair when he first came to MRC.

Now, he's glad how far he's come, able to go from sit to stand by himself and walk with a walker. And he's optimistic for his future.

"I feel like I will get to the point where I will be able to do everything I was once able to do," Morgan said. "I feel like I will be able to accomplish everything I wanted to before the accident."

On July 3, Morgan and his girlfriend, Amaya Jordan, were driving to Baton Rouge for the holiday when they wrecked near Hammond.

"To this day, I really don't know



Clockwise, from top left: 1. Sellers is pictured with physical therapist Veronica Taylor. 2. Boone is pictured with, from left, occupational therapist Leslie Garrett, rehab tech Vernisha Mays, physical therapist Kaitlyn Snider, UMMC occupational therapy student Raney Hewitt and physical therapist Lauren Russell. 3. Renfroe is pictured with, from left, speech therapy student Mary Jayson Rogers, speech therapist Elizabeth Kubik, physical therapist Kaitlin Snyder and occupational therapist Leslie Garrett. 4. Pictured with Morgan are, from left, occupational therapist Elizabeth Hust, physical therapist Jacob Long and registered nurse Ke'ara Reynolds. 5. Young is pictured with, from left, nursing tech Janet Barnes, occupational therapist Morgan Nutt and Grace Craft, an occupational therapy student from the University of Alabama in Birmingham. **Photos:** Carey Miller



what happened,” Morgan said.

Jordan suffered only minor injuries, but Morgan broke his neck and back, which required surgery and two weeks in the hospital at North Oaks Medical Center in Hammond before he came to MRC.

Morgan planned to continue his therapy at an outpatient facility near home. He is a recent graduate of Louisiana State University in Shreveport, where he played baseball. He planned to pursue his Master’s in education with the goal of becoming a teacher and coach. And he gives thanks to MRC.

“I put it in my mind to work every day to get better,” he said. “And everyone around me was so encouraging, al-

ways smiling and bringing their best, so I could bring my best, too.” 🙏

5. ELIZABETH YOUNG

As her goldendoodle Dolly dashed toward an oncoming train in Laurel, all Elizabeth Young could think was: “I’ve got to save my dog.”

“Now this is where I’m at,” she said from the sixth floor therapy gym at Methodist Rehabilitation Center. “And my dog is fine at home.”

Young came to MRC on Sept. 14, her latest stop since she was hit by a train on Aug. 4.

“I had gotten off the track, but not far enough,” she said. “I could still see

Dolly, and I thought she got hit and we were both goners.”

Young spent six weeks at the University of Mississippi Medical Center, undergoing some 14 surgeries. Doctors repaired her broken arms, but had to amputate her left leg above the knee.

When time came to hit the therapy gym, MRC proved the logical place to recover. “Everybody said she has to be here,” said her sister, Pam Mashburn.

“It’s wonderful,” Young said. “There was always something new I could do every time I took therapy. According to my therapists, I’ve come a long way. It’s been a journey, and I’m still in it. This is the place to be if you have injuries.” 🙏

'I DIDN'T WANT IT TO BEAT ME'

After a mountain bike accident led to an amputation, Step Morgan gets back to his active lifestyle with the help of Methodist Orthotics & Prosthetics

by Carey Miller

When Stephen “Step” Morgan wrecked his bike at the Ridgeland Trails, he knew he was hurt. But he had no idea his life was forever changed.

“At the time of my crash, I was sitting there waiting for help, thinking I was going to have to preach from a stool in a cast that Sunday,” said Morgan, who is director of admissions at Reformed Theological Seminary in Jackson and preaches regularly at area Presbyterian churches. “I had no idea that my life was in danger.”

And he certainly had no idea that he’d soon have his left leg amputated below the knee and be learning to walk again using a prosthesis at Methodist Orthotics & Prosthetics in Flowood. Or that with continued rehab at Methodist Outpatient Therapy at the same facility, he would be back riding on those trails less than five months after his injury.

“They told me I would be able to do anything I wanted to do with time,” Morgan said. “My experience with Methodist was just fantastic.”

Morgan says he was an experienced mountain bike rider when his accident occurred on October 23.

“I had been riding out there two to four times a week, and had gotten very familiar with the trails,” he said.

He had been working on mastering one of the trails’ newer obstacles.

“They’re wooden platforms called

drops,” Morgan said. “One was about a foot and a half tall, and the other was about three feet tall. You ride off them and you land on sloping ground, so the impact is minimal and very smooth. I wanted to work my way up to the bigger drop, so I had ridden the smaller one maybe 150 times before.”

But on this day, as he was coming off that same drop, his left riding shoe came unclipped from his pedal and he wrecked. He landed left leg first, which shattered his tibia and punctured his popliteal artery.

“I yelled for help and a couple of riders were by my side within a minute or so,” Morgan said. “But I was about a quarter mile up the hill from the trailhead, so it took EMS a while to arrive. Then, we had to wait for the fire department to get an ATV up there to get me out. So it took about an hour between my crash and when they loaded me in the back of the ambulance.”

Because of the damage to his artery, Morgan lost a large amount of blood before he could make it to the ER at the University of Mississippi Medical Center. Doctors did what they could to try and save his leg with surgery, but over the following days he had four more surgeries as his leg began to deteriorate. Ultimately though, the muscle tissue in his leg began dying due to the blood loss and it was necessary to amputate.

“I knew I had faith, and that meant God was at work, and that He would shepherd me through this,” Morgan said. “The idea of an amputation was of

course not something that we welcomed, but we trusted that God would take care of me.”

Morgan’s wife, Jessica, shared his story via social media and asked for people to pray for him. When she shared the latest news, Morgan’s spirits were lifted by people from his greater church community that contacted him to share their experiences of life after amputation.

“Lots of people reached out to assure me that there were many amputees right here in our area that have very active lives,” he said. “I was not very familiar with prosthetics or what life was like for amputees.”

Morgan’s sixth surgery was the amputation, exactly a week after his accident. In all, Morgan was in the hospital for 15 days, and underwent four more surgeries to fight off infection at the amputation site.

“It was quite an experience, but I had a great care team at the hospital there at UMMC,” Morgan said.

When he was discharged, Morgan was given the choice of going to inpatient rehab at Methodist Rehabilitation Center, or going home first, then going to outpatient therapy later.

“At the time, I didn’t understand the benefits of inpatient vs. outpatient rehab,” Morgan said. “I thought, ‘I want to see my kids, of course I want to go home!’”

Morgan is the father of five, and missed his wife and their children Rachel Katharine, 19, Samuel, 17, Sophie, 14, Noah, 11, and Eli, 8. But he acknowl-

Step Morgan at the entrance to the Ridgeland Trails, where he had the cycling accident that led to his left leg being amputated. Photo: Chris Todd





Certified orthotist/prosthetist Taylor Hankins makes some adjustments to Step Morgan's prosthesis, as physical therapist Karen Klein provides some feedback on their therapy sessions. Photo: Carey Miller

edges that delaying rehab at Methodist Outpatient Therapy in Flowood until the week of Thanksgiving may have set him back.

