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Folder ID Number: 13754-010

Folder Title:
National Rehabilitation Hospital Fundraiser 5/6/91 [OA 8322]

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J. F. Sloan	US Secret Service	395-4184
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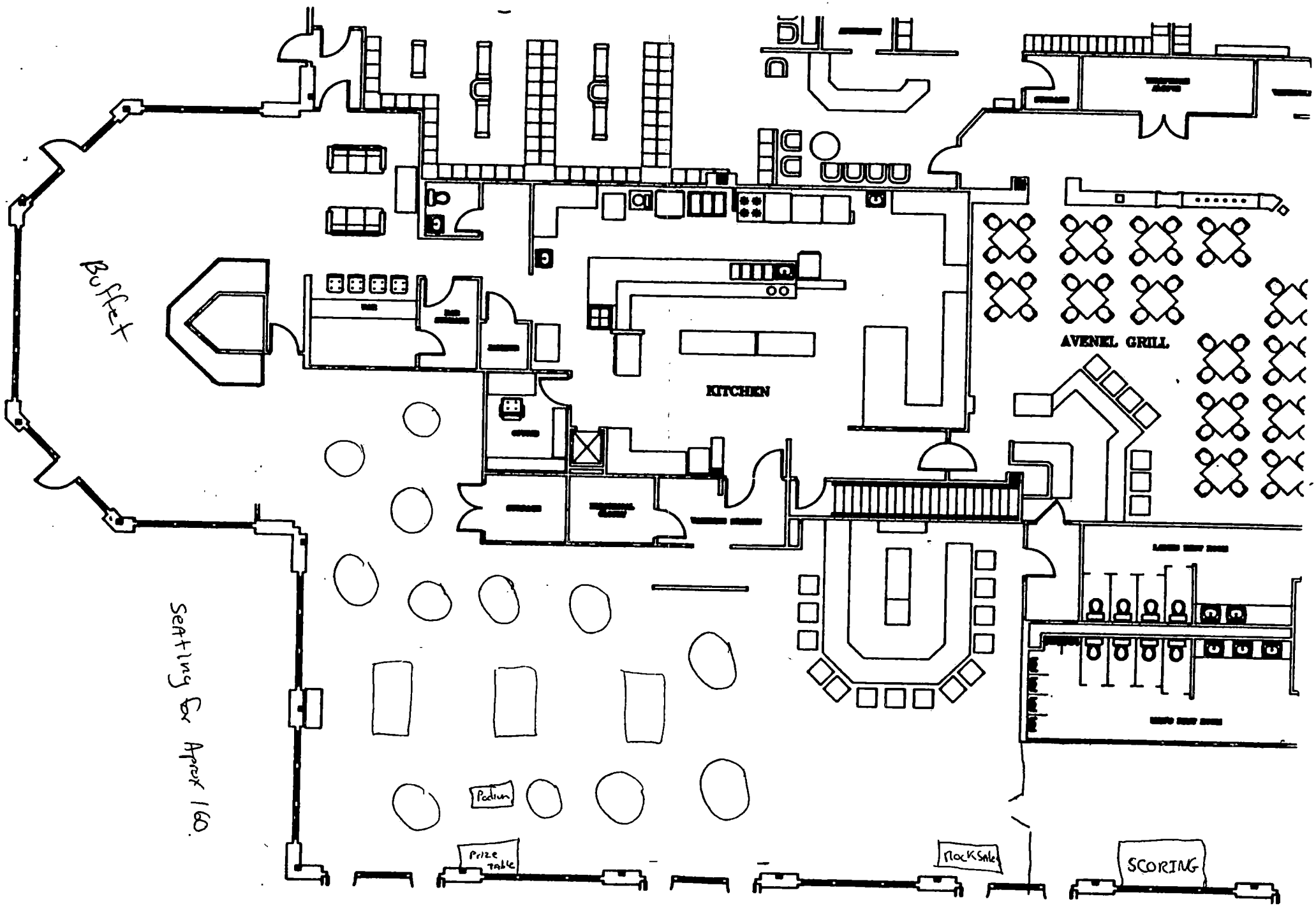
Greg B. Spaulding	USSS-C/S	395-4354
James A. Steward	USSS-C/S	395-4353
Gary Hollis	USSS PPD (lead)	395 4611
[redacted] Gary Edwards	USSS Tiller Detail	634-5100
Tony Meeks	USSS-Protective Intell.	

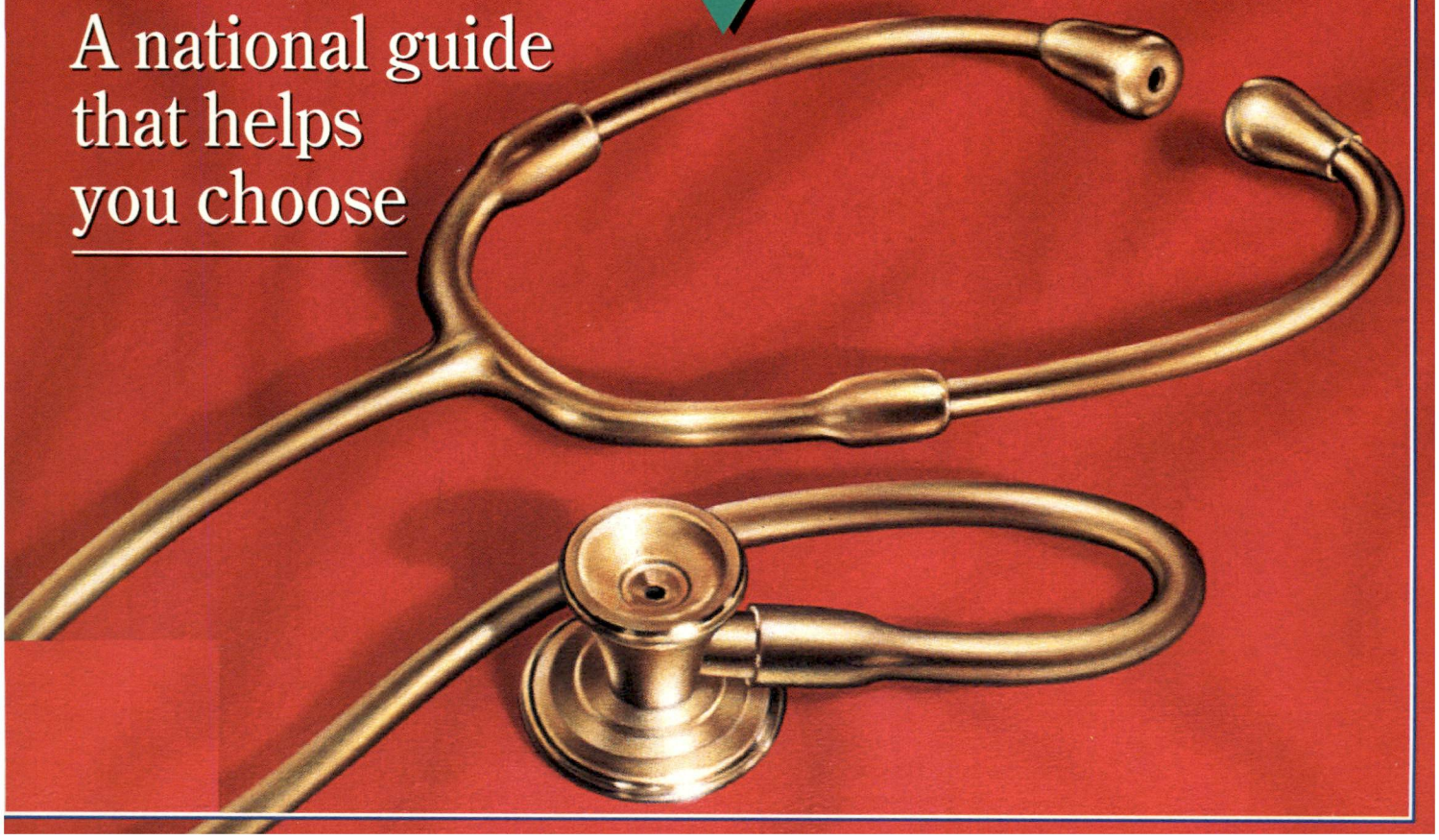

Buffet
KITCHEN
AVENEL GRILL
Seating for Approx 160
Podium
Prize Table
Rock Sale
SCORING

U.S. News & WORLD REPORT
APRIL 30, 1990

AMERICA'S BEST HOSPITALS

EXCLUSIVE RATINGS

A national guide that helps you choose



THE REHABILITATION THERAPIST

ERIC BAKKE FOR USN&WR

"IT IS UPSETTING TO SEE YOUNG PEOPLE SO TRAGICALLY STOPPED BY ACCIDENTS. BUT IT'S VERY SATISFYING TO WATCH THEM PROGRESS AND HELP THEM GET ON WITH THEIR LIVES."

—Dana Polonsky, physical therapist
Craig Hospital

Rehabilitation

Craig Hospital
Englewood, Colo. **39%**

Institute for Rehabilitation and Research
Houston **31%**

The Mayo Clinic
Rochester, Minn. **51%**

National Rehabilitation Hospital
Washington, D.C. **22%**

New York University Medical Center
New York **49%**

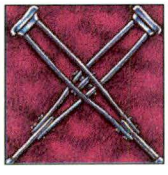
Ohio State University Hospitals
Columbus **45%**

Rehabilitation Institute of Chicago 49%

Thomas Jefferson University Hospital
Philadelphia **29%**

University of Michigan Hospitals
Ann Arbor **24%**

University of Washington Medical Center
Seattle **55%**



Walking, speaking, the most basic tasks of life—all must be relearned by many victims of stroke and spinal or head injury as if for the first time. Yet the percentage of those who return to independent living has increased sharply in recent years as rehabilitation medicine has developed rapidly. Most of the country's 125 rehab hospitals and centers and a majority of the 600 or so rehab units in general hospitals have opened only during the last 20 years.

The proliferation of programs means that people often can get therapy close to home, where family can prod a disheartened patient to persevere. But many centers specialize and are thus better equipped to help certain patients. The Craig Hospital in Englewood, Colo., for example, is noted for its work with young people with spinal-cord injuries. Dana Polonsky, Craig's physical-therapy supervisor, says the strength of the program lies in making the patient's psychological rehabilitation a priority, too. "Teenagers already have self-image problems and then an accident happens," she says. "You've got to be more than just a physical therapist to them." Other centers specialize in helping people with traumatic head injuries, who may first need to cope with the loss of their mental abilities.

Dr. John Toerge, associate medical director at the National Rehabilitation Hospital in Washington, D.C. advises families to ask experts at several facilities about the strengths of their programs and to look for a team approach in which doctors, nurses, therapists, speech pathologists, psychologists and social workers sit down together to formulate a plan for each patient. Other services to look for include vocational programs that put a patient on the road back to the workplace and access to living arrangements like group housing.

Any facility should be licensed by the state and accredited by the Commission for the Accreditation of Rehabilitation Facilities, (602) 748-1212. Other groups that keep lists of facilities include the National Head Injury Foundation, (800) 444-6443, and the National Spinal Cord Injury Association, (800) 962-9629. □

A DIRECTORY OF THE BEST

The following small profiles of the 57 hospitals named on the various lists quickly reveal obvious attributes, like size and daily room rate, and less obvious ones, like the ratio of nurses to beds—a number that should be as high as possible. (It reflects total full-time employment, so the actual number of nurses per bed for an 8-hour shift will be about one third of that shown.) Special features that might make a hospital stand out are included, from 24-hour visiting privileges to a VCR in the room. And a phone number will lead to more information, should a hospital seem to meet your needs.

BRIGHAM AND WOMEN'S HOSPITAL, 75 Francis Street, Boston, Mass. 02115
(617) 732-4898
▶ **Best in:** Cardiology, rheumatology
Type: Private, nonprofit
Beds: 720
Nurses to beds: 1.9 to 1
Daily rates:
Intensive care, $1,475
Semiprivate/private, $460/$510
Features: Home visits; free flu shots; Spanish-speaking staff

CHILDREN'S HOSPITAL, 300 Longwood Avenue, Boston, Mass. 02115
(617) 735-6000
▶ **Best in:** Pediatrics
Type: Private, nonprofit
Beds: 335
Nurses to beds: 2.5 to 1
Daily rates:
Intensive care, $1,620
Semiprivate/private, $590/$590 (private room as needed, same charge)
Features: Bedside accommodations for parents; dormitory-style facilities for families; 24-hour family visiting

DANA-FARBER CANCER INSTITUTE, 44 Binney Street, Boston, Mass. 02115
(617) 732-3323
▶ **Best in:** Cancer
Type: Private, nonprofit
Beds: 57
Nurses to beds: 2 to 1
Daily rates:
Intensive care, N.A.
Semiprivate/private, $550/$550 (private room as needed, same charge)
Features: N.A.

LAHEY CLINIC, 41 Mall Road, Box 541, Burlington, Mass. 01805
(617) 273-8733
▶ **Best in:** Gastroenterology
Type: Private, nonprofit
Beds: 272
Nurses to beds: 2.1 to 1
Daily rate:
Intensive care, $900
Private (all rooms), $475
Features: Guest house

MASSACHUSETTS EYE AND EAR INFIRMARY, 243 Charles Street, Boston, Mass. 02114
(617) 523-7900
▶ **Best in:** Ophthalmology, otolaryngology
Type: Private, nonprofit
Beds: 113
Nurses to beds: 1.5 to 1
Daily rates:
Intensive care, N.A.
Semiprivate/private, $100 adult, $222 pediatric/$200 adult, $322 pediatric
Features: Children's parents can go into operating rooms; low-cost family lodging

MASSACHUSETTS GENERAL HOSPITAL, 55 Fruit Street, Boston, Mass. 02114
(617) 726-2000
▶ **Best in:** AIDS, cancer, cardiology, gastroenterology, neurology, orthopedics, rheumatology, urology
Type: Private, nonprofit
Beds: 1,081
Nurses to beds: 1.2 to 1
Daily rate:
Intensive care, $1,182
Semiprivate/private, $460/$526
Features: Parents can "room in" with their child; kitchen facilities in some buildings

CHILDREN'S HOSPITAL OF PHILADELPHIA, 34th Street and Civic Center Boulevard, Philadelphia, Pa. 19104
(215) 590-4100
▶ **Best in:** Pediatrics
Type: Private, nonprofit
Beds: 294
Nurses to beds: 2.1 to 1
Daily rate:
Intensive care, $1,320
Semiprivate/private, $610/$660
Features: Bedside accommodations for parents; poststay medical care at home

CHILDREN'S HOSPITAL OF PITTSBURGH, 3705 Fifth Avenue, Pittsburgh, Pa. 15213
(412) 692-5325
▶ **Best in:** Pediatrics
Type: Public, nonprofit
Beds: 218
Nurses to beds: 2.3 to 1
Daily rates:
Intensive care, $1,665
Semiprivate (all rooms), $690
Features: Unlimited visiting hours for parents; chair beds in all rooms; showers and laundry for parents

CHILDREN'S NATIONAL MEDICAL CENTER, 111 Michigan Avenue, N.W., Washington, D.C. 20010
(202) 939-4500
▶ **Best in:** Pediatrics
Type: Private, nonprofit
Beds: 279
Nurses to beds: .9 to 1
Daily rate:
Intensive care, $1,370
Semiprivate/private, $485/$485 (private room as needed, same charge)
Features: Parents can sleep in room

COLUMBIA-PRESBYTERIAN MEDICAL CENTER, New York, N.Y. 10032-3784
(212) 305-5911
▶ **Best in:** Cardiology, neurology, orthopedics, urology
Type: Private, nonprofit
Beds: 1,485
Nurses to beds: 1.1 to 1
Daily rate:
Intensive care, $950
Semiprivate/private, $680/$1,005
Features: Full-service restaurant; space and some equipment for business meetings

HOSPITAL FOR SPECIAL SURGERY, 535 East 70th Street, New York, N.Y. 10021
(212) 606-1197
▶ **Best in:** Orthopedics, rheumatology
Type: Private, nonprofit
Beds: 192
Nurses to beds: 1.1 to 1
Daily rate:
Intensive care, N.A.
Semiprivate/private, $430/$685-$770
Features: Gourmet menu; guest facilities for patients and families

JOHNS HOPKINS HOSPITAL (Johns Hopkins University), 600 North Wolfe Street, Baltimore, Md. 21205
(301) 955-5464
▶ **Best in:** AIDS, cancer, cardiology, gastroenterology, neurology, ophthalmology, otolaryngology, pediatrics, rheumatology, urology
Type: Private, nonprofit
Beds: 1,036
Nurses to beds: 1.5 to 1
Daily rate:
Intensive care, $1,024
Semiprivate/private, $364/$369
Features: Outpatient housing; family suites; stuffed-animal zoo

MEMORIAL SLOAN-KETTERING CANCER CENTER, 1275 York Avenue, New York, N.Y. 10021
(800) 525-2225
▶ **Best in:** AIDS, cancer, urology
Type: Private, nonprofit
Beds: 565
Nurses to beds: 2.2 to 1
Daily rate:
Intensive care, $1,550
Semiprivate/private, $650/$800
Features: 24-hour telephone information service; posttreatment counseling

MOUNT SINAI MEDICAL CENTER, One Gustave L. Levy Place, New York, N.Y. 10029
(212) 241-6500
▶ **Best in:** Gastroenterology
Type: Private, nonprofit
Beds: 1,122
Nurses to beds: 1.4 to 1
Daily rate:
Intensive care, $1,955
Semiprivate/private, $870/$970-$1,170
Features: Candlelight dinner for maternity patients; kosher kitchen to open soon

NATIONAL INSTITUTES OF HEALTH CLINICAL CENTER, 9000 Rockville Pike, Bethesda, Md. 20892
(800) 422-6237
▶ **Best in:** Cancer
Type: Public, federally funded
Beds: 500
Nurses to beds: 1.5 to 1
Daily rate: Free to qualified patients
Features: Museum trips, library, arts and crafts; in June, housing for pediatric patients and families

NATIONAL REHABILITATION HOSPITAL, 102 Irving Street, N.W., Washington, D.C. 20010
(202) 877-1000
▶ **Best in:** Rehabilitation
Type: Private, nonprofit
Beds: 160
Nurses to beds: 1.3 to 1
Daily rate:
Intensive care, N.A.
Semiprivate/private, $325/$425
Features: Transitional-living facilities; fertility clinic for men with spinal-cord injuries

NEW YORK HOSPITAL-CORNELL MEDICAL CENTER, 525 East 68th Street, New York, N.Y. 10021
(212) 746-1401
▶ **Best in:** Urology
Type: Private, nonprofit
Beds: 1,462
Nurses to beds: 0.9 to 1
Daily rate:
Intensive care, $1,260
Semiprivate/private, $770/$1,188
Features: Generally unlimited visiting hours; free local transportation for elderly; gourmet meals; parents can stay overnight in child's room

USN&WR MAPS BY DAVID S. MERRILL

102 Irving St., NW
Washington, DC 20010-2949

Member of the Medlantic Healthcare Group

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Nat'l Rehab Hosp. Comm roer.

