Handicapped get driver training

By John H. Hackman
2-25-77

Ohio State has the most complete driver education program for paraplegics and quadriplegics in Ohio, said Charles W. Puckett, occupational therapy specialist at Dodd Hall.

The driver education program, which started in 1973, has six driving simulators, two modified cars and a modified van.

PARAPLEGICS who have full use of their arms and hands but no use of their legs are trained in the two cars. Quadriplegics who have no use of their legs, but often have limited use of their hands and arms, learn in the van.

The simulators were loaned to the University by the Ohio Department of Education. Key Oldsmobile Co. of Columbus donated the two cars, and the van was purchased with a grant from the Ohio Bureau of Vocational Rehabilitation.

Modifications to the two 1977 Oldsmobiles include a steering knob to ensure a secure grip on the steering wheel and hand-operated accelerator and brake controls.

A PARAPLEGIC enters the car from the passenger side. He or she can slide from the wheelchair onto the seat, then fold up the wheelchair and put it in the back seat. "A good, strong para (paraplegic) can get into the car in two to five minutes," Puckett said.

The van is equipped with electrically operated doors, an electric lift to get the wheelchairs aboard and hand-operated accelerator and brake.

Puckett said he will teach about 150 handicapped persons this year to drive the modified vehicles. "That's a 50 to 75 percent increase over the number of people we taught in 1973," he said.

THE FIRST step in the driver education program is the evaluation of the prospective driver on the simulators. "We do this to determine whether the person is physically able to drive," he said. "Some are just too handicapped to drive." The evaluation costs $17, Puckett said.

If the person is judged able to drive, then instruction begins on the simulators.

Following instruction, the new driver is ready to test his skills on the road. The first actual driving experience is on West Campus roads. "After that, we branch out to more challenging driving situations, usually in Upper Arlington and Worthington," he said.

THE AVERAGE para (paraplegic) can complete the program in about 10 lessons. Puckett said. Each lesson costs $12 and lasts 45 minutes. Following the instruction, the new driver takes his state driver test, and receives an Ohio driver's license if he passes.

The program is not restricted to Ohio State students. Both inpatients and outpatients of Dodd Hall are eligible to participate in the program.

Puckett said many of the inpatient's insurance companies will pick up the tab for the cost of the driver training. The Bureau of Vocational Rehabilitation pays for the cost of the outpatient's lessons in many cases.

THE BUREAU will also pay for the cost of modifying a car the handicapped person has purchased after the driver's test is successfully completed, he said.

There are only two other driver education programs available for the handicapped in Ohio, one in Cleveland, the other in Dayton. These programs only evaluate the prospective driver. Puckett said, and the actual driver training is done by commercial schools.
COLUMBUS, Ohio -- The rehabilitation facility at Ohio State University Hospitals is one of six rehabilitation centers in the United States and Canada to use a new wheelchair loading system for disabled auto drivers.

The loading system, with the aid of mechanical and electrical devices, reduces the entry and exit time for handicapped drivers using wheelchairs. It also will permit disabled drivers to use automobiles instead of vans.

"The new system is beneficial for disabled drivers who can get into the car, but who lack the strength to lift the wheelchair into their vehicle," explained Charles W. Puckett, driver education instructor at Ohio State's rehabilitation facility, Dodd Hall.

"Arthritis, multiple sclerosis, spinal cord injured and post-polio patients are among those who will benefit from this new system," Puckett said.

The loading system will be used in a driver training car at Dodd Hall to familiarize disabled drivers with its operation. Disabled drivers later may purchase the system for their own vehicles.

With the system, the disabled driver docks the wheelchair on
the passenger side of the car and folds down a transfer bridge to slide onto the front seat. Using the door belt and dash handle for balance, the individual touches a switch and the system electrically lifts and folds the wheelchair against the door.

The driver then folds up the bridge and lifts the side of the bench seat to make room for the wheelchair when the door is shut. The process takes the average user about two minutes.

"The auto wheelchair loading system will enable disabled drivers to purchase smaller, more economical autos instead of vans," Puckett said.

"In addition, the disabled driver who drives while in a regular car seat is safer than one who drives in a wheelchair placed in the driver's side of a van. The wheelchair could collapse with a sudden stop or on impact."

Information on the availability of the system may be obtained from Puckett.

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(Contact: Cassandra Clancy, Department of Communications, Ohio State University Hospitals, 421-3914.)

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Adapting:

Disabled patients learn to adjust;
Dodd center brings society closer

By Lisa Gavin
Lantern staff writer

Patients in Dodd Hall aren’t sick.

They do not have an acute or mental illness. These patients are learning to adapt to a new lifestyle brought about from disease or injury.

Nancy Snyder, director of program evaluation, said

Dodd Hall is a rehabilitation center for OSU Hospitals.

"It is basically physical medicine and rehabilitation," Snyder said. "Most of the patients have physical dysfunction (amputation of limbs or malfunction of organs or limbs) from either disease or injury."

Some patients have arthritis, which can prevent a person from doing certain activities because of inflammation of a joint, she said. Others may be admitted for something as serious as spinal cord injury.

The majority of patients are from Ohio and their average age is 38. "We're not a pediatric unit, although occasionally we'll see juvenile amputee outpatients," Snyder said.

She said the length of stay for inpatients is about 68 days, but could be more or less depending on the seriousness of the injury and on the progress of the patient.

However, if the staff notices a patient could improve with two more weeks in the hospital, then the patient won't be released, Snyder said.

"We're not going to discharge patients if they're in the middle of crossing the river," Snyder said.

Before patients are released, they go home for a weekend visit called a functional trial visit. After the weekend, the family and patient will report on the individual's progress and ability to adjust to the home environment, she said.