"When I first started physical therapy, I could only bend my left knee about 33 degrees," Morgan said. "To be able to use a prosthesis effectively, I needed to be able to bend it to 90 degrees."

So physical therapist Karen Klein was tasked with helping him regain that range of motion so he could eventually be fitted with a prosthesis.

"From the beginning, he could barely bend his knee," Klein said. "It was stuck. We also had to protect his fracture so it could heal. It wasn't a matter of just waiting for his incision to heal like most amputees. His leg was very swollen at first. So we focused on decreasing the swelling using the tools we had, like manual therapy and the Hivamat, to gain range of motion. His scar tissue was severe, too, because he had so much trauma."

The Hivamat is a therapeutic device that utilizes electrostatic waves to create a kneading effect deep within damaged tissues, rapidly relaxing muscles, alleviating pain and reducing swelling. It also helps

restore flexibility and blood supply to the affected area.

"Early therapy intervention was of utmost importance for Step to be able to use a prosthesis," Klein said. "Once his swelling and scar tissue were manageable, we saw gradual then steady improvements. And he was so compliant and did everything I asked of him. I remember how excited he was the day we finally got his kneecap to dislodge, and we doubled his knee flexion from like 30 to 60 degrees. But that still wasn't enough. So we worked through it to get to 90 degrees, and he was soon able to get his prosthesis."

Certified prosthetist Taylor Hankins worked with Morgan to build a prosthesis that fit his needs.

"When he came to us, I knew his story, because I mountain bike at the same place where he was injured," Hankins said. "I was really hoping to get to work with him. I knew he would want to get back to being active, whether it was mountain biking or anything else. I wanted to talk with him about options, about how he was not limited by his amputation and could be just as active as he was before."

Hankins came up with some initial solutions that would accommodate Morgan's limited range of motion, like an articulating ankle that allowed his foot and toe to clear the ground when stepping.

"That encouraged his knee flexion, and with physical therapy it helped increase his range," Hankins said. "Then, as he got more and more range, we could change the foot out with something that had a higher spring efficiency to give him some energy back and do even better in therapy."

"Taylor was just fantastic," Morgan said. "The process was just super smooth in terms of the coordination between physical therapy and them building a prosthesis."

Klein said that having O&P next door allows for greater teamwork.

"Every time Step was in the therapy, Taylor was willing to come over and adjust things if needed," she said. "With every gain Step made in therapy, it changed the way it affected his prosthesis. So I think he hugely benefited from us being a one-stop shop."

But even though he now had a working prosthesis, Morgan was limited



After receiving his first trial prosthesis at Methodist O&P in Flowood, Step Morgan tried out walking on it with the assistance of his physical therapist Karen Klein as his prosthetist Taylor Hankins looked on. Photo: Carey Miller



Step Morgan catches some air while riding his mountain bike on the Ridgeland Trails, not far from where the wreck happened that led to his left leg being amputated. Photo: Chris Todd

to wearing it two hours a day at first.

“What was left of my tibia was still healing,” Morgan said. “We had to be very careful not to re-injure my leg. Karen had to be very strategic about the exercises she chose for me.”

“Step was the kind of guy to overdo it,” Klein said. “I was encouraging him to follow the doctor’s orders. He was wanting to go above and beyond. So I was leaning on the side of caution, and we had to find a happy medium. We were very creative finding effective but safe strengthening exercises and techniques.”

As Morgan made more gains in therapy, and as his leg continued to heal, he gradually became a skilled prosthetic user.

“After my surgeon cleared me to be full weight-bearing on my leg, we just really took off,” Morgan said.

Soon Klein had Morgan going up and down stairs, walking sideways and doing other high-level activities.

“He could even lightly jog within that first month, which is pretty phenomenal,” Hankins said. “It takes some time to get used to a prosthesis. But he was gaining balance, strength and stamina quickly.”

By April, Morgan had finished his physical therapy and Hankins began to build him a final prosthesis.

“We tried a few things that worked and some that didn’t,” Hankins said. “We settled on an energy-storing, carbon-fiber foot component. On top of that is a shock rotation and torsion adapter that absorbs some of the impact from walking, but mostly the shock of higher impact activities like running and sports. It works really well for something like mountain biking.”

Morgan says he’s been pleased with the versatility the prosthesis allows.

“I can play with my kids in the yard, I can even run on it a little,” Morgan said. “And I’m riding my mountain bike again with this leg.”

Morgan says he’s been back to the trails several times. And he’s even done the drop that changed his life.

“I knew from the outset that I wanted to ride again, for multiple reasons,” Morgan said. “For one, it brings me so much joy. I love mountain biking. And two, that place and my fellow riders there had become very special to me. So I didn’t want to lose that community. And then three, I didn’t want it to beat me. I

wanted to get back on the bike and not be stopped by my injury.”

Morgan has also returned to his job at Reformed Theological Seminary and traveling regularly to recruit students. He was a student himself while working there and graduated in May 2020. He says he had even been looking for a job.

“My long-term desire is to be a pastor, and we were actually in the process of finding me a ministry when my accident happened, so we put that on hold,” Morgan said. “I would love to be a minister, and I think that’s still the road that I’m on. I anticipate that I will eventually find a call that’s a good fit for me and my family.”

After all he’s been through, Morgan feels like the experience has strengthened his faith and his life’s calling.

“It’s given me first-hand experience of God’s faithfulness and caring for us even through difficult, unwanted circumstances and suffering,” Morgan said. “The reality is everyone suffers, and we all look for something to sustain us through that suffering and provide comfort. So it’s provided me new opportunities for me to share the hope that is offered to us in the gospel of Jesus Christ.”

THE MANY FACES OF COVID-19



Juliette Collier



Marcelle Whisenton



Wanda Brandon



Steven Palato

JULIETTE COLLIER

45, Brandon

On Aug. 6, first-day jitters were in full bloom at Northwest Rankin Middle School in Flowood.

Everyone from students to staff were getting their bearings in a new building. And the adjustment was particularly arduous for eighth-grade art teacher Juliette Collier.

It was her first day back at work since a severe case of COVID-19 nearly killed her. At one point, her mother, Weezie Polk, was told: “You need to come see her, she’s probably not going to make it.”

Today, the 45-year-old single mom bears the souvenirs of that battle. She walks slowly, talks hoarsely and struggles to use her nerve-damaged left hand. Plus, every morning she uses a lint roller to remove clumps of hair from her pillow—another fallout of COVID-19.

Still, she’s grateful to return to teaching and gives credit to staff at Methodist Rehabilitation Center for helping her achieve that goal.

“I told them I wanted to walk, to take care of my son and go back to work,” she said. “And I would not be where I am

now if not for the doctors, therapists, nurses and techs. They knew what I needed to do to get where I wanted to be. Everyone cared about me as an individual, not just someone else on their roster.”