Rec. for ~~Wash. Rihab. Ctr.~~

Mon 5-6

6:15 pm

45 min.

Potomac, MD

Bryan Golden
- AGC 469-3720 (301)

Kemper?

[JONES]

Avenel G.C. - dining room facing green

200 attendees Semi-casual
eating dinner

Doro + Skinner
45 min here
podium + riser

Tournament

Brief remarks !!

877-1778

Nt'l

help ——→

helped ——→

years ——

fundraising ——→

5th BD

treat spinal cord injuries

- Ed Eckenhoff started
- Skinner, Rystenkowski } tournament chairman

Top 10 Rehab hosp in c.
by USNWR

National Rehabilitation Hospital

Washington, D.C.

The National Rehabilitation Hospital is one of the nation's newest and finest facilities dedicated to providing inpatient and outpatient comprehensive medical rehabilitation. NRH is the only freestanding rehabilitation hospital in the Washington metropolitan area. In addition to patient care, its mission includes rehabilitation education and training, as well as research related to clinical concerns and to the financing, delivery, and accessibility of rehabilitative care.

NRH's expert team of physicians and rehabilitation specialists is committed to building strong working partnerships with other health care providers. The staff also serves as a resource for the latest advances in rehabilitation approaches and applications of technology that can improve the function, options, and lifestyles of persons with disabilities. Their expertise is complemented by a consulting medical staff of community physicians representing a broad spectrum of medical and surgical specialties.

The 160-bed barrier-free NRH facility is specially designed to promote patient independence in a comfortable setting, with outdoor decks and gardens, and spacious lounges banked with greenery around a skylit atrium. The result is a supportive environment that is in itself therapeutic and highly conducive to acquiring the knowledge and skills necessary to return to family and community living.

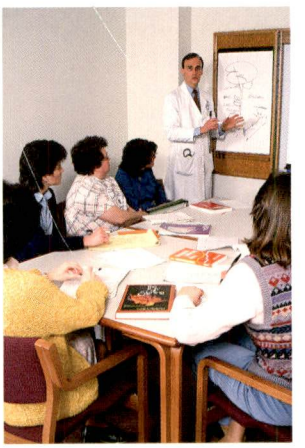
NRH is a private, not-for-profit hospital located in Northwest Washington, D.C. The Hospital is accredited by the Commission on Accreditation of Rehabilitation Facilities, the Joint Commission on Accreditation of Healthcare Organizations, and the Professional Services Board of the American Speech-Language-Hearing Association.

Rehabilitation — A Collaborative Process

The comprehensive medical rehabilitation process considers each patient's physical, emotional, social, and vocational needs within the framework of his or her personal goals. To ensure the success of the process, the National Rehabilitation Hospital uses a collaborative team approach that involves the patient; family; referring physician; NRH physician; insurance representative; and other professionals such as rehabilitation nurses, physical and occupational therapists, psychologists, social workers, speech-language pathologists, therapeutic recreation specialists, and vocational rehabilitation counselors.

The collective goal of the interdisciplinary team is to initiate and coordinate therapeutic interventions to promote optimal function and to prevent potential complications associated with disability. NRH physicians — specialists trained and experienced in physical medicine and rehabilitation — direct each patient's team. Depending on the patient's needs and goals, each rehabilitation team may incorporate professionals with expertise in the following areas:

- assistive technology
- augmentative communication
- clinical laboratory testing
- diagnostic radiology
- driving evaluation/training
- durable medical equipment*
- electrodiagnosis
- fertility evaluation/counseling
- gynecological care
- medical/surgical consultation
- nutritional counseling
- occupational therapy
- ophthalmology
- orthotics/prosthetics*
- pastoral care
- pharmacy
- physical medicine and rehabilitation (physiatry)
- physical therapy
- podiatric consultation
- psychology/neuropsychology
- rehabilitation nursing
- respiratory care
- social work
- speech-language pathology
- therapeutic swallowing/feeding evaluation
- therapeutic recreation
- urologic studies
- vocational rehabilitation
- worksite evaluation/accommodation

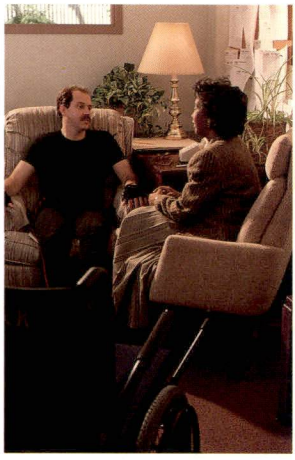


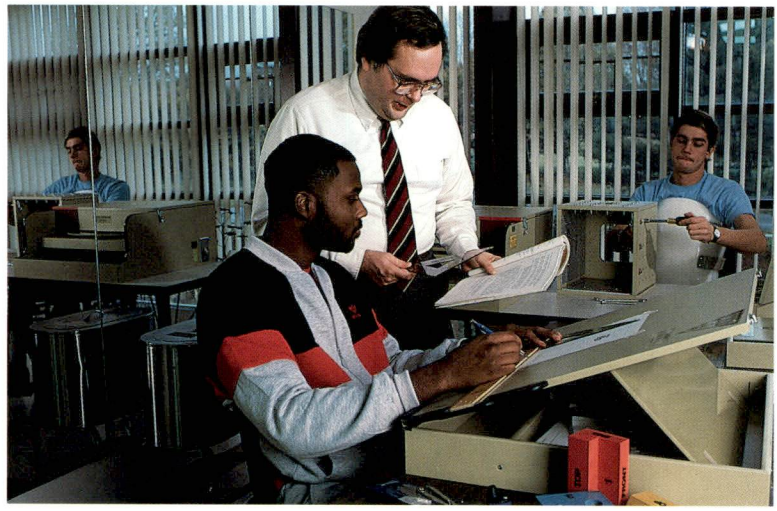
*Orthotics, prosthetics, and durable medical equipment are provided at NRH and other locations through NASCOTT Rehabilitation Services, a subsidiary of the Medlantic Healthcare Group.

The National Rehabilitation Hospital has the resources, expertise, and technology needed to offer a full range of services for individuals age 12 or older who have disabilities such as: limitations in daily living activities (bathing, dressing, homemaking); communication or swallowing disorders; cognitive disorders secondary to a stroke or brain injury; difficulty returning to work or retaining employment; and difficulty adjusting psychologically or socially, or participating in fulfilling leisure activities after a disabling injury or illness.

NRH offers inpatient and outpatient programs and services for persons with disabilities resulting from:

- traumatic brain injury
- spinal cord injury
- stroke
- arthritis
- amputation
- musculoskeletal conditions
- cerebral palsy
- Guillain-Barré syndrome
- multiple sclerosis
- multiple traumatic injuries
- muscular dystrophy
- neurological disorders
- neuromuscular disorders
- orthopedic conditions
- pain
- Parkinson's disease
- post-polio syndrome
- rheumatological conditions
- scoliosis
- spina bifida
- trauma





NRH offers specialized rehabilitation programs for individuals with disabilities resulting from traumatic brain injury, spinal cord injury, stroke, and musculoskeletal conditions. Each of these programs includes:

- assessment of the individual's physical and cognitive abilities, psychosocial functioning, daily living skills, communication skills, and vocational and leisure capabilities
- development of an individualized, goal-directed treatment plan designed to maximize the patient's level of independence and function
- treatment by an interdisciplinary, physician-directed team of rehabilitation professionals
- provision of adaptive equipment and assistive devices
- patient and family education, counseling, and psychotherapy
- close association with other area medical services, community agencies, and support groups
- continuing outpatient services and periodic re-evaluation as needed

Spinal Cord Injury Program

The Spinal Cord Injury Program is the most comprehensive program of its kind in the Washington metropolitan area, providing a full range of services to persons age 12 and older who have sustained spinal cord injuries. Specialized services provided include:

- seating/positioning
- orthotic (brace) management
- fertility and sexuality evaluation and counseling
- patient and family education regarding use of a portable ventilator if required
- substance-abuse intervention
- pain management
- home and worksite evaluation and recommendations for modifications
- community and social skills training
- urological evaluation and management

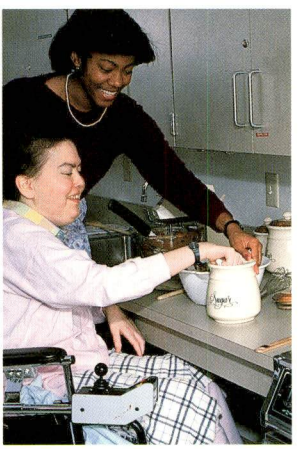
Brain Injury Rehabilitation Program

The Brain Injury Rehabilitation Program is designed for persons age 16 and older who have a head injury or other non-progressive brain injury or disease. The 40-bed Brain Injury Unit, a primary component of the Program, is the largest inpatient brain injury rehabilitation facility in the Washington metropolitan area.

The Brain Injury Unit is designed for persons needing services at three levels: a stimulation area for patients emerging from coma who require close monitoring; a structured care area for patients who require a protected environment because of confusion or behavior difficulties; and a reintegration area for patients who do not require constant supervision and are preparing to return to community living. Patients may be admitted at any of the three levels and are expected to progress upward. Treatment in all areas is provided by specialists in traumatic brain injury. Some of the specialized services provided include:

- environmental structuring
- neuropsychological evaluation and rehabilitation
- community and social skills training
- substance-abuse intervention
- therapeutic feeding and swallowing management
- augmentative/alternative communication
- cognitive retraining
- behavioral management

The Brain Injury Rehabilitation Program is also closely affiliated with the Integrated Brain Injury System, Inc., which offers transitional living and day treatment programs for persons requiring post-hospital rehabilitation.



Stroke Recovery Program

The Stroke Recovery Program — the most comprehensive in the Washington metropolitan area — is designed for persons age 12 and up who have sustained a stroke, or cerebrovascular accident (CVA). The Program's specialized services include:

- neuropsychological evaluation and rehabilitation
- therapeutic feeding and swallowing management
- individual and group intervention for cognitive and communication disorders
- augmentative/alternative communication
- hydrotherapy in NRH's heated pool
- motor control re-education
- community skills training and community reintegration
- evaluation of re-employment options
- home and worksite evaluation and recommendations for modifications
- social and cognitive skills training
- seating and positioning
- application of rehabilitation technology such as functional electrical stimulation, biofeedback for motor recovery of extremities, and computer-assisted cognitive retraining
- driving evaluation, training, and equipment recommendations
- nutrition education
- emphasis on methods of stroke prevention

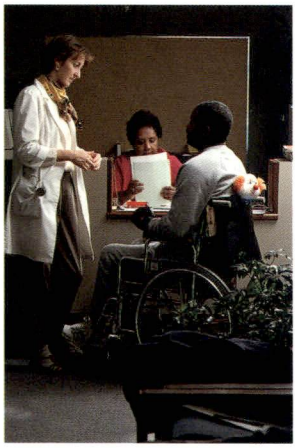
Musculoskeletal Rehabilitation Program

The Musculoskeletal Rehabilitation Program is comprised of several specialty rehabilitation programs for persons age 12 or older who have conditions including arthritis, joint replacement, amputation, musculoskeletal pain, and multiple orthopedic trauma. These programs share services within NRH to deliver care as efficiently as possible.

Arthritic diagnoses treated through the Musculoskeletal Program include rheumatoid and osteoarthritis, polymyositis, and systemic lupus erythematosus with recent co-morbidities due to central nervous system disease. Amputation or multiple trauma patients who have loss of, or loss of the use of, at least one limb, and who have significant co-morbidities are considered for admission.

Some of the special services offered through the program are:

- individual and group hydrotherapy in NRH's heated pool
- in-house evaluation, manufacture, modification, and repair of prostheses, orthoses, and most durable medical equipment
- outpatient amputation/orthotics-prosthetics clinic
- home and worksite evaluation and recommendations
- cognitive pain control and relaxation training



Outpatient Services and Clinics

The NRH Outpatient Center offers a wide range of medical rehabilitation services for persons who have recently completed inpatient rehabilitation and for those who may not have been hospitalized but require ongoing or periodic services. Outpatient services may be received at NRH as single therapies or as a comprehensive, interdisciplinary program including a physician assessment. Independent medical evaluations are also offered.

In addition to the services listed previously, the NRH Outpatient Center offers a number of clinics for persons needing specialized services for: augmentative/alternative communication; post-polio syndrome; amputation/orthotics-prosthetics; adaptive seating/mobility; assistive devices; fertility evaluation; and electrodiagnostic studies.

For further information about these and other outpatient services, call the NRH Outpatient Center at (202) 877-1620.

The Referral and Admission Process

NRH has a convenient and prompt admissions process. Admissions decisions are generally made within 24 to 48 hours, and the Admissions Office updates the referral source throughout the process. Patients may be referred by physicians, hospitals, insurers, case managers, community agencies, other health care professionals, family members, or themselves.

The admissions process involves assessment of the individual's appropriateness for rehabilitation services based on potential to progress toward achievable goals of improved performance and function. Patients must be at least 12 years old; medically capable of participating in an acute medical rehabilitation program; and, in most cases, have a diagnosed physical impairment. The admissions process also includes a financial review to identify funding sources.

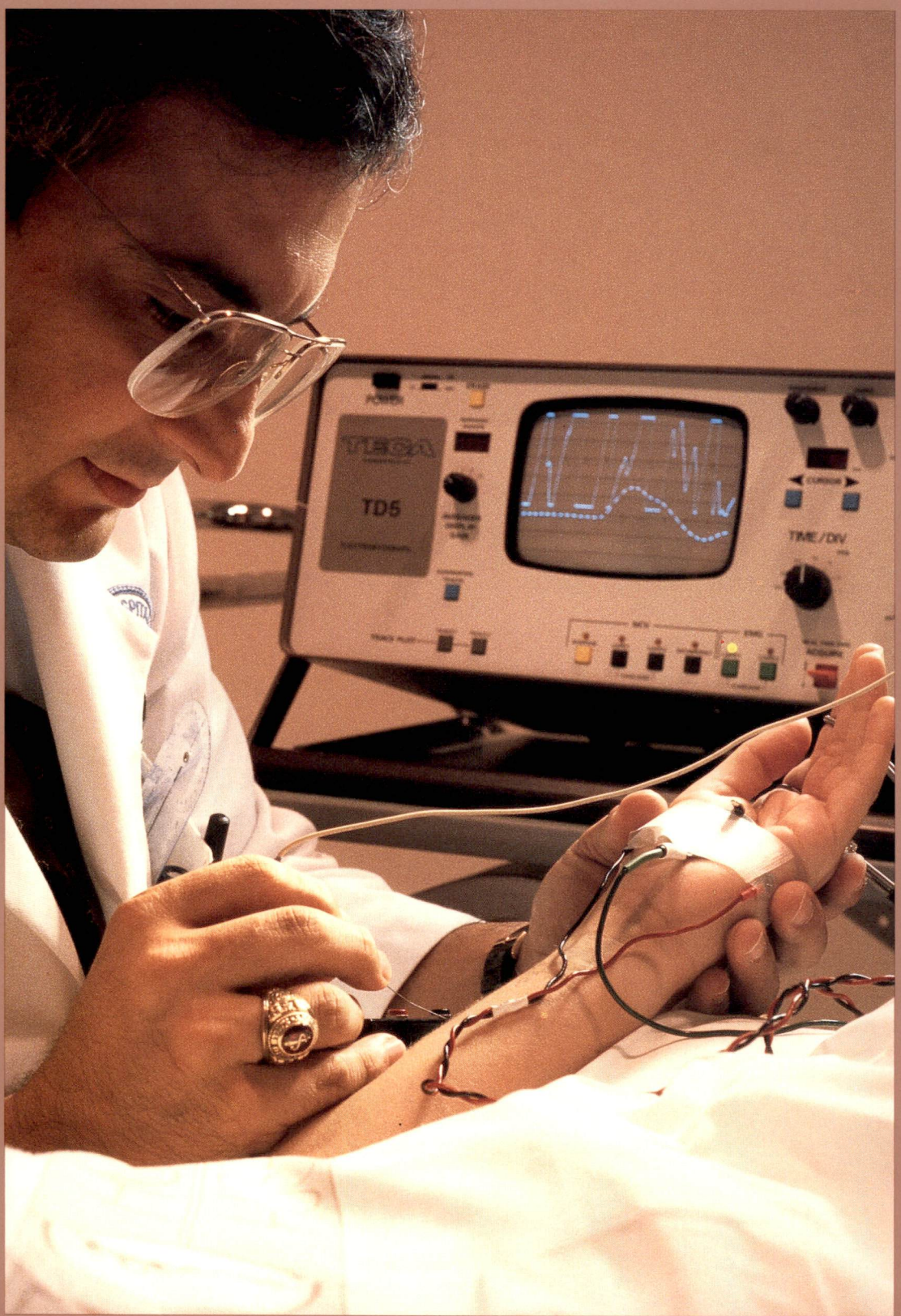
Any physician who refers an inpatient from his or her office practice or an acute-care setting is granted courtesy privileges of visitation, chart access, and participation in management decisions at bi-weekly team conferences. After discharge, the patient is returned to the referring physician for continuing care.

