A REVOLUTION IN STROKE RECOVERY

INSIDE:
Comedian Tracy Morgan Presents Second Nursing Excellence Award

Stroke-HEART™ Trials
ADVANCING WHAT’S POSSIBLE
Welcome to the 2018 JFK Johnson Rehabilitation Institute magazine. I’m excited to share some remarkable stories about the exciting work of our talented staff — nurses, physicians, therapists and other professionals working every day to change lives.

This edition focuses on stroke, and you’ll read here about our groundbreaking research to revolutionize rehabilitation for our patients. Our Stroke Recovery Program Stroke-HEART™ Trials aim to improve outcomes for our stroke patients — and stroke patients around the nation.

I am Co-Principal Investigator of the trials, along with Talya K. Fleming, MD, Medical Director of the Aftercare and Stroke Recovery Programs. The impetus to create the program was our desire to help our patients achieve the best possible recovery. Our preliminary data are striking and indicate that we can truly make a difference in the lives of people recovering from stroke.

The Stroke-HEART™ Trials continue our tradition of providing exceptional patient care and our commitment to innovation and research. We’re also proud to report that the U.S. Department of Health and Human Services has named JFK Johnson as one of just 16 Traumatic Brain Injury Model Systems sites in the nation, a designation that includes a $2.1 million grant to conduct brain injury research over the next five years.

At JFK Johnson, we believe our research must drive improved clinical care and outcomes. In this issue, you will also see our current research in progress, peer reviewed publications, and national and international activity.

In addition, you can read about how Tracy Morgan, the actor and comedian, continues to inspire our patients and express his thanks to our staff for his remarkable recovery after his serious brain injury. Morgan presented the 2017 Tracy Morgan Award for Excellence in Rehabilitation Nursing to JFK Johnson nurse Juan G. Ramirez, CRRN. It was a poignant experience to see Morgan express his sincere gratitude. Our goal for Morgan, and for each and every one of our patients, is that they reach their maximum functional ability.

We are committed to Advancing What’s Possible to give our patients the very best outcomes. Many face life-altering injuries and illnesses. Our Continuum of Care follows our patients on every step of their recovery — from acute care to inpatient rehabilitation to outpatient rehabilitation and to their lives back in the community.

I am so proud to highlight in these pages the commitment and compassion of our staff members and the high-quality care they deliver to our patients and their families every day.

Yours in Good Health,

Sara Cuccurullo, M.D.
Vice President & Medical Director
JFK Johnson Rehabilitation Institute
Chairman, Department of Physical Medicine & Rehabilitation
Rutgers Robert Wood Johnson Medical School
A Revolution in Stroke Recovery

Patient Profiles

Advancing What’s Possible: Using New Tools to Measure Recovery

Tracy Morgan Presents 2nd Annual Nursing Award

New Center for Cardiac and Pulmonary Rehab Opens

JFK Johnson Residency Program Receives Five-Star Rating

Federal Government Names JFK Johnson One of 16 Prestigious “Model Systems” Sites and Awards Grant

Together, We’re Advancing What’s Possible

Highlights of Our Scholarly Activities

JFKJohnson.org
A REVOLUTION IN STROKE RECOVERY

JFK Johnson Stroke Recovery Program
Stroke-HEART™ Trials
Aim to Change the Future of Stroke Rehabilitation
These stroke survivors — ages 26 to 79 — pedal on recumbent cross-training bikes in the sun-filled outpatient gym. Some have specially designed straps for their plegic arms and/or legs. Some move methodically, others at a quicker clip. Ask them and they will tell you they’re the lucky ones.

Dr. Sara Cucurullo and Dr. Talya Fleming

The research examines outcomes of the JFK Johnson Stroke Recovery Program, which provides 36 sessions of medically monitored interval cardiovascular training for stroke patients — an innovative approach. The program also provides regular follow-up visits with a Physical Medicine and Rehabilitation physician; psychological, nutritional and educational support; and risk factor management. This is in addition to traditional physical, occupational and speech therapy.

In contrast, the nonparticipants receive the traditional standard of care — which simply includes physical, occupational and speech therapy — and follow up with their community physician.

The preliminary data, presented in November at the American Heart Association/American Stroke Association Scientific Sessions in Anaheim, California, have been striking.
The study began at the end of 2015. Patients in the acute inpatient rehabilitation hospital could opt in or out of the Comprehensive Outpatient Stroke Recovery Program. Of the 240 who opted out, and received the standard of care, 46 have died.

Of the 160 who participated in the Stroke Recovery Program, none have died.

The study participants know they are taking part in research that could lead to new ways to help people recovering from stroke.

Stroke survivors say the monitoring by a team of stroke rehabilitation medical professionals gives them confidence to participate in cardiovascular interval training, even if they have limited mobility and communication.

The JFK Johnson Stroke Recovery Program reflects the vision of Sara J. Cuccurullo, MD, Chairman and Medical Director of JFK Johnson, and Talya K. Fleming, MD, Medical Director of the Aftercare and Stroke Recovery Programs at JFK Johnson. Dr. Cuccurullo and Dr. Fleming are Co-Principal Investigators of the studies.