As a classroom teacher, Collier recognized she was at risk for COVID-19. Yet she never imagined the swiftness of her decline. Within a week of first feeling ill, she was on life support.

On Feb. 3, she arrived at St. Dominic’s ER in Jackson gasping for air. She’d been there a few days before with a racing heart and shortness of breath and tested positive for COVID-19. But since she didn’t have pneumonia, she was sent home with medication.

This time, though, her oxygen saturation level was dangerously low and her blood sugar too high.

“They said you have uncontrolled diabetes, but I didn’t,” Collier said. “I really think that was COVID. The last thing I remember is a nurse bringing me a pudding. After that, I don’t remember anything until March 13.”

To keep her from pulling out a breathing tube, feeding tube and chest tube, Collier was heavily sedated for over a month. “I had some crazy dreams,” she said. “I went to Wakanda. They took me there to heal me.”

WHEN IT COMES TO NEEDING REHAB TO RECOVER FROM COVID-19, the patients are as diverse as their symptoms. Meet eight of the over 130 individuals Methodist Rehabilitation Center has treated to address their lingering, ‘long-haul’ issues.

by Susan Christensen



Larry Nelson



Stacie Smith



John Blackwell



Cessie Stringer

When she woke up, real life didn't provide the medical marvels of a Black Panther movie. But at MRC, Collier was met by a staff already well-versed in post-COVID rehab protocols.

Everything she experienced—from extreme weakness and foot drop to nerve damage and erratic oxygen levels—they'd already addressed in previous patients.

Still, it was all new to Collier. And when she arrived at MRC's hospital on April 24, she doubted she was ready for 18 hours of therapy each week.

"When I got there, I was scared to death," she said. "I thought: 'What are they going to make me do?' I had so much anxiety, which apparently is also a COVID thing."

Her concerns were understandable. After almost three months of being bed-bound, "I was such a noodle," she said. "It took two therapists and an overhead harness to help me up."

Collier also was struggling with the loss of her independence and time away from her 15-year-old son, Wyatt. So in the interest of his mom's recovery, Wyatt got to visit her in the therapy gym.

"We used that as a motivator and it really, really helped," said physical therapist Kayla Embry. "We'd say, 'Your son is

coming, and he'll want to see you walk or stand.'"

"And she had a drastic change in mood after that," said occupational therapist Audrey Page.

"It was like it turned a switch," Collier said. "He was so happy about me coming home, and I was like: 'Look at what I can do.'"

Collier dove into her therapy, practicing fine motor skills and self-care strategies with Page and pacing the halls with Embry. "Everybody was so positive," Collier said. "Kayla would call me her star student."

Collier also spent time with therapeutic recreation specialist Laura Jones, and the two connected over their shared love of art.

"When we were doing her initial evaluation, she told me she was a painter and was very concerned about that because of nerve pain in her hands and being so weak," Jones said. "She wasn't sure she could even hold a paint brush. So we just tried it."

Soon, Collier was doing paintings, planning projects for her classroom and even teaching Jones a few tricks. "I even tried a new medium she taught me about," Jones said.

"I was so happy to be able to paint and draw," Collier said.

“People need to get their shots. Once it hits you like it hit me, you’ll sing a different tune. I was at the point of death.”

—Marcelle Whisenton

“I want to do what I love to do.”

To that end, Collier decided to continue her rehab at Methodist Outpatient Therapy in Flowood. She knew she needed more help to develop the endurance and balance to stand for 90-minute class periods.

“When they first tested me, I could not tap the top of a box and I couldn’t do steps,” Collier said.

Now, she can walk without assistance and even balance on one leg while batting a balloon back and forth. But physical therapist Molli Sorrels said her movement still needs fine-tuning. A case in point is how Collier moves her arms while walking.

“She doesn’t have much arm swing, and it’s something that makes walking a lot more efficient,” Sorrels said.

In order to practice the skill, Collier was strapped into the clinic’s ZeroG Gait and Balance System. The overhead device keeps patients from falling as they practice advanced tasks, and it gave Collier the confidence to concentrate on her arm movement and learn to pick up her pace.

Occupational therapist Ashlee Ricotta focused on improving Collier’s hand and arm function, a common emphasis among post-COVID patients.

“We’ve noticed a lot of patients have hand weakness and wrist weakness,” Ricotta said. “Her shoulder is also more elevated and tight due to a lot of shortening of muscles from being in the hospital. And her bicep muscle still has limitations in function.”

While she continues to heal, Collier is using some compensatory techniques in her classroom—such as a microphone to amplify her weak voice.

Collier also has perfected the art of the one-arm hug, as she strives to express gratitude to all who came to her aid during a difficult time.

There was her dad, Eddie Polk, and her mom, who was forced to make difficult medical decisions and often sat by her bed singing hymns. The teachers who donated personal days for her sick leave. And the friend who took in her son and the other buddies who were caretakers for her house.

“The school also has been very helpful and caring and so supportive,” she said.

As school wrapped up in May, Collier said she stopped by for a visit and was overwhelmed by the response. “They all grabbed me and hugged me and it made me cry,” she said. “I love the people I teach with. I was so excited to go back.”

Looking back on her experience, Collier hasn’t forgotten the low points. “All of it was so hard, just sitting up in bed or brushing my teeth and letting other people take care of me. And at first, all I thought about was what I couldn’t do.

“But I’ve come through this, and now I think the things I thought were important are not important. Now spending time with my son and parents and at church is much more important. I think it has changed me in a positive way.”

MARCELLE WHISENTON

51, Jackson

Marcelle Whisenton was definitely not himself, and his wife, Linda, couldn’t help but notice.

She called him to pick her up, and he arrived late and was driving erratically. “He took the wrong way home, and I said: ‘We don’t live in South Jackson any more. Something ain’t right.’”

Once they got home, the confusion continued, accompanied by overwhelming sleepiness. When the 51-year-old headed for his Nissan job in Canton, he wound up in Durant. He then back-tracked to work, where it was obvious he had no business being behind the wheel of his forklift.

His odd behavior earned him a trip to the ER, where he initially tested negative for COVID-19. But it wasn’t long before his symptoms indicated a severe case. His oxygen level plummeted. He developed a blood clot in his lungs. Doctors couldn’t stabilize his blood pressure. And he eventually began dialysis because of kidney failure.

He was on life support and getting worse when his family was called to the hospital. “The doctor said I need you to make a decision about whether to take him off the ventilator,” Linda said. So she was amazed a few days later to find him off dialysis and obviously on the mend. “I saw a dead man get a resurrection,” she said.

That was in January, and Marcelle has come a long way from that close call. “I’m walking without a walker and driving,” he said. And he has hopes of returning to work.

His comeback required 94 days in a Baptist Medical Center—including 21 in ICU. When it came time for therapy, Methodist Rehab was his first choice.