With the patient's permission, a member of the rehabilitation team will correspond with the referral source periodically during the inpatient rehabilitation program and at the time of discharge. If requested, NRH staff members may also serve as consultants to the referral source following discharge. This partnership approach with the referral source is an important part of the philosophy of patient care at NRH.

Inquiries and referral for inpatient services should be directed to the Admissions Office, (202) 877-1152.

Outpatient services may be received as a comprehensive, interdisciplinary rehabilitation program or as single therapies. Criteria for outpatient admission are similar to those for the inpatient programs. Medical history will be reviewed by a physician prior to scheduling an appointment. In some cases, a general clinical screening is required.

Inquiries and referral for outpatient services should be directed to the Outpatient Center, (202) 877-1620.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Insurance and Other Financial Arrangements

NRH participates fully in Blue Cross/Blue Shield of the National Capital Area and is approved for CHAMPUS and all major insurance carriers. Because insurance coverage for rehabilitation services varies widely from policy to policy, the Admissions Office works closely with the patient, family, and insurance carrier to obtain coverage information.

A financial screen is conducted as part of the admissions process, and at the time of admission each patient is assigned a patient account representative. Inpatients may be requested to provide a deposit for the difference between the amount covered by the insurer and the estimated charges. This deposit, based on projected length of stay, generally includes the deductible and co-insurance amounts. NRH recognizes, however, that under certain circumstances a patient may be unable to pay the full admission deposit. In such cases, the patient account representative assists the patient and family in developing alternative arrangements.

The Hospital follows federal and District of Columbia guidelines for providing services without charge or at a reduced charge to persons unable to pay. Financial matters may be discussed with the NRH Patient Financial Services Office, (202) 877-1170.

Telephone Guide

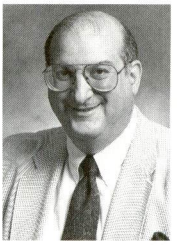
National Rehabilitation Hospital	(202)877-1000 (24-hour/voice)
	(202)877-1450 (24-hour/TDD)
Administration	877-1010
Admissions	877-1152
Physician Liaison	877-1010
Insurance Industry Liaison	877-1010
Medical Affairs	877-1952
Outpatient Center	877-1620
Patient Financial Services	877-1170
Communications & Development	877-1776
NASCOTT-NRH	877-1497

National Rehabilitation Hospital
102 Irving St., NW
Washington, DC 20010-2949

The National Rehabilitation Hospital does not discriminate on the basis of race, color, gender, national origin, sexual orientation, religious creed, handicap, or disability in employment of personnel or in admission, placement, treatment, or referral of patients.

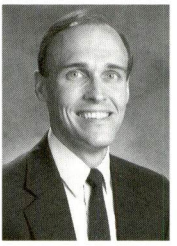
MEDICAL STAFF
National Rehabilitation Hospital

DIVISION OF REHABILITATION MEDICINE/ACTIVE MEDICAL STAFF



Richard S. Materson, MD, *Medical Director* 877-1140

A nationally recognized leader in rehabilitation medicine, Dr. Materson has more than 25 years of experience in the field. Before coming to NRH, he was medical director of physical medicine and rehabilitation, chief of staff, and a member of the Board of Trustees at Memorial Hospital System in Houston, Texas. He was also a partner in a private group practice in physical medicine and rehabilitation. Dr. Materson received his medical degree from the University of Miami and completed a residency in physical medicine and rehabilitation at Walter Reed and Letterman Army Medical Centers. He has been active in many professional organizations, having served as president of the American Academy of Physical Medicine and Rehabilitation (AAPM&R) and as a member of the American Medical Association's Section Council on Physical Medicine and Rehabilitation. He is a diplomate of the American Board of Physical Medicine and Rehabilitation, the American Academy of Pain Management, and the American Board of Electrodiagnostic Medicine; a fellow of the AAPM&R and the American Academy for Cerebral Palsy and Developmental Medicine; and an active member of the American Congress of Rehabilitation Medicine.



John E. Toerge, DO, *Associate Medical Director* 877-1141

Dr. Toerge is associate medical director of NRH, medical director of the Spinal Cord Injury Program, and chairman of the Division of Rehabilitation Medicine at NRH. He previously was medical director of the Rehabilitation Services Department and associate director of cardiac rehabilitation at Northwestern Memorial Hospital in Chicago. He also served as medical director of the North Side Home Health Care Agency and as physician to the Chicago City Ballet. Dr. Toerge is a graduate of the Chicago College of Osteopathic Medicine and completed a residency in physical medicine and rehabilitation at the Rehabilitation Institute of Chicago at Northwestern University. He is a diplomate of the American Board of Physical Medicine and Rehabilitation, a fellow of the American Academy of Physical Medicine and Rehabilitation, and an active member of the American Congress of Rehabilitation Medicine.

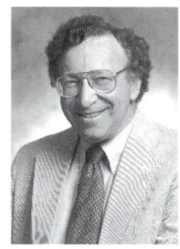
Angelita R. Ross, MD, *Assistant Medical Director* 877-1652

Dr. Ross is assistant medical director and medical director of outpatient services at NRH. Previously, she was assistant medical director of inpatient services and chairman of the NRH Pre-Admission Review Committee. Before coming to NRH, she was attending physician in the Outpatient Department of the Rusk Institute at New York University Medical Center and was associate director of the Betty Bacharach Rehabilitation Center in New Jersey. Dr. Ross received her medical degree from St. Thomas University in Manila, Philippines. She completed a general practice residency in the Philippines and a physical medicine and rehabilitation residency at the Rusk Institute. Dr. Ross is a diplomate of the American Board of Physical Medicine and Rehabilitation and an active member of the American Congress of Rehabilitation Medicine, and is certified by the American Board of Quality Assurance and Utilization Review.

Katharine E. Alter, MD 877-7999

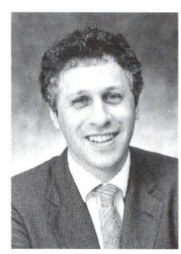
A specialist in physical medicine and rehabilitation, Dr. Alter was previously with the Medical College of Ohio at Toledo. While at the Medical College of Ohio, she was clinical assistant professor of pediatrics and worked with the Pediatric Rehabilitation and Cerebral Palsy Clinics. She is a graduate of the Medical College of Ohio, where she also completed a residency in physical medicine and rehabilitation. In addition, she completed a residency in pediatrics at the Medical College of Ohio and was in private practice in pediatrics. Dr. Alter is a diplomate of the American Board of Physical Medicine and Rehabilitation and the American Board of Pediatrics.

Mark N. Ozer, MD 877-1654



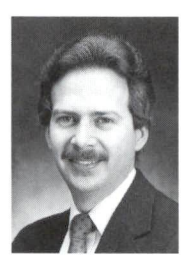
Dr. Ozer is medical director of the Stroke Recovery Program at NRH and professor of neurology at the Georgetown University Medical School. He has special expertise in the function of the brain, and is concerned with the provision of continuing care for persons with disabilities resulting from stroke and other neurological conditions. Before coming to NRH, he was associate professor of neurology at the Medical College of Virginia, and director of outpatient services and assistant chief of the spinal cord injury service at McGuire Veterans Administration Medical Center in Richmond, Virginia. Dr. Ozer received his medical degree from Boston University School of Medicine and completed a residency in neurology at Mount Sinai Hospital in New York and training in internal medicine at Stanford University Hospital in San Francisco. He is certified in neurology by the American Board of Psychiatry and Neurology, and is a fellow of the American Academy of Neurology and an active member of the American Congress of Rehabilitation Medicine.

Kenneth R. Parker, MD 877-1671



Dr. Parker is a specialist in physical medicine and rehabilitation. Before joining the NRH staff, he was in private practice in Arlington, Virginia, and on the medical staff at Northern Virginia Doctors Hospital. He is a graduate of the Ohio State University College of Medicine and completed a residency in the Department of Physical Medicine and Rehabilitation at the Ohio State University Hospitals. Dr. Parker is a diplomate of the American Board of Physical Medicine and Rehabilitation, and a fellow of the American Academy of Physical Medicine and Rehabilitation.

Lawrence L. Prokop, DO 877-1656



Dr. Prokop is director of the NRH Prosthetic and Orthotic Clinic and is director of the University Teaching Service at the George Washington University School of Medicine and Health Sciences. Previously, he was attending physician at St. Lawrence Hospital, Lansing General Hospital, and the Clinical Center at Michigan State University. He was also on the faculty of the College of Osteopathic Medicine at Michigan State University. Dr. Prokop is a graduate of Michigan State University College of Osteopathic Medicine and completed a residency in physical medicine and rehabilitation at the Rehabilitation Institute of Chicago at Northwestern University. He is certified by the American Board of Physical Medicine and Rehabilitation and the American Osteopathic Board of Rehabilitation Medicine, a fellow of the American Academy of Physical Medicine and Rehabilitation and the American Academy of Disability Evaluating Physicians, and an active member of the American Congress of Rehabilitation Medicine.

Stephen L. Wills, MD 877-1666

A specialist in physical medicine and rehabilitation, Dr. Wills received his medical degree from the Medical College of Virginia. He completed a residency in physical medicine and rehabilitation at the National Rehabilitation Hospital and an internship in general surgery at the Washington Hospital Center.

Celia M. Witten, PhD, MD 877-1650

Dr. Witten chairs the NRH Pre-Admission Review and Utilization Review Committees. She received her medical degree from the University of Miami and completed a residency in physical medicine and rehabilitation at the Hospital of the University of Pennsylvania. She holds a doctorate in mathematics from Stanford University. Dr. Witten is a diplomate of the American Board of Physical Medicine and Rehabilitation, a fellow of the American Academy of Physical Medicine and Rehabilitation, and is certified by the American Board of Quality Assurance and Utilization Review.

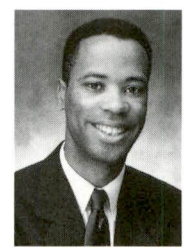
Barbara J. Kolack, MD 877-1627

Dr. Kolack is director of the NRH Physical Medicine and Rehabilitation Residency Training Program. She received her medical degree from the University of Connecticut School of Medicine and completed a residency in physical medicine and rehabilitation at the University of California at Davis Medical Center. Dr. Kolack is a diplomate of the American Board of Physical Medicine and Rehabilitation, and a member of the Association of Academic Physicians.

Warren E. Lux, MD 877-1488

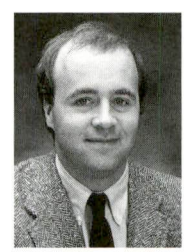
Dr. Lux is medical director of the NRH Brain Injury Rehabilitation Program and chief of the inpatient Brain Injury Unit. He is also medical director of the Integrated Brain Injury System, Inc., a continuum of post-hospital care for persons with neurological impairment that is affiliated with NRH. Before coming to NRH, he was assistant chief of the Neurology Service at the Veterans Administration Medical Center in Washington, D.C. Dr. Lux is associate professor of neurology at the Georgetown University School of Medicine and consultant in neurology to the Clinical Center of the National Institutes of Health. He received his medical degree from the New York University School of Medicine. He completed a residency in neurology at the New York University-Bellevue Medical Center and a fellowship in neurophysiology at the National Cancer Institute in Bethesda, Maryland. He is certified in neurology by the American Board of Psychiatry and Neurology and is a fellow of the American Academy of Neurology.

Philip J. Marion, MD 877-1400



A specialist in physical medicine and rehabilitation, Dr. Marion is a graduate of the New York University School of Medicine. He completed a residency in physical medicine and rehabilitation at the Rusk Institute of Rehabilitation at NYU Medical Center. In 1988, he completed a Kellogg fellowship master's degree program at NYU Graduate School of Public Administration. Dr. Marion is assistant clinical professor at the Howard University Medical Center, director of the Medical Student Program at NRH, and advisor to the NRH medical director on fiscal affairs and health policy. He is president-elect of the National Medical Association Section on Physical Medicine and Rehabilitation, and a member of the D.C. Medical Society Hospital Staff Relations Medical Committee. He is also currently seeking a master's degree in public health at the George Washington University. Dr. Marion is a diplomate of the American Board of Physical Medicine and Rehabilitation.

Andrew D. McCarthy, MD 877-1686



Dr. McCarthy is a neurologist on the NRH Brain Injury Unit. Before coming to NRH, he was in private practice in Easton, Maryland. Dr. McCarthy is a graduate of the Georgetown University Medical School. He completed a residency in neurology at Georgetown University Hospital and an internship at Greater Baltimore Medical Center. He is an active member of the American Academy of Neurology.

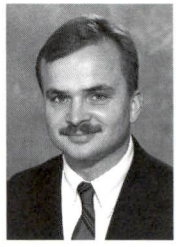
Fatemeh Milani, MD 877-1667

Before coming to NRH, Dr. Milani was assistant professor and chief of the Department of Rehabilitation at Loghman Hakim Hospital at the National University of Iran in Tehran. She received her medical degree from Tehran University School of Medicine. She completed a fellowship in rheumatology at Victoria General Hospital, Dalhousie University, in Halifax, Nova Scotia; a residency in physical medicine and rehabilitation at St. Vincent's Hospital and Medical Center in New York; and an internship in internal medicine at Huron Road Hospital in Cleveland, Ohio. Dr. Milani is a diplomate of the American Board of Physical Medicine and Rehabilitation, and a fellow of the American Academy of Physical Medicine and Rehabilitation.

John N. Aseff, MD 877-7999

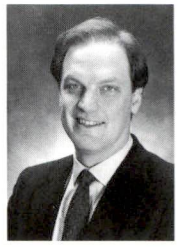
Dr. Aseff is chairman of the Physical Medicine and Rehabilitation Department at the Washington Hospital Center. He previously was assistant medical director, medical director of outpatient services, and director of the Residency Training Program at NRH. He currently is associate professor of physical medicine and rehabilitation at Georgetown University. Previously, he was associate professor and director of the Division of Physical Medicine and Rehabilitation, and director of the Physical Medicine and Rehabilitation Residency Program at the University of Cincinnati Medical Center. Dr. Aseff is a graduate of the Ohio State University College of Medicine and completed a residency in physical medicine and rehabilitation at the Ohio State University Hospital. He is a diplomate of the American Board of Physical Medicine and Rehabilitation, a fellow of the American Academy of Physical Medicine and Rehabilitation, and an active member of the American Congress of Rehabilitation Medicine.

Peter M. Blendonohy, DO 877-1669



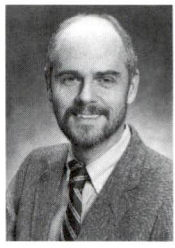
Dr. Blendonohy is a staff physiatrist on the NRH Brain Injury Unit. He joined the NRH staff after completing a residency in physical medicine and rehabilitation and a fellowship in traumatic brain injury rehabilitation at the Rehabilitation Institute of Chicago. He received his doctor of osteopathy degree from the University of Osteopathic Medicine and Health Sciences in Des Moines, Iowa, and completed an internship at the Chicago Osteopathic Medical Center. Dr. Blendonohy is a diplomate of the American Board of Physical Medicine and Rehabilitation.

Robert D. Bunning, MD 877-1660



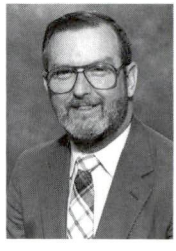
Dr. Bunning is medical director of the Arthritis Program and of internal medicine at NRH. He is also on the faculty at the George Washington University School of Medicine and Health Sciences. Dr. Bunning received his medical degree from the University of Cincinnati College of Medicine and later completed a fellowship in rheumatology and served as chief medical resident at the Washington Hospital Center. He is Board-certified in internal medicine and rheumatology, and is a fellow of the American College of Physicians and of the American College of Rheumatology.

Lauro S. Halstead, MPH, MD 877-1653



Dr. Halstead is medical director of the Post-Polio Program and the Spinal Cord Injury Fertility Program at NRH. Before coming to NRH, he held similar positions at the Institute for Rehabilitation and Research, and was associate professor at the Baylor College of Medicine in Houston. Dr. Halstead received his medical degree from the University of Rochester Medical School. He completed a residency in internal medicine at the George Washington University Medical Center and served a fellowship in hematology at D.C. General Hospital. He also holds a master's degree in public health from Harvard University. He is a clinical professor of medicine at the Georgetown University School of Medicine and is an active member of the American Congress of Rehabilitation Medicine.

James M. Houston, MD 877-7999



Dr. Houston has more than 20 years of experience in the field of physical medicine and rehabilitation. Before coming to NRH, he was medical director at Twin Tiers Rehabilitation Center in Elmira, New York. Previously, he was director of inpatient services and assistant professor in the Department of Rehabilitation Medicine at the Medical College of Virginia, and chief of physical medicine and rehabilitation at Woodrow Wilson Rehabilitation Center in Virginia. Dr. Houston received his medical degree from the University of Toronto and completed a residency in physical medicine and rehabilitation at Columbia-Presbyterian Medical Center in New York City. He is a fellow in physical medicine and rehabilitation of the Royal College of Physicians and Surgeons of Canada.