Dr. Cuccurullo says she regularly sees stroke patients return to the hospital months, even weeks, after their discharge, sometimes with a second stroke, pneumonia or heart attack.

Health insurance coverage differs for cardiac patients as compared with stroke patients, even though many stroke and cardiac patients have almost identical cardiovascular risk factors. A stroke simply involves the blood vessels in the brain while a heart attack involves the blood vessels in the heart.

Under Medicare, patients with heart disease and cardiac interventions are eligible for a comprehensive program that includes 36 sessions of outpatient cardiac rehabilitation. A landmark Mayo Clinic study in 2011 found that a comprehensive cardiac rehabilitation program reduces five-year mortality by 45 percent in patients who have undergone cardiovascular procedures to open blocked arteries.

Stroke patients on Medicare, however, have been affected by the Outpatient Therapy Cap since 1997. The cap affects the funding of a stroke patient’s outpatient recovery. When stroke patients reach the maximum allowed under the cap, their rehabilitation providers must justify additional coverage through a time-consuming process that could potentially delay or deny continued treatment.

“We are doing this research to show that our stroke patients would benefit from the same comprehensive program that cardiac patients benefit from,” says Dr. Cuccurullo. “Once you have a stroke, your risk of having a second stroke in the first year is between 12 percent and 25 percent. Yet we are sending people home without the comprehensive follow-up rehabilitation they need...
to reduce their chance of a second stroke and to improve their strength, function and overall health."

Adds Dr. Fleming, “Stroke survivors can suffer complex conditions directly related to their neurologic event such as weakness, aphasia, problems swallowing, cognitive deficits, spasticity, vision changes, fatigue, pain and depression. Our comprehensive program addresses all of these issues.”

In addition, Dr. Fleming says, stroke survivors often have high blood pressure, diabetes, high cholesterol, a history of smoking and/or an irregular heartbeat. “Many have a sedentary lifestyle and a poor diet. The Stroke Recovery Program provides the structure to help our stroke patients adopt behavioral and lifestyle changes to lead healthier lives,” she says.

>> GET STROKE PATIENTS MOVING

Early in 2015, a six-member Steering Committee began creating two research studies to examine outcomes of patients who participate in the JFK Johnson Stroke Recovery Program. The studies received Institutional Review Board (IRB) approval by both JFK Medical Center and Rutgers Robert Wood Johnson Medical School through Rutgers University. The committee worked closely with cardiologists and neurologists to design the study.

At first, the study was met with some resistance, particularly from those who feared stroke patients with significant limitations, such as hemiplegia, aphasia or cognitive difficulties, could not accomplish cardiovascular training.

“We raised eyebrows, definitely,” says Christine Greiss, DO, a member of the Steering Committee and Director of Inpatient Stroke Rehabilitation Services at JFK Johnson. “The most common question was, ‘How do you get a person recovering from a stroke on a bike or a treadmill?’ But as rehabilitation specialists, we know how to work with individuals who have limitations and we know how to keep them safe and get them moving. We know that with a conditioning program, some of the damage to the vascular system is reversible.”

Dr. Fleming remembers neurologists asking how a patient who was unable to walk could engage in cardiovascular training.

“We are rehabilitation specialists and we do this type of work all the time. Our expertise is to use modifications when needed to help improve function. This program is more than just sitting someone on an exercise machine. We developed a specific protocol...”

KENNETH PHILLIPS SR. likens the JFK Johnson Stroke Recovery Program to a safety net.

“If for some reason you get into trouble, the professionals are right here,” he said. “That gives you the confidence to push yourself.”

Like many people who have experienced a stroke, Phillips, 79, recalls the exact details. He could not move his right side and slurred his words. “The only way I can describe it is that my right side of my mouth was trying to catch up with the left side of my mouth,” he recalled. “My brain was trying to tell me what to do, but my body was not cooperating.”

Now, as he works out rigorously on the recumbent bike, he has embraced his participation in the JFK Johnson Stroke-HEART™ Trials. He welcomes counseling about meals and information about potassium and salt intake. “You have to be receptive to what the nurses here tell you,” he said.

Phillips has 10 grandchildren who keep him busy, and he was relatively active, but he had never participated in rigorous cardiovascular conditioning before. “The cardio element reinforces what I am doing in physical and occupational therapy,” he said.

Phillips, who lives in North Plainfield, is a retired executive in the medical field. He said he’s more aware than most of how well the program is executed, with upbeat staff members who motivate participants.

“There are people of all ages working hard here. They are not quitting. I am very impressed with the attitude of Amy (Novak, physical therapy assistant), and all the staff. If someone who had a stroke told me, ‘No, I can’t do something like this,’ I would say, ‘Yes, you can.’” JFK
to help participants progress safely and improve their cardiac functioning,” Dr. Fleming says.

Dr. Cuccurullo says referring physicians, both cardiologists and neurologists, strongly support the JFK Johnson Stroke Recovery Program. “Physicians say this makes sense. They are frustrated seeing patients experience a stroke while no one addresses preventing future strokes. These physicians say that the Stroke Recovery Program is an exciting, proactive approach to improve stroke survivors’ quality of life, while also focusing on reducing future neurologic events and improving overall cardiovascular health.”