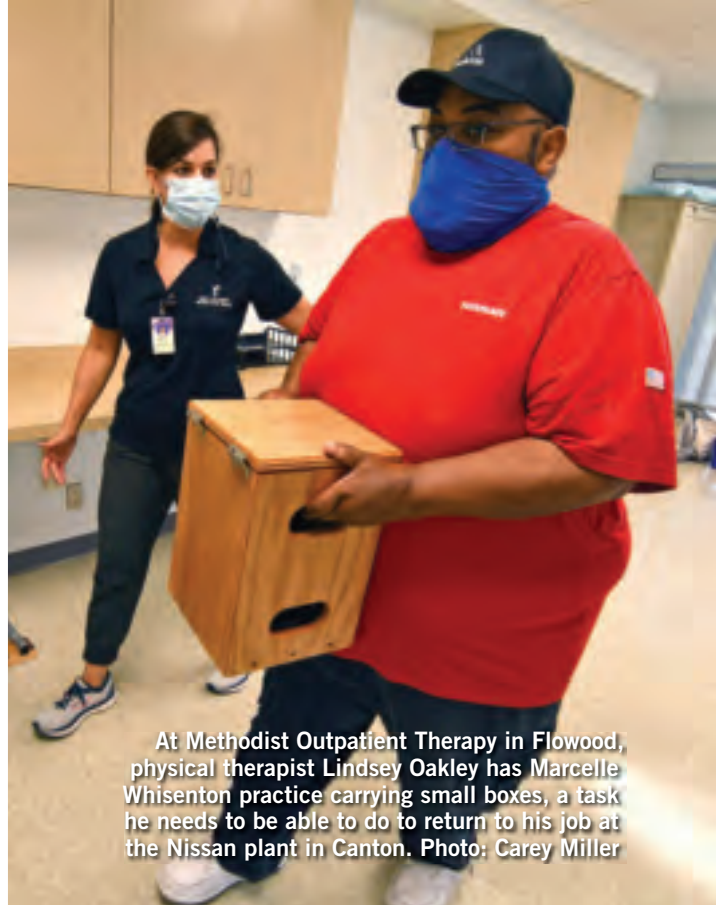
“I saw the way they helped my wife when she had strokes, and that’s the place I wanted to go,” he said. “I knew they had good staff and could get you back on the side of the living and be able to take care of yourself.”

Since April, Marcelle has undergone inpatient and outpatient therapy to address post-COVID conditions such as nerve damage in his left arm, swelling in his legs and ongoing fatigue and weakness.

“Therapy is really helping me get my strength back,” he said. “When I’m not in therapy, I find some exercises I can do



Juliette Collier works on overcoming hand and wrist weakness with Ashlee Ricotta, an occupational therapist with Methodist Outpatient Therapy in Flowood. Photo: Carey Miller



At Methodist Outpatient Therapy in Flowood, physical therapist Lindsey Oakley has Marcelle Whisenton practice carrying small boxes, a task he needs to be able to do to return to his job at the Nissan plant in Canton. Photo: Carey Miller

at my house.”

Marcelle is pleased with how far he’s come, and grateful to all who gave him “a second chance at life.” He knows COVID could easily have killed him, and he now warns people not to underestimate the virus.

“People need to get their shots,” he said. “Once it hits you like it hit me, you’ll sing a different tune. I was at the point of death.” ❧

WANDA BRANDON

58, Terry

Wanda Brandon of Terry first tested positive for COVID-19 on Dec. 1. Almost a year later, her recovery is still a work in progress.

“People think you have COVID and get over it,” said Brandon, 58, the former assistant director for child nutrition at Hinds County Schools. “But there is so much lingering stuff. It has changed my life.”

Brandon’s list of complications includes pain, insomnia, depression, fatigue, weakness, crippling nerve damage in her right leg—even hair loss.

In February, Brandon turned to Methodist Rehabilitation Center to help her overcome it all. She spent time in inpatient and outpatient therapy and is also a patient of MRC’s Recovery After COVID Clinic.

“I’ve got to do what it takes to get back to where I need to be,” she said. “My motto is: Stronger than yesterday.”

From the beginning, Brandon said getting to MRC was her goal.

“I knew if I went to a nursing home, I wouldn’t get the help I needed to get moving again,” she said. “When I first came to rehab they had to use a lift for me to go from the bed to

wheelchair. I never thought I’d walk again. God is what got me through it. And the therapists who worked with me were awesome. Even though they’re not family, they treat you like you are.”

At the time she got infected, Brandon was not yet eligible for a COVID vaccine. Still, she wasn’t overly concerned. “I thought I’d be OK if I got it because I was so active,” she said. “But I wasn’t OK. If it wasn’t for the power of prayer, I wouldn’t be here.”

Now, her message for everyone is “make sure you get vaccinated and take COVID seriously.”

And she reminds them of how much can be lost. She had to retire early, leaving a job she loved. “My health is just so different,” she said. “My life is nothing like it was before.” ❧

STEVEN PALATO

56, Crystal Springs

After a severe case of COVID-19 collapsed both the lungs of 56-year-old Steven Palato, a doctor called his wife, Wendy, with a last-ditch idea to save him.

“He told me he was going to try to get with a team of doctors to do ECMO (extracorporeal membrane oxygenation),” she said. “I looked ECMO up and scared myself.”

ECMO uses an external machine to take over the work of the heart and lungs, giving the organs a chance to rest and heal. But Steven was too unstable to even be moved to the machine.

That was two days before Thanksgiving 2020. And in the time since, Palato has had much to be thankful for. Against all odds, he returned to work at Sequel Electrical Supply in Jackson on June 1.

All told, he was in acute care for 76 days—including two weeks on a ventilator. He spent almost a month at Methodist



Wes Myers, a physical therapy assistant at Methodist Outpatient Therapy in Flowood, guides Wanda Brandon as she works on her balance and endurance. Brandon hopes to overcome nerve damage in her right foot, likely related to being immobile during 10 days on a ventilator. Photo: Carey Miller

Rehab’s hospital, followed by a stint in Methodist Outpatient Therapy in Flowood.

“When I first got there, I could not even pull my arms out from under my blanket,” he said. “I was so down on myself. I never thought I’d walk again. But everybody told me about MRC and said they’ll get you walking again. They have techniques to get the best out of you.”

Palato said “everybody in the building” was helpful—from his dedicated therapy team to the “unbelievably good” nursing staff. “They’re not going to give up on you. They just make you feel good.” ¶

LARRY NELSON

63, Ridgeland

When Larry Nelson first came to Methodist Rehab after over six months hospitalized with COVID-19, he said to himself: “You’ve got to turn yourself over to these people. Whatever they say, you’ve got to go with it.”

He followed that philosophy through 50 days of inpatient therapy. And after 60 more and counting at Methodist Outpatient Therapy in Ridgeland, “I’ve really flourished,” he said. “The group here uses every single minute to put me through some rigor, and it has helped me to create a greater sense of independence.”