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Carol Geer, PhD
Dorothy A. Kaplan, PhD
Deborah Lewis, PhD
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Arnold S. Ravick, DPM

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NRH
NATIONAL REHABILITATION HOSPITAL
102 Irving St., N.W.
Washington, D.C. 20010

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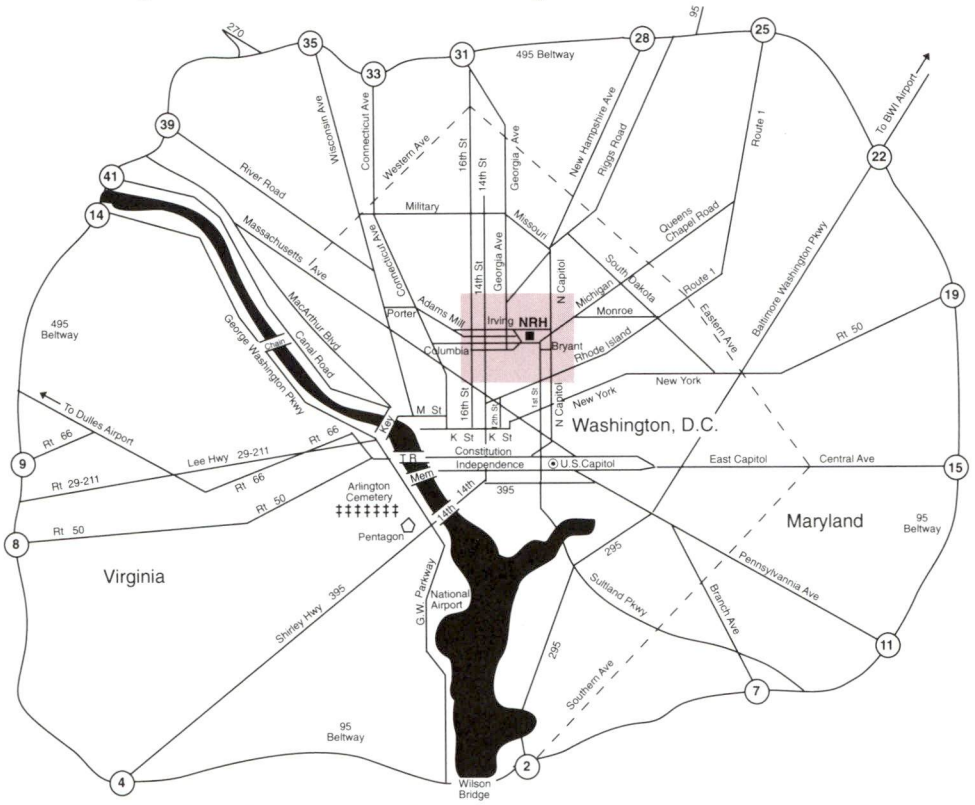
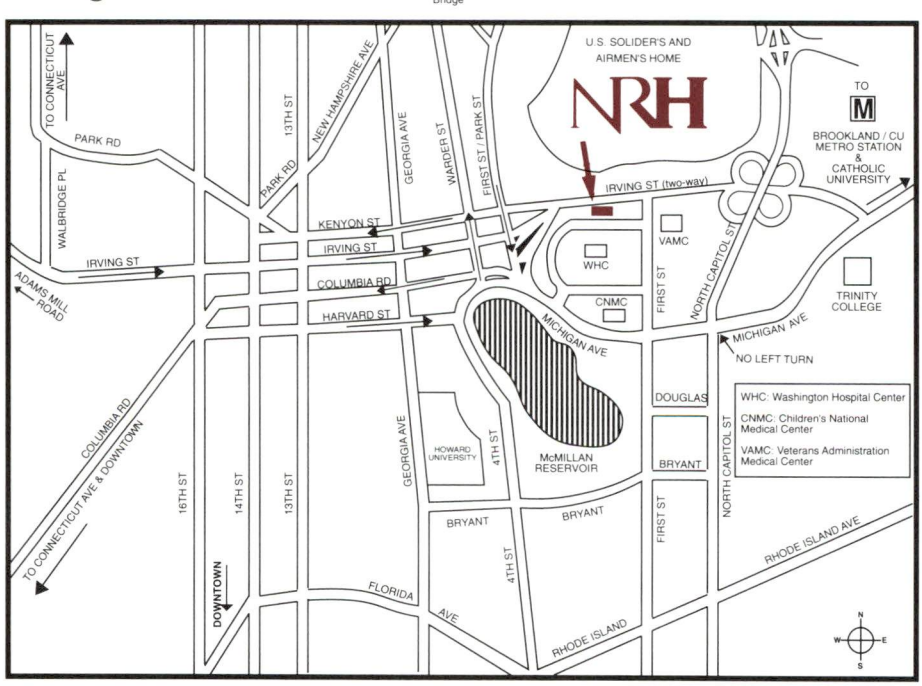
9/90

DIRECTIONS TO NRH / 102 Irving St., NW, Washington, DC 20010 (202)877-1000

Tape-recorded directions to NRH may be obtained by calling the following numbers:

Public Transportation	(202)877-1722
From Montgomery County	(202)877-1723
From Greenbelt/College Park/Hyattsville	(202)877-1725
From Virginia via 14th Street Bridge	(202)877-1726
From Virginia via Roosevelt/Memorial Bridges	(202)877-1727



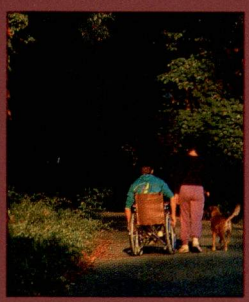


Parking

Parking is available 24 hours a day in the garage adjacent to NRH. Rates are posted. Designated spaces on the ground floor of the garage are available to persons with cars bearing handicapped license plates, decals, or permits. If all spaces are occupied, please ask a parking attendant for assistance.

NRH
NATIONAL
REHABILITATION
HOSPITAL

102 Irving St., NW
Washington, DC 20010



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NRH Today

WINTER 1990/91 NATIONAL REHABILITATION HOSPITAL WASHINGTON, D.C.

Special Feature
1990 Victory Awards

First NRH Annual Fund Drive Launched

In the spirit of Thanksgiving, the National Rehabilitation Hospital (NRH) launched its First Annual Fund Drive in late November and is continuing the campaign into 1991.

Already, thousands of dollars in gifts have been received, reconfirming the tremendous support the Hospital has enjoyed from individuals, foundations, and corporations during its first five years. With this support — combined with the dedication and talents of the NRH staff — we are proud to report that the Hospital has been rated as one of the top 10 rehabilitation hospitals in the nation!

Gifts made to the Annual Fund will help:

- provide high-quality rehabilitative care and assistive devices to patients in need;
- purchase hospital equipment;
- maintain and improve NRH's physical plant as needed;
- fund education and training programs to keep NRH clinical staff members up-to-date in their areas of expertise; and
- support clinical research, as well as research aimed at improving health care services for persons with disabilities.

We hope you will support NRH in this new year through our First Annual Fund Drive. To make a contribution, please use the envelope found in this newsletter. Gifts may be made by check or with a Visa, MasterCard, or American Express credit card.

Thanks in advance for your generosity!

Barbara Bush Visits NRH

With the help of NRH staff member and former patient Kym Mick, Jan Galvin (left), director of the NRH Assistive Technology Program, demonstrates the use of an adaptive computer.

During her visit, the first lady was able to meet many NRH patients and staff members. Shown here are (left to right) NRH patient Howard Cummings and Fatemeh Milani, MD.

The patients and staff of the National Rehabilitation Hospital (NRH) were delighted and honored to meet first lady Barbara Bush when she visited the Hospital on September 17. Mrs. Bush's tour began in the Board Room, where she spoke with the Board of Directors and learned firsthand what medical rehabilitation is all about. She then toured the Hospital, stopping at the hydrotherapy pool, physical therapy, occupational therapy, vocational rehabilitation, speech-language pathology, and assistive technology.

Throughout her visit, Mrs. Bush graciously chatted with patients and employees, and paused for

(continued on page 2)

Barbara Bush Visit

(continued from page 1)

photos with eager onlookers. In addition, she met with a group of NRH volunteers who had gathered for the occasion.

Thanks to all who made the first lady's visit to NRH a success and an occasion we'll never forget!

First lady Barbara Bush visits with occupational therapist Dianne Goldian (center) and NRH patient Yvonne Hopkins. Medical Director Richard Materson is at right.

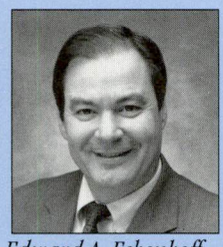
NRH President Edward Eckenhoff (left) introduces Barbara Bush to NRH Board members (left to right): Robert Collins, MD; Norman Farquhar; and Thomas Parrott.

First lady Barbara Bush and Warren Lux, MD, watch as physical therapist Ann Hurtle assists NRH patient Holly King on the parallel bars.

Viewpoint

Volunteering to Serve Community Needs

Regularly in the news today, we hear about hospitals struggling to survive, many of them limping along, some of them closing altogether. The reasons are complex, most often related to financial issues such as "uncompensated" care, inadequate reimbursement formulas, and the increasing costs of actually providing care.



Edward A. Eckenhoff
President, NRH

With these continuing fiscal pressures, hospitals have been forced to regard themselves as "businesses" that must act efficiently, strategically, and competitively. For many institutions this means performing a high-wire balancing act that requires skill in both serving the community's needs and staying afloat financially.

The nation's private, not-for-profit "voluntary" hospitals (like NRH) must be particularly adept at this balancing act. Historically, voluntary hospitals — which comprise more than 70 percent of all hospital beds in our nation — have held a special place in our society.

In effect, we "volunteer" to exist, with a threefold mission: to provide the highest quality, most appropriate care possible, tailoring our services to community needs; to be creative and forward-thinking in our research efforts; and to offer educational opportunities for current and future health professionals.

As specialty hospitals, rehabilitation hospitals hold additional, unique responsibilities to the community, as well.

First, we must view our institutions as bellwethers in educating the public about preventing disabilities. We must find imaginative, effective ways of convincing people — especially young people — to be careful when diving and playing sports, to wear seatbelts, to not drink and drive, to use caution in handling firearms, and otherwise to take care of their bodies — for they're the only ones they'll ever have.

Sure, if we are successful with such prevention efforts, we'll end up with fewer patients for rehabilitation hospitals. But I for one would rejoice in closing our doors if one day all injury and disability were eliminated.

Second, we must improve the public's understanding of the role of people with disabilities. We must educate the community about the needs — or lack of needs — of those with disabilities, and we must help "able-bodied" individuals feel comfortable with disabled individuals.

Third, we must advocate actively for persons with disabilities in our own communities and beyond. We must work to see that legislation serving their needs is written and passed — and is then implemented effectively. We must assist disability groups and other organizations in achieving mutual goals. In addition, we must offer our expertise to businesses seeking to employ persons with disabilities, and to agencies seeking to improve services and access for individuals with special needs.

> *"Historically, voluntary hospitals have held a specia place in our society."*

To exist, voluntary rehabilitation hospitals and the community must have a special kind of symbiotic relationship. Community members must assist us by sitting on our governing boards and advisory groups, providing expertise and opening all the necessary doors that need opening. In addition, they must contribute in financial ways so that institutions such as NRH can and will provide so many of the services mentioned above.

At the same time, we can assist the community not only by providing patient care services, but also by offering our resources and expertise, and serving as catalysts for change.

Victory

Honorees Recognized for Unusual Strength and Courage

The 1990 National Victory Award recipients (left to right): Jane Rosenbrock; Dr. I. King Jordan; "Patty" Duke; and Ben Vereen. Not pictured: Brian May.

Determination, courage, and perseverance describe the five outstanding individuals who received the 1990 National Victory Awards. Hollywood performers and political statesmen honored the five National and 36 State Victory Award recipients during the National Rehabilitation Hospital's Fifth Annual Victory Awards gala on October 15 at the John F. Kennedy Center for the Performing Arts in Washington, D.C.

Victory Awards are presented each year to individuals who exemplify unusual strength and courage in the face of adversity. The event attracted a crowd of more than 3,000 people who came to honor the 1990 recipients.

Co-hosted by actor Elliott Gould and actress Marlee Matlin, the Victory Awards event featured special guest appearances and performances by Peter Yarrow, Ed Asner, Robbie Britt, Loretta Lynn, Cheryl Ladd, Tony Curtis, Cicely Tyson, Douglas Wilder, Melissa Gilbert, the American Dance Theater of the Deaf, Skip Wilkins, Harold Russell, the Lettermen, and Jean Hale Coleman.

At the White House reception she hosted the day of the Kennedy Center gala, first lady Barbara Bush gives "thumbs up" to Pennsylvania State Victory Award recipient Jim Prentice as family members look on.

The five National Victory Award honorees were:

Anna Marie "Patty" Duke, Emmy Award winner known for her role in the "Patty Duke Show" as well as films and Broadway shows. Midway through her career, she sought help for her severe mood swings, was diagnosed as manic-depressive, and began receiving successful medical treatment.

As an actress and activist, she continues to capture the hearts of her audiences. Ms. Duke's autobiography, "Call Me Anna," recently aired as a prime-time movie.

I. King Jordan, PhD, who sustained injuries in a motorcycle accident that resulted in a profound hearing loss at the age of 21. In 1988, he was appointed the first deaf president of Gallaudet University after a historic protest on the university's campus that brought national attention to the needs of deaf people. Located in Washington, D.C., Gallaudet is the nation's only university for the deaf. Dr. Jordan is an active advocate for people with disabilities, and has received numerous education and leadership awards.

One of the evening's most inspiring moments came when co-host Marlee Matlin asked the audience to applaud Dr. Jordan in sign language. Some 6,000 hands were raised and waving in honor of Dr. Jordan.

Brian May, who contracted polio at age five due to an injection of a faulty Salk vaccine. Completely paralyzed, he spent much of the nine years following the onset of polio in a hospital in California. He eventually eliminated his total dependency on the respirator by learning glossal-pharyngal breathing, a way of quietly gulping air.

Now age 40, he has lived far beyond his 15-year life expectancy. He graduated with honors from the University of California at Los Angeles, earning his master's degree in languages. Developing his love for music, he has also created, produced, and hosted numerous radio shows.

> "One of this year's most moving nights. Almost everybody had a personal comeback story, making this a very different and rewarding kind of awards night." – *Arch Campbell, WRC-TV*

Brian was unable to attend the ceremony but sent a videotape thanking the audience for recognizing him that evening. Peter Yarrow of Peter, Paul, and Mary led the audience in song to honor Brian in his absence.

Jane Rosenbrock, a beautician from Nevada, who has struggled with epilepsy most of her life.

(continued on next page)

Victory!

Honorees Recognized for Unusual Strength and Courage

Victory Awards 1990

After she underwent surgery that removed a portion of the right lobe of her brain to treat the severe seizures she was suffering, she was told that she would lead a limited life. Proving the doctors wrong, she has become a one-person public relations firm on the subject of epilepsy.

Ms. Rosenbrock, who received the Nevada Victory Award in 1989, is an active community leader, assisting and advocating for senior citizens and persons with disabilities. At the same time, she continues to see customers and counsels newly diagnosed epilepsy patients.

Ben Vereen, an actor seen on Broadway and in film productions such as *Roots* and *All That Jazz*, who has fought drug addition for many years. After his daughter's death in an auto accident in 1987, Ben realized he was a dependent user of drugs and alcohol. With the help of his family, he eventually sought treatment.

Mr. Vereen is now a spokesman for "A Drug-Free America," and recently formed "Celebrities for a Drug-Free America." He travels the country, speaking about substance abuse to young people at schools, conventions, churches, and community gatherings.

The day of the Kennedy Center gala, all the National and State Victory Award recipients were invited to attend a White House reception hosted by first lady Barbara Bush. Guests at the Kennedy Center Victory Awards ceremony who purchased Founding Contributors or Founding Friends tickets were invited to pre-ceremony dinners hosted by ambassadors at 17 embassies and to a black-tie reception at the Kennedy Center following the ceremony.

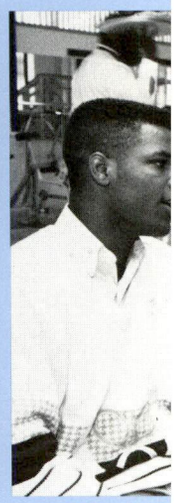
The President and Mrs. Bush served as honorary chairmen of the event. National co-chairmen were Rep. Connie Morella and Sen. Charles S. Robb. International co-chairmen were Her Excellency the Ambassador of Czechoslovakia Rita Klimova and His Excellency the Ambassador of the Federal Republic of Germany and Mrs. Ruhfus.

Walter J. Ganzi, Jr., was this year's gala chairman, and his daughter, Elizabeth Ganzi, chaired the Host Committee for a special supper dance held at the Galleria in downtown Washington, D.C., in conjunction with the Victory Awards celebration.

Coverage of the 1990 Victory Awards reached more than 40 million Americans via national print and broadcast media including *Entertainment Tonight*, the *Today Show*, the *Washington Post*, the *Washington Times*, *USA Today*, *Ebony*, and *Variety*, as well as affiliates of all major television networks.

For information about the 1991 Victory Awards gala, write to the Communications & Development Office, National Rehabilitation Hospital, 102 Irving St., NW, Washington, DC 20010.

This year's Victory Awards event included a special Supper Dance at the Galleria in downtown Washington, D.C. Some of the attendees were (left to right): Andy Cavallotti; Rena Ganzi; Walter Ganzi, Victory Awards gala chairman; Cheryl Ladd; Brian Russell; Elizabeth Ganzi, Supper Dance Host Committee chairman; Lyndsay Russell; and Mark Ganzi.

