Sean Carter

One of the many remarkable things about Sean Carter, 26, is that he’s a motivational speaker, despite his inability to walk or talk. Two years ago, he was riding in a pickup that struck a tree at high speed. Sean sustained a significant brain injury. How he went from there to public speaking is a story of courage and will on the part of Sean and the BIR staff. “Even when I could do nothing, everyone encouraged me,” he says. “They helped me realize that there is life after brain injury.” Slowly, Sean has progressed to “walking,” using his mother as support, and “speaking” through an electronic computer device on his power wheelchair. “Because of BIR, I’m able to live a rich and happy life at home,” he says. Now enrolled in college and considering studying architecture, he says, “They helped me believe I really can do anything.”
“BIR’s outcomes show what quality rehabilitation can achieve. In spite of proportionately high numbers of patients with severe injuries and complex conditions, our average Functional Independence Measure score — the indicator of how well our patients recover — exceeds the regional and national average.”

Jon C. Skinner, President

**Baylor Institute for Rehabilitation**
**Fiscal Year 2007 Statistics**

<table>
<thead>
<tr>
<th></th>
<th>BIR</th>
<th>National</th>
<th>Regional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>1,733</td>
<td>75.65%</td>
<td>76.16%</td>
</tr>
<tr>
<td>Outpatient visits</td>
<td>4,535</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent occupancy</td>
<td>83.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days average length of stay</td>
<td>19.36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed beds</td>
<td>116</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time psychiatrists on the medical staff</td>
<td>7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Average FIM Gain from Admission to Discharge**

<table>
<thead>
<tr>
<th></th>
<th>BIR</th>
<th>National</th>
<th>Regional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>27.06</td>
<td>23.19</td>
<td>22.90</td>
</tr>
</tbody>
</table>

**Discharge to Community for Fiscal Year 2007**

<table>
<thead>
<tr>
<th></th>
<th>BIR</th>
<th>National</th>
<th>Regional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>82.34</td>
<td>75.65%</td>
<td>76.16%</td>
</tr>
</tbody>
</table>

**Where You Go From Here**

Often, one of the first hurdles a rehabilitation patient has to overcome is a simple truth: Life will never be the same. We at Baylor Institute for Rehabilitation (BIR) are deeply mindful of that awareness. We know all too well that going back to life as one knew it is not an option. Going forward, however, opens a whole new set of opportunities.

By embracing a patient’s whole world and incorporating it into the rehabilitation process, we can help patients create a new life. What are your aspirations? How can you transform your circumstances into a rich and fulfilling life? And how can we support you physically, mentally and emotionally?

BIR is a 116-bed not-for-profit hospital dedicated to rehabilitating and restoring independence to individuals with traumatic brain injuries, spinal cord injuries, strokes, and other orthopaedic and neurological disorders. Our interdisciplinary clinical teams — led by physiatrists and including licensed physical therapists, registered occupational therapists, speech-language pathologists, certified recreation therapists, neuropsychologists, rehab psychologists, certified rehabilitation registered nurses, social workers and other specialized clinicians — design custom-tailored programs of rehabilitative care for each patient.

BIR’s regional and national reputation for excellence has not only drawn patient referrals from 15 states, but has also resulted in our being named, for the eleventh year, among the top rehabilitation hospitals in U.S. News & World Report’s “America’s Best Hospitals” guide.
Charlie Brown, Charles M. Schulz’s beloved cartoon character, once said: “In the book of life, the answers aren’t in the back.” The practice of medicine is no different. Finding the answers to critical questions about best practices and treatments will happen only through continued clinical research.

At BIR, we spent much of 2007 enhancing our existing research efforts and making a firm commitment to our future research. I can proudly report that Dr. Mary Carlile and her BIR research team were awarded the distinction of continuing the North Texas Traumatic Brain Injury Model System in the fall of 2007 in conjunction with the University of Texas Southwestern Medical Center. This research collaboration will provide answers to important questions like the appropriate prevention and treatment of deep vein thrombosis in traumatic brain injury patients.