During his first days of inpatient therapy, “I had barely stood or even been able to sit on the side of the bed without getting dizzy,” Nelson said. Now, he gets around with a walker and doesn’t need help getting dressed or preparing meals.

Like many recovering from severe COVID-19, Nelson’s biggest struggle is diminished lung capacity. But he said his sea-

soned care team knows how to work around it. “They’ve been very careful and thoughtful about my limited capacity and not overtaxing me,” he said.

While he still requires supplemental oxygen, Nelson is now closer to his goal to be off oxygen by Christmas. “I came here using 4 liters, but now I’m at 2.5,” he said.

An architect and construction vice president for Caesar’s Entertainment, Nelson is not yet ready to visit building sites in several different states. But with the blessing of “a great company and boss,” he’s working from home, marshaling projects worth almost a billion dollars.

Reflecting on his recovery, Nelson said: “It’s true you have to take one day at a time.”

And he has nothing but compassion for those facing the first steps. “When I think about all the daily struggles, it really makes me want to cry for others just starting the journey.” ¶

STACIE SMITH

61, Byram

Stacie Smith of Byram never aspired to be a poster person for COVID-19 recoveries.

But she’s found a calling inspiring others who’ve faced the worst COVID can do.

She well remembers how much it meant when a fellow COVID survivor dropped by her room at Methodist Rehab. “He came in on the first or second day and was very encouraging,” she said. “He came in with no cane, no walker, just nothing.”

At the time, Smith couldn’t even sit up. After testing posi-

tive for COVID on July 22, 2020, the veteran respiratory therapist endured 72 days at St. Dominic Hospital, 49 days at Select Specialty Hospital and 100-plus days on a ventilator.

Still, she arrived at MRC eager to begin her comeback. “I looked so forward to therapy,” she said. “It’s a wonderful hospital. I appreciate everything everyone has done. I feel like family.”

Smith ended up spending eight months in inpatient and outpatient therapy at MRC. Thanks to all the hard work, she’s now back to her gym routine of walking on a treadmill and lifting weights.

None of that seemed likely when her husband, Kevin, first started chronicling her journey on a Praying for Stacie Facebook page with 1,600 followers.

“There were a bunch of scary moments,” said Kevin, remembering a day when a nurse called with ominous news. “She said her oxygen is dropping, all the machines are wide open and there’s nothing else we can do.”

But at Kevin’s suggestion, they tried proning—putting Smith on her stomach. It had helped once before and worked again.

Today, Smith retains her relationship with MRC as a patient at its Recovery After COVID Clinic. There, she’s under the care of Dr. Michael Montesi, who was the post-COVID patient who visited her when she first arrived at MRC.

“Now, I try to tell everybody who has had COVID that you need to go to the clinic,” Smith said. “He knows what you are talking about.”

Smith still has some healing ahead. She recently underwent surgery on damaged nerves in her right hand. And during a nerve conduction study prior to the procedure, Kevin said the physician marveled at her progress.

“He told us that he has no explanation why Stacie’s nerves and muscles are doing so well,” Kevin said. “He stated that he is truly baffled by her lack of debility. He said he believed that she was the longest on the vent that he’d heard of. We told him that we knew why: the many prayers of the faithful for her healing and Lord Jesus!” ✝

JOHN BLACKWELL

24, Smithdale

“He might not make it,” doctors told Andrea Blackwell of Smithdale as they rushed her 24-year-old son, John Blackwell, to a Jackson hospital on March 18.

His oxygen level was dangerously low, due to a severe case of COVID-19. “I was bluish-gray, that’s what one of my ICU nurses told me,” John said. “Obviously, I don’t remember that.”

John spent a roller-coaster 106 days in Mississippi Baptist Medical Center, much of that time on a respirator.

“He would be doing good, and then all of a sudden his blood pressure would drop,” Andrea said. “Then there’d be something good, and I would be hopeful again. When he finally got in a regular room, I thought: He’s safe.”

Safe, but far from recovered. So Andrea was over the moon when MRC admitted John with no insurance and

From top to bottom: 1. Supported by the hospital’s overhead lift system, Steven Palato works on walking with MRC physical therapist Olivia Waddell. 2. At Methodist Outpatient Therapy in Ridgeland, Larry Nelson works on strengthening with occupational therapist Jessica Martinez. 3. As he leads MRC’s new Recovery After COVID Clinic, Dr. Michael Montesi is a source of hope for virus survivors like Stacie Smith. He, too, suffered a severe case of COVID-19 and needed extensive rehab to recover. Photos: Carey Miller





Working with MRC respiratory therapist Angelia Warner, John Blackwell pushes to increase his lung capacity. Shortness of breath has been a common lingering effect of COVID-19. Photo: Carey Miller



Cessie Stringer works on her coordination during a session with MRC occupational therapist Skylar Menist. Photo: UMMC Communications

covered his care under its financial aid policy.

“I cried,” she said. “Everybody was telling us what a good place it was and how people walked out of there.”

Sure enough, John was on his feet when he left MRC, but COVID left him with multiple problems still to address. Chief among them is nerve damage to his lower legs likely caused by weeks spent motionless while on life support.

John’s age group wasn’t eligible for a vaccine when he got COVID. But his experiences have made him a proponent of getting vaccinated.

“If you have a chance to get the shot, get the shot,” he said. “And if you do catch COVID, do what the doctors tell you to do. They know best. And pray. That’s all you can do.” ❧

CESSIE STRINGER

35, Inverness

When she says she’s “been through it,” 35-year-old Cessie Stringer of Indianola isn’t exaggerating.

She was 21 weeks pregnant when she contracted COVID-19 in September, 2020. She spent weeks in critical condition and more than a month intubated at the University of Mississippi Medical Center.

Doctors there fought to keep Cessie alive and to delay the delivery of her baby. But on Dec. 16, his slowing heart rate prompted an emergency C-section.

Eight weeks premature, little Harlem needed time in the neonatal intensive care area of Kathy and Joe Sanderson Tower at Children’s of Mississippi. While he was cared for by UMMC staff, Stringer moved to Methodist Rehab to work hard on her own comeback.

She was determined to overcome the impact of COVID and care for Harlem and his siblings, Dequavius, 12, and Germany, 1. “I kept pushing myself because God brought me too far to give up,” Stringer said. “He’s continually blessing me, and I love and honor him.”

At MRC, Stringer worked on regaining her strength and practicing mom duties with a doll that served as a stand-in for Harlem. At home now, Harlem is 9 months old and weighs 18

pounds. “But it was a struggle to get him that far,” she said.

Stringer said it’s also been an uphill battle to go back to the busy life of a mom of three. “I bend over and I’m short of breath. It feels like my airway is closing up. And I do a lot of falling. I told my momma I probably need to go back to Methodist Rehab. I wish I would have stayed a little longer. I think about rehab all the time. I appreciate and love my doctors, nurses and therapists and how God put these awesome people in my life.”