"These visits are good because they allow us to determine what changes need to be made for the individual when they go home permanently," Snyder said.

One of the major functions of Dodd Hall is to teach the patients every activity necessary to be independent in daily living. This is known as ADL (activities of daily living).

These activities include: dressing, feeding, personal hygiene and ambulation (moving around one's environment either by wheelchair, walker or cane).

"Many of the patients want to be independent," Snyder said. "After they work through the depressive swing, we help them be independent."

"We also try to get the patients ready to best manage the tasks needed in the career area they are pursuing," she added.

She said the staff can't make the patients become motivated and that the motivation to overcome the disability has to come from the patient.

Snyder said she observed that a large percentage of the patients who coped better with life prior to their disability can cope better with their disability.

"But I have seen cases in which the handicap changed the person," Snyder said.

In one instance, a man was shot while running from a robbery and became disabled. "Before the accident, this young man didn't cope very well. Now he's quite wealthy and very happy with his life," she said.

Marty Johnson, director of recreational therapy, said an important part of the Dodd Hall program includes leisure activities.

"Leisure time is a part of everyone's life. Just because someone is handicapped doesn't mean that part should be ignored," Johnson said. "All people need to have fun."

General recreational services are offered to patients, she said.

"We offer craft, art, field trips to Columbus Clippers' games and trips to restaurants and theaters," Johnson said. "We want to get the patients back into socializing."

Because Dodd Hall has limited resources, some of Larkins Hall facilities are used.

"One of our programs with Larkins is Adapted Aquatics Swimming," Johnson explained.

"Right now we're expanding on general recreational programs and reaching as many patients as possible," she said.

Johnson and Snyder said the staff strives to release the patients to a non-institution environment, preferably the home.

"We work as a team and evaluate the patient as a total person," Snyder said.

The team consists of about 12 people including a physician, psychologist, the family and a therapist.
COLUMBUS, Ohio -- A program to evaluate the vehicle and adaptive equipment needs of severely disabled drivers will begin in early 1984 at Ohio State University Hospitals with a $51,745 grant from the state's Rehabilitation Services Commission.

The program will provide an evaluation van and other evaluation equipment to help determine the driving ability of individuals having a wide range of physical disabilities.

"The extra training dimension that this vehicle provides will give the more severely physically handicapped in Ohio additional freedom and mobility, increasing their potential for being active and productive citizens," said George J. Pogan, acting associate executive director at University Hospitals.

Patients who may benefit from the driver evaluation and equipment and vehicle modification evaluation include those with arthritis, cerebral palsy, head trauma, multiple sclerosis, spinal cord injury, stroke and amputations.

The evaluation program will be provided by Dodd Hall--the University Hospitals' rehabilitation facility--to clients of the Rehabilitation Services Commission and other disabled individuals.

"At Ohio State University Hospitals, we intend to integrate our present evaluation program with the proposed adapted van. This new van will allow us to evaluate the more severely handicapped individual," said Charles Puckett, driver education instructor.
University Hospitals has the only complete driver education program for severely disabled patients in Ohio.

"The new program will enable us to determine the safest and most cost effective adaptive equipment and vehicle mix for patients," Puckett said.

Adaptive equipment will include vacuum assisted brakes and accelerator, horizontal steering column, remote electric shafter, extended cargo doors, loading platform and various types of hand controls.

The evaluation van and other evaluation equipment are expected to be delivered to Dodd Hall in about 6 months, according to Puckett.

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(Contact: Cassandra S. Clancy, Department of Communications and Public Affairs, University Hospitals, 421-3914.)

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COLUMBUS, Ohio -- Dodd Hall, the 72-bed physical rehabilitation facility at Ohio State University Hospitals, has received a three-year accreditation renewal from the Commission on Accreditation of Rehabilitation Facilities, announced Donald Boyanowski, interim executive director of University Hospitals.

Accreditation is a national recognition reserved for facilities that meet the strictest of quality standards established by the commission.

"This important achievement on your part is a further indication of your dedication and commitment to improve the quality of life of people with disabilities," said Alan H. Toppel, executive director of the national accrediting commission.

Highlighting the commission's report was the praise of staff members' efforts and enthusiasm, the contribution of volunteers, strong fiscal and administrative leadership, and efforts to inform the public of the accomplishments of people with physical disabilities.

The commission also commended the superb clinical programs, such as spinal cord rehabilitation and pain management.

More than 400 inpatients are cared for each year at Dodd
DODD HALL -- 2

Hall. Among the services offered are physical, occupational and speech therapy; counseling; pain management; nutrition education; driver education; and tutoring.

"We are pleased that the commission has recognized the excellence of our Dodd Hall staff and programs. They are a dedicated group of individuals who work together to provide the best in rehabilitative care for their clients. We're proud of them," said Boyanowski.

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(Contact: University Hospitals Communications 421-3914.)

Written by Ginny Halloran
Evaluation van offers fit for handicapped drivers

By Ginny Halloran

"On Campus" 10-11-84

Thanks to Dodd Hall's new driver evaluation van, Charles Puckett can put almost anyone in the driver's seat.

The scarlet and gray van is the latest addition to the fleet of test vehicles used in the driver education program at Dodd Hall, University Hospitals' physical rehabilitation facility. It's the most advanced evaluation and training vehicle available, said Puckett, who has served as Dodd Hall's driving instructor for 11 years.

"This van has just about every option for the handicapped driver that's on the market today," said Puckett. "We can evaluate the driver's ability to use each of these adaptations and make recommendations so the person can purchase the vehicle that's easiest, most cost-effective, and safest for him to handle."

Nationwide studies have shown that proper vehicle adaptations can make a big difference in safety for the handicapped driver, he said.