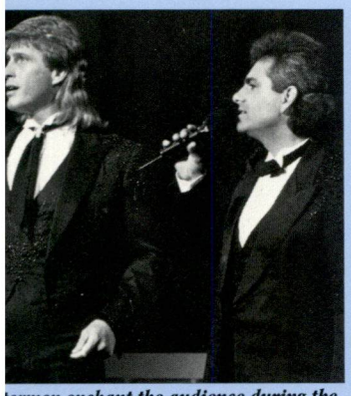


Richard S. Materson, M (right), NRH medical dire meets Karee Cooper (left) Arkansas St Victory Awa winner, and Lawrence Anderson, Arizona Stat Victory Awa winner, duri the receptio NRH that ho State Victory Award recip

National Victory Award winner Jane Rosenbrock (center) with NRH therapeutic recreation specialists Nancy Murray (left) and Mary Miller (right), and spinal cord injury patient LaShonne Fraley.

Many NRH patients attended the Victory Awards event as special guests of NRH. With them is therapeutic recreation specialist Monica Kovacs (back left).

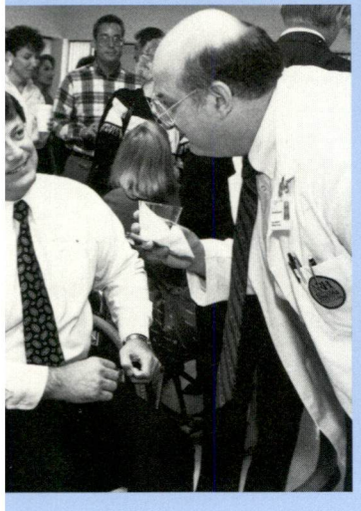
Cicely Tyson pays tribute Victory Award recipient Vereen during the Kenne Center gala.



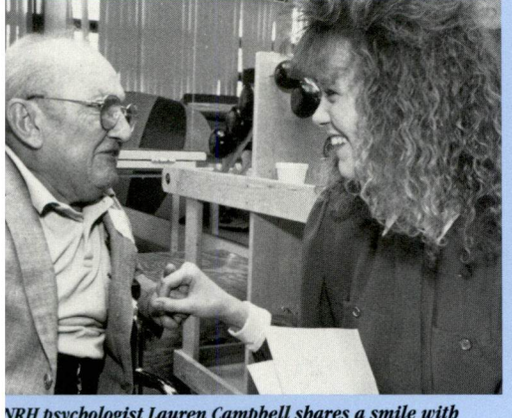
'ermen enchant the audience during the Awards event at the Kennedy Center.

Ed Asner (left) with Miss Wheelchair America and Florida Victory Award winner Mercedes Rodriguez.

NRH Administrator Douglas Shepherd (right) and his wife, Marti, with Tony Curtis at the Kennedy Center reception.



'en Vereen accepts the National Victory Award presented by 'irginia Governor Douglas Wilder, at left.



NRH psychologist Lauren Campbell shares a smile with California State Victory Award recipient Billy Barty.

State Victory Award Recipients Honored

Representing the struggle and tenacity necessary to attain personal victory, 36 State Victory Awards recipients were honored during the 1990 Victory Awards event. State recipients have confronted such challenges as spinal cord injury, polio, AIDS, mental illness, multiple sclerosis, blindness, and drug addiction.

State Victory Awards recipients are selected by their governors for portraying "depth of inner strength, tenacity of purpose, integrity of effort, and courage in the face of adversity." In honor of these individuals, governors from 39 states declared the week of October 14-21, 1990, to be "State Victory Week."

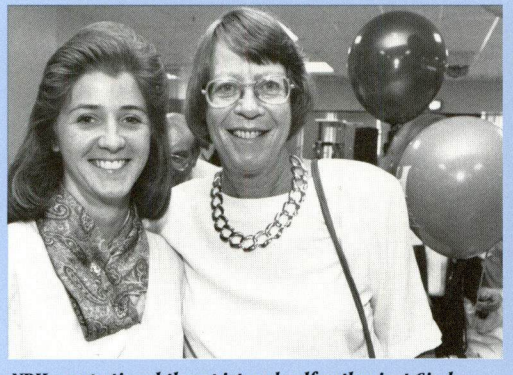
The day after the Kennedy Center gala, the NRH staff and patients, joined by Redskins quarterback Mark Rypien and former Capitals hockey player Ivan LeBrae, hosted a special reception at the Hospital to honor the State Victory Award recipients.

1990 State Victory Award Recipients

Alabama - Angeline H. Pinckard
Alaska - Nancy Healy
Arizona - Lawrence Ohaco Anderson
Arkansas - Kareen D. Cooper
California - Billy Barty
Delaware - Mary Custis Straughn
District of Columbia - Ronald Duane Wells
Florida - Mercedes Elena Rodriguez
Georgia - Eugene Spalding
Idaho - Kelly Buckland
Illinois - Sue Suter
Indiana - Mark Bair
Iowa - John C. Wellman
Kansas - Mike Andrade
Kentucky - Gail Yarbrough Beck
Louisiana - Timothy D. Stine
Maine - Paige Barton
Maryland - Thomas E. Bratten, Jr.
Massachusetts - Duane Draper
Minnesota - David M. Carr
Missouri - Marla Akerson Grothoff
Nebraska - Howard Dinsdale
Nevada - David McKinnon
New Hampshire - Carol Nadeau
New Jersey - Mary Richards
Ohio - Robert W. Gochoel
Oklahoma - Regina Elaine Bland
Pennsylvania - Jim Prentice
Rhode Island - James Charles Dickson
Tennessee - Jacquelyn F. Page
Texas - Linda Craft
Utah - Abe Guss
Virginia - Paul A. Patrick
West Virginia - Randall F. Benear
Wisconsin - Larry A. Lajoie
Wyoming - Woody Absher

"The awards are significant not only because of what the recipients have achieved but because of what they've overcome."
– Nancy Mathis, WUSA-TV

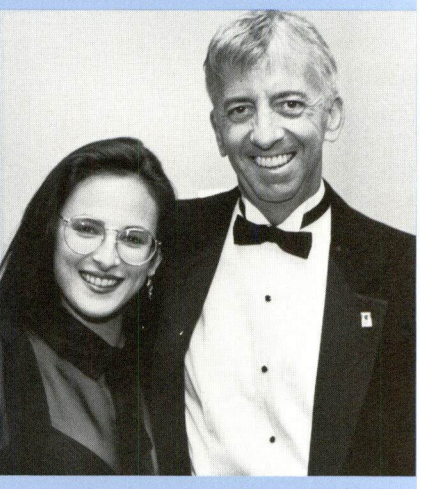
Victory Awards National Co-Chairmen Sen. Charles Robb and Rep. Connie Morella talk during the Victory Awards reception at the Kennedy Center.



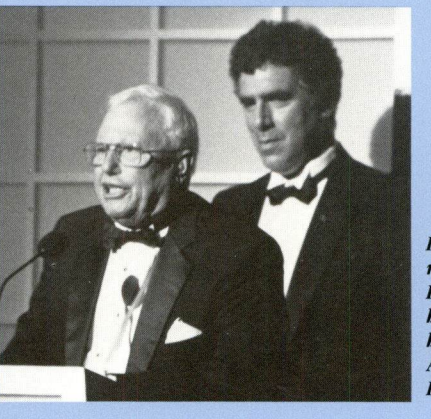
NRH occupational therapist and golf enthusiast Cindy Marks (left) with Texas State Victory Award winner and professional golfer Linda Craft.

The Ambassador of Japan and Mrs. Murata (at right) with NRH Associates Board President Janet Brackeen (second from left) and her husband, Richard Brackeen. The Embassy of Japan was one of 17 embassies that hosted pre-ceremony dinners.

Loretta Lynn serenades the audience during the Victory Awards event.



Honoree I. King Jordan, PhD, and co-host Marlee Matlin before the Victory Awards ceremony.



Former Victory Award recipient Harold Russell (left) and co-host Elliott Gould honor 1990 Victory Award recipient Dr. I. King Jordan.

"It was a first class Washington affair complete with top-notch entertainent . . . a gala of mega-proportions at the Kennedy Center." *–Tim White, Fox Morning News*

NRH gratefully acknowledges the following generous contributors and the many others who supported the 1990 Victory Awards:

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New Grant Studies Consumer Satisfaction with Assistive Technology

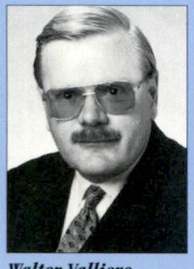
The National Rehabilitation Hospital (NRH) Assistive Technology Program has recently initiated a major three-year project to assess and enhance consumer satisfaction with assistive technology services. The project is funded by a $450,000 grant from the Rehabilitation Services Administration of the U.S. Department of Education.

Focus groups consisting of consumers and providers will be convened to systematically gather information on seven key areas of service delivery: access to information; availability of services; timeliness of services; availability of repairs; quality of training; effects on employment; and use of consumer feedback to improve services. From the information gathered, strategies to better serve and inform consumers will be developed.

For more information, contact Betsy Phillips, project director, in the Assistive Technology Program at (202) 877-1932.

New Directors Appointed

Walter Valliere has been named the new executive director of outpatient services and business development at NRH. In this position, he is responsible for directing the comprehensive rehabilitation services available through the NRH Outpatient Center and for developing externally focused rehabilitation services.



Walter Valliere

Mr. Valliere came to NRH from the Memorial Institute for Physical and Rehabilitation Medicine in Houston, where he served as vice president. He has more than 10 years of experience in health care operations and business development, and has been extensively involved in the international health care arena.

Dianne McCarthy has been promoted to director of the Occupational Therapy Service. She is responsible for program development as well as the management of the 60 occupational therapists in the Service.

Dianne McCarthy

Ms. McCarthy has replaced Deborah Lieberman, who served as director since 1985 and built the Service to become the largest of its kind in the Washington metropolitan area. Ms. McCarthy joined the NRH staff in 1986 and has served as assistant director of occupational therapy for the past two years.

John Hudson

John Hudson has been appointed the new director of the Social Work Service, which includes 14 social workers. He joined the Hospital in October 1985 as a social work coordinator, later becoming assistant director.

Mr. Hudson is a member of both the National Association of Social Workers and the American Association of Spinal Cord Injury Psychologists and Social Workers.

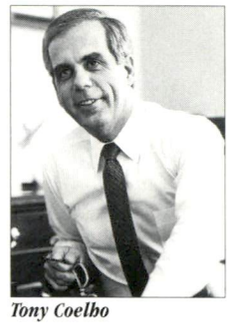
Staff Roundup

Congratulations to the following NRH staff members who have been selected by their colleagues as "Employee of the Month." They are: **Keith Moree**, staff speech-language pathologist, for August; **Beverly Sanford**, unit clerk on 3-East, for September; **Judy Goodwin**, receptionist in Administration, for October; **Terresa Ward**, senior scheduler, for November; and **Cindy Marks**, occupational therapist, for December. . . . **Price Baum**, community relations coordinator, was appointed to the Maryland State Independent Living Council. . . . **Jan Galvin**, director of the Assistive Technology Program, received the Distinguished Service Award from the Rehabilitation Engineering Society of North America for her work on the Technology Related Assistance Act of 1988 and the Americans with Disabilities Act of 1990. . . . **Chris Lay**, director of therapeutic recreation, received the 1990 Presidential Award from the American Therapeutic Recreation Association. . . . **Lawrence Prokop, DO**, co-director of the Musculoskeletal Rehabilitation Program, had an article titled "Upper-Extremity Rehabilitation: Conditioning and Orthotics for the Athlete and Performing Artists" published in the August 1990 issue of Hand Clinics. . . . **Patricia Pyatak**, senior speech-language pathologist, was appointed to a three-year term on the Board of Directors of the U.S. Society for Augmentative and Alternative Communication. . . . **Sileen S. Soni**, assistant to the medical director, was re-elected president of the Washington, D.C., Association of Medical Staff Services for 1990-91. . . . **John E. Toerge, DO**, associate medical director, was appointed medical director of the Universal Ballet Academy in Washington, D.C. . . . **Pat Warnecke** was promoted to assistant director of the Occupational Therapy Service.

Coelho, Brackeen Named to Board

Two new members were appointed to the NRH Board of Directors.

Former California Congressman **Tony Coelho** was appointed as one who has made disability rights a major issue in his public career. Diagnosed at age 22 with epilepsy, he has felt firsthand the concerns and discrimination many Americans with disabilities face. In 1987, Coelho received a National Victory Award from NRH. Each year the Victory Awards recognize individuals who have overcome adversity in their lives.



Tony Coelho

Coelho attained the post of House majority whip during his term in the U.S. House of Representatives and currently serves as chief operating officer and director for Wertheim Schroder Investment Services, Inc., in New York, New York.

Janet Livesay Brackeen concurrently serves as president of the NRH Board of Associates, a volunteer board of community members who advise and assist with special projects and fund-raising efforts. Having undergone treatment for a brain aneurism in 1982, she understands the issues faced by people with disabilities and how important rehabilitation is to achieve a productive life.

Janet L. Brackeen

Ms. Brackeen, who lives in Great Falls, Virginia, is involved in stock investments and participates in several charitable activities. Along with her involvement with NRH, she is a committee chairperson for the National Council of Jewish Women.

Chaired by the Honorable James W. Symington, the 27-member NRH Board of Directors is comprised of community leaders representing business and industry, health care, education, public service, and other areas.

Office Automation Training Program Now Offered

For a person with a disability and few apparent marketable skills because of that disability, the prospects for employment can look grim. To help remedy this situation for some disabled persons in the Washington metropolitan area, the National Rehabilitation Hospital (NRH) Vocational Rehabilitation Service has initiated an exciting new program that is teaching office technology skills and placing graduates in competitive employment positions.

The program, a research and demonstration project funded by the U.S. Social Security Administration with additional support from local business and industry, will train a total of 60 students during a two-year period. A number of students have already graduated from the program and successfully attained permanent office positions, are doing internships, or are seeking employment.

For participants, the program involves 12 to 15 classroom hours per week for up to 14 weeks at one of four wheelchair-accessible training sites in the District of Columbia and Maryland. Two different courses are offered — one for individuals with normal functional use of their upper extremities and one for individuals with limited functional use of their upper extremities. The training covers personal computer use for word processing, spreadsheets, graphics applications, electronic mail, and general clerical skills. In addition, the program offers a mentor program, job-seeking and job-retention skill development, and advice on interviewing techniques.

Individuals considered for the model training program must have a neurological impairment, currently be receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits, and meet other specific qualifications.

For further information about the program, call Brenda Beatty, project manager, in the NRH Vocational Rehabilitation Service, (202) 877-1531 or (202) 727-3468.

Business and Industry Contributions Make Training Project Possible

The National Rehabilitation Hospital (NRH) wishes to thank the numerous organizations that have made the model office automation training project possible. NRH is especially grateful to **Hewlett-Packard** for providing technical and staff assistance, classroom space, 10 computers, nearly 50 software packages, and other office equipment. Special thanks also go to:

- **The D.C. Rehabilitation Services Administration** for classroom space in downtown Washington, D.C.;
- **The ADAPSO Foundation** for classroom furniture and equipment;
- **Broadview Associates** for computer equipment and printers;
- **Information Analysis Inc.** for the right to reproduce their Harvard Graphics Training Package; and
- the **Medlantic Healthcare Group Information Systems Division** for providing trainers, staff expertise to develop the program, classroom space at two locations, and office equipment.

NRH Today

NRH Today is published quarterly by the Communications & Development Office to inform readers of programs, services, and events at the National Rehabilitation Hospital. NRH is a 160-bed private, not-for-profit facility offering comprehensive inpatient and outpatient medical rehabilitation services to persons with physical disabilities. NRH does not discriminate on the grounds of race, color, national origin, religious creed, handicap, or disability in employment of personnel or in admission, placement, treatment, or referral of patients.

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Fifth Anniversary
Adding Life to Years

National Rehabilitation Hospital

This report is dedicated to the memory of Malcom Maloof, associate administrator for Nursing Services; Harry C. Georgerian, director of the Pharmacy; Mary D. Romano, founding director of the Social Work Service; and Samuel R. McFarland, founding director of the Rehabilitation Engineering Service. These individuals–who passed away January 19, 1991; July 13, 1990; July 31, 1989; and June 19, 1989, respectively–are fondly remembered for all they did for NRH, our patients, and each of us who knew and worked with them.

Chairman and President's Report
Adding Life to Years

Thanks to advances in acute care medicine, we can expect to live longer than our ancestors, surviving traumatic illnesses and accidents that only years ago almost certainly would have been fatal. For some 43 million Americans, however, survival means living with disabilities. That's where medical rehabilitation comes in. In partnership with acute care medicine, which adds years to life, rehabilitation's goal is to "add life to years"—to increase the *quality* of life for people with disabilities.

At the National Rehabilitation Hospital (NRH), care goes beyond the treatment of individual limbs, organs, or body systems. Rather, we offer care that treats the whole person—body, mind, and spirit. This special type of care challenges individuals to set personal goals, enables them to adapt to their conditions, teaches them skills for independence, and encourages them to live each day fully and productively.

As NRH observes its fifth birthday in 1991, its reputation for excellence, leadership, and innovation has gained national attention. In April 1990, it was designated one of the country's 10 best medical rehabilitation hospitals, according to a physician survey published in *U.S. News & World Report*. Its strengths lie not only in its delivery of quality patient care, but in its proactive stance in other areas as well, including:

- innovation in assistive technology that helps people with disabilities lead productive lives;
- research aimed at ensuring a brighter future for individuals who are physically challenged;
- education and training of rehabilitation professionals; and
- advocacy—helping to communicate the needs of persons with disabilities to leaders at the local, state, and national levels.