Stringer said she hurried home because she hadn’t been with her older kids for four months. And her absence did take a toll on her 1-year-old.

“When I came home, my little girl didn’t come to me for like two months. And it hurt my feelings. I figured being gone so long, she didn’t remember me. But she gradually came around. I can’t keep her off of me now.”

The COVID vaccine was not available before Stringer got sick. Now, she’s fully vaccinated and makes sure people who are around her kids are, too. “I got straight to it because I don’t want COVID no more. I don’t want to go through what I went through and be away from my kids again.” ❧

RECOVERY AFTER COVID CLINIC

Suffering from long-term symptoms after a case of COVID-19?

We can help.

In May, we launched a weekly Recovery After COVID Clinic in our outpatient hospital clinic.

Staffed by a variety of medical experts, the clinic sees patients with common post-COVID problems such as fatigue, shortness of breath, fever, brain fog, dizziness, anxiety, pain, sleep disorders and depression.

Family practitioner Dr. Michael Montesi—also a COVID-19 survivor—leads the clinic staff, along with nurse practitioner and clinic coordinator Rhonda Meadows.

Patients learn of the team’s findings within 72 hours, and a care plan is initiated and coordinated. The patient’s primary care physician is also notified of the plan, along with documentation.

For more information or to schedule an appointment, call 601-364-3392.



Now I can...

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Whether he's running for Junior ROTC, racing with his mountain bike team or teeing up a golf ball, 14-year-old Cris Hairston stays active. So imagine his dismay when he broke his left femur in a February sledding accident.

Lucky for him, his dad, Kyle, works at Methodist Rehabilitation Center, which has the seasoned staff and advanced technology to get athletes back in the game.

At Methodist Outpatient Therapy in Ridgeland, Cris worked out on an AlterG anti-gravity treadmill. The NASA-inspired device off-loads as much as 80 percent of a user's body weight, allowing Cris to safely ease into running again.

Now, there's no stopping him. Post-injury, he did his first triathlon—finishing fifth out of 20 participants.



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Scientists from UMMC and MRC are collaborating on a study that may open a new avenue for spinal cord injury research. Monitoring the muscle movements of study participant, Don Purvis, are from left, Jennifer Sivak, MRC research occupational therapist, Antonio Hayes, MRC neurophysiology technologist, William Pierce, UMMC research assistant, Matthias Krenn, Ph.D., UMMC Assistant Professor and MRC Affiliate Scientist and Elizabeth Gordineer, Ph.D. student at UMMC's Program in Neuroscience. Photo: Carey Miller



‘Hasn’t been done before’

Researcher proposes unique study to stimulate spinal nerves

by Susan Christensen

Today, everything from pain to Parkinson’s disease is treated by devices that deliver electrical stimulation to the nerves and muscles.

But there’s still much to learn about how stimulation impacts paralyzed muscles below the site of a spinal cord injury.

That knowledge gap led Matthias Krenn, Ph.D. to propose a unique study. Instead of following the lead of researchers who use implanted devices to stimulate the spinal nerves, Krenn took a different approach.

“In our case, we use surface electrodes on the abdomen and back, and with this stimulation, we can also activate the spinal cord,” said Krenn, an assistant professor in the Department of Neurobiology and Anatomical Sciences at the University of Mississippi Medical Center. “This allows an electrical field to activate many nerves right before they enter the spinal cord. Through the recording of muscle activity in the legs, we are measuring the changes in the spinal cord produced by this flood of electrical

activity.”

Krenn tests subjects at Methodist Rehabilitation Center, where \$700,000 worth of robotic rehabilitation devices offer the controlled environment necessary for his study.

An affiliate scientist with MRC, Krenn works with staff of its Center for Neuroscience and Neurological Recovery. They include a rehab engineer, motion lab and neurophysiology technologists, a research occupational therapist, a biomechanist and physician-scientists.

The partnership is made possible by MRC’s affiliation with the Neuro Institute at UMMC. And Dr. Dobrivoje Stokic sees the presence of Krenn—who’s both a biomedical and electrical engineer—as a plus.

“Matthias is perfectly suited to lead this work because of his wide expertise—from the design and manufacture of electrical stimulators to many years of studying both invasive and non-invasive neuromodulation along with our long-time colleagues in Vienna, Austria,” said Stokic, vice president of research and innovation at MRC.

Testing for the study is done on the ErigoPro—a robotic device that combines a tilt table, functional electrical stimulation and robotic leg movements.

“It allows us to precisely time the stimulation in respect to a specific phase of stepping,” Stokic said. “And this hasn’t been done before.”

The approach has earned the support of Wings for Life Spinal Cord Injury Foundation, an international foundation focused on spinal cord injury research. In June, it began its third year of funding for Krenn’s research.

Neither, Stokic nor Krenn believes the work will cure paralysis. But it may provide answers to how to best utilize this new way to tap into the injured spinal cord.

“I think the results are promising and may open a new avenue for spinal cord injury research,” Krenn said. “Our research is addressing the problem of a lost connection between the brain and muscles. The ultimate goal is to develop a method or therapy to control the spinal cord by external stimulation so we can reduce functional deficits.”

RESEARCH PUBLICATIONS

MRC researchers are denoted in blue type

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If you've given to this work, you are part of this remarkable story – you have helped patients return to lives of meaning and purpose. Thank you!

We will honor your gifts in this publication. And the names of those who have given \$1,000-plus over time are honored on a beautiful wall display in the MRC Atrium.

We appreciate your annual support, and we hope you will remember the Wilson Research Foundation in your legacy plans.

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 Jan and John Wofford, M.D.
 Robert Wood
 Jane Woosley
 Larry Word
 Sara Yates
 Amy and Rice York, Jr.
 Ann and Jimmy Young

HONORARY GIFTS

Mark Adams
 Given by Peggy and Billy Adams
Chris Blount
 Given by Maribeth and Teddy Gibson
Doug Boone
 Given by Helen and Red Moffat
Opal A. Bowlin
 Given by James V. Bowlin
Philip Blount, M.D.
 Given by Patricia Barnett
Mrs. and Mrs. Andrew Boshwit
 Given by Kitty Kossman
Caleb Carr
 Given by Diane and Rev. Dr. Carl Grubbs
Trey Carroll
 Given by Kathy Eure
Mr. and Mrs. Mike Chiz
 Given by Kitty Kossman
Lauri Stamm Collins
 Given by Amy Lyles Wilson
Dr. and Mrs. Culver Craddock
 Given by Kitty Kossman
Mr. and Mrs. Harry Danziger
 Given by Kitty Kossman
Mr. and Mrs. Lephiew Dennington
 Given by Kitty Kossman
Kelley Walton Fenelon
 Given by Becky and John R. Wooley, M.D.
Mrs. Doyle Garrett
 Given by Kitty Kossman
Hon. David Gillison, Jr.
 Given by Kitty Kossman
Mr. and Mrs. Ben Hawkins
 Given by Kitty Kossman
Charlotte Helton
 Given by Kenneth Helton
Ann and Henry Holifield
 Given by Virginia Wilson Mounger
 Amy Lyles Wilson
Katelyn, Parker, Halston & Mary Lyles Holifield
 Given by Lyles Holifield
Wilson Holifield
 Given by Amy Lyles Wilson and Henry Granberry