"If the right equipment is prescribed, accident rates for handicapped drivers are the same as for all drivers," Puckett said. For the disabled person, driving means greater independence in everything from employment to socializing with friends.

Among the numerous van adaptations are vacuum assisted accelerator and brakes, various steering positions, multiple seat adjustments, door mounted cruise control, a power loading platform, and even specialized controls for tuning the van's stereo system.

A physically disabled driver can enter the van by using passenger doors or by the side-mounted power loading system. The driver's seat can be adjusted in six directions to accommodate the driver. Or, if the driver plans to operate the van from a wheelchair, the seat can be removed and the wheelchair lowered six inches into the floor to allow for greater road visibility.

Once inside, the engine can be started by flipping a switch rather than turning a key.

Since the purpose of the vehicle is to determine which controls are most suitable for each individual, the steering column can be adjusted to almost any position. The wheel can be horizontal, diagonal or perpendicular to the floor — even placed upside down if that's more comfortable for the driver.

Power steering is standard, but two additional levels of power assisted steering make the van maneuverable with the strength of only one finger, said Puckett.

A centrally mounted control panel as well as door controls help the driver education instructor evaluate whether the person's left of right side offers the greatest strength, flexibility and function.

The van and a two-door passenger car were purchased with a $41,000 grant from the Ohio Rehabilitation Services Commission and a $10,000 Hospital's contribution. They will enable University Hospitals to offer its driver education services to a greater variety of disabled clients, said Puckett.

"This van can pave the way for greater independence and mobility for persons with a very high degree of physical limitations," said George Pogan, associate executive director of University Hospitals.

The van will be used to evaluate the abilities of Rehabilitation Services Commission clients as well as others with arthritis, cerebral palsy, head trauma, multiple sclerosis, spinal cord injury, stroke and amputation.

"We're pleased that the Rehabilitation Services Commission and University Hospitals could work together on such a worthwhile endeavor," said Robert Rabe, administrator of the Rehabilitation Services Commission. "This is a terrific example of government and public agencies working together for the good of the people."

Driver education students are evaluated for the mental and physical skills necessary for driving. Various specialists examine perceptual abilities to ensure the students are capable of the cognitive tasks driving requires.

Classroom experience gives clients the knowledge and confidence they'll need for driving, said Puckett, so that by the time they're behind the wheel, the student drivers are ready for the road to greater independence.
Granite Statue Enhances New Decor at Dodd Hall

Dodd Hall got a major sprucing up recently with the addition of a new lobby area complete with art work and three fine furniture groupings.

Topping off the new decor is an 800-pound, white granite statue of Isolde, a legendary Irish princess. The statue was carved in 1949 by the late Erwin Frey, a prominent sculptor and member of The Ohio State University faculty.

“What’s unique not only about the sculpture, but the other art work and furniture is that most of it was produced by Ohio talent,” according to Mary Stringfield, coordinator of interior design.

A series of lithographs hung over a blue, modular couch were crafted by Elizabeth Shippert, a local artist, whose work can also be viewed in two New York City galleries. The lithographs were printed by her husband.

The L-shaped modular couch was manufactured in Centerville, Ohio.

Two Queen Anne chairs in pink and sea green stripes and four Georgian-period arm chairs lend a predominantly traditional look to the lobby. “The chairs were specially designed to promote the ease of wheelchair transfers,” she said. The Georgian chairs are placed at a marble-top table and another marble-top table holds magazines. The marble tops and the bases of the tables were made in Columbus as was a walnut trophy case located near the doors to the lobby.

“We decorated in traditional for the older patients,” Stringfield said, noting that plans are underway to build a two-story addition to Dodd Hall that will serve geriatric and arthritic patients.

Ohio-made marble top table provides work space for visitors and patients.

Patricia Snyder, an employee in the division of clinical psychology at Upland Hall, agreed to try out one of the Queen Anne chairs for this employee newsletter picture.
August 15, 1990

Dear Former Dodd Hall Patient or Staff Member:

Recently, the rehabilitation program of The Ohio State University Hospitals at Dodd Hall was identified as one of "America's Best" in a U.S. News and World Report article that surveyed physicians across the United States. This was the second time in the past decade that we have been so recognized, and are pleased to be part of the OSU team. But our focus has always been to provide our patients with the highest quality of care, helping them to recover to the fullest possible extent in every aspect of their lives.

Through the years, the staff of Dodd Hall has served rehabilitation patients from around the world. On October 7, 1990 we are hosting the first Dodd Hall Patient and Staff Reunion to provide an opportunity for patients and staff to become reacquainted. We plan to have special events for our clinician, therapist, and nursing graduates who wish to return. We've missed you. Please return to experience again "old times" at Dodd Hall. The reunion will be held at Dodd Hall from 1:00 to 300 P.M. and will feature entertainment, refreshments, displays, a short program, and time to socialize with patients and staff.

Dodd Hall access and parking instructions are included with this letter. The unloading area for Dodd Hall is now at the entrance to the Davis Center, a new building which is attached to Dodd Hall. The entrance is 480 West Ninth Avenue, near Cannon Drive. Volunteers will be in the unloading area to assist you.

We look forward to seeing you at the reunion and hope you can join in the celebration!!

Sincerely,

[Signature]

Paul E. Kaplan, M.D.
Bert C. Wiley Professor of PM&R
Chairman, Department of Physical Medicine
The Ohio State University Journal
College of Medicine
Spring 1990

Ohio State University Hospitals
One Of

Congratulations
Odo Hall and Davis Center
News & World Report - April 20, 1990

University Hospitals Rated 'One of America's Best'
under Arthur Strauch, PhD, Jon is doing research in vascular cell biology.

