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Message from the Chair

Kathleen Bell, MD

Spring has come to Dallas and the world has turned green overnight with wild flowers demanding attention and outdoor diners proliferating at every turn. We saw two Mississippi kites flirting outside our 19th story window yesterday, initiating what is sure to be a profitable collaboration. And speaking of collaboration...(now there's a segue for you)...I wanted to report on the many partnerships blossoming at UT Southwestern. On the clinical side, Dr. Jean De Leon leads the Wound Care clinic, a multidisciplinary clinic with plastic and vascular surgery as well as PM&R providers. Dr. Susan Murphy has joined with Neurology to inaugurate a Progressive Supranuclear Palsy clinic. And plans for expansion of our concussion management program have proceeded on the Pediatric front with our Drs. Didem Inanoglu and Wendy Goodwin and Neurology leading the way at Children's Health.

Research efforts have similarly reached across

discipline and institutional lines. Our Dallas VA faculty (Drs. Ben Carlock and Thiru Annaswamy) have ongoing projects with the University of Texas Arlington engineers on biosensors and smart seating for wheelchairs. Dr. Ben Nguyen is working on transcranial direct stimulation for motor return after stroke with Neurology and UTA investigators. Drs. Jennifer Yang and Merrine Klakeel have just begun a partnership with Neurosurgery and University of Texas Dallas bioengineers on exploring the use of vagal nerve stimulation on recovery after spinal cord injury. Dr. Kelly Scott is working with surgery on post-operative management of complex abdominal surgery patients. And a newly formed study group on enhancing physical activity for persons with disabilities has formed with investigators from UT Southwestern PM&R, UT Houston, Texas Woman's University, and Baylor Institute for Rehabilitation.

Along with the bluebonnets, collaborative medical science at Dallas and UT Southwestern PM&R is expanding and blossoming. It's an exciting time to be here. Enjoy our newsletter with the update on Burn Rehabilitation and more multidisciplinary research at UT Southwestern and Parkland Health and Hospital System.

North Texas Burn Rehabilitation Model System

The National Institute on Disability and Rehabilitation Research (NIDRR) now known as National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) created the Burn Model Systems (BMS) “to provide leadership in rehabilitation as a key component of exemplary burn care and to advance the research base of rehabilitation services for burn survivors.” The first BMS grants were made in 1994 and the Department of PM&R, UT Southwestern under the leadership of Phala Helm, MD., was one of the first three centers selected nationwide. The North Texas Burn Rehabilitation Model System (NTBRMS) includes the Regional Burn Center at Parkland Health and Hospital System and UT

Southwestern. Now under the leadership of Karen Kowalske, MD and Radha Holavanahalli, PhD., the NTBRMS has continued to compete nationally and receive the award in a competitive cycle held every 5 years. In addition to providing a comprehensive, multidisciplinary service to children and adults who sustain major burn injuries from the time of injury to long-term follow-up, the NTBRMS collects burn injury, recovery and outcomes data contributing to a national longitudinal database. Several collaborative and site-specific research projects on burn rehabilitation are conducted and results continue to be disseminated in a variety of format reaching survivors, families and professionals.

Another component of the

NTBRMS is the rural satellite clinic at East Texas Medical Center in Tyler, Texas. The satellite clinic serves the needs of those patients who would not otherwise receive treatment due to transportation constraints and financial burden. These clinics provide follow up care for hundreds of burn-injured patients, in addition to providing in-service training and technical assistance to therapists in the area. Over 90% of the patients receiving care at the satellite clinic have reported that the clinic is more convenient, less time consuming, less expensive, and more importantly they feel the medical examination and feedback in Tyler is the same as the care received in Dallas.

For more
information

Click on:

[NTBRMS](#)

Or go to:

[http://
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school/
departments/
physical-
medicine/
ntbrms/
index.html](http://www.utsouthwestern.edu/education/medical-school/departments/physical-medicine/ntbrms/index.html)

Peer Support Volunteers Assisting in Burn Recovery



“It is my hope to give back a measure of the understanding, acceptance, and restoration that I have received.” – Glen Herrington, SOAR Peer Supporter

Survivors Offering Assistance in Recovery (SOAR) is a structured volunteer peer support program designed by the Phoenix Society for Burn Survivors (www.phoenixsociety.org/soar), a leading national nonprofit organization dedicated to empowering anyone affected by a burn injury. The SOAR program offers training for survivors and family volunteers to offer one-on-one support to burn survivors and loved ones affected by a burn injury in order to facilitate emotional adjustment, community

reentry and recovery. Dr. Holavanahalli, a SOAR-certified instructor, spearheads the program at the burn center, by providing the training and necessary tools for burn survivor volunteers who are ready to share their experience and give back to others. The burn center has a very dedicated group of SOAR volunteers who visit with patients in the burn unit. Talking to someone who has been directly impacted by a burn injury provides a sense of reassurance, hope and comfort in knowing that they are not alone.