Charles Holmes
 Given by Kitty Kossman
Jeanie and Art Inkster
 Given by Bronwyn Burford
Mrs. John Janoush
 Given by Kitty Kossman
Paul Janoush
 Given by Kitty Kossman
Luly and Trey Johnson
 Given by Janna McIntosh
Henry J. and Leone B. Jones
 Given by Jan Jones Shultz
Mr. and Mrs. Barry Kaplan
 Given by Kitty Kossman
Mr. and Mrs. Jerry Klein
 Given by Kitty Kossman
Jan Klein
 Given by Kitty Kossman
Carol Kossman, M.D.
 Given by Kitty Kossman
Dr. and Mrs. Chuck Kossman
 Given by Kitty Kossman
President and Mrs. Bill LaForge
 Given by Kitty Kossman
Jane Lord
 Given by Kitty Kossman
Sam Lane, II
 Given by Becky and John R. Wooley, M.D.
Art Leis, M.D.
 Given by Mamic Lambdin
 Brenda and Jim McIntyre
 Ann and Jimmy Young
Kitty Kossman
 Given by Jane Lord
Sam M. Lane and Sam Lane II
 Given by Pam and Jon Turner
 Cheryl and Cal Wells
Patrick McAlister
 Given by Jane Woosley
Jim McIntyre
 Given by Naomi and Bob Ridgway
 Sandy and Mac Temple, M.D.
Mark Meeks, M.D.
 Given by Randy Randall
MRC Employees
 Given by Dianne Kersh
 G.W. Lee, Jr.
 Brenda and Jim McIntyre
Mr. and Mrs. Paul Millsaps
 Given by Kitty Kossman
Mr. and Mrs. Ned Mitchell
 Given by Kitty Kossman
Rev. Dr. Julia Moore
 Given by Kitty Kossman
Virginia Wilson Mounger
 Given by Daniel Coker Horton & Bell
 Hon. Melba Dixon
 Ann and Henry Holifield
 Gary Jones
 Hon. Deneise Lott
 Mississippi Bar Association
 Melissa Patterson
 George Read
 Shane Tompkins
 Amy Lyles Wilson
W. L. Phillips, Jr.

Given by M. Jean Phillips
Mr. and Mrs. Kirkham Povall
 Given by Kitty Kossman
Robert Ragan, M.D.
 Given by Kitty Kossman
Sara and Bill Ray
 Given by Mr. and Mrs. Jack Yates
Dr. and Mrs. Mike Robbins
 Given by Kitty Kossman
Dr. James Robinson
 Given by Kitty Kossman
Sally Rogers
 Given by Kitty Kossman
Mr. and Mrs. Mike Sanders
 Given by Kitty Kossman
Mr. and Mrs. Doe Signa
 Given by Kitty Kossman
Russell Sheffield
 Given by Judi Williams
Ann Meyers Schimmel, M.D.
 Given by Virginia Ezelle
 Susan Hart
 Jane Hildebrand
 Elizabeth Lyle
 Sally Nash
 Barbara Plunkett
 Karen Redhead
Mrs. George Slade
 Given by Kitty Kossman
Mr. and Mrs. Homer Sledge III
 Given by Kitty Kossman
Mr. and Mrs. Homer Sledge, Jr.
 Given by Kitty Kossman
Mr. and Mrs. Darrell Solomon
 Given by Kitty Kossman
Mrs. Earl Solomon, Jr.
 Given by Kitty Kossman
Dr. and Mrs. James Steen
 Given by Kitty Kossman
Dr. and Mrs. John Tyson
 Given by Kitty Kossman
Dr. and Mrs. Ricky Wayne
 Given by Kitty Kossman
Mr. and Mrs. Bob Wilbanks
 Given by Kitty Kossman
Amy Lyles Wilson
 Given by Lauri Stamm Collins
 Ann and Henry Holifield
 Virginia Wilson Mounger
Wilson Foundation Leadership
 Given by Billy Ware / Mid State Construction
Elizabeth R. Wofford
 Given by Jan and John Wofford, M.D.
Mr. and Mrs. Kevin Wolff
 Given by Kitty Kossman
Dr. and Mrs. Kent Wyatt
 Given by Kitty Kossman

MEMORIALS

David Adams
 Given by Peggy and Bill Adams
Wade Adams
 Given by Peggy and Bill Adams
Thaxton Berch

Given by Terri Meadows
Rev. Dr. Henry Blount, Jr.
 Given by Lori and Chris Blount
 Jan and Monty Clark
 Cheryl and Tim Coker
 Wanda and Ken Curry
 Patricia and Robert W. Flournoy,
 M.D.
 Amy Lyles Wilson
 Ann and Henry Holifield
 Leila and Sam Lane
 Mildred McGehee
 Rosemary McInnis
 Rosemary and Rev. David McIntosh
 Mid Louisiana Surgical Specialists
 Virginia Wilson Mounger
 Sally Nash
 Renee Watkins
 Amy Lyles Wilson
Sonny Bolton
 Given by Sylvia and Sonny Steel
Jean Turner Brewer
 Given By Thomas A. Turner III
Geraldine Britt
 Given by Terri Meadows
Eddie Brunini, Jr.
 Given by Lyn and David McMillin
Frederick E. "Butch" Chamberlain
 Given by Nancy and Don Kreckler
 Mary Ann Mayhan
Paul Combs
 Given by Terri Meadows

Frank Day
 Given by The Luckyday Foundation
Louise Eggleston
 Given by Michael John Boyd
Shelley Diane Finkle
 Given by Michael John Boyd
Ron Forsythe
 Given by Lynn Forsythe
Elise Pate Glisson
 Given by Allen W. Glisson, Jr.
Jake Greer
 Given by Rebecca Greer Barrett
 Janet and Randy Hankins, M.D.
Bill Heard
 Given by Gina and Mark Adams
 Tish and Haden Hughes
Marie Wilson Heard
 Given by Lyn and David McMillin
Sammie Henry
 Given by Terri Meadows
Richard Hunter
 Given by Martha Williams
J.B. Illich
 Given by Terri Meadows
Robert E. (Bob) Lester
 Given by Lori and Chris Blount
 Tish and Haden Hughes
 Terri McKie
 Jill and Bob Pettigrew
 Tammy Williams
Bennie Lyles, Jr.
 Given by Arretta Lyles