>> LIVES CHANGED

In the rehabilitation outpatient gym, the medical staff regularly check the blood pressure and heart rates of the stroke patients on cross-training recumbent bikes, some of which were donated to JFK Johnson by NuStep™. The riders push and pull hand bars for a low-impact, full-body workout. Some people who have come in wheelchairs leave with significant functional gains after the 36 sessions.

“It’s possible for people to do cardiovascular conditioning even if they have arm and leg weakness or they can’t walk on their own,” says Arlen Razon Ray, PT, Director of Outpatient Physical and Occupational Therapy at JFK Johnson and member of the Steering Committee. “Some people were not used to exercising even before their stroke. We help people get motivated. We can see an improvement in their cardiac function as they progress through the program.”

As the data began to roll in, Dr. Cuccurullo and Dr. Fleming expected positive results. But even they were stunned by the preliminary numbers: zero deaths in the participant group and 46 deaths in the nonparticipant group for the first 20 months of the study.

When reverse matching was utilized to ensure that patients similar in age, type of stroke and co-morbidities were compared, the results continued to be clinically significant — showing close to 20 deaths in the nonparticipant group and zero in the participant group. The data were so striking that the JFK Medical Center IRB, which oversees the ethics of all research studies done within JFK Health, called to ask what was happening with the nonparticipant group. But Dr. Cuccurullo and Dr. Fleming informed the IRB that the number of deaths in the nonparticipant group is typical under the standard of care for stroke patients around the nation.

CLAUDETTE EXANTUS of Sayreville, 26, was a student at Seton Hall University when she abruptly fell to the ground and could not speak. She felt extreme weakness on the right side of her body. She remembers being terrified and feeling helpless, but she was still able to use her fingerprint to open her cell phone and call her sister.

Exantus, who has Lupus, experienced a stroke in the spring semester of her junior year. Lupus can increase risk of stroke. After the stroke, Exantus spent two weeks of inpatient recovery at JFK Johnson Rehabilitation Institute and now participates in the JFK Johnson Stroke-HEART™ Trials. “I was so weak after the stroke,” she said. She went through speech, occupational, and physical therapy as part of her stroke recovery.

She believes the addition of the cardio training has helped her build back the strength in her legs as well as her confidence.

“Every time I come here, I feel better,” she said. “Everyone is so supportive. They push you to go farther than you think you can go. But they also make you feel comfortable in this wonderful and friendly place.” The counselors are helping her chart a new way forward with a plan that includes stress reduction and yoga.

She’s back to work as a bank teller and planning to return to college. She’s so impressed with JFK Johnson that she’s considering a career in rehabilitation.

“I will definitely keep up the cardiovascular work,” Exantus said. “I am working on my balance, strength and core. They really put you on track to keep going even when you’re done here.” JFK
The data stood out for the lack of deaths among participants in the JFK Johnson Stroke Recovery Program. The research is ongoing and data will continue to be analyzed in this Multi-Center IRB-approved study looking at multiple outcome measures. The Stroke Recovery Program Stroke-HEART™ Trials are also analyzing readmissions, recurrence of new strokes, overall function and cardiovascular function.

>> NEXT STEPS

The program has been presented at multiple national meetings, including the American Heart Association/ American Stroke Association in Anaheim, California, where cardiologists, emergency medical physicians and internists were deeply interested. In addition, Drs. Cuccurullo and Fleming also have presented the preliminary Stroke-HEART™ Trials data at the annual conference of the AAPM&R (American Academy of Physical Medicine and Rehabilitation) and at the annual conference of the Northeast Cerebrovascular Consortium (NECC), which is attended by stroke neurologists and other professionals. Outcomes also have been submitted for peer-reviewed publication.

The initial outcomes of the Stroke-HEART™ Trials have also been submitted for peer-reviewed publication.

“At NECC, there was a hush in the room when the numbers were announced ... it is such a rewarding experience to see patients go through the program and get such amazing results.”

- Rosann Scarpati, RN, Director of Admissions/Client Services

As the study is shared, rehabilitation centers have expressed interest in offering the program. But centers are reluctant to take on the challenge without a source of funding. Study leaders say Medicare and other insurers would change their policies and funding only when evidence-based data show the value of change.

“That’s why this research is so important,” says Anne Eckert, AuD, MBA, CCC/A, Administrative Director of Rehabilitation and a member of the Steering Committee. “From the beginning, our aim was to make a difference for our patients as well as for stroke patients beyond our own institute.”

For information about the Stroke Recovery Program, visit JFKJohnson.org. JFK

MARY LOGAN remembers suddenly veering to the right as she walked. Yet she continued on, even going to work at her job as a waitress. After the 59-year-old Middlesex woman returned home, she remembers, her “hand went dead, then the entire arm.” In retrospect, she recognizes that even earlier she had felt symptoms that she ignored.

As her symptoms continued to worsen, she went to the hospital, where a stroke was confirmed. Logan completed inpatient rehabilitation at JFK Johnson Rehabilitation Institute, but instead of returning home with just a few sessions of occupational or physical therapy she joined the Stroke-HEART™ Trials.