Additionally, through generous support from the Ginger Murchison Foundation, we look forward to the establishment of a Department of Rehabilitation Research in 2008, complete with renowned leadership of this endeavor. In tandem with our current clinical expertise, the next logical step toward excellence in rehabilitative care is the dedication of personnel for research.

On the legislative front, December 2007 brought the rehabilitation industry and the patients we serve relief from the so-called 75 percent rule, a Medicare regulation that limits inpatient admissions based on the patient’s diagnosis. We are looking forward to this regulation becoming the 60 percent rule, which will provide more access to rehabilitative care to patients who need and deserve our services.

Amy J. Wilson, MD

Amy J. Wilson, MD
When Mike Yoxall ended up with a spinal cord injury after an accident at home, he says, “I didn’t spend a lot of time feeling sorry for myself.” His attitude meshes with BIR’s, which is: Take the energy you would spend on futile thinking and use it to make the most of life. Mike took advantage of his therapists’ advice to maximize his independence. “They teach one key thing,” he says, “you simply have to think ahead.” Mike is an outspoken advocate for improving equipment for people with disabilities, saying, “I try to help those coming after me.” Although quadriplegia “controls the ebb and flow of your whole day,” he says, Mike still manages to work full-time as a regional sales representative, which requires both flying and driving. He also swims as often as possible, is active in his support group and has agreed to be on the board of BIR, adding, “I’m the only quad on the board.”

**Spinal Cord Injury**

It takes only seconds for one’s life to go from normal to incomprehensible. Patients with spinal cord injuries are faced with rebuilding their lives from the ground up. BIR provides the tools.

We treat patients with paraplegia and tetraplegia, including those with ventilator dependence. Led by board-certified physiatrists sub-specializing in spinal cord injury, our designated spinal cord team includes nurses, licensed physical and occupational therapists, social workers, neuropsychologists, rehab psychologists and care coordinators, all specialized in the care of spinal cord injury patients. These specialists continually increase their knowledge through national educational conferences and frequently publish and present new insights on their specialty.

BIR is dedicated to the lifelong care of SCI patients. In addition to inpatient and outpatient care, we help patients restructure their lives with long-term services such as education, peer support from patients with the same diagnosis and teaching families how to adapt and create a supportive, nurturing environment for their loved one.
Judy Bonds

Judy Bonds says it happened on Christmas Eve. She was out to dinner with a friend and, “the next thing I knew, it was February and I was at Baylor.” Judy had spent 31 days in intensive care with an intracranial hemorrhage. By the time Judy started rehabilitation, she says, “I hardly knew my name.” But steady progress helped her regain short-term memory as well as overcome other physical and cognitive setbacks. Now she’s back to work full-time and has no problem remembering how helpful the BIR staff was throughout her rehabilitation. “That gang was wonderful,” she says. “I give them five stars.”

Stroke

No two stroke patients are alike. In BIR’s stroke rehabilitation program, the treatment is as individual as the patient. Through a coordinated system of care, we respond to the patient’s degree of disability with therapies that address his or her age, as well as aspirations for vocation, recreation and day-to-day living.

What makes our stroke rehabilitation program unique is how patients are benefiting from a BIR-initiated research study in which patients are achieving a more natural, balanced gait by learning to walk with the use of a treadmill (see Research).

Contrary to the widespread notion that “rehab is rehab,” we constantly work to find better ways to rehabilitate patients. As a result, BIR patients are among the first to take advantage of breakthrough therapies.

“That gang was wonderful. I give them five stars.”
Outpatient Programs

At BIR, the physicians and team members can easily transition the patient within a number of programs based on their needs and progress. This environment allows the treatment teams to consistently communicate with each other to determine the best course of care.

Day Neuro Rehabilitation
For patients who are not able to live independently, the Day Neuro Rehabilitation Program can be the bridge that helps them resume living skills such as driving, caring for children, or returning to work or school. In the full-day outpatient program, patients who have had brain injuries, strokes or brain tumors engage in activities to improve cognitive, communication, physical and social skills.

HOPE is the outpatient rehabilitation program that offers skill building for patients needing a half-day schedule.

