

TRC TIMES

THE NEWS FROM TOTAL REHAB CARE

Volume 3 Issue 2

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Wii-hab - A New Form of Therapy

Video games are often thought of as entertainment for teenagers, but one video game system has brought new meaning to playing video games. The Nintendo Wii® is one of the latest treatment techniques being used in therapy. In fact, Sherry Neuder, CTRS, recreation therapist at Total Rehab Care, uses “wii-hab” regularly with stroke, traumatic brain injury, and other patients who need to work on coordination, balance or standing stamina.

The Wii® is different from other video game systems because the controllers are motion-sensitive. Patients have to move their bodies the same way they would if they were doing the activity they are playing. For example, if you’re playing baseball on the Wii®, you would swing the controller just like you would swing a bat.

“The motion keeps patients moving their limbs,” said Sherry. “It’s good for the physical movement, and it’s entertaining so our patients are motivated to continue wii-hab.” It’s also a good brain exercise for patients because it involves reaction time, learning new tasks, and following directions.

The Wii® sports game includes tennis, baseball, bowling, golf, and boxing. TRC has also recently purchased additional controllers and games so they can match the games to individuals’ interests and use the Wii® in small groups. Many of the games involve repetitive motion and stretching, like you would find in other more traditional forms of therapy.

A benefit to the Wii® is that patients can see their own progress on the screen. As they improve their endurance, strength and coordination, they can also increase the difficulty level on many of the games.

“We even have some patients who use the Wii® during their free time independently,” said Sherry. “It’s not only a good physical and mental workout for our patients, but the wellness component—seeing patients laughing and smiling while in the hospital—is also a major plus.”



Sherry Neuder, Total Rehab Care recreation therapist works with stroke patient, Ruby McCaluley on the Nintendo Wii® video game system.

Total Rehab Care at
Washington County
Hospital
251 E. Antietam St.
Hagerstown, MD 21740
301-790-8025

Total Rehab Care at
Robinwood
11110 Medical Campus Rd.
Suite 201
Hagerstown, MD 21742
301-714-4025

Health@Work
10715 Downsville Pike
Hagerstown, MD 21740
240-313-9950



WASHINGTON COUNTY
HOSPITAL
Total Rehab Care

Source: *The System Link*, September 2008

What is Commission on Accreditation of Rehabilitation Facilities?



What is CARF?

Founded in 1966, the Commission on Accreditation of Rehabilitation Facilities (CARF) is a private, not-for-profit organization that promotes quality rehabilitation services. It does this by establishing standards of quality for organizations to use as guidelines in developing and offering their programs or services to consumers. CARF uses the standards to determine how well an organization is serving its consumers and how it can improve.

The CARF standards are developed with input from consumers, rehabilitation professionals, state and national organizations, and funders. Every year the standards are reviewed and new ones are developed to keep pace with changing conditions and current consumer needs.

CARF's mission is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of persons served.

A provider earns accreditation by demonstrating conformance to CARF's internationally recognized standards. CARF accredits providers for their specific programs and services, and many providers seek CARF accreditation in more than one area.

What does CARF accreditation mean to the patient?

When the service or program a patient chooses is CARF-accredited, it means the provider has passed an in-depth review of its services. It is the patient's assurance that the provider meets rigorous CARF guidelines for service and quality – a qualified endorsement that the provider conforms to nationally and internationally recognized service standards and is focused on delivering the most favorable results for the patient.

Source: www.carf.org

Total Rehab Care is CARF accredited in the following areas:

Brain Injury Inpatient Rehabilitation Programs – Hospital	<i>Adults</i>
Brain Injury Inpatient Rehabilitation Programs – Hospital	<i>Children & Adolescents</i>
Brain Injury Outpatient Rehabilitation Programs	<i>Adults</i>
Brain Injury Outpatient Rehabilitation Programs	<i>Children and Adolescents</i>
Inpatient Rehabilitation Programs – Hospital	<i>Adults</i>
Inpatient Rehabilitation Programs – Hospital	<i>Children and Adolescents</i>
Outpatient Medical Rehabilitation Programs – Multiple Service	<i>Adults</i>
Outpatient Medical Rehabilitation Programs – Multiple Service	<i>Children and Adolescents</i>

(All programs above have a three-year accreditation)

For more information on Total Rehab Care and our services go to www.washingtoncountyhospital.com/rehab.

Lymphedema Management

What is lymphedema?

Lymphedema is the swelling of one or more body parts, and usually occurs in the arms and legs, but may also affect the face, trunk, abdomen, and genitalia. Lymphedema occurs when the protein-rich lymph fluid accumulates in one part of the body.