“The traditional therapy, the occupational therapy and the physical therapy was helpful,” she said. “But this program and the cardio is really helping me as well. I think when you have a stroke you feel tired and you’re not moving. You want to get better but you don’t know what to do to get better. Here, they give you motivation. They give you a plan.”

Most of all, she said, the JFK Johnson Stroke Recovery Program gives her confidence, even as she struggles with residual symptoms from her stroke, such as walking with a slight limp. Now Logan is back at work, has lost weight, and is committed to watching her blood pressure. After her time on the cross-training recumbent bike, she’s ready to get on her own traditional bike at home. “I haven’t ridden my bike in years, but now I’m motivated to start riding again.”

She believes the program should be available for every person who has experienced a stroke. “I am thankful that I am able to be part of this,” she said. JFK
Montgomery J. Weaver places his right hand on a cane while he reaches for a box of corn flakes on the top cabinet shelf. He pulls the box down to the counter. It’s a small task, but nonetheless a victory for Weaver.

“I’m getting stronger every day,” said the 68-year-old Union Beach man. “I can move my hand to touch my face now. And in the kitchen here I’m putting stuff away. I am realizing what I can do and what I can’t do.”

Just two weeks after he suffered a stroke, Weaver is relearning real-world skills in a simulated town with sidewalks, an apartment and a grocery store at JFK Johnson Rehabilitation Institute. With therapists at his side, Weaver pours coffee, steps over curbs and fills a shopping cart.

To gauge his journey toward recovery, JFK Johnson Rehabilitation Institute uses an assessment tool that measures three areas: basic mobility, daily activity and applied cognitive performance. The tool is administered when the patient is admitted to inpatient rehabilitation, upon discharge and then, for patients who engage in outpatient therapies, in regular intervals during outpatient treatment and beyond — for a full year.

The Activity Measure for Post Acute Care (AM-PAC™) assesses patients in the acute hospital, the inpatient rehabilitation hospital, subacute rehabilitation, a nursing home, outpatient rehabilitation or at home. Caregivers as well as patients can answer the questions, which include:

- How much difficulty do you have walking around inside a building?
- Climbing a flight of stairs?
- Tying your shoes?
- Remembering a list of four or five errands?
- Moving from bed to chair?

The AM-PAC™, a Medicare-approved tool created by Boston University, provides a unique perspective on the recovery journey.
"We follow our patients through the continuum of care — from acute care to inpatient rehabilitation and then after they return home. We work to give each of our patients the best recovery possible."

— Dr. Christine Greiss

Christine Greiss, DO, Director of Inpatient Stroke Rehabilitation Services

Janice Dibling, MS, CCC/SLP with Linton Marks of Scotch Plains

“Research over the years has shown us that therapy with functional meaning to the patient works best,” said Gina Dubuisson, PT, CSRS. “If you want the patient to learn how to get out of bed and to get up the stairs, then it helps to have a setting that re-creates what they will be doing when they return home.”

At JFK Johnson, certified and highly experienced speech, occupational and physical therapists help patients achieve the best outcomes possible. To Weaver, the outcome that matters most is regaining function to return home.

“The therapists here are really helping me,” said Weaver, a husband, father and grandfather. “Stroke, it’s hard. The hardest part is losing your independence. I used to do things around the house. Get up on the ladder outside. There was a sense of accomplishment. The people here are great and are helping me get back to where I was.”

JFK Johnson places a unique focus on the cardiovascular health of stroke patients.

“We feel it’s in the best interest of your care to have a cardiologist evaluate you after a stroke,” said Christa Reineke, PT, MA, Director of Rehabilitation Services. “That gives you the best chance for a good recovery if we can treat any underlying cardiovascular issues.”

Many AM-PAC™ questions focus on activities of daily living. To help patients, JFK Johnson has long followed evidence-based research that shows the value of therapy that mimics the real world.

“We’re building more neural pathways than exercise alone and getting better results,” said Maria Belen Montalegre, OTL, CSRS (Certified Stroke Rehabilitation Specialist). “Working in these real-world settings is something that makes sense to the brain.”

Montalegre worked with Weaver in JFK Johnson’s simulated town, called Independence Square. The focus is on improving function and confidence so patients can return home.

“The AM-PAC™ allows us to assess our patients throughout the continuum of care — from inpatient to outpatient and to our patients’ lives back in the community,” said Janice Dibling, MS, CCC/SLP, Manager of Acute & Rehabilitation Inpatient Speech-Language Pathology. Dibling, who is certified in clinical competence for speech-language pathology, works to help stroke patients improve their speech and cognition. She also provides therapy to help those who can’t swallow properly as a result of stroke or other neurologic injury.

AM-PAC™ is not the only assessment tool used at JFK Johnson, but the measure provides valuable benchmarking across different practice sites and networks and among different clinicians. The measure is valuable to research being done at JFK Johnson through the federally funded Traumatic Brain Injury Model Systems (TBIMS) research, as well as the institute’s Stroke-HEART™ Trials, which study a comprehensive program that includes cardiovascular conditioning.

JFK Johnson Rehabilitation Institute
Actor and comedian Tracy Morgan, in an emotional gathering, presented the 2017 “Tracy Morgan Award for Excellence in Rehabilitation Nursing” to JFK Johnson Rehabilitation Institute nurse Juan G. Ramirez, CRRN.