When he's not busy with his research, Jon's passion is volleyball. For the past two years he has organized a volleyball team and traveled to the World Medicine Games, a global competition for health care professionals similar to the Olympics.

Relaxing for Nandita includes reading, sewing, and knitting. Both Jon and Nandita agree that they operate on such a tight schedule that when they can be together, they enjoy nothing more than relaxing at home with their two cats and their dog. When time permits, they also enjoy going to the symphony and attending other Columbus cultural events.

"We've seen a great improvement in the quality of cultural entertainment in Columbus since we've been here," says Jon.

"Family is also a high priority for us," says Nandita, who has a younger sister working on an MBA in Chicago. Jon has a sister who is a nutritional consultant in Chevy Chase, MD, and a brother who coordinates the Preferred Provider Program at Ohio State.

"Basically, we're conscientious people," says Nandita, "who believe in developing our skills and doing things well." If that's the case, Nandita and Jon are well on their way to doing just that.

David Haddock, MD

While being interviewed for the College of Medicine Journal, David Haddock, MD, is interrupted and informed that a disaster drill will be performed that afternoon in Dodd Hall. As one of two chief residents in the Department of Physical Medicine and Rehabilitation, he will be helping to supervise the drill. This job is just one of many responsibilities he performs as chief resident. "As chief residents, Julie Rindler, MD, and I coordinate grand rounds as well as work closely with the 16 physical medicine residents in Dodd Hall," he says.

Helping guide medical students and residents through the daily rigors of work in Dodd Hall is a vaguely familiar feeling for Dr. Haddock, who spent two summers during college as the head tour guide for a travel agency, taking groups of up to 120 Venezuelan tourists from Miami to Orlando and back to Miami each week. "I enjoyed the job," he says. "For a week we were the group's mother, father, and interpreter. I also got to converse in Spanish, which is my native language, to help other people and that was very rewarding."

Dr. Haddock was born and raised in Rio Piedras, Puerto Rico, where his father was the first certified hematologist on the island. "My dad, who was originally from Puerto Rico, met my mother, who was a nurse, in St. Louis, when he was interning. When he finished his training, they returned to Puerto Rico," Dr. Haddock says.

While growing up in Puerto Rico, Dr. Haddock played on his high school tennis team. His tennis abilities influenced his decision to come to the United States and to Ohio State. "I played on the varsity tennis team here at Ohio State," he says. "After playing on the team for two years during college, I was burned out and left to concentrate on my studies."

When Dr. Haddock came to Ohio State, he didn't come determined to be a physician, but as he became more attuned to various professions, medicine began to enter his mind. "I knew I didn't want a nine-to-five job; I didn't want to sit at a desk all day," says Dr. Haddock. "Medicine was always there because I had so much exposure to it. My father was a physician. My mother was a nurse. My dad also had 11 brothers and sisters, some who were involved in health care professions."

Dr. Haddock graduated with a BS degree in zoology in 1983 and began medical school at Ohio State that fall. During his first year in medical school Dr. Haddock's preceptor, Ernest Johnson, MD, sparked his interest in physical medicine. He received a Roessler Research Scholarship and under the direction of William Pease, MD, studied the gait of children with Duchenne muscular dystrophy. "This was quite a positive experience for me at the time," Dr. Haddock says. "In addition to the actual study, as a second year medical student I went to the Muscular Dystrophy Clinic and saw patients twice a week. After evaluating the kids I would then ask their parents if their children could participate in our research, and then we would study the various gait in the Gait Laboratory in Dodd Hall."

When it came time for Dr. Haddock to choose his specialty, the decision came down to physical medicine or OB/Gyn. He opted for physical medicine.

"In physical medicine and rehabilitation, we work to create a functional human being. Physical medicine and rehabilitation addresses issues that critical care doesn't. It's rare that we
deal with life and death situations in our field; rather we are dealing with the residual effects of a variety of disease processes,” he says.

According to Dr. Haddock, in the past several years physical medicine and rehabilitation has seen a large influx of residents interested in the specialty. He cites that this field is receiving greater national exposure, and that the medical community is recognizing physical medicine and rehabilitation as addressing issues vital to the long term well-being of patients and their families. “Another reason is the success of the health care system,” he says. “Just 30 years ago people suffering from a spinal cord injury, a traumatic brain injury, or a stroke would have died. Today they’re making it through that critical care stage and they have a need for rehabilitation.”

In addition, the field is broad. A physician specializing in physical medicine and rehabilitation may get involved in sports medicine, industrial medicine, or rehabilitation to name just a few areas. “Here at Dodd Hall,” Dr. Haddock says, “we see people with traumatic brain injuries, spinal cord injuries, amputations, chronic pain, even burn and transplant patients.”

As for his own interests, Dr. Haddock says that electromyography, the use of electric monitors to pinpoint nerve and muscle diseases, spinal cord injury rehabilitation, and sports medicine hold potential for the future.

In the immediate future, however, Dr. Haddock and his wife Terri, who is a sales representative for a national clothing line, are expecting their first child in August. The couple met in college and married in 1986.

When he’s not working, Dr. Haddock likes sports of all kinds. In 1989 he traveled to Tennessee as a drug testing official for the United States Olympic Committee. He is also the assistant team physician for the Beechcroft High School football team here in Columbus. He says, “Almost all of my free time is devoted to sports. I like to watch as well as participate. I particularly enjoy sports trivia, especially baseball. If it wasn’t for medicine, I think I would have ended up as a sportscaster.”