Real Life Rehab
Real Life Rehab is an exclusive BIR program that bridges the gap for the patient and family between facility-based rehabilitation and actual return to home and community. Specially trained clinicians work with individuals in their everyday living environments to set up a normalized lifestyle of participation in self care, home and financial decision-making, social, leisure and eventual professional or volunteer pursuits. This program can then assist the patient in accessing any additional therapy or community resources.

Outpatient Therapy Clinics
Specialized outpatient clinics help BIR patients and others rebuild life skills ranging from using a wheelchair to driving a car. These include:

- Adapted Driving Program
- Amputee Clinic
- Balance/Vestibular Clinic
- Dysphagia Clinic
- Movement Disorders Clinic
- Orthotic Clinic
- Spasticity Clinic
- Unodynamics Clinic
- Vision Rehabilitation Clinic
- Wheelchair Seating and Positioning Clinic
- Wound Care Clinic

Surrounding patients with coordinated, integrated expertise, the BIR continuum of care not only allows us to provide customized rehabilitation, but also makes our care available to patients throughout their lives.

Research
Rethinking Rehabilitation

Traumatic Brain Injury Research
The National Institute on Disability and Rehabilitation Research (NIDRR) designated BIR’s TBI program as one of the fourteen TBI Model Systems in the nation. BIR’s TBI program was designated part of this prestigious network from 2002 to 2007 and achieved designation again for 2007–2012.

As part of this effort, researchers at BIR are studying the role of human growth hormone deficiency in the recovery of TBI patients. Up to 35 percent of these patients have deficiencies in human growth hormone, and these insufficient growth hormone levels may be contributing to limited recovery after TBI. Since most repair and regeneration occurs in the first few months following the injury, researchers theorize that early recombinant human growth hormone treatment could improve a patient’s functional outcome. The results of this study could positively affect the quality of life for TBI survivors.

Spinal Cord Injury Research
One’s reaction, adaptation and resiliency to a traumatic event is the focus of BIR’s program, a study conducted in collaboration with the University of North Texas and spinal cord injury patients. Researchers are trying to discover why some people adapt more successfully after trauma than others and the role resilience plays in their outcome. Researchers also want to understand what creates resiliency and how it could be increased in patients to improve outcomes. The results of the study could help psychologists assess a patient’s ability to tolerate stress and develop interventions to improve resilience and coping after injury. Resilience following traumatic injuries is a new area of research in the field, and we are proud to be publishing the first article on this in the national peer-reviewed journal, Rehabilitation Psychology.

BIR was also awarded a Quality of Life grant from the Christopher Reeve Foundation. This grant helps to support our Spinal Cord Injury Peer Mentor Program that trains persons with spinal cord injury to act as mentors to newly injured patients.

Stroke Research
BIR’s research with stroke patients will be a giant step forward for rehabilitative care. Traditionally, relearning to walk after a stroke is not only agonizingly slow, but also frustrating: Patients often do not regain a symmetrical or balanced gait, which directly impacts their quality of life. In the Body Weight Support Treadmill Training study at BIR, a special treadmill system that partially supports the patient’s body weight allows therapists to teach patients to walk correctly in a safe, controlled manner. Once patients regain a natural gait, they graduate to flat surfaces and eventually walk without assistance. Of the 12 patients in the study, all have had successful outcomes, the results of which will soon be published in the prestigious Archives of Physical Medicine.
Brandi McPherson

Brandi McPherson is learning to live with an above-the-knee amputation, the result of a severe infection she contracted during her last pregnancy. Her biggest challenge is balance. “I had to retrain my brain,” she says. With the aid of a C-Leg® (computerized leg) she calls the “Cadillac of legs,” Brandi can achieve far more stability than with a conventional prosthesis and now uses only a cane. BIR is one of few facilities with C-Leg® expertise and advocated on Brandi’s behalf to ensure that her insurance would cover the advanced prosthesis. Although she acknowledges that the amputation has completely altered her life, Brandi says that the BIR staff “allowed me to be where I am.” Her next goal: “Chuck the cane, and walk on my own.”