Patient Engagement at its Best at Parkland Regional Burn Center!

For the past decade the Burn Survivor Support Group (BSSG) conceived and facilitated by Dr. Holavanahalli and the NTBRMS staff has been providing a comfortable meeting place for survivors, their families, and their loved ones. It is an opportunity to share their stories, their experiences and give one another strengths. Relating to experiences similar to oneself offers an immeasurable power to the conversation that takes place in these meetings. The realization that one is not alone becomes a major part of the healing process. As one burn survivor said, "Hearing about others ... means



you are not alone and gives me hope." Each meeting is unique and has a chemistry all its own. Frequent topics include coping with the demands of physical therapy, itching and pain, understanding the effect of burn injury on family dynamics, learning how to support hospitalized loved ones, accepting burn scars, dealing with staring, and returning to

normal daily activities, work or school. In 2014, the "Ask the Expert" was introduced to the BSSG meetings where an invited expert answers questions

relating to a particular topic of concern to the BSSG attendees, and has been a great success in serving the informational needs of burn survivors. The BSSG attendees have become a family and every year together celebrate the Annual Potluck Thanksgiving Dinner by providing a warm meal to the families of inpatient burn survivors while spending time with fellow survivors.

Camp I-Thonka-Chi: Burn Camp for Children

Each summer, pediatric burn survivors travel about two hours from Dallas to a place where what is on the inside counts much more than what we see on the outside.

Ryan, a camper who was severely burned during a family cookout when he was eight years old doesn't think twice about shedding his shirt for a game of pool basketball at Camp I-Thonka-Chi.



"When I am at school, kids ask a lot of questions about my scars," says Ryan. "When I am here, everyone is the same...no one cares about how you look."

Children with burn injuries often face difficult social adjustments, experiencing teasing due to disfigurement from their burns. This is why, in 1991, employees of Parkland Health & Hospital System proposed a camp that would allow children who had been hos-

pitalized with burn injuries an opportunity to spend time with others who face the same challenges. Camp I-Thonka-Chi, meaning "a place that makes one strong or fearless, not afraid to face life", was born.

Camp I-Thonka-Chi is free to all campers ages 6 - 18 and allows pediatric burn survivors to enjoy a carefree, fun-loving environment with other burn patients. Participants engage in activities

that develop a positive sense of self and allow them to gain confidence in their unique situation. Camp provides a chance to develop skills needed to build relationships and set goals.

Held the first week of June every year at Camp John Marc in Meridian, Texas, Camp I-Thonka-Chi includes activities such as swimming, fishing, boating, ropes challenge course, horseback riding, volleyball, basketball, softball, and arts and crafts. Former campers often serve as camp counselors acting as role models for the campers, demonstrating that their burn injuries did not prevent them from pursuing their dreams. Many volunteers including UT Southwestern PM&R physicians and residents donate their time to serve at camp.



"When I am here, everyone is the same...no one cares about how you look."
—Ryan



**Informational
Factsheet on
Post Burn
Itching
available at:**

**Burn Model
Systems
Factsheet**

Or go to:

**[http://
www.msktc.or
g/burn/
factsheets/
Itchy-Skin-
After-Burn-
Injury](http://www.msktc.org/burn/factsheets/Itchy-Skin-After-Burn-Injury)**

Managing Post-Burn Itch



Post-burn itching occurs in as many as 87% of burn survivors on or around the burn, graft, or donor site. This is due to a lack of oil glands in the scar tissue making the skin dry and new nerve endings growing back into an area of damaged skin. People with larger or deeper burns and psychological distress are more likely to have severe itching. Both the frequency and severity of itching improve over time but some individuals may continue to

have some itching even years after a burn injury. While there is no treatment that will stop itching completely, there are several that may help.

The first line of treatment for itching is lotion and massaging the scars. There are innumerable types of lotion and which works best is very much an individual preference. In general the cost of the lotion does not indicate the quality and while products in jars tend to be thicker and may last longer than bottled lotions, they can be harder to rub in. All products should be perfume free and applied to a small area first to make sure that it does not cause an irritation or an allergic reaction. Benadryl

(diphenylhydramine) cream may also be useful for some patients.