Kathy Lauderbach

As a reward for four years of hard studying, Kathy Lauderbach will be taking a trip to Japan with her mother. Kathy, who will graduate in August with a degree in medical technology, is going to Japan for a month to visit relatives. “I’m going to find my ‘roots,’” she jokes. “I’m looking forward to the trip. My uncle still lives in Japan and we will be staying with him. It’s exciting!”

The medical technology tract Kathy has followed includes classes in pathology, hematology, blood banking, coagulation, clinical chemistry, immunology, and microbiology. “Microbiology was the most difficult for me just because there are so many organisms. In the program we learn the pathology of all the diseases behind the various tests we perform, and that is very time consuming,” Kathy says.

As a medical technologist, Kathy will work in a lab running and analyzing tests on various specimens, such as urine and blood.

Currently she is in the midst of two quarters of clinical rotations, working in places such as the Red Cross, Children’s Hospital, and University Hospitals. Her class also received a tour of the Columbus Crime Lab.

Kathy was born in Tacoma, WA. Her father served in the military; consequently, Kathy grew up all over the world. She can call Colorado, New York, Washington D.C., South Carolina, and New Zealand home. She has an older brother who is a pilot in the Air Force; her mother works in a military clothing store. “My parents are wonderful,” says Kathy. “They have been an inspiration to me and have always supported me in my career choices.”

While in high school in Fairborn, OH, Kathy was involved with the tennis team, National Honor Society, her school newspaper, and the Quill and Scroll, her school literary magazine.

She came to Ohio State as an engineering major, on an Air Force ROTC scholarship. And, although engineering interested her somewhat, it wasn’t long before she changed her major to medical technology.

“I am interested in the field of medicine,” Kathy admits. “I plan to work for a year and then go on to graduate or medical school. Eventually I would like to be a pediatrician or work as a personnel director for a pharmaceutical company.”

During her college career, Kathy has been a member of the Minority Student Association of the Allied Medical Professions and the Society of Women Engineers. Last summer she took part in the Summer Research Opportunities program which allowed her to pick a subject, research it, and present her findings to other program participants. Her research project was entitled, “Cardiovascular Risk in the Black Population.” “The purpose of this program is to motivate minority students to go to graduate school,” says Kathy. “In addition to regular sessions, we also attended one session a week where a graduate student would come in and talk to us about going to graduate school.”

Kathy has since presented her research findings at the American Society of Medical Technologists regional convention in Cincinnati, OH. She is currently writing an article on her findings.

When she returns from Japan, Kathy will go to work at Children’s Hospital for a year, fulfilling her part in a cooperative scholarship she received from Children’s. While there, she hopes to work in the area of toxicology.

In her spare time, Kathy enjoys playing tennis. She also enjoys bicycling and craftwork.
AMERICA'S BEST HOSPITALS
EXCLUSIVE RATINGS

A national guide that helps you choose
The culturally approved image of hospitals is one of civilized urgency, kindly doctors and compassionate nurses. They deliver unalteringly excellent medical care, and their patients always get better. But these mythic hospitals have existed only in TV soaps. Real hospitals are institutions of great contradictions. Miracles do happen every day. Life is snatched back from death; dedicated people act with supreme selflessness. But people often die in hospitals, too, and not only because of the illnesses that bring them there. Infections, unnecessary operations,
mistakes, overdoses of medicine and other instances of shoddy care can make hospitals dangerous places for sick people. From 5 to 15 of every 100 hospital patients can expect some blunder to impair their health or recovery. And some hospitals simply are much better than others. For all of these reasons, you should choose one carefully. To help you do so, U.S. News undertook the first-ever large-scale survey to identify the nation’s leading hospitals. The specialty-by-specialty results can be found on pages 68-86.

The fact is that while consumers can find reams of data when they need to buy a new car or toaster oven, judge a mutual fund or choose a vacation spot, precious little information has been available on the comparative quality or performance of the institutions that minister to the sick. “It is a significant problem that we must solve in the 1990s,” says Dr. Robert Heyssel, president of Baltimore’s Johns Hopkins Hospital. “The first step is to overcome the notion that what hospitals do can’t be measured.” The government and the hospital industry recently have begun to gather data that measure hospital performance, but much of the information is still inadequate (see page 54). The data vacuum is all the more astonishing considering that some 20 million Americans spent an average of 7.2 days in a hospital last year and paid $260 billion for the privilege. Hospital outpatient clinics got 336 million visits.

Long-distance care

Americans traditionally have demanded little information, letting their doctors dictate what medical care they get and where they get it. That tradition is fading. More people today are asserting their choice of treatment and of which doctors, clinics and hospitals will provide it. And more are willing to travel hundreds or even thousands of miles to seek top-notch medical care at notable hospitals and medical centers. At the hospitals identified by U.S. News in this guide as the nation’s best, typically 10 to 20 percent of patients come from outside the region or state. In some specialties, such as neurosurgery or transplant surgery, the figure is far higher. Seventy percent of the patients referred to the neurosurgery department at the Mayo Clinic in Rochester, Minn., one of the country’s top neurology centers, live outside the greater Rochester area.

Consumers also have become increasingly aware that highly trained specialists and specialty care tend to concentrate in large hospitals, usually in major cities. Doctors gravitate to these institutions because the rapid pace and huge expense of progress in medicine today largely prohibit smaller hospitals from keeping up. The buzz of good minds at work is almost palpable in the crowded corridors of “teaching” hospitals, which provide on-the-job training for medical students and serve as a base for research clinicians.