The following examples briefly illustrate NRH's achievements within these missions:

- More than 3,500 inpatients from the District of Columbia, 27 states, and 10 foreign countries have benefited from the comprehensive services we provide. Of those discharged in the past year, 87 percent have returned home. Of those receiving vocational rehabilitation services during the past five years, more than 60 percent have returned to work, school, or other productive activities.
- NRH outpatients have received 75,000 treatments, either as individual services or as components in comprehensive, interdisciplinary programs of care.
- The Medical Staff now includes 19 staff physicians and 170 community physicians who provide consultation and expertise in a wide range of medical specialties.
- NRH's clinical, administrative, and support staffs have grown to a total of 875 employees, more than 60 percent of whom work in direct patient care.
- Twenty-seven physicians-in-training have completed or are currently participating in the NRH Physical Medicine and Rehabilitation Residency Training Program.
- The high quality of the patient care we provide has been confirmed by accreditation from the Commission on Accreditation of Rehabilitation Facilities, the Joint Commission on Accreditation of Healthcare Organizations, and the American Speech-Language-Hearing Association.
- Three thousand educational programs have been offered at NRH to health care professionals working at the Hospital and at other

organizations. In addition, hundreds of students have come to NRH from around the country for training in rehabilitation care.

- NRH staff members have played an increasingly active role in policymaking by supporting important legislation such as the landmark Americans with Disabilities Act of 1990. NRH also has become regarded as a valuable resource for decision-makers on Capitol Hill and elsewhere, as they grapple with critical issues related to the disabled population.
- Numerous staff members have volunteered their time to present our successful Disability Awareness Program for the community and the NRH/MedSTAR "Think First" traumatic injury prevention program for area schools. Many employees are also actively involved in their local, state, and national professional organizations, holding offices or serving on committees and boards.
- The NRH Research Center and the Assistive Technology Program have received grants and awards totaling nearly $7.6 million. This funding has supported clinical and health services research, as well as projects related to assistive technology for persons with disabilities.
- Under the umbrella of the Medlantic Healthcare Group, partnerships have been formed to provide post-hospital rehabilitative care through the Integrated Brain Injury System, Inc.; orthotics, prosthetics, and durable medical equipment through NASCOTT Rehabilitation Services; and treatment of chronic pain syndrome through the Washington Pain and Rehabilitation Center.

None of this would have been possible without the vision of the people who foresaw the need for a medical rehabilitation hospital in the nation's capital, nor without the enthusiasm and ideas of those who helped make that vision a reality.

In particular, we salute all the hundreds of very special people on the NRH staff who have focused both on the individual patient's needs and on the Hospital's overall missions. We salute especially Douglas Shepherd, NRH administrator; all the members of the Medical Staff; Dr. Richard Materson, our new vice president for medical affairs; Dr. John Goldschmidt, founding medical director; Dr. Robert Collins, Medical Staff president; Dr. John Toerge, associate medical director; and Dr. Angelita Ross, assistant medical director.

Our heartfelt thanks also go to the Board of Directors, a group of outstanding community leaders who have guided us and carried our banner since the Hospital's inception; the Medlantic Healthcare Group; our volunteers; the Board of Associates; disability and community organizations; and numerous funding agencies.

Finally, we—and all the patients who have come to NRH—applaud all the corporations, foundations, individuals, and agencies that have provided funding to support this Hospital. Many of you are mentioned elsewhere in this book, but we would especially like to thank The Morris and Gwendolyn Cafritz Foundation, the J.M. Foundation, General Reinsurance Corporation, the Roger S. Firestone Foundation, the Clark-Winchcole Foundation, the Herbert W. Hoover Foundation, the James M. Johnston Trust for Charitable and Educational Purposes, The Robert Wood Johnson Foundation, the National Institute on Disability and Rehabilitation Research, and other agencies for their very generous grants and contributions.

We celebrate our fifth anniversary year with satisfaction and anticipation, knowing that while some of the toughest obstacles are behind us, many more exciting challenges lie ahead. This milestone year is an ideal time to renew our dedication to the Hospital's missions, as we focus on the objective that makes rehabilitation medicine unique: "adding life to years" for people with disabilities. We hope we can count on your continued support.

The Honorable James W. Symington
Chairman, NRH Board of Directors

Edward A. Eckenhoff
President and Chief Executive Officer

The Best in Patient Care

It can happen in a heartbeat. A businessman crossing a street is hit by a speeding car and sustains a traumatic brain injury. A teen-ager dives into the shallow end of a swimming pool, partially severing her spinal cord so she is unable to walk. A young mother has a stroke, losing her ability to speak or write.

It can happen so suddenly, yet it can take weeks, months, even years for these individuals and their loved ones to adjust to the disabilities that may result.

At the National Rehabilitation Hospital (NRH), our aim is to assist persons with disabilities in becoming as independent and active as possible so they may return to their families, to work or school, and to recreational and other activities in their communities. Through goal-oriented individual and group treatment, patients at NRH rebuild their strength and physical abilities, discover skills that can help them adapt to their disabilities, learn about their conditions, and receive support that helps them to move forward with their lives.

"Providing this level of comprehensive care calls for an exquisitely prepared care provider who is a critical thinker and has the vision needed to blend the expertise of many disciplines into a coordinated program," says Paul Rao, PhD, director of speech-language pathology and co-director of the Stroke Recovery Program. "We must recognize that the rehab patient of the 1990s looks nothing like the rehab patient of the '50s and '60s. Therefore, we must provide a wide range of services that we didn't have to consider even 10 years ago. These services must be need-driven and responsive to the complex needs of the individual patient."

Recognizing these concerns, each patient at NRH is regarded as an individual who has unique physical, emotional, social, and vocational, needs and goals. Throughout the rehabilitation process—which can last from a few weeks to many months—the patient works with a physician-directed team that includes rehabilitation nurses, physical and occupational therapists, recreation therapists, vocational rehabilitation counselors, psychologists, social workers, speech-language pathologists, rehabilitation technologists, and others. Continually, the team members—together with the patient, family, referring physician, and insurer—assess and reassess the progress made toward meeting goals, modify the treatment plan as needed, and assure the high quality and comprehensiveness of the care being provided.

Since the Hospital opened in February 1986, more than 3,500 inpatients have come to NRH from the District of Columbia, 27 states, and 10 foreign countries, and NRH outpatients have received 75,000 treatments through our clinical services. The rehabilitation services they received assisted them in adapting to disabilities resulting from traumatic brain injury, spinal cord injury, stroke, amputation, arthritis, post-polio syndrome, and other orthopedic and neurological conditions.

To meet growing patient care needs, the NRH staff has expanded to 875 employees, more than 60 percent of whom are involved in direct patient care. Several NRH services now

1982 September-December: The first NRH executive staff members move to Washington and begin work to establish the National Rehabilitation Hospital. They are Edward Eckenhoff, Thomas Breitenbach, Dr. John Goldschmidt, and Dr. John Toerge.

NRH

1983 March 8: Following a public hearing and formal application, the D.C. State Health Coordinating Council approves the certificate-of-need required for creation of NRH.
◀

October 19: The ground is officially broken for the Hospital, and 800 guests attend a champagne breakfast held in a tent at the building site to celebrate the event.
◀

1984 January 19: The NRH Board of Directors meets for the first time, with Stephen Ailes as chairman.
◀

October 1: Douglas Shepherd joins the NRH staff as administrator.
◀

1985 April: NRH issues a $40 million bond to finance construction, furnishing, and pre-opening costs.
◀

employ more clinicians in their fields than any other hospital in the Washington metropolitan area.

NRH is proud to have a highly qualified Medical Staff of physicians who have been recruited from rehabilitation centers, hospitals, and universities across the country. The Active Medical Staff now consists of 19 physicians who are certified in physical medicine and rehabilitation, and in specialties such as neurology, rheumatology, internal medicine, and pain management.

Augmenting the care provided by the Active Medical Staff, the Consulting Medical Staff now includes more than 170 community physicians who provide expertise in cardiology, urology, orthopedic surgery, gastroenterology, pulmonary medicine, and other specialties. In addition, NRH physical medicine and rehabilitation residents complement the Medical Staff by providing patient care services as they complete their specialty training.

In five short years, the NRH staff has achieved a national reputation for innovation, leadership, and excellence in patient care. Many of the services offered are unique in the Wash-

October 31: The Medical Staff Organization is formed with 12 physicians in three divisions. Dr. Raymond Scalletar is later elected first chief of staff.
◀

October: NASCOTT Rehabilitation Services is established as a joint venture between NRH and Scott Orthopedics of Denver, to provide orthotics, prosthetics, and rehabilitation/durable medical equipment at NRH and other locations.
◀

November: NRH begins receiving referrals for patient admissions.

ington area and have been created to meet the needs of individuals in our community and the region. In 1990, for example, NRH established the Musculoskeletal Program, which combines into one unit the existing Arthritis Program and services for persons requiring rehabilitation for amputation, joint replacement, multiple orthopedic trauma, musculoskeletal pain, and other conditions.

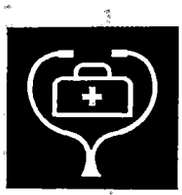
Within the inpatient programs and through the NRH Outpatient Center, NRH now offers a range of exemplary, interdisciplinary services such as: the Post-Polio Clinic; the Fertility Clinic for men with neurological impairments; substance-abuse counseling for persons with brain injuries; the Augmentative Communication Clinic; a range of return-to-work services; the outpatient Prosthetics Clinic; the community skills program; hydrotherapy in NRH's heated pool; rehabilitation for spinal cord injured persons who are ventilator-dependent; driver evaluation and training; and the work-site evaluation and accommodation service.

Reflecting the quality of care we provide, the Hospital has been accredited twice by the Joint Commission on Accreditation of Healthcare Organizations. In 1989, NRH was also accredited by the Commission on Accreditation of Rehabilitation Facilities in three areas: comprehensive inpatient rehabilitation; acute brain injury; and spinal cord injury. The Hospital was accredited in 1989 by the American Speech-Language-Hearing Association, as well, and each year has been licensed by the D.C. Department of Consumer and Regulatory Affairs after a thorough approval process.

In addition to accreditation by major national organizations, one way for hospitals to measure the quality of care they provide is to examine the results of the services provided. To this end, in February 1989, the NRH Board of Directors approved the development of a sophisticated system to evaluate NRH programs and study patient outcomes. After many months of design and implementation, this computerized database is now providing valuable data about the outcomes of NRH services in terms of patients' health maintenance, physical, cognitive, communication, social, work, and leisure functional independence.

With the information being gathered, the system allows the NRH staff to evaluate objectively each of its specialty programs and in the future will enable the Hospital to compare outcomes, costs, lengths of stay, and other characteristics to those found at other institutions in the region and across the nation.

November 5: The cornerstone for the NRH building is laid, and the event is celebrated with a black-tie dinner dance attended by 500 guests. ◀



November 21: Medical Staff division chairmen are appointed. They are: Dr. Werner Barth, Medicine and Medical Specialties; Dr. Milton Goldman, Surgery and Surgical Specialties; and Dr. John Toerge, Rehabilitation Medicine. ◀

December 17: The heat in the Hospital is turned on for the first time. ◀

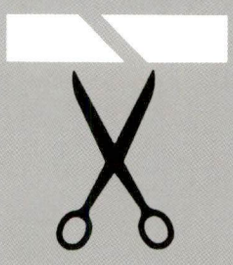
A Commitment to Education and Training

Two of the greatest challenges faced by hospitals today are the ever-changing nature of medicine and the shortage of health care professionals. In rehabilitation—a relative newcomer in medical care—these issues are particularly significant. New approaches to care, clinical research findings, and the increasing focus on assistive technology continually expand the knowledge base required for professionals in this field. At the same time, the demand for rehabilitation clinicians has risen greatly, and shortages of trained professionals have become major concerns for hospitals like NRH. From its inception, NRH has been firmly committed to addressing these challenges through education and training of current and future rehabilitation professionals.

"Education has always been a part of the NRH philosophy," says Venida Hamilton, RN, MSN, who became the first full-time educator at the Hospital when she joined the staff in 1985. "Health care in general—and rehabilitation in particular—are so dynamic that we must be committed to continuing education of our staff, as well as to educating colleagues and future colleagues in our field."

"Improving quality of patient care and the outcomes of rehabilitation is our primary purpose in offering training programs to the staff," adds Ann Charness, PT, education coordinator in the Physical Therapy Service. "But our educational programs also facilitate sharing among local professionals and hospitals, enable NRH to put research findings into practice, and—importantly—help us to recruit and retain employees."

Since NRH opened in February 1986, 3,000 in-service and continuing education programs have been offered to physicians, rehabilitation nurses, social workers, psychologists, therapists, vocational rehabilitation counselors, and others from NRH, the Washington metropolitan area, and across the country. Many of these programs are taught within individual services. Others are interdisciplinary, planned by two or more services for their staffs. Still others are programmatic in nature, focusing on rehabilitation topics specific to stroke, traumatic brain injury, spinal cord injury, arthritis, or other conditions. In addition, medical grand rounds, specialty rounds, and health policy rounds are presented regularly for the NRH medical staff, area physicians, and other health professionals.



1986 February 6: With 40 beds licensed and 230 employees, NRH opens its doors. The first patients are treated by Drs. Celia Witten, Johnny Smelz, and John Toerge. ◀

March: The first NRH volunteer begins service. Five years later, nearly 250 volunteers will have contributed their time and skills to the Hospital. ◀

To help meet the unique professional development needs of rehabilitation nurses, in 1987 NRH established the Center for Nursing Education and Research, which has offered more than 1,300 in-service and continuing education programs and now has three full-time nurse educators on staff. This Center has been funded largely by generous grants from the James M. Johnston Trust for Charitable and Educational Purposes, the Paralyzed Veterans of America, and others. Furthering our commitment to professional education, in mid-1988 NRH established the Office of Education and Training to assist the Medical Staff and clinical services in planning, coordinating, and promoting educational programs.

NRH is also especially proud of its successful Physical Medicine and Rehabilitation Residency Training Program. Fully accredited by the Accreditation Council for Graduate Medical Education, the three-year Program offers a wide range of experiences and exposure to patients with a variety of disabling conditions. Twenty-seven residents have participated in the Program, the first class having graduated in 1989.

Through the Program, physicians-in-training participate in clinical rotations at NRH and other facilities such as the Washington Hospital Center, the George Washington University Medical Center, Children's National Medical Center, Mt. Washington Pediatric Hospital, Walter Reed Army Medical Center, and several community hospitals. Lectures, a journal club, medical rounds, research opportunities, and a health policy rotation build participants' expertise in their specialty and an understanding of the health care world in which they will practice. In 1991, NRH signed an affiliation agreement with the Rehabilitation Division of the Clinical Center at the National Institutes of Health, where each year two NRH residents will participate in a research/academic track.

NRH has opened its doors to students preparing for careers in other rehabilitation professions, as well. Internships, clinical rotations, fellowships, and other programs have been developed for students at all levels, giving them the chance to work and learn at one of the country's premier medical rehabilitation facilities. Since 1986, hundreds of students have come to NRH from the 66 colleges and universities with which we are formally affiliated.

April 7: First Lady Nancy Reagan visits NRH to dedicate the Loyal Davis Neuroscience Center, named after her late stepfather, a renowned neurosurgeon. ◀

April 7: The First Annual Victory Awards ceremony, held at the Kennedy Center in Washington, D.C., honors Senator Robert Dole, Ann Jillian, Ted Kennedy Jr., and Teddy Pendergrass. ◀

1st

1987 February 6: NRH celebrates its first birthday. The Hospital now has 120 beds licensed and 500 employees. Services are in place for patients with spinal cord injury, brain injury, stroke, post-polio syndrome, arthritis, and other conditions. ◀

July: The NRH Research Program receives its first grant—from The Robert Wood Johnson Foundation—to study the feasibility of developing a primary care program for people with disabilities in the Washington area.

Innovation in Assistive Technology

Paralleling the growth of the disabled population, recent decades have brought about an explosion in "assistive technologies" that promise more productive lives for disabled persons—even for the most profoundly disabled. Much of this technology has been transferred from the aerospace program and other industries, and some has been spawned by the public's and manufacturers' increased awareness about persons with disabilities. In addition, two recent pieces of legislation, the Technology Related Assistance Act of 1988 and the Americans with Disabilities Act (ADA) of 1990, have bolstered interest in assistive technology.

"Assistive technology is any non-human assistance that bridges the gap between the individual's physical abilities and his or her goals," explains Jan Galvin, director of the NRH Assistive Technology Program. "Whether it is high- or low-tech—whether it is a tangible device or simply repositioning a piece of furniture—technology enables that person to do what he or she wants and needs to do. A raised garden bed, driving controls, an easy-to-open bottle, and a curb cut are all examples of assistive technology."

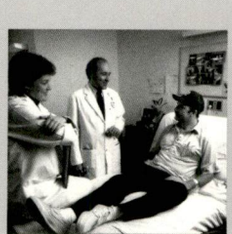
Since NRH opened, the staff has created an exemplary program that demonstrates, evaluates, and provides services related to assistive technology. Through the Assistive Technology Program, the staff has continuously challenged itself to apply new ideas and technology, with the end result being improved patient care and increased opportunities for persons with disabilities to lead full and productive lives.

During the past five years, the Assistive Technology Clinical Service has become increasingly important in patient care at the Hospital, its staff working in conjunction with physicians, rehabilitation nurses, physical and occupational therapists, vocational rehabilitation counselors, speech-language pathologists, and others. The Service provides expertise in the selection and modification of appropriate technology and devices, and in custom-design of products that meet individual patients' needs.