Amputee Program

In addition to the inpatient program for amputees, BIR offers an outpatient Amputee Clinic. This model acts as a one-stop shop for all amputee patient needs. Everything from wheelchair training to on-the-spot prosthetic corrections and therapies is offered at the clinic. A team of highly experienced physical therapists, prosthetists, specialized nurses and resident physicians provides each patient with personalized care.

Orthopaedic and Neurological Disorders

Debilitation wears many faces. Some patients with fractures, total joint replacement and other orthopaedic conditions achieve complete mobility after rehabilitative care. Yet others require a lifetime of rehabilitation and readjustment. BIR treats the full range of orthopaedic and neurological disorders by skillfully matching the treatment to the patient. Among these conditions are aneurysm, anoxia, arteriovenous malformation, encephalopathy, Guillain-Barré syndrome, multiple sclerosis, cancer, spine or brain tumor, post-polic syndrome, post-transplant laminectomy and lupus.
Community Programs

In addition to serving BIR patients, several monthly support groups draw members of the community into Baylor’s circle of care. Providing the opportunity to socialize with peers, these groups also offer education, covering such relevant topics as home modification and tips for dining out.

Focus is a group that addresses topics for traumatic brain injury patients. Support, Challenge, Inspire was organized four years ago to provide social and educational experiences for individuals in the community with spinal cord injury. An Advisory Board in collaboration with the SCI treatment team determines presentation topics for the monthly meetings and an end-of-the-year Summer Bash at Lake Ray Hubbard. Different Strokes for Different Folks is a group for stroke survivors that hosts guest speakers to cover coping techniques, advances in therapies and more.

ThinkFirst is a nationally recognized program designed to teach young people how to be safe while enjoying sports or other recreational activities, as well as in everyday life. Therapists at BIR provide presentations to schools, student leadership organizations, churches, synagogues and community and civic organizations.

For young adults with traumatic brain injury, Mountain High Camp is an annual five-day camp in Red River, New Mexico, co-sponsored by BIR and Faith Mountain Church in Red River. Friends of Hope, also established by BIR, is a day camp for traumatic brain injury survivors held four times a year and sponsored by Dallas area churches and synagogues.

Dallas Wheelchair Mavericks, one of the top teams in the National Wheelchair Basketball Association, competes in basketball championships, funds educational scholarships for wheelchair users and provides speakers and demonstrations to promote better understanding of the capabilities of persons with disabilities. BIR has been a major sponsor of the team for 20 years.

The Community Partners Program, in collaboration with the University of Texas at Dallas, offers speech-language and cognitive therapy led by graduate students at no cost for patients discharged from outpatient care.

BIR’s charitable care helps fill the gap in rehabilitative care for the underserved. BIR has also established a Patient Assistance Fund to provide patients with equipment, medication and supplies vital to a person’s independence but often not covered by insurance. Between providing care for charity patients and Medicare and Medicaid patients, and absorbing the costs of medical education, research and community programs, BIR will report approximately $6 million* in community benefits.

The BIR Distinction

Not what, but who

At BIR, we do not treat conditions, we treat people. At the heart of every treatment program is a person. Someone who has unique circumstances, challenges and support. Someone who wants to do more than walk, but to work and play and live.

It takes a different mindset to go beyond standard rehabilitation to address a person’s entire experience of life. It takes expertise from a full range of disciplines, working together, to provide a level of care that affects the quality of life not only for patients, but also for their family, friends and associates. The ability and commitment required to bring an individual from where they are to where they want to be is what sets BIR apart.

BIR rehabilitation patients have the advantage of being connected to the vast services and advanced technology of Baylor University Medical Center as well as more than 1,300 physicians from all specialties who serve as consultants. Undergirded by the strengths of the Baylor Health Care System, we at BIR will continue to push the field of rehabilitation forward, as we remain dedicated to the lifelong care of our patients.

Baylor Institute for Rehabilitation was ranked 15th among the nation’s top rehabilitation facilities in the 2007 “America’s Best Hospitals” guide from U.S. News & World Report.

*BRepresents preliminary information that will be reported to the Texas Department of State Health Services.

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