The first line of medication for treatment of itching turns out to be medications used for nerve pain. Gabapentin (Neurontin) and Pregabalin (Lyrica) are the first choices. Antihistamines such as Benadryl (diphenylhydramine) or Atarax (hydroxyzine) can also be helpful for some. Unfortunately there is no treatment that takes itching away completely. Biofeedback or psychotherapy may be useful for those in which itching is overwhelming despite the above interventions.

A patient information factsheet on post burn itching is available online at <http://www.msktc.org/burn/model-system-centers>.

From “being a victim” to “becoming a survivor” - Parkland Regional Burn Center Programs Promoting Emotional Recovery

Parkland’s Regional Burn Center offers a School-Reentry program for children returning to school after a burn injury. Hospital staff, including nurses, therapists, Child Life Specialist, and physicians work with a child, parents and school to assist with the transition back. The program is individualized for the unique needs of each child, with a goal of empowering the students with examples, and practice of positive social skills and coping techniques; informing administration, teachers, coaches and school nurse with information regarding burn injury, challenges experienced and

ways to assist the returning student.

The Discovery Retreat is a great way to begin the healing process during a weekend retreat offered by the burn center for adult burn survivors. It is comprised of sessions led by a facilitator and burn center staff, who share information about the healing process and the transition that occurs after discharge. The retreat offers many opportunities for burn survivors to experience the transition from victim to survivor, as they share experiences and learn from other

survivors, and develop new friendships.

The Hope Reunion takes place on the first Sunday of May each year. It is a 4-hour picnic with fun activities for all, a time where individuals enjoy the opportunity to interact with other survivors and have fun!



UT Southwestern Faculty

Publications and Presentations

Bell KR, Brockway JA, Fann JR, Cole WR, De Lore JS, Bush N, et al. Concussion treatment after combat trauma: Development of a telephone based, problem solving intervention for service members. *Contemporary Clinical Trials*. 2015;40:5462.

Schneider JC, Nadler DL, Herndon DN, **Kowalske K**, Matthews K, Wiechman SA, Carrougher GJ, Gibran NS, Meyer WJ, Sheridan RL, Ryan CM. (2015). Pruritus in pediatric burn survivors: Defining the clinical course. *Journal of Burn Care & Research*, 36(1):151-58.

Chhabra A, Rozen S, **Scott K**. Three-dimensional MR neurography of the lumbosacral plexus. *Seminars in Musculoskeletal Radiology*. 2015;19(2):149-59.

Brown AW, Watanabe TK, Hoffman JM, **Bell KR**, Lucas S, Dikmen S. (2015). Headache after traumatic brain injury: A national survey of clinical practices and treatment approaches. *PM&R*, 7(1):3-8.

American Burn Association

Saeman MR, Hodgman EI, Burris A, Wolf SE, Arnoldo BD, **Kowalske KJ**, Phelan HA. (2015). A 35 year experience of epidemiology and outcomes in pediatric burns at a regional burn center. Poster 338

West JN, Gibran NS, Herndon DN, **Holavanahalli RK**, Hynan LS, Ryan CM, **Kowalske KJ**. (2015). Burn injuries in pediatric population: Are age and ethnicity associated with different functional outcomes? Poster 391

Levi B, Jayakumar P, Goldstein R, Jupiter JB, Ring DC, Giladi A, **Kowalske KJ**, Amtmann D, Schneider JC, Ryan CM. (2015). Development of a scoring model for the early prediction of heterotopic ossification in seriously burned adults: a NIDRR Burn Model System database analysis. Poster 232

Kowalske KJ, **Boswell IK**, **Ly J**. (2015). Onabotulinumtoxin A in the treatment and prevention of ankle plantar contractures. Poster 247

Kowalske KJ, **Holavanahalli RK**, Phelan HA, Johnston AR, Arnoldo BD, Wolf SE. (2015). Spinal cord injury after high voltage electrical burn: Functional outcome. Poster 239

Goverman J, Vardanian AJ, Mathews K, Schneider JC, Gibran NS, Esselman PC, Herndon DN, Suman OE, **Kowalske KJ**, Ryan CM. Contractures in the Burn Model System National Database: Risk Factors and Implications.

Holavanahalli RK, **Helm PA**, **Kowalske KJ**. Long-Term Outcomes: Are there Age-related Differences in Perceived Functional Adaptation?

Crandall CG, Schlader ZJ, Ganio MS, Pearson J, Lucas RA, Rivas E, **Kowalske KJ**. The percentage of body surface area grafted does not influence the perception of thermal strain during exercise in the heat.