There are two types of lymphedema, primary and secondary. Primary lymphedema occurs when the lymphatic vessels are missing or impaired. It is usually seen with circulatory system abnormalities that are present at birth, but may not surface until adolescence or adulthood. Secondary lymphedema occurs when the lymphatic vessels are damaged or when lymph nodes are removed. Secondary lymphedema is often seen after surgery, radiation, infection, or trauma that can cause damage to the lymph nodes and vessels. Scarring that occurs after surgery can also contribute to lymphedema. There are many reasons that one might develop lymphedema, but it is always due to an insufficiency in the lymphatic system. It can be a problem with the production or collection of lymphatic fluid, the transport of the fluid or the filtration of the fluid by the lymph nodes.

In the United States, there are approximately one to two million people living with primary lymphedema, and two to three million living with secondary lymphedema. Unfortunately, it is common in those who have undergone treatment for cancer in which lymph nodes are removed. Statistical data suggest that as many as 40 percent will develop lymphedema in the arm within one year of treatment for breast cancer, and as many as 70 percent can develop lymphedema in the leg following removal of the prostate gland.

What can be done to combat lymphedema?

Lymphedema is a condition that requires life-long management to keep under control. Fortunately, with advancements in the field of rehabilitation, lymphedema can be treated with the help of a certified lymphedema therapist. The treatment for lymphedema exists in two phases. In the first phase, patients see a physical therapist or physical therapist assistant for complete decongestive therapy. In the second phase, patients are responsible for the maintenance care.

On the first day of treatment, an evaluation is completed by measuring the circumference of the affected limb in several places to track improvement over time. The therapist will also check the strength and range of motion

in the affected arm or leg. The session following the evaluation, the therapist will start the complete decongestive therapy that begins with a technique called “manual lymph drainage” or MLD. Manual lymph drainage was first developed by Dr. Vodder in Denmark in 1932, and is used throughout Europe and the U.S. to treat lymphedema. MLD is an extremely gentle massage technique that will improve the activity of your lymphatic system. After MLD, the next component of the complete decongestive therapy involves compression bandaging. Bandaging ensures that the gains made with MLD are maintained and even enhanced to further decrease the lymphedema. Because muscles act like little pumps that compress the lymph vessels and move the fluid out of the limb, exercises will also be given that will further assist in the shrinking of the swollen limb .



Susan Abbott, MPT, and certified lymphedema therapist with Total Rehab Care, applies the compression bandaging to a patient.

In order for complete decongestive therapy to work, it is important for the patient to see the therapist five times per week for approximately two to four weeks for upper extremity cases, and four to six weeks for more involved lower extremity cases. The therapist will take measurements periodically to measure progress. When measurements reach a plateau in the reduction, it is time to progress to the second phase and the patient begins to maintain their own care with the education and tools provided to them by the therapist. The patient is fitted with a compression garment to assist with self-management.

For more information on Total Rehab Care’s lymphedema management program or to talk to one of our certified lymphedema therapists, please call 301-714-4025.

Supporting Our Troops

TRC recently received the following letter in response to a package we sent to the 447th Expeditionary Security Forces Squadron of the United States Army.

Dear TRC Staff,

On behalf of the 447th Expeditionary Security Forces Squadron, I would like to thank you all for your support. The care package you sent to us was greatly appreciated and used by all. All of us here are proud to serve you, the people of Iraq and all citizens of the United States of America. We will never forget what we fight for and never forget all that have been lost at home and on foreign soil. It is support such as yours, which makes our fight easier each day we are away from our loved ones and communities. Thank you.

*Sincerely,
Todd A. Crowder
SSGT 447th ESFS*



The 447th Expeditionary Security Forces Squadron

The Know Brainers Community Outreach Council

The Brain Injury Community Outreach Council of Western Maryland is a non-profit council led by a regional representative and consists of individuals living with brain injury, family members, and professionals who work in the brain injury community. The council represents Washington County and provides resources to Allegany, Frederick, and Garrett counties of Maryland.

The main purpose of the council is to promote public awareness, increase prevention efforts, and improve services and supports for those living with a brain injury. The council has participated in projects such as a bicycle helmet giveaway and fitting at the local Boys and Girls Club, and at community health fairs in Hagerstown. It has sponsored a booth at the annual Smithsburg Steam and Craft show, educating the community about brain injury and prevention. One area the council has been dedicated to is increasing awareness related to concussions in sports and recreational activities. There have been significant advances in the understanding of sports concussions over the past few years, and the goal is to spread this valuable information to parents, coaches, educators, and students.

The council once supported by a grant through the Brain Injury Association of Maryland (BIAM) is now responsible for raising their own funds to support the education and prevention brought to the community. If you are interested in becoming a member of the council or if you would like the group to speak to your organization, please call Deb Wagner, chairperson at 301-790-8618.



Outreach Council members were presented with a check from the 2008 Total Rehab Care 5K Walk/Run.

Contributors to this issue:

Susan Abbott
Mendy Bishop
Carrie Boward

Sherry Neuder
Deb Wagner



**WASHINGTON COUNTY
HOSPITAL**
Total Rehab Care

www.washingtoncountyhospital.com/rehab