Ramirez, of Union, is the second recipient of the award, which is presented annually to a JFK Johnson nurse who exhibits the highest levels of skill and compassion in rehabilitation nursing.

Morgan, at times verging on tears and hugging the nurses and rehabilitation specialists, talked about how the 2014 accident on the New Jersey Turnpike and his recovery at JFK Johnson Center for Brain Injuries changed him.

“Today, I am a better man,” he said. “I’m doing it right this time.”

Morgan’s recovery and his return to comedy and acting has inspired patients around the country — and those traveling with the comedian on tour said people recovering from brain injuries often come to his shows. Morgan often meets with them.

Morgan was asked about being an inspiration to others. “If I’m an inspiration to someone else, I’m fine with that. I’m cool with that. But I’m just a brick
in the wall. Together, with you all, we build the wall. We need to do it together,” he said.

Many of the nurses, including some involved with Morgan’s recovery, said watching the comedian reclaim his talent during his hilarious, no-holds-barred comedy highlights the value of their work to help all patients with traumatic brain injury. In his show, Morgan’s hilarious performance included riffs on his coma that also touched on everything from his grandmother singing spirituals to shopping at Walmart to the Kardashians.

Ramirez said he was honored to have Morgan hand him the award.

“When you help patients recover from brain injury, you truly are helping them get their lives back,” Ramirez said. “When they come back to visit three months, six months later, and you see them walking and talking and doing well there’s no better feeling. It’s so rewarding.”

Ramirez, of Union, graduated from JFK Muhlenberg Harold B. and Dorothy A. Snyder School of Nursing in Plainfield. After working at the JFK Johnson Center for Brain Injuries for more than five years, he said he has learned that a rehabilitation nurse needs two qualities: patience and empathy.

Morgan said he has forgiven the driver of the truck that hit him. “I don’t want to meet him. But if I did not forgive him, I would not be able to be on this stage doing comedy. I would be a bitter old man,” he said.

Sara Cuccurullo, MD, vice president and medical director of JFK Johnson Rehabilitation Institute, called Ramirez a dedicated professional. “Juan demonstrates the best of what a rehabilitation nurse should be. He’s highly skilled and knows that helping patients also means supporting their families. We are so thankful to Tracy Morgan for once again presenting this award to one of our nurses and shining a light on the work of rehabilitation nurses everywhere,” Dr. Cuccurullo said.

After Morgan’s recovery, the comedian generously and publicly thanked JFK Johnson nurses, physical therapists and other members of his team as well as his physician, Brian Greenwald, M.D., who is medical director of the JFK Johnson Center for Brain Injuries.

“Tracy’s amazing recovery gives hope to many of my other patients,” Dr. Greenwald said. “And to see him clearly in command of his talent is just great.”

Morgan starred for seven seasons on NBC’s Emmy and Golden Globe Award-winning “30 Rock.” Morgan appeared opposite Tina Fey and Alec Baldwin as “Tracy Jordan,” the unpredictable star of a hit variety show. He also was a cast member for seven seasons on “Saturday Night Live.”

Rehabilitation nurses possess the specialized knowledge and clinical skills to help patients with a range of injuries and conditions reach their maximum level of function. Rehabilitation nurses design and implement strategies that are based on scientific nursing theory to promote physical, psychological, social, and spiritual health.

For more than 40 years, the nonprofit JFK Johnson has provided specialized rehabilitation services to children and adults. The institute has 94 inpatient beds and provides a range of highly specialized services, such as stroke, cardiac, orthopedic and brain injury rehabilitation. Many of the institute’s physicians and researchers are widely published and involved in creating new techniques and interventions to advance the field of rehabilitative medicine.
JFK Johnson Rehabilitation Institute has expanded and renovated its Center for Cardiac and Pulmonary Rehabilitation to speed recovery and extend the lives of people with heart and lung disease.

The center provides highly specialized, closely monitored exercise programs as well as nutritional counseling, stress management and behavioral modification.

For post-cardiac stent patients, for instance, studies have shown the chance of dying decreases 45 percent among those who complete a cardiac rehabilitation program.

The center includes state-of-the-art exercise equipment, such as recumbent bicycles, and upgrades that allow patients to easily remain on oxygen while they exercise.

“Every day one of my patients comes to me and tells me how great the rehabilitation program is,” said Dr. Aaron Feingold, Chief of Cardiology at JFK Health, at the dedication of the new center in June. “Our patients are recovering faster and living longer and feeling better. It really does save lives and is part of our cardiac continuum of care here at JFK Health.”

Staff members include exercise physiologists, registered dietitians, rehabilitation psychologists, registered nurses and other experts who monitor and guide each patient, including some who may have thought they were too ill to exercise at all.

Some patients come to the center in wheelchairs and need to use oxygen. Many improve substantially and no longer need their wheelchairs as they gain strength and balance and confidence during the 36-session program, which is covered by Medicare and most insurance plans.

Raymond Fredericks, President & CEO, JFK Health, mentioned his father went through the program and expressed to him how deeply the staff members care for their patients.