But this doesn’t mean that the ordinary community hospital, with a few dozen to a few hundred beds and no extraordinary medical capabilities, is a place to avoid or that it is filled with incompetent doctors (see page 54). You probably were born in such a hospital, had your tonsils out in one or had your own children delivered in one. Most local specialists and hospitals perform hysterectomies, appendectomies and tonsillectomies, repair hernias and remove gallbladders with success equal to that of any nationally recognized doctor or hospital. And a heart-attack or accident victim has the best chance of surviving by getting to the nearest hospital, not necessarily to one with a glittering reputation. Anyone who doesn’t need the kind of intensive, specialized care at which top hospitals excel will be just as well or even better off at a hometown hospital. Traveling to a distant, unfamiliar city for treatment also can be disorienting and depressing, to the point that recovery can be slowed.

That said, your choice of hospital will depend on where you live and your medical needs, not to mention your income and health insurance (see page 57). Residents of rural areas or very small towns may always have to travel for anything beyond routine medical care, for example. Among the many circumstances that should send you to a major hospital is the need for major surgery for a heart ailment, extensive tests for a metabolic dis-
order or complicated chemotherapy or radiation treatment for cancer.

Just what is it that makes the best hospitals preferable in these cases? Foremost is an emerging consensus that for many diagnostic procedures and operations, like coronary-bypass surgery, intestinal surgery and hip replacements, the results improve directly in proportion to the number of those procedures and surgeries performed by the doctor and the hospital. One study, for example, found that between 9 and 11 percent of patients who had bypass surgery at California hospitals died from surgical complications or failure at hospitals that did fewer than 150 bypasses a year. By comparison, at hospitals that typically did 300 or more such operations, between 2 and 3 percent of bypass patients died.

Less appreciated is that the experience of the surgical team supplied by the hospital—the anesthesiologist, technicians, nurses and residents—provides vital backup to the doctor. Any hospital or doctor should be willing to provide statistics on surgical complications, mortality and survival; balkiness in supplying such information is reason to start looking elsewhere. The federal government now relies heavily on these kinds of data. The medicare program currently pays only for heart transplants done at 38 designated hospitals that do at least 12 procedures a year, have a survival rate of at least 65 percent after two years and have a proven track record in other open-heart surgeries. Last month, a similar ruling was issued on liver transplants. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), a body that sets and enforces quality standards for hospitals, is also revamping the way it accredits hospitals to place more emphasis on treatment outcomes—how a hospital's patients fare—and less on a hospital's facilities and staff credentials. "Rightly so, consumers are mostly interested in whether the hospital is curing disease and saving and extending lives," says Dennis O'Leary, JCAHO president. Since very few people now can often be kept alive indefinitely, you will want to know a hospital's ethical policies. Is there a formal ethics board to deal with a possible dispute over an order of "DNR"—do not resuscitate—if death seems imminent? Does the hospital honor living wills?

**Risky places**

There are inherent risks in hospital care wherever you go, of course. And JCAHO seals of approval are no guarantee of high-quality medical care, even at the best institutions. A JCAHO review last year, for example, found that a third of its accredited hospitals failed to meet requirements to guard against substandard care; half had inadequate procedures for reviewing surgical outcomes. Such measures are not part of its formal accrediting program. Other studies have found worse problems. A 1988 report by the Rand Corporation concluded that improper medical care at 12 hospitals investigated either directly caused or hastened the deaths of 25 of 182 hospitalized patients who had a heart attack, a stroke or pneumonia. And a study released earlier this year found that 1,113, or 3.7 percent, of some 30,000 patients treated at 51 hospitals in New York State experienced an "adverse event"—medical shorthand for harm done by doctors or hospital staff—in the course of hospitalization. The most common were hospital-acquired infections, falls, misdiagnoses that led to the wrong treatment, complications caused by improperly performed surgery and prescription of the wrong drug.

Infections in particular have long plagued hospitals. Despite modern technology to reduce the risk, some 6 percent of hospitalized patients, 2 million a year, acquire an infection in the hospital. They are billed an estimated $2.8 billion for the drugs and the extra days in the hospital necessary to treat the infections. One in 100 dies. "Hospitals are very risky places," cautions Charles Inlander, executive director of the People's Medical Society, a consumer group based in Allentown, Pa. "You shouldn't be in one, any one, unless you absolutely have to be." Unarguable logic, and even more reason to do your hospital homework. This guide is a start.

by Steven Findlay
THE BEST HOSPITALS, FROM AIDS TO UROLOGY

An exclusive survey in a dozen specialties identified 57 top medical centers. Here's how—and why—we did it

Any project aimed at identifying the best hospitals in the nation starts from scratch. Hospitals are prodigious data generators, but the numbers speak to ledger-related concerns like occupancy rate and average length of stay, not quality. The federal government has tried to fill the vacuum since 1986 with a hospital-by-hospital breakdown of mortality rates. How useful the numbers are in assessing a given institution, however, is debatable (see page 54).

Since no medical authority—or anyone else, for that matter—had ever devised yardsticks for rating hospitals that are both useful and statistically valid, U.S. News had to create its own. Even the best hospitals do not perform uniformly well from one department to another, so it seemed wise to try to rate them across the board. Instead, with the help of a team of experts in health care from Georgetown University’s Department of Community and Family Medicine in Washington, D.C., we chose to examine hospitals through the lens of 12 specialties from AIDS to urology. We then surveyed leading specialists in each of the 12. The Georgetown University group identified 1,485 doctors as being leaders in their fields or as having achieved high professional or academic stature, such as department head. We contacted 400 of them, first by mail and then by telephone, averaging 29 doctors per specialty. Each physician was asked to list, in no particular order, the 10 leading hospitals nationwide in his or her own specialty. The confidential survey was conducted between November, 1989, and February, 1990.

Fifty-seven "U.S. hospitals, out of a universe of about 6,500, appear on the "best" lists on the following pages. Guidelines on finding the best care in each of the 12 medical areas accompany each list. You will learn the critical questions to ask; you also may discover that you can get along perfectly well without going to a top hospital.