Amtmann D, McMullen K, **Holavanahalli RK**, Carrougher GJ, Friedlander L, Gibran NS, Herndon DN, Fauerbach JA, Wiechman S, Johnson K. Attrition of participants in a large database.

Carrougher GJ, McMullen K, Mandell SP, Fauerbach JA, Kazis LE, Schneider JC, **Holavanahalli RK**, Gibran NS. Patient Reported Longitudinal Outcomes for Adult Burn Survivors.

Association of Academic Physiatrists

Annaswamy TM, **Bierner SM**, **Anastase A**, **Zhu T**, **Li HY**, Kasitnon D. (2015). Correlation of electrodiagnostic variables with functional outcomes in carpal tunnel syndrome. *Am J Phys Med Rehabil*, 94(3 Supp1):Poster 702.

Bierner SM, **Chong S**, **Syu T**, Hall K, Dolezal C. (2015). Analysis of Functional Recovery from west Nile neuroinvasive disease using the World Health Organization Disability Assessment Schedule 2.0. *Am J Phys Med Rehabil*, 94(3 Supp1):Poster 624.

Davis KR, **Scott K**. (2015). Sacral plexus prostate metastases manifesting as sacroiliac and gluteal musculoskeletal pathology: A case report. *Am J Phys Med Rehabil*, 94(3 Supp1):Poster 764.

VA North Texas Health Care System - Recent Presentations

Paralyzed Veterans of America (PVA) Annual Summit

Jimenez Z, Quinones E, **Wickremasinghe I**. (2014). Emergency preparedness and management plan: Spinal cord injury home care providers response.

Quinones E, Jimenez Z, Jones C, **Wickremasinghe I**. (2014). Sexual diversity awareness in spinal cord injury.

Annual Meeting of the Academy of Spinal Cord Injury Professionals (ASCIP)

Jimenez Z, Quinones E, **Wickremasinghe I**. (2014). Clinical video telehealth: More than technology.

Jimenez Z, Bennett B, Perry L, **Wickremasinghe I**. (2014). Use of mindfulness-based exercises to reduce elevated blood pressure in SCI.

Quinones E, Jimenez Z, **Wickremasinghe I**. (2014). Increasing influenza vaccination rates among individuals with spinal cord injury and diseases. Annual Meeting of the American Spinal Cord Injury Association (ASIA)

Jimenez Z, Quinones E, Coleman B, **Wickremasinghe I**. (2013). Improving clinical outcomes and cost effectiveness in SCI through clinical video telehealth: A case Report. *American Academy of Physical Medicine and Rehabilitation*.

PM&R ACCOLADES

Dr. **Thiru Annaswamy** received the Best Paper award at the Association of Academic Physiatrists: Annaswamy TM, Armstead C, Avraham R, Carlson L, Bierner SM. (2015). Intraarticular triamcinolone versus hyaluronate injections for lumbar zygapophyseal joint arthropathy: A pragmatic, double blind randomized controlled trial. *Am J Phys Med Rehabil*, 94(3 Supp1). Scientific Paper.

Dr. **Thiru Annaswamy** was appointed to the Board of Governors of the Association of Academic Physiatrists as a Member at Large.

Dr. **Manosha Wickremasinghe** was nominated by the AAPMR Performance Metrics Committee and subsequently appointed to the American Medical Association convened Physician Consortium for Performance Improvement (AMA-PCPI) Quality Improvement Advisory Committee.

Dr. **Radha Holavanahalli** was appointed by the Board of Trustees of the American Burn Association as Co-Chair to the Aftercare Reintegration Committee.

Dr. **Kathleen Bell** was the Visiting Professor and delivered the Keynote address at Stanford University's PM&R resident research Day. Dr. Bell's presentation was titled, "Six Easy Steps: Problem Solving after TBI Evolution of a Research Program".

Zale Lipshy University Hospital received Healthgrades Patient Safety Excellence and Outstanding Patient Experience Awards in 2015



Zale Lipshy University Hospital

Rehabilitation Nurses: An Integral Part of the Treatment Team

National Nurses Week celebrates the vital role nurses play in delivering the highest level of care to patients. Their commitment and compassion makes nurses an integral part of the interdisciplinary team. This concern for quality patient care is evident when talking to Layo

Orekoya, RN, CRRN. Ms. Orekoya has been a rehabilitation nurse at Parkland Health and Hospital System for the past four and a half years. When asked about the unique rehabilitation environment she describes the complexity of coordinating with a number of disciplines to ensure that patients receive quality care. In the rehabilitation environment it is not uncommon for upwards of ten disciplines to work together for the care of an individual patient. She also recalls the memory of a particular patient who was non-verbal and severely malnourished, among several other condi-

tions. The situation did not seem hopeful, but the patient gradually began to improve. He gained weight, started talking, and made enough significant progress to be discharged home. After a time, the patient returned to visit and the entire unit saw cause for celebration. Ms. Orekoya states, "it is just very fulfilling and gratifying whenever a patient comes back and says 'look at me now.' Patients come in many times completely dependent on others, and they go home being able to care for themselves and regain their self-confidence. That is the reason we come to work every day!"