“This is a beautiful new space,” he told staff members at a gathering to mark the opening of the renovated center. “Every time I walk in here and talk to a patient they tell me how grateful they are. You
are truly extending the lives and improving the quality of life for your patients,” he said.

Some patients who have a cardiac procedure, such as stenting or angioplasty, may think the intervention alone will end their problems. But most people also need to improve their overall health to reduce the risk of a recurrence, explained Christa Reineke, Director of Rehabilitation Services at JFK Johnson.

“You may think if you had a heart blockage a stent will fix everything. But all the things that caused the blockage in the first place may still be there if you don’t make changes,” she explained. “What we do here is very specialized to help patients in their recovery. We’re not just talking about putting someone on a treadmill.”

The center helps people with a range of cardiac issues, such as heart attack, coronary artery disease, a bypass graft, heart valve replacement, heart transplant, stable angina and congestive heart failure. The pulmonary program helps patients with problems such as COPD, bronchiectasis, sarcoidosis, pulmonary hypertension, pulmonary fibrosis, interstitial lung disease, lung cancer, lung volume reduction and pre- and post- lung transplant.

Saleem Husain, MD, a cardiologist, said what happens after a patient leaves the hospital is key. “The rehabilitation center helps people take care of themselves, and teaches them about their disease and how they can make themselves feel better. It’s important that a few weeks after a procedure our patients are being closely watched,” Dr. Husain said.

One patient, Samantha Taylor, of Plainfield, gave an emotional description of how JFK Health and the rehabilitation center “saved my life.” The three-time cancer survivor suffered double pneumonia and fluid around her heart and was so sick she wrote a good-bye letter to her nine-year-old daughter while in the ambulance on the way to the hospital.

“I thought that was it for me,” she said. Today, vibrant and energetic, Taylor said the rehabilitation that followed her three-week hospital stay has renewed her physically and emotionally.

“The days were very, very hard. But being here with all of you made me want to keep going,” she said at the opening. “The new space is beautiful and all of you made it so easy for me to get better. It was so effortless!”

As her 11-year-old daughter, Sophia, with tears in her eyes, sat in the front row, Taylor continued: “You took such good care of me. I love you all from the bottom of my heart and thank you for giving me more time with my family.” JFK

JFKJohnson.org
Designations Go to Leaders in Brain Injury Care and Research

The U.S. Department of Health and Human Services has named JFK Johnson Rehabilitation Institute one of just 16 Traumatic Brain Injury Model Systems (TBIMS) sites in the nation, a designation that includes a $2.1 million grant to conduct brain injury research over the next five years.

The designation prompted Congressman Frank Pallone, Jr., Ranking Member of the House Energy and Commerce Committee, and Congressman Bill Pascrell, Jr., Co-Chair of the Congressional Brain Injury Task Force, to visit the institute recently to recognize the achievement.

Rep. Pascrell said he works to ensure funding of the program because he understands the need for continued research to help people with traumatic brain injuries.

“I’m especially excited that JFK Johnson is the recipient of a Model Systems grant,” Pascrell said. “I won’t stop fighting for important resources for individuals with traumatic brain injury. They need supports, services, and quality health care, so you won’t see me letting up.”

Patients at Model Systems sites can participate in cutting-edge research projects and benefit from a higher level of resources.

The grants are awarded to institutes that are national leaders in brain injury care and research and come from the National Institute on Disability, Independent Living, & Rehabilitation Research within HHS’s Administration For Community Living. The grants can focus on innovative projects and also support research to evaluate and develop therapies and interventions.

“At JFK Johnson, we’re committed to advancing what’s possible for our patients with brain injury,” said Sara Cuccurullo, MD, Vice President and Medical Director of JFK Johnson. “We are so proud to once again be awarded this grant to help us research the most innovative and effective ways to help not just our patients but all patients with brain injuries.”

This is the third time JFK Johnson has been designated a Model Systems site.

“With so many New Jersey families dealing with traumatic brain injury, it is critical that we fund the research to develop the best treatments possible,” said U.S. Rep. Pallone. “The JFK Johnson Center for Brain Injuries is a leader in brain trauma evaluation and treatment, and I am confident that its work will make a difference in the lives of so many facing this challenge.”

Brian Greenwald, MD, Director of the Center for Brain Injury at JFK Johnson, said brain injury affects the entire body. “Your memory, your hearing, your ability to think — even swallow. Everything can be affected. We aim to get you better from head to toe. This grant will support research into the best ways to help our patients,” he said.

Keith D. Cicerone, Ph.D., Director of Neuropsychology and Rehabilitation Psychology at the JFK Johnson and JFK Neuroscience Institute, will serve as project director and lead researcher related to the grant along with Dr. Greenwald and Yelena Goldin, Ph.D., a neuropsychologist in the JFK Johnson Cognitive Rehabilitation Department.