Amy Lyles Mather
 Given by Susan Brennan
Lee McAdams
 Given by Terri Meadows
Dudley Silas McBee
 Given by Laura and Frank
 Stainback III
Hopson McGehee
 Given by Jay Wiener
Mary Ethel Griffin McKee
 Given by Kate Box
 Martha Grace Gray
 Ann and Henry Holifield
 Connie and Tom Lilly
 Virginia Wilson Mounger
 Terry T. Smith
 Sylvia and Sonny Steel
 Sandy and Mac Temple, M.D.
 The Toler Family
 Carolyn and Mark Wakefield
 Amy Lyles Wilson
Dean Miller
 Given by The Luckyday Foundation
 Jeff Miller
 Peggy Preshaw
Mike Morris
 Given by Terri Meadows
Harbour Mounger
 Given by Virginia Wilson Mounger
 Olivia and John Neill
Robert P. Myers, M.D.
 Given by Leila and Sam Lane

Spencer O'Brien
 Given by Open Doors Class,
 Christ UMC Jackson
Marcia Rachel
 Given by Cheryl and Thomas Saffle
Pat Sanders
 Given by Terri Meadows
Polly Smith
 Given by Terri Meadows
Robert H. Smith
 Given by Stacie and Bill Crim
Joe Stoner, Jr.
 Given by Mrs. Joe S. Stoner
Jim Tucker
 Given by Nancy N. Tucker
Dorothy Jean Walker
 Given by Terri Meadows
Jean White Watts
 Given by Annie Laurie H. McRee
Marsha McCarty Wells
 Given by Terry Wells
Earl R. and Martha Lyles Wilson
 Given by Lori and Chris Blount
 Linda and John Lange
 Virginia Wilson Mounger
 Sara and Bill Ray
 Mary G. McGee
Jack Winover
 Given by Kay Clark
Gov. William Winter
 Given by Maralyn Bullion

WALK & ROLL

Annual Benefit for The Wilson Research Foundation

The 2021 Virtual Walk & Roll for Research annual benefit for MRC's Wilson Research Foundation raised \$96,000. View our sponsors and all fundraising results at wilsonfoundation.org

Team Results

1. Team Sam (Katy Houston, Captain): \$17,025
2. Rowdy Rehabbers (Kaitlin Ingram Snyder, Captain): \$9,815
3. Team Wilson (Ginny Wilson Mounger, Captain): \$9,000
4. Rehab Rockstars (Valerie Massey, Captain): \$8,240
5. Outpatient Olympians (Adrienne Brumfield and Annice McGuffey, Co-captains): \$6,045
6. Rehab Rafterers (Tammy Voynik, Captain): \$4,450
7. The Record Team (Mary Collins, Captain): \$4,140
8. Team Karen (Keith Ferguson, Captain): \$3,700
9. Team Rockin' Rollers (Cortney L. Jones, Captain): \$1,135
10. Rally for Research (Bonnie Perry and Dr. John Chow, Co-captains): \$865

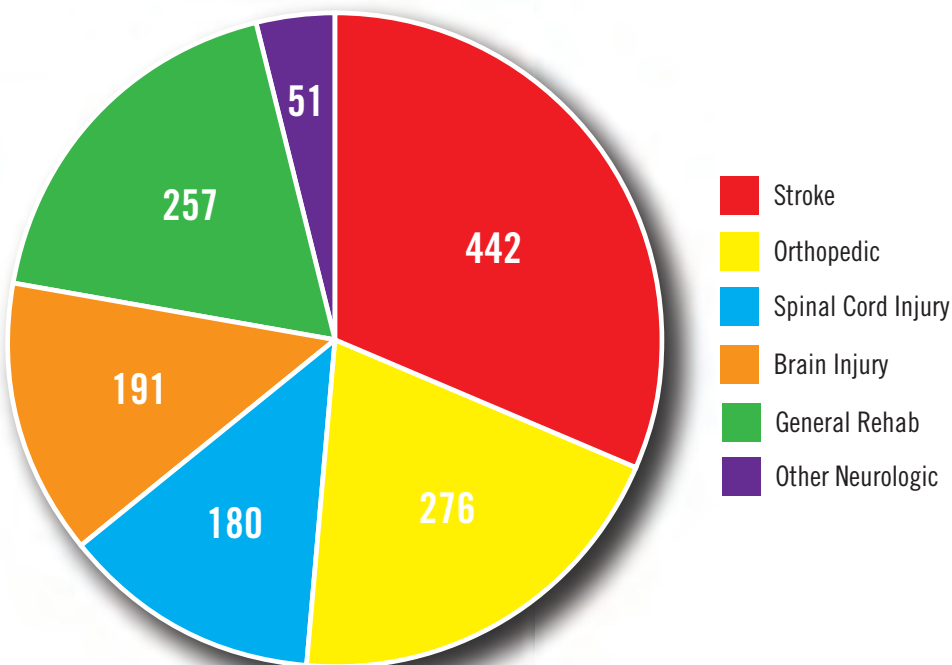


MRC OUTCOME MEASURES FISCAL YEAR 2021

Total Number Served **1397**

NINETY DAYS AFTER DISCHARGE
MRC PATIENTS ARE
SAME OR BETTER
IN THEIR:

Diagnostic Characteristics of Patients Admitted

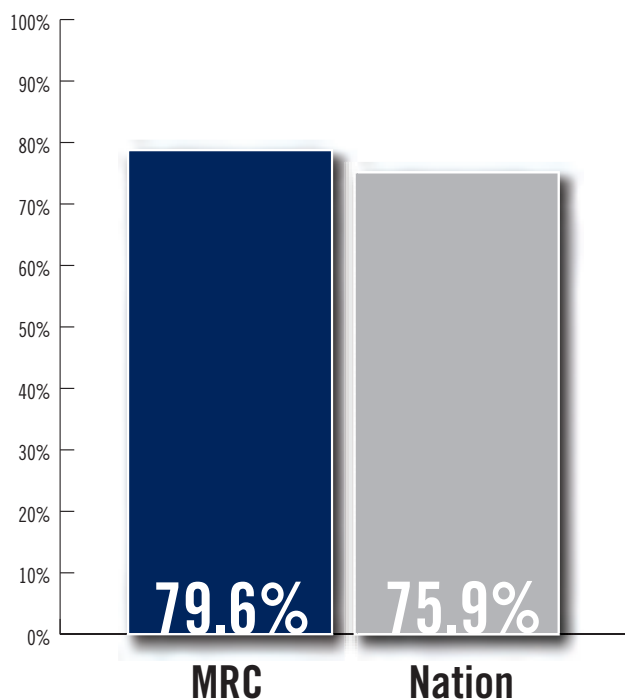


Overall Health
91%

Ability to Take Care
of Oneself
95%

Ability to
Move Around
94%

Percent of Patients Discharged Home



Percent of Patients Discharged to Skilled Nursing Facility