PM&R at UT Southwestern

The field of physical medicine first began to emerge in the 1920s and has seen rapid growth since. By 1936 it was clear to Dr. Frank Krusen and his colleagues that this practice deserved recognition as a specialty and it is their work that led to the formation of the American Board of Physical Medicine in 1947. Shortly after, what is now called the Department of Physical Medicine and Rehabilitation (PM&R) was established in 1955 at UT Southwestern under the leadership of Dr. Van Taylor.

Dr. Ursula Krusen took over as acting chair in 1959. She was the first chief of PM&R at what is now known as Parkland Health and Hospital System and established the presence of the department there. Dr. Richard D. Burk became the chair of the department in 1966. He is recognized for starting vocational rehabilitation counseling as a division of PM&R. He was also the first dean of what is now known as the School of Health Professions, serving in this position while maintaining his position as PM&R Department Chair. Dr. Alexander Raptou worked as the acting chair of the department beginning in

1971 and stepped down when Dr. Phala Helm took the position in 1972.



Dr. Helm was instrumental to the development of the Burn Unit at Parkland in 1977 and served as Co-Medical Director with Dr. Charles Baxter until 1988. In 1985 she started the Problem Foot Clinic at Parkland. In the early 1990s Dr. Helm was involved with the foundation of the Burn Rehabilitation Model System and was the first Principal Investigator for the North Texas Burn Rehabilitation Model System (NTBRMS) at UT Southwestern. Dr. Helm stepped down as Chair of the PM&R Department in 1996, after leading for more than twenty years. The "Phala A. Helm, MD Distinguished Lectureship" is held in her honor during the PM&R Department's

Annual Scientific Day celebrations.

Dr. Karen Kowalske began her time as the PM&R Department Chair in 1997. She became the Principal Investigator for NTBRMS and continues in that position today. She is recognized for developing and expanding the inpatient rehabilitation unit at Zale Lipshy University Hospital as well as facilitating inter-departmental collaborations at UT Southwestern. Dr. Kowalske also contribut-

ed to growing the faculty in the PM&R Department. Prior to her starting as Chair, the faculty never included more than seven physicians. When she stepped down as Chair in 2014 the faculty included more than twenty members. Dr. Kowalske continues her clinical practice in the PM&R Department and serves as the Principle Investigator of the North Texas Burn Rehabilitation Model System. She is currently President of the American Board of Physical Medicine and Rehabilitation, representing PM&R and UT Southwestern on a national level.

Dr. Kathleen Bell became the PM&R Department Chair in 2014 and has plans for the department that include growth in neuro-trauma, neuro-rehabilitation, and cancer rehabilitation. Dr. Bell is also committed to expanding research efforts within the department. She is leading the charge to increase the influence and visibility of the PM&R Faculty and Department to become a global leader in the field of Rehabilitation Medicine.



1955 -
Department
of PM&R
Established,
Dr. Van
Taylor, Chair



1959 -
Dr. Ursula
Krusen,
Acting Chair



1966 -
Dr. Richard
Burk, Chair



1971 -
Dr. Alexander
Raptou,
Acting Chair



1972 -
Dr. Phala
Helm, Chair



1977 - PM&R
Residency
Program
Established

1978 -
Residency
Program
Receives
ACGME
Accreditation

1996 -
Dr. Willis
Maddrey,
Acting Chair



1997 -
Dr. Karen
Kowalske,
Chair



2014 -
Dr. Kathleen
Bell, Chair



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The PM&R department would like to extend our gratitude for the financial support of our donors over the years. Our physicians and researchers are integrating advances in comprehensive patient care, and the development of innovative education and prevention programs to improve health care in North Texas and around the world. As a nonprofit organization, UT Southwestern relies heavily on the generosity of its supporters to remain at the forefront of medical care and scientific discovery.

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- **To improve health care in our community, Texas, our nation, and the world through innovation and education;**
- **To educate the next generation of leaders in patient care, biomedical science and disease prevention;**
- **To conduct high-impact, internationally recognized research;**
- **To deliver patient care that brings UT Southwestern's scientific advances to the bedside.**

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