Model Systems are networks of hospitals and institutes across the nation that focus on improving recovery of patients with one of three types of injuries: burns, spinal cord injury, or traumatic brain injury. The Model Systems are federally funded.
Together We’re ADVANCING WHAT’S POSSIBLE ... in STROKE RECOVERY ... at JFK JOHNSON
A. CURRENT RESEARCH IN PROGRESS

1. JFK Johnson Rehabilitation Institute Awarded Traumatic Brain Injury Model System (TBIMS), TBIMS Program sponsored by the National Institute on Disability, Independent Living, and Rehabilitation Research, Administration for Community Living, US Department of Health and Human Services, supports innovative projects and research in the delivery, demonstration, and evaluation of medical, rehabilitation, vocational, and other services designed to meet the needs of individuals with traumatic brain injury. September 2017 – 2022 ($5 year grant)


4. Greenwald, Brian, MD, Attended Primary Investigator Meeting for Avanir AVP 786, Los Angeles, CA, October 2017

5. Bartone, Dana, Fleming, Talya, MD, Eckert, Anne, Anu, MD, MBA, CCC/A, JKF Medical Center IRB Approval obtained, Ongoing Research Project – “Functional Outcomes of Speech Language Pathology Intervention as part of a Comprehensive Post-Stroke Program”, October 2017


7. Rossi, Roger, DO, Ongoing Research, Exercise and rTMS (repetitive transcranial magnetic stimulation) in Parkinson’s Disease-p20 study in collaboration with New York University (NYU) Langone Medical Center and the Parkinson’s Disease and Movement Disorders Center, January 2016


9. Escaldi, Steven, DO, Research Project with Rutgers Bioengineering Department in conjunction with JFK Johnson Spasticity Clinic, January 2016


B. TEXTBOOKS


C. PEER REVIEWED PUBLICATIONS


4. Cicerone, Keith, PhD, Comments on Defining the Targets, Mechanisms, Active Ingredients of Rehabilitation, Rehabilitation Psychology, 2015; 60: 136-137

5. Rossi, Roger, DO, Multidisciplinary Intensive Rehabilitation Treatment Improves Sleep Quality in Parkinson’s Disease, Journal of Clinical Movement Disorders, April 2015; pp. 211


D. ABSTRACTS

1. Wright, ShaEssa, DO, Perez, Nicolas, MD, Lin, Lei, MD, Cuccurullo, Sara, MD, “The Clinical and Cost Effectiveness of Plastic vs. Metal Tracheostomy Tubes in the Brain Trauma Unit” Association of Academic Physiatrists National Meeting, Las Vegas NV, February 2017


3. Van Dien, Craig, MD, Delavaux, Laurent, MD, Cuccurullo, Sara, MD, "The Effects of Video Monitoring on Fall Rate Reduction in Acute Inpatient Rehabilitation: Worth a Second Look?" Association of Academic Physiatrists National Meeting, Las Vegas NV, February 2017

4. Takiy, Selorm, MD, Greiss, Christine, DO, Malik, Adeel, BA; Acknowledgements- Cuccurullo, Sara, MD & Barsky, Aaron, MD, "Identifying Subclavian Stenosis in Brain Tumor Patients Undergoing Acute Rehabilitation" Association of Academic Physiatrists National Meeting, Las Vegas NV, February 2017


10. Han, Jane, MD, Wong, Joseph, MD, Jafari, Iqbal, MD, “Recurrent Transverse Myelitis with Underlying Neuromyelitis Optica Triggered by West Nile Virus Infection: A Case Report”, Accepted- American Academy of Physical Medicine and Rehabilitation Annual Assembly, Denver CO, October 2017

E. BOOK CHAPTERS


3. Rossi, Roger, DO, Fleming, Talya, MD, Urs, Krishna, MD, Cuccurullo, Sara, MD, Geriatric Rehabilitation from Bedside to Curbside: Osteoporosis in the Elderly Adult, CRC Press, 2017


6. Brown, David, DO, Cuccurullo, Sara, MD, Williams, Kristal, MD, 2015 Current Diagnosis and Treatment in Physical Medicine and Rehabilitation, Third Edition, Chapter Authors;


F. NATIONAL AND INTERNATIONAL PRESENTATIONS

NATIONAL:


2. Cuccurullo, Sara, MD, Residency Fellowship Program Directors Council, President Overview and Business Meeting, Association of Academic Physiatrists National Meeting; Las Vegas NV, February 2017

3. Cuccurullo, Sara, MD, Residency Fellowship Program Directors Workshop, Overview of Program Evaluation Committee on Clinical Competency Committee Requirements for Program Directors, Association of Academic Physiatrists National Meeting; Las Vegas NV, February 2017


11. Joki, Jaclyn, MD, “Physical Therapy and Occupational Therapy”, St. Peter’s University Hospital, New Brunswick NJ, March 28, 2017

12. Uustal, Heikki, MD, PM&R Review Course “Orthotics” NYU Medical Center, New York NY, Match 2017


14. Greenwald, Brian, MD, “Controversies and Changes in Our Understanding of Disorders of Consciousness” Burke Rehabilitation Hospital, White Plains NY, March 2017

15. Cuccurullo, Sara, MD, Grand Rounds Lecture: “Outpatient Stroke Recovery Program Utilizing Interval Cardiovascular Training”, Burke Rehabilitation Hospital, White Plains NY, April 12, 2017