Following this section are survey results that show how, in each specialty, doctors weigh hospital attributes like technological sophistication and the quality of nursing. The section closes with a directory of the 57 best hospitals that includes special features, number of beds, room rates and a telephone number to call for more information. To make it easier to find a hospital, the list is divided into regions.

Our ground rules

Winnowing so many institutions to a final tally of 57 obviously means that many fine hospitals do not appear here. The doctors surveyed named a total of 277 hospitals, many of them in more than one specialty. For the sake of credibility, we established two statistical ground rules: To be named, a hospital must have been cited by at least five physicians in that specialty, and the number of doctors who cited it must have accounted for at least 20 percent of the number surveyed in the specialty. Each hospital in the following lists is accompanied by a figure that represents the percentage of physicians who cited the hospital. The double criteria, plus the fact that different numbers of doctors were surveyed in the various specialties, resulted in lists of varying lengths. The 45 cancer specialists interviewed, for example, named 65 hospitals. The cutoff shrank the list to 16. The 25 ophthalmologists named 53 hospitals, pared in the end to 10.

These lists are ratings, not rankings. Our methodology did not allow for a No. 1-to-No. 10-style ordering. Accordingly, the hospitals are presented alphabetically. The reason for including the percentage of doctors who named a given hospital is that when more doctors name one hospital over another as excelling in a specialty, it is worthy of mention. That may be less significant than other factors, however, in deciding where you should go for the best possible specialized care. The greatest proportion of cancer doctors, 71 percent, named New York’s Memorial Sloan-Kettering Cancer Center. But your choice of cancer care might best be driven by the nearest leading center that specializes in your type of cancer. It is also fair to state that any hospital that made our list, no matter the number of “votes” it got, is a leading institution.

The survey results should not imply that other hospitals cannot deliver excellent care. Case by case, many others do. Nor should the lists suggest that the care delivered at the best hospitals will be free of problems, even in the specialty for which a hospital is cited. But taken together, the material on the following pages should help you find the very best care possible if serious illness strikes.

AIDS

Duke University Hospital
Durham, N.C. 19%

Johns Hopkins Hospital
Baltimore 38%

Massachusetts General Hospital
Boston 31%

The Mayo Clinic
Rochester, Minn. 19%

Memorial Sloan-Kettering Cancer Center
New York 23%

St. Vincent’s Hospital
New York 23%

San Francisco General Hospital 58%

University of Washington Medical Center
Seattle 23%

In 1981, people diagnosed with AIDS lived an average of 10 months. By 1987, the average had stretched to 16 months; since then, new drugs have further lengthened survival times. Physicians who treat AIDS are inching toward their goal, absent a cure, of making the
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.

Rheumatology

Brigham and Women's Hospital
Boston 41%

Craig Hospital
Englewood, Colo. 29%

Hospital for Special Surgery
New York 29%

Johns Hopkins Hospital
Baltimore 35%

Massachusetts General Hospital
Boston 35%

The Mayo Clinic
Rochester, Minn. 65%

UCLA Medical Center
Los Angeles 41%

University of Washington Medical Center
Seattle 41%

As recently as 1970, a severe flare-up of rheumatoid arthritis would very likely have put you in the hospital for a week on a regimen of bed rest, physical therapy and medication for pain and inflammation. Since arthritis rarely kills, however, cost-conscious health-insurance companies and Medicare generally won't foot the bill today even for an overnight stay, regardless of your discomfort. Unless you need an arthritic hip replaced or suffer rare side effects—an infection in an arthritic joint, for instance, or a bleeding ulcer from drug therapy—you are likely to wind up getting a prescription filled and suffering at home.

Osteoarthritis, the common form of arthritis caused by wear and tear on the joints, is treatable by a general practitioner who uses painkillers and muscle relaxants and may recommend physical therapy. But people with rheumatoid arthritis, which occurs when the immune system mysteriously attacks the joints, will do better with a board-certified rheumatologist who keeps up with the latest research developments. Patients with especially severe osteoarthritis and less common forms of arthritis, such as the back-stiffening ailment ankylosing...
Reputations Are Made of These

What makes a great hospital? Great doctors, high technology, wonderful nurses and so on. That's the obvious answer—and often wrong. When 400 doctors were asked how important various criteria from "technological sophistication" to "prominent specialists" are in judging a hospital, their responses showed surprising differences across their specialties. Almost two thirds of the AIDS doctors, for instance, considered "quality of nursing staff" very important, but only a sixth of the ophthalmologists did. A moment's reflection suggests that AIDS exacts extraordinary demands on nurses for time and empathy, while a hospital stay for eye surgery is more likely to be comparatively uncomplicated. Rehabilitation specialists value technology; rheumatologists, who deal with arthritis, don't. And more AIDS and cancer doctors than other specialists feel that conducting experimental treatments, or clinical trials, is very important. Full results appear below.