For example, rehabilitation technologists have become active team members in the NRH Mobility Clinic, which develops specialized seating and advises on wheelchair positioning, and in the Augmentative Communication Clinic, which enables stroke, brain injury, and other patients to use technology in communicating with people around them. In addition, rehabilitation technologists are important members of the Hospital's worksite evaluation and accommodation team, which offers employers and disabled persons a valuable service, particularly in light of new accommodation requirements resulting from the ADA.

As part of the Assistive Technology Service, the Performance Diagnostic Laboratory uses video and computer technology to objectively evaluate physiological activity, such as gait or sitting-to-standing movement. Analysis of individual patients over time will enable physicians, physical therapists, and others to monitor patient progress, conduct research, and improve clinical approaches. In the future, this innovative lab, which is funded by the Aaron Straus and Lillie Straus Foundation, will serve patients from other hospitals, as well as those at NRH.

To facilitate patient care and to share information about products, the GEICO Technology Demonstration Center gives clinicians, patients, and third-party payors the opportunity to examine firsthand the latest in assistive technology and devices. This dynamic exhibit, funded by GEICO, has widened the horizons of many visitors about the changing nature of technology.



August: With the licensing of 40 more beds, the 3-East unit opens, bringing the total number of beds to the full complement of 160.

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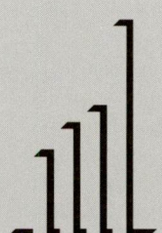


October: For the first time, NRH achieves a patient census level that allows the Hospital to generate enough revenue to cover all of its expenses.

◀

One of the most exciting initiatives within the Assistive Technology Program began in 1988 when NRH received a $3.25 million, five-year award to establish a model Rehabilitation Engineering Center (REC) to evaluate assistive technology. Funded by the National Institute on Disability and Rehabilitation Research, this Center is one of only 17 government-supported programs of its type in the United States. Within the REC, NRH staff members are working with ECRI, a Pennsylvania-based company, to evaluate items such as canes, crutches, walkers, and wheelchair lifts, and is making comparative product information available. The REC staff has also compiled resource publications on topics such as architectural accessibility.

As an outgrowth of this work, Polaroid, Westinghouse, and other major companies have called on the REC staff to organize focus groups of disabled persons who will advise on design and evaluation of products. In addition, in 1990, NRH received a major grant from the U.S. Rehabilitation Services Administration to create a model program to assess and enhance consumer satisfaction with assistive technology.

December 6: NRH receives its first three-year accreditation from the Joint Commission on Accreditation of Hospitals.
◀

1988 March: A $3.25 million award is granted to NRH by the National Institute on Disability and Rehabilitation Research to establish a model Rehabilitation Engineering Center on the Evaluation of Assistive Technology.
◀

April: The Washington Pain and Rehabilitation Center joins the NRH and Medlantic family.

July 16: The first NRH Golf Classic is held to benefit the Care Assistance Fund. The event, organized by volunteer staff members, later grows to become a major annual fund-raising event.
◀

Advocacy and Community Relations

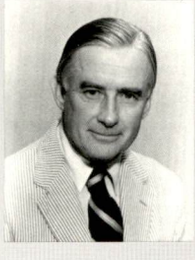
The primary mission of rehabilitation hospitals is to teach the skills and build the confidence required for disabled individuals to become as functional and independent as possible so they may return home, to work or school, and to their communities. When newly disabled persons leave the sheltered hospital setting, though, they often must confront physical and attitudinal barriers that are beyond their control. Inaccessible public transportation, a shortage of personal care attendants, discrimination in hiring practices, and the lack of affordable, accessible housing are a few of the issues they face. Social workers and other professionals can address some of these concerns on a case-by-case basis, but resolving problems at the community, state, and national levels can take years of persistence by dedicated advocates.

"There is no more important role than advocating for the patients we serve so that they have the opportunity to use what they've learned here when they return to the community," explains NRH Medical Director Richard S. Materson, MD. "That means we must educate community members, government officials, legislators, insurers, employers, and others about improvements that should be made if persons with disabilities are truly to be active, contributing members of our society."

During its first five years, NRH has placed increasing emphasis on its role as an advocate. Located just minutes from Capitol Hill, the Hospital is in a unique position to serve as a national resource on disability and rehabilitation issues. For example, numerous NRH staff members were actively involved in preparing testimony for hearings on the Americans with Disabilities Act of 1990, which gives full civil rights to and prohibits discrimination against persons with disabilities. Other employees were instrumental in the passage of the Technology Related Assistance Act of 1988, which provides funding for assistive technology in the states.

To educate the staff and the local rehabilitation community about current issues, in 1990 NRH initiated the Medical Rehabilitation Health Policy and Legislative Rounds program. Through this series, congressional and Executive Branch leaders are invited to the Hospital to discuss a particular piece of legis-

July: The NRH Office of Education and Training is established to coordinate and promote clinical education programs.



November: The Honorable James W. Symington becomes chairman of the Board of Directors, replacing Stephen Ailes, who becomes vice chairman after serving as chairman since 1983. ◀

The Stroke Recovery Program is formalized and becomes the largest NRH program in terms of the number of patients served. ◀

lation or policy topic, thus encouraging a dialog about what the needs are and how they can best be met. Also in 1990, NRH physical medicine and rehabilitation residents were first offered an elective course that gives them a firsthand look at the policy-making process.

Many NRH staff members have networked for positive change by sitting on boards and committees of government agencies and national organizations such as the American Hospital Association, the National Association of Rehabilitation Facilities, the Consortium of Citizens with Disabilities, the Easter Seals Society, the Paralyzed Veterans of America, the Commission on Accreditation of Rehabiliation Facilities, and professional organizations in their disciplines. At the local level, too, our staff has developed important linkages with support and advocacy groups including the Head Injury Foundations, the Spinal Cord Injury Network of Metropolitan Washington, the Arthritis Foundation, National Handicapped Sports, the Polio Society, and the American Heart Association.

NRH has also worked to increase the community's awareness about injury and the role of persons with disabilities in our society. In 1989, a group of employees at NRH and the Washington Hospital Center's MedSTAR shock-trauma center initiated a traumatic injury prevention program. Called "Think First," the program already has been presented more than 60 times to high schools and junior high schools in the Washington area. The NRH Disability Awareness Panel provides another unique community service. Since 1986, this group of volunteer disabled and non-disabled staff members has visited dozens of schools and community groups to discuss the role of and dispel myths about persons with disabilities in our society.

In addition, since 1986 the annual Victory Awards gala has spotlighted individuals from across the country who have exemplified inner strength and courage in the face of adversity. Both national and state recipients are selected from among nominees who have faced such adversities as paralysis, polio, substance abuse, hearing impairment, mental illness, amputation, and multiple sclerosis. Past recipients have included Sammy Davis Jr., Patty Duke, Marlee Matlin, Senators Robert Dole and Daniel Inouye, Representative Tony Coelho, Skip Wilkins, Judy Collins, Jonathan Young, I. King Jordan, Ben Vereen, Ted Kennedy Jr., and others.

1989 February: IBIS Rehabilitation at Glenn Dale opens in Bowie, Maryland, offering transitional living services to address post-hospital rehabilitation needs of persons with brain injury or other neurological impairment.
◀

June: NRH is accredited for three years by the Commission on Accreditation of Rehabilitation Facilities for comprehensive inpatient rehabilitation, acute brain injury rehabilitation, and spinal cord injury rehabilitation.
◀

June and December: The first three NRH physical medicine and rehabilitation residents graduate.
◀

Research for a Better Tomorrow

As medical knowledge and technology improve, more people are surviving catastrophic injury and illness and are living longer with physical disabilities. Today, some 43 million Americans have physical disabilities. As this population continues to grow, our society must address crucial issues related to the effects of impairments on the individual, and must provide services that enable persons with disabilities to live independently and productively. In 1986, the National Rehabilitation Hospital established its research program to study these issues, with the goal of becoming one of the nation's premier centers in disability and medical rehabilitation research.

"Part of being a flagship hospital is to provide research leadership and to share research findings with caregivers, other researchers, and people with disabilities," says Gerben DeJong, PhD, founding director of the Hospital's research program. "Although it seems we've just gotten started, I believe NRH's research program has accomplished a great deal and has been well ahead of its time. One result is that our staff has been sought out by policymakers as a resource on issues related to health policy and services for persons with disabilities."

In five years, NRH has been awarded nearly $7.6 million in research and rehabilitation engineering funding from sources such as the National Institute on Disability and Rehabilitation Research (NIDRR), The Robert Wood Johnson Foundation, the Centers for Disease Control, the Social Security Administration, the U.S. Rehabilitation Services Administration, the National Institute on Aging, and the General Reinsurance Corporation. With increasing funding, the research staff has grown from one person in 1985 to a core of 10 staff members today. Many of the researchers are nationally recognized experts within their disciplines, and in the past four years they have published more than 50 monographs, major reports, and journal articles.

In July 1989, the NRH research program became a formal part of the Medlantic Research Foundation (MRF), the research arm of the Medlantic Healthcare Group, and was named the NRH Research Center. This change has fostered collaborative research opportunities with other MRF research centers in areas such as trauma, cholesterol, and cardiovascular diseases. For example, the NRH Research Center and the MRF Trauma Research Center are examining survival rates and residual disabilities of persons who have sustained traumatic injuries.

Many of the NRH Research Center's efforts will result in immediate, direct benefits to the disabled population. For example, the NRH research staff and Independent Living Assistance Inc. are jointly examining the feasibility of developing a regional personal assistance program for persons with severe physical disabilities. This project is addressing issues related to recruiting, training, placing, and paying personal care assistants. The severe shortage of personal assistants poses one of the greatest barriers to independent, productive living for those with disabilities in the Washington metropolitan area and across the nation.

Other research projects that directly benefit individuals with disabilities include a clinical study of new techniques that can enable neurologically impaired men to father children, the development and testing of a lightweight leg brace that will one day be an alternative to the heavier steel braces commonly used today, and a study of the use of electrical stimulation in the treatment of spasticity in persons with spinal cord injury.

Still other projects—while they may not immediately affect services available to disabled persons—are contributing to the body of knowledge about disabilities and medical rehabilitation. One study, for example, is exam-

July 1: The NRH Research Program becomes a formal part of the Medlantic Research Foundation and is re-named the NRH Research Center.
◀

September 1: The Speech-Language Pathology Service is accredited for five years by the American Speech-Language-Hearing Association.
◀

ining how severity of injury among trauma survivors affects rehabilitation outcomes, while another is gathering data about the ways in which polio survivors cope with new symptoms that can occur decades after onset of the disease.

The NRH Research Center staff has also worked to bring issues affecting persons with disabilities into the national spotlight. In conjunction with their work on meeting primary health care needs for that population, for example, they held a major conference on the subject and have introduced into the health services literature discussion of the post-rehabilitation health care needs of persons with disabilities. Previously, this issue had not been well-recognized, even by hospitals and other health care providers.

Similarly, the research staff has encouraged the development of a national capacity to conduct health services research as it relates to the health care needs of persons with physical disabilities. In September 1990, the NRH Research Center hosted a major conference of nationally recognized experts to discuss this issue and to make recommendations for future directions.

October 6-7: A Polo Weekend is held to benefit the Fertility Research Center and NRH Fertility Clinic. The weekend includes a match at the Potomac Polo Grounds and a reception at the British ambassador's residence. ◀

1990 April 16: Dr. Richard Materson joins the NRH staff as vice president for medical affairs and medical director. Dr. John Goldschmidt, founding medical director, retires after eight years of service. ◀

April 30: NRH is named one of the nation's top 10 rehabilitation hospitals by physicians surveyed by *U.S. News & World Report*. ◀

June 11: At a ceremony at the U.S. Capitol, General Reinsurance Corporation presents a major contribution to NRH for research to develop a new lightweight leg brace using materials pioneered by the aerospace industry.

A Continuum of Care

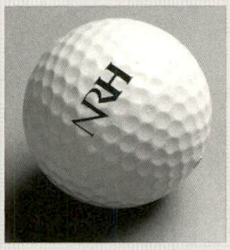
From the beginning, the vision for the National Rehabilitation Hospital has been to create not just a single institution, but a "system" of care that goes beyond the Hospital's walls. NRH—in partnership with the Medlantic Healthcare Group—is reaching that goal by making available an array of rehabilitative and post-rehabilitative services to persons with disabilities in our community and the region.

"In rehabilitation, a coordinated continuum of care from the traumatic or acute episode through post-discharge follow-up is essential to positive outcomes," explains NRH Administrator Douglas Shepherd. "Through the vertically integrated services offered by Medlantic, patients benefit at every level—from acute care to in- and outpatient rehabilitation to transitional living to home health or skilled nursing care."

From the outset, NRH has offered a range of flexible, "a la carte" outpatient services. The NRH Outpatient Center now offers medical care and evaluations, therapies, psychology, and other services that may be received individually or in tandem. A number of specialized, interdisciplinary outpatient clinics have also been established to address issues such as mobility, post-polio syndrome, augmentative communication, electrodiagnosis, and fertility.

NRH has helped to fill the gaps that exist in post-acute rehabilitation for persons with brain injury by establishing the Integrated Brain Injury System, Inc. (IBIS), a component of the NRH Brain Injury Rehabilitation Program. In February 1989, IBIS opened its first facility, "IBIS Rehabilitation at Glenn Dale," which serves adults who are making an important step toward independent or interdependent living. Located on seven acres in Bowie, Maryland, "IBIS Rehabilitation at Glenn Dale" provides a home-like environment in which "clients" function as a family, either living at the facility or participating in day treatment. Therapy is incorporated into daily activities such as writing a shopping list and going to a grocery store, gardening, accessing public transportation, woodworking, and using a post office.

NRH is also proud of its partnership with NASCOTT Rehabilitation Services. Through NASCOTT, NRH patients and others with



June 18: The Third Annual Golf Classic is held at Avenel, featuring paraplegic trick-shot artist Dennis Walters and Bob Wilson, president of the American Amputee Golf Association. ◀

July 26: The Americans with Disabilities Act is signed into law, prohibiting discrimination against the nation's 43 million citizens with disabilities. Numerous NRH employees contributed to the passage of this landmark legislation.

September 17: First Lady Barbara Bush tours the Hospital, visiting with patients and staff. ◀

disabilities receive expert services ranging from custom manufacturing and fitting of orthotics and prosthetics to purchasing of rehabilitation/durable medical equipment. NASCOTT's staff of trained prosthetists and orthotists works closely with the NRH Medical Staff and clinicians to provide appropriate, cost-effective equipment. Since its establishment in 1985, NASCOTT has served thousands of individuals and now has offices at NRH, as well as in Northeast Washington, Richmond, and Fairfax.

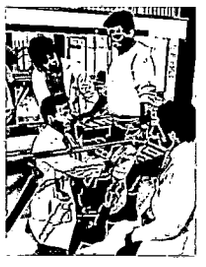
Another extension of services came when the Washington Pain and Rehabilitation Center (WPRC) joined the NRH and Medlantic family in 1988. With this joint venture, NRH physicians and other staff collaborate with an interdisciplinary WPRC team that has special expertise in the treatment of chronic pain syndrome. Located in Washington, D.C., WPRC offers therapy and other services for persons with chronic pain resulting from injury or other causes, and for persons who require "functional restoration" such as return-to-work services, post-surgery rehabilitation, and development of physical strength and skills for activities of daily living. In addition, short-term services including physical and occupational therapy, biofeedback, psychological counseling, and acupuncture are offered.

These pain-coping services will be expanded in 1991 to meet community demands, with new emphasis on sub-acute musculoskeletal pain, such as industrial back pain. Plans are also underway for a "spine center" and a cancer pain center, which will be collaborative efforts of NRH and the Washington Hospital Center.

NRH patients may also benefit from a spectrum of other services offered under the Medlantic umbrella. For example, even before NRH opened, the staff began forming linkages with services at the Washington Hospital Center (WHC) and its MedSTAR shock-trauma unit, both of which are located adjacent to NRH. Through this relationship, NRH patients and physicians have convenient access to acute care and emergency services if needed, and WHC support services such as clinical laboratory testing, pathology, and radiology complement those offered at NRH. In addition, NRH continues to develop ties with other Medlantic services, including the Medlantic Manors skilled nursing facilities, the Visiting Nurse Association of Washington, and the Centers for Ambulatory Surgery Inc.

September 26-27: The NRH Research Center hosts a major conference to discuss developing a national health research capacity in physical disability and rehabilitation. Dr. James Mason, assistant secretary of DHHS, is the keynote speaker.

October 15: The Fifth Annual Victory Awards ceremony is held at the Kennedy Center. The national and state recipients are invited to a reception hosted by Barbara Bush at the White House and a reception at NRH. ◀



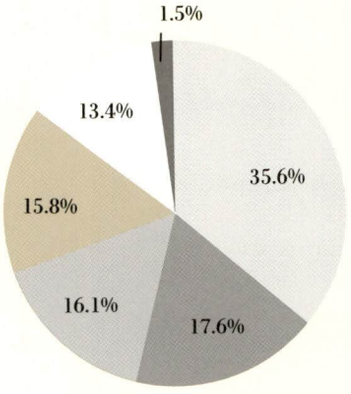
The Musculoskeletal Program is formed, combining rehabilitation services for patients with arthritis, amputation, orthopedic trauma, joint replacement, musculoskeletal pain, and other conditions. ◀

1991 February 6: NRH celebrates its fifth birthday. The staff has grown to 875 employees, more than 3,500 inpatients have been treated, and more than 75,000 outpatient services have been provided.