18. Uustal, Heikki, MD, Prosthetics and Orthotics Course for Physicians and Surgeons “Clinical Evaluation of the Adult Upper Extremity Amputee”, NYU-Langone Medical Center, NY NY, May 3-4, 2017

19. Uustal, Heikki, MD, “Physiatic Approach to Patients with Lower Limb Amputation”, NYU-Langone Medical Center, NY NY, May 2017

20. Joki, Jaclyn, MD, “Stroke Rehabilitation and Recovery”, St. Peter’s University Hospital, New Brunswick NJ, September 2017


27. Levine, Jaime, DO, “Where’s O’Where is the Inpatient TBI Care?”, American Academy of Physical Medicine and Rehabilitation Annual Assembly, Denver CO, October 2017

28. Quevedo, Jonathan, MD, “Appropriate Rehabilitation Setting for Stroke Patients”, South Ocean Medical Center, Manahawkin NJ, October 2017

INTERNATIONAL

1. Cuccurullo, Sara, MD, Greenwald, Brian, MD, Malone, Richard, DO, Greiss, Christine, DO, Hosted Israeli Delegation of Medical Aspects of a Rehabilitation Institute; part of a National Rehabilitation Tour – Brain Injury Medicine and Cardiac Rehabilitation and Stroke, JFK Johnson Rehabilitation Institute, Edison NJ, July 2017

2. Jafri, Iqbal, MD, Rehabilitation Medicine Conference/Medical Mission – Topics Covered: Pain Management/Stroke/Regenerative Medicine; Conducted Workshop on Joint Injection, Karbala and Najaf al Ashraf, Iraq-Sponsored by Alketa Hospital Iraq and Montefiore Hospital/Albert Einstein Medical College/Imamia Medical International in a consultative status with the UN. August 11-17, 2016

3. Jafri, Iqbal, MD, Lecture and Workshop, 2nd National Neuro Rehabilitation Conference at Dow University of Health Sciences, Karachi, Pakistan, January 9, 2016

4. Jafri, Iqbal, MD, Lecture and Panelist for Stroke Related Topics and Impact of Disability in Third World Countries, particularly in Pakistan, Karachi, Pakistan, January 9, 2016

5. Jafri, Iqbal, MD, Visit to Institute of Rehabilitation Medicine at Dow University of Health Sciences, invited guest by Vice Chancellor and Director of Rehabilitation at Dow University of Health Sciences, Karachi, Pakistan, January 9, 2016


7. Jafri, Iqbal, MD, Lecture to Medical Students, Khaipur Medical College at Khaipur Mir’s Sindh College of Medicine, Khaipur Medical College at Khaipur Mir’s Sindh Pakistan, at the invitation of Principal of Khaipur Medical College, Pakistan, January 12, 2016


G. AWARDS

1. Cicerone, Keith, PhD, Received the “Williamsburg TBI Rehabilitation Conference Rosenthal Memorial Lecturer in Recognition of Outstanding Contributions to the Field of Traumatic Brain Injury Rehabilitation” from the Virginia Commonwealth University and Brain Injury Services, May 4, 2017

2. Greenwald, Brian, MD, Greiss, Christine, DO, Parikh, Sagar, MD- Rutgers-Robert Wood Johnson Volunteer Faculty Award, New Brunswick, NJ, June 26, 2017

3. Quevedo, Jonathan, MD, Received “Teacher of Year Award”, June 11, 2017

4. Greiss, Christine, DO, Received the “Kathy Wong Award” to the physician who exhibits extreme compassion and care to patients and their families, June 11, 2017
Since 1974, the JFK Johnson Rehabilitation Institute has been helping people rebuild their lives after a serious illness or injury. We do this by delivering comprehensive rehabilitation services based on cutting-edge treatment techniques, innovative research and excellent, personalized medical care.

Headquartered at JFK Medical Center in Edison, JFK Johnson is a comprehensive rehabilitative service provider focused on educating the community on rehabilitative health and helping adults and children with disabilities reach optimal function and independence. The Institute offers a complete array of inpatient and outpatient programs and services in rehabilitative health, including stroke, orthopedics, prosthetics and orthotics, electrodiagnosis, fitness, cardiac, women's health, pain management, pediatrics, speech pathology and audiology, industrial health and vocational rehab, and brain injury rehabilitation programs and services. JFK Johnson includes a 94-bed inpatient center in Edison. Outpatient centers are located in Edison, Metuchen, Monroe and Piscataway. NIDRR has named JFK Johnson as a Model System for brain injury research. The JFK Johnson Rehabilitation Institute is accredited by both the Joint Commission and the Commission on Accreditation of Rehabilitation Facilities (CARF) in the Inpatient Rehabilitation Adult Program, Inpatient Rehabilitation Adult Brain Injury Specialty Program, Stroke Specialty Program, Interdisciplinary Outpatient Medical Rehabilitation Adult Brain Injury Specialty Program, and Comprehensive Vocational Evaluation Services. Affiliated with the JFK Johnson Rehabilitation Institute is the Shore Rehabilitation Institute, a 40-bed inpatient and outpatient comprehensive rehabilitation hospital located in Brick, NJ. For more information about the JFK Johnson Rehabilitation Institute, visit us at www.JFKJohnson.org.