NRH at a Glance

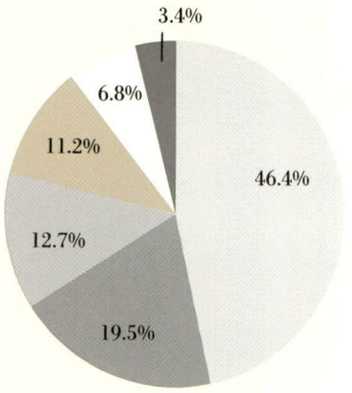
Inpatient Days by Program FY90*

Stroke 35.6%
Spinal cord injury 17.6%
Traumatic brain injury 16.1%
Musculoskeletal 15.8%
(including amputation, orthopedics, and arthritis)
Other neurological 13.4%
Other 1.5%

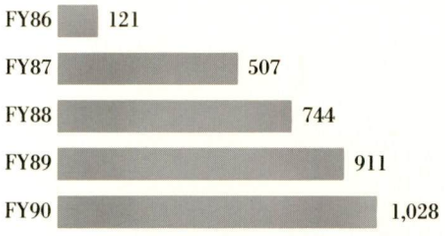


Payment Mix for Inpatients Admitted FY90

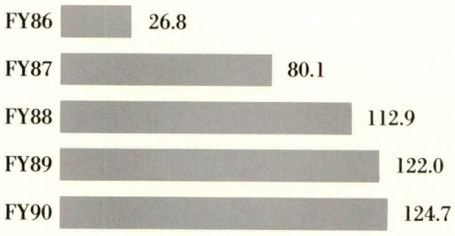
Medicare 46.4%
Commercial insurance and worker's compensation 19.5%
Blue Cross 12.7%
Medicaid 11.2%
Self pay 6.8%
Other 3.4%



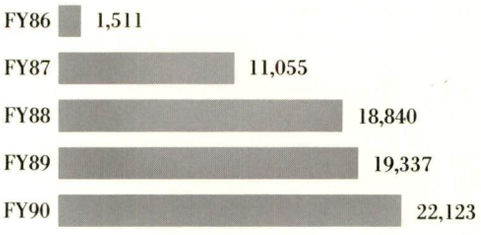
Inpatient Admissions



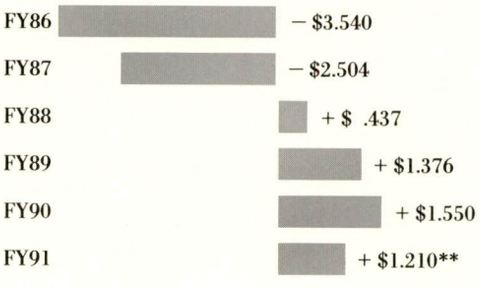
Average Daily Inpatient Census



Outpatient Visits to Individual Services



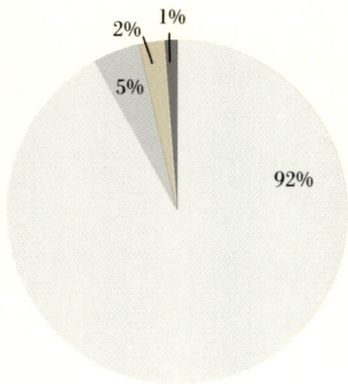
Excess of Revenues Over Expenses and Allowances (in millions)



*July 1, 1989-June 30, 1990
**First six months only

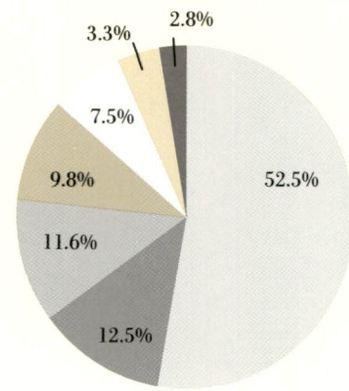
Sources of Revenue FY90

Patient revenue 92%
Grants 5%
Other operations, investments, and rental income 2%
Contributions 1%



Allocation of Revenue FY90

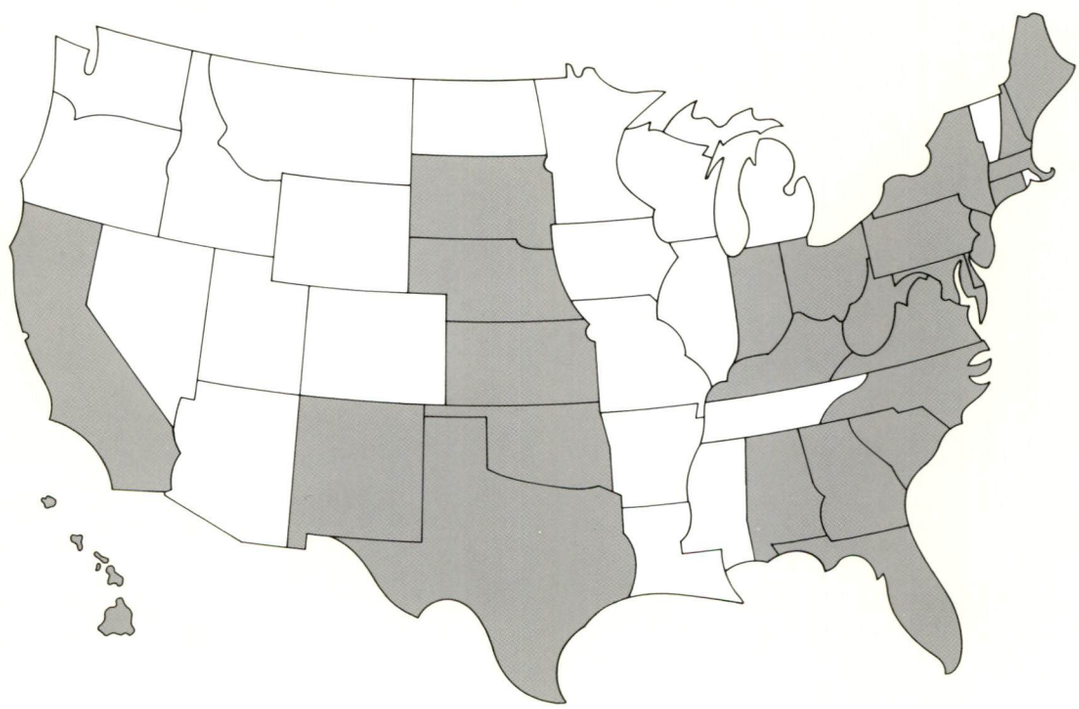
Staffing expenses 52.5%
Contractual allowances 12.5%
Medical supplies and other expenses 11.6%
Plant operations and interest expenses 9.8%
Professional fees and support services 7.5%
Charity care and bad debts 3.3%
Net income 2.8%



Patients' Home States

Patients have come to NRH from the states shaded and from:

Argentina
Barbados
Egypt
Pakistan
San Salvador
South Korea
Soviet Union
Switzerland
Saudi Arabia
U.S. Virgin Islands



At the groundbreaking ceremony in October 1983, Beverly Sills speaks as Senator Robert Dole looks on.

First Lady Nancy Reagan chats with former Medlantic Board Chairman Samuel Sterrett and Medlantic President John McDaniel at NRH in April 1986.

1986 Victory Awards honoree Ann Jillian (left) with entertainers Marie Osmond, Katherine Helmond, Robert Guillaume, Suzette Charles, and Wynton Marsalis.

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Mrs. Helmut Kohl, wife of the ambassador of West Germany, talks with a patient during her visit in October 1986.

Mme. Chirac, wife of the prime minister of France, talks with a patient during a tour of NRH in March 1987.

In October 1987, first lady of El Salvador Ines Duarte watches patient Tony Banks demonstrate equipment in the Speech-Language Pathology Service. Also shown is SLP Director Paul Rao, PhD.

In November 1987, Winfield Kelly, secretary of state of Maryland, talks with Edward Eckenhoff, MedSTAR staff Ann Comitz and Dr. Howard Champion, and Dr. John Toerge.

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James Brady receives his Victory Award from Master of Ceremonies Frank Langella at the October 1987 Kennedy Center ceremony.

In January 1988, Naoko Takeshita, wife of the prime minister of Japan, visits with patient Darryle Dyson and physical therapist Martha Carroll as NRH President Edward Eckenhoff looks on.

Justin Dart, Jr., visits with NRH President Edward Eckenhoff after a September 1989 public forum held at NRH to gather testimony for the Americans with Disabilities Act.

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Ward IV City Council member Charlene Drew Jarvis talks with a patient during a visit to NRH in April 1988.

Sen. Ted Kennedy and Sen. Tom Harkin visit with NRH Rehabilitation Engineering Service staff members during a Senate exhibition in May 1988.

In June 1988, staff member Jan Galvin demonstrates an arm prosthesis to GEICO Vice President James Holleran, former NRH Board Chairman Stephen Ailes, and GEICO President William Snyder.

Dr. Leighton Cluff, president of The Robert Wood Johnson Foundation, with NRH research staff Andrew Batavia and Gerben DeJong, PhD, at a September 1988 NRH-sponsored conference.

National Rehabilitation Services Corporation

NASCOTT Rehabilitation Services
(Provider of prosthetics, orthotics, and rehabilitation/durable medical equipment)

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Thomas Reidy, *Chief Financial Officer*
Manfred Call, *Chief of Operations*
Kyle Scott, CO, *Director, Prosthetics and Orthotics*

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Richmond, Virginia, Office
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(800) 272-0011

Integrated Brain Injury System, Inc.

Joseph Bleiberg, PhD, *President*
Warren E. Lux, MD, *Medical Director*

IBIS—NRH
102 Irving St., NW
Washington, DC 20010
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Washington Pain and Rehabilitation Center, Inc.

Lorenz K.Y. Ng, MD, *President and Medical Director*
2100 M St., NW, Suite 311
Washington, DC 20037
(202) 429-0990

Research & Rehabilitation Engineering Grants & Awards

Establishment of a Rehabilitation Engineering Center on the Evaluation of Rehabilitation Technology*
Funding Source: National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education
Total Amount: $3.25 million

Enhancing Trauma System Evaluation: Adding the Rehabilitation Component*
Funding Source: Centers for Disease Control
Total Amount: $656,250

A Model to Assess and Enhance Consumer Satisfaction with Assistive Technology*
Funding Source: Rehabilitation Services Administration
Total Amount: $467,250

Disability Outcomes of Brain and Spinal Injury Survivors Served by Trauma Centers*
Funding Source: NIDRR
Total Amount: $408,000

A Composite Model for Worksite Evaluation and Accommodation
Funding Source: Social Security Administration
Total Amount: $393,059

Treatment of Spasticity with Electrical Stimulation in SCI Men and Women*
Funding Source: NIDRR
Total Amount: $373,805

Development of a Commercially Viable Lightweight Leg-Brace Technology*
Funding Source: General Reinsurance Corporation
Total Amount: $300,000

An Industry-Based Model for Employing Spinal Cord Injured Individuals in a Technological Labor Market*
Funding Source: Social Security Administration
Total Amount: $300,000

A Managed Health Care Program for Working Age Persons with Severe Disabilities: Technical Design and Development*
Funding Source: The Robert Wood Johnson Foundation
Total Amount: $294,452

Health Insurance Coverage for SSI/SSDI Beneficiaries*
Funding Source: Social Security Administration
Total Amount: $225,000

A Study to Determine the Feasibility of Developing a Capitated Managed Health Care Plan for Working-Age Persons with a Severe Disability
Funding Source: The Robert Wood Johnson Foundation
Total Amount: $181,409

Cognitive Implications of Closed Head Injury*
Funding Source: Subcontract from Catholic University (Centers for Disease Control grant)
Total Amount: $160,000

Exemplary Model of Intensive Technology into Private Vocational Rehabilitation Services
Funding Source: Social Security Administration
Total Amount: $141,530

Efficacy and Timing of Intensive Technology Interventions
Funding Source: Social Security Administration
Total Amount: $75,000

A Clinical Study of the Factors Associated with Successful Fertility in Spinal Cord Injured Men
Funding Source: Medlantic Research Foundation (funds raised through Potomac Polo Club benefit matches)
Total Amount: $62,810

A National Invitational Conference on the Primary Health Care Needs of Persons with Physical Disabilities
Funding Source: NIDRR
Total Amount: $50,000

A National Invitational Conference on the Development of a Health Services Research Capacity in Physical Disability and Rehabilitation*
Funding Source: NIDRR
Total Amount: $50,000

Developing the Role of Maxillofacial Prosthodontists in a Rehabilitation Team for Dysarthric Patients*
Funding Source: NIDRR
Total Amount: $49,947

Evaluation of Handheld Prosthesis*
Funding Source: National Institute of Deafness and Communication Disorders
Total Amount: $49,604

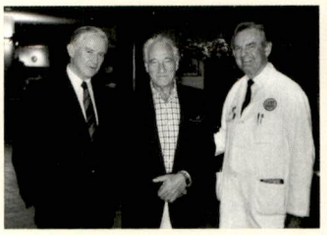
Aerobic Exercise Potential of FES-Induced Lower Limb Pedal Ergometry for Spinal Cord Injury
Funding Source: Medlantic Research Foundation (funds raised through Potomac Polo Club benefit matches)
Total Amount: $42,000

Aging with a Disability: The Late Effects of Polio*
Funding Source: National Institute on Aging
Total Amount: $34,000

Pilot Study of a Remotivational Counseling Program*
Funding Source: NIDRR (subcontract from the University of Arkansas Research and Training Center in Vocational Rehabilitation)
Total Amount: $10,000

A Controlled Study of the Anti-Inflammatory, Non-Steroidal Drug Voltaren in the Treatment of Rheumatoid Arthritis
Funding Source: Ciba-Geigy
Total Amount: $8,000

*Awarded or continued since July 1989.



Board Chairman James Symington and former Medical Director John Goldschmidt, MD, with Victor Borge, who entertained patients in August 1989.

The 1988 Victory Awards honorees: Sammy Davis, Jr.; Marlee Matlin; Bob Wieland; Judy Collins; and Harold Russell. Honoree Johnny Cash is not shown.

At the October 1989 polo event, British Ambassador Sir Antony Acland and Lady Acland talk with event organizer Hon. Chandler van Orman.

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The 1989 Victory Award recipients: Julio Iglesias; Joni Eareckson Tada; Bill Demby; Barbara Mandrell; Skip Wilkins; and Sen. Daniel Inouye.

Dr. John Toerge greets the first lady of Mozambique in March 1990. Also shown are nursing directors Brenda McCall-Russell and Libby Wright, and Edward Eckenhoff.

Ann Charness of physical therapy describes the use of the driving simulator to Mrs. William Reilly during a March 1990 visit by the spouses of U.S. Administration officials.

Medical Director Dr. Richard Materson (center) with Dr. Lorenz Ng (right) of the Washington Pain and Rehabilitation Center, and Dr. Carl Hansen of the National Rehabilitation Association.

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Rep. Connie Morella with NRH Medical Director Dr. Richard Materson during a reception at which General Reinsurance presented NRH a generous contribution for leg-brace research.

NRH Research Director Gerben DeJong, PhD, with James Mason, MD, assistant secretary of the U.S. Department of Health and Human Services, during a September 1990 NRH-sponsored conference.

In June 1990, Senate Minority Leader Bob Dole visits patient Kenny Dye, and occupational therapy staff Carl Holley and Dianne McCarthy.

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First lady Barbara Bush visits with a patient during her September 1990 tour.

At the Hardee's Wheelchair Race of Champions in October 1990, Sen. John Warner congratulates Kenny Carnes, a wheelchair racing champion from Maryland who NRH has sponsored.

The 1990 Victory Award recipients: Jane Rosenbrock; I. King Jordan, PhD; Patty Duke; and Ben Vereen. Honoree Brian May is not pictured.

Queen Margrethe II of Denmark greets NRH physician Dr. Lawrence Prokop during her visit with first lady Barbara Bush in February 1991.

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About NRH

The National Rehabilitation Hospital is one of the nation's newest and finest facilities dedicated to providing inpatient and outpatient comprehensive medical rehabilitation. Opened in February 1986, NRH—a 160-bed, private, not-for-profit facility—is the only free-standing medical rehabilitation hospital in the Washington, D.C., area. In addition to patient care, NRH's mission includes rehabilitation education and training, as well as research related to both clinical concerns and to the quality, accessibility, and cost-effectiveness of rehabilitation.

NRH offers specialty programs for the rehabilitation of persons age 12 or older with disabilities resulting from:

- Spinal cord injury
- Traumatic brain injury
- Stroke
- Arthritis
- Amputation
- Other musculoskeletal conditions including pain, joint replacement, and multiple orthopedic trauma
- Post-polio syndrome
- Other neurological and orthopedic conditions.

These disabilities may include: difficulty walking; limitations in daily living activities (bathing, dressing, homemaking); communication or swallowing disorders; difficulty returning to work or retaining employment due to physical limitations; and adjusting psychologically or socially, or participating in fulfilling leisure activities after a disabling injury or illness.

NRH is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and is a member of the Medlantic Healthcare Group.

Rehabilitation Services Available

- Assistive technology
- Augmentative/alternative communication clinic
- Clinical laboratory testing
- Diagnostic radiology
- Driver evaluation, training, and equipment recommendations
- Electrodiagnosis (EMG and evoked potentials)
- Fertility evaluation and counseling
- Gynecological care
- Medical and surgical consultation
- Mobility/adaptive seating clinic
- Nutritional counseling
- Occupational therapy
- Ophthalmology
- Orthotics, prosthetics, and rehabilitation/durable medical equipment
- Pastoral care
- Pharmacy
- Physical medicine and rehabilitation (physiatry)
- Physical therapy
- Podiatric consultation
- Post-polio syndrome clinic
- Prosthetics clinic
- Psychology and neuropsychology
- Rehabilitation nursing
- Respiratory care
- Social work
- Speech-language pathology
- Therapeutic swallowing/feeding evaluation
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- Urologic studies
- Vocational rehabilitation
- Worksite evaluation and accommodation

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