How physicians judged program or service

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Prominent specialists</th>
<th>Technological sophistication</th>
<th>Quality of nursing staff</th>
<th>Quality of supporting services*</th>
<th>Clinical trials</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>50%</td>
<td>44%</td>
<td>65%</td>
<td>48%</td>
<td>38%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>62%</td>
<td>61%</td>
<td>55%</td>
<td>24%</td>
<td>16%</td>
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<tr>
<td>Cancer</td>
<td>17%</td>
<td>36%</td>
<td>48%</td>
<td>17%</td>
<td>53%</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>17%</td>
<td>21%</td>
<td>32%</td>
<td>38%</td>
<td>19%</td>
</tr>
<tr>
<td>Neurology</td>
<td>17%</td>
<td>63%</td>
<td>37%</td>
<td>40%</td>
<td>6%</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>17%</td>
<td>48%</td>
<td>17%</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>19%</td>
<td>56%</td>
<td>38%</td>
<td>37%</td>
<td>12%</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>18%</td>
<td>44%</td>
<td>45%</td>
<td>42%</td>
<td>3%</td>
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<td>Pediatrics</td>
<td>17%</td>
<td>36%</td>
<td>42%</td>
<td>39%</td>
<td>10%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>61%</td>
<td>70%</td>
<td>63%</td>
<td>42%</td>
<td>12%</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>17%</td>
<td>45%</td>
<td>39%</td>
<td>39%</td>
<td>11%</td>
</tr>
<tr>
<td>Urology</td>
<td>13%</td>
<td>54%</td>
<td>39%</td>
<td>29%</td>
<td>17%</td>
</tr>
</tbody>
</table>

* Such as X-rays, lab work or counseling

U.S. NEWS & WORLD REPORT, April 30, 1990
A DIRECTORY OF THE BEST

The following small profiles of the 37 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) 734-4080
Best in: Cardiology, rheumatology
type: Private, nonprofit
beds: 720
Nurses to beds: 1.8 to 1
Daily rates:
Intensive care, $1,975
Semi-private/private, $270/$310
Features: Home visits; free flu shots; Spanish-speaking staff.

CHILDREN’S HOSPITAL, 30 Longwood Avenue, Boston, Mass. 02115
(617) 735-6000
Best in: Pediatrics
Type: Private, nonprofit
beds: 325
Nurses to beds: 2.5 to 1
Daily rates:
Intensive care, $1,620
Semi-private/private, $580/$680 (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.
Semi-private/private, $350/$400 (private room as needed, same charge)
Features: N.A.

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

MASSACHUSETTS EYE AND EAR INFRMISTRY, 243 Charles Street, Boston, Mass. 02114
(617) 266-7500
Best in: Ophthalmology, otorhinolaryngology
Type: Private, nonprofit
beds: 113
Nurses to beds: 1.5 to 1
Daily rates:
Intensive care, N.A.
Semi-private/private, $300/adult, $200/child
Semi-private/private, $200/child
Features: Children’s parents can go into operating rooms; low-cost family lodging.

MASSACHUSETTS GENERAL HOSPITAL, 55 Fruit Street, Boston, Mass. 02114
(617) 226-2000
Best in: AIDS, cancer, cardiology, gastroenterology, neurology, orthopedics, rheumatology, urology
Type: Private, nonprofit
beds: 1,831
Nurses to beds: 1.2 to 1
Daily rates:
Intensive care, $1,182
Semi-private/private, $480/$526
Features: Parents can “room in” with their child; kitchen facilities in some buildings.

CHILDREN’S HOSPITAL OF PHILADELPHIA, 34th Street and Citi Center Boulevard, Philadelphia, Pa. 19104
(215) 590-4100
Best in: Pediatrics
Type: Private, nonprofit
beds: 294
Nurses to beds: 2.1 to 1
Daily rates:
Intensive care, $1,320
Semi-private/private, $610/$680
Features: Bedside accommodations for parents; post-surgery medical care at home.

CHILDREN’S HOSPITAL OF PITTSBURGH, 3705 Fifth Avenue, Pittsburgh, Pa. 15213
(412) 355-3230
Best in: Pediatrics
Type: Public, nonprofit
beds: 218
Nurses to beds: 2.3 to 1
Daily rates:
Intensive care, $1,565
Semi-private/private, $260/adult, $125/child
Features: Unlimited visiting hours for parents; child’s beds in all rooms; showers and laundry for parents.

CHILDREN’S NATIONAL MEDICAL CENTER, 111 Michigan Avenue, N.W., Washington, D.C. 20010
(202) 835-4500
Best in: Pediatrics
Type: Private, nonprofit
beds: 79
Nurses to beds: 1.9 to 1
Daily rates:
Intensive care, $1,370
Semi-private/private, $485/$545 (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: 1,165
Nurses to beds: 1.1 to 1
Daily rates:
Intensive care, $950
Semi-private/private, $450/$485
Features: Full-service restaurant; space and some equipment for business meetings.

HOSPITAL FOR SPECIAL SURGERY, 635 East 70th Street, New York, N.Y. 10021
(212) 858-1197
Best in: Neurosurgery
Type: Private, nonprofit
beds: 192
Nurses to beds: 1.1 to 1
Daily rates:
Intensive care, N.A.
Semi-private/private, $360/$400
Features: Gourmet menu; guest facilities for patients and families.

JOHNS HOPKINS HOSPITAL, (Johns Hopkins University), 600 North Wolfe Street, Baltimore, Md. 21205
(301) 555-5654
Best in: AIDS, cancer, cardiology, gastroenterology, neurology, ophthalmology, otolaryngology, orthopedics, rheumatology, urology
Type: Private, nonprofit
beds: 1,036
Nurses to beds: 1.5 to 1
Daily rates:
Intensive care, $1,024
Semi-private/private, $364/$400
Features: Outpatient housing; family suites; stuffed-animals zoo.

MEMORIAL SLOAN-KETTERING CANCER CENTER, 1275 York Avenue, New York, N.Y. 10021
(212) 522-2225
Best in: AIDS, cancer, urology
Type: Private, nonprofit
beds: 565
Nurses to beds: 2.2 to 1
Daily rates:
Intensive care, $1,550
Semi-private/private, $650/$800
Features: 24-hour telephone information service; post-treatment 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 rates:
Intensive care, $1,955
Semi-private/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
(301) 496-3737
Best in: Cancer
Type: Public, federally funded
beds: 500
Nurses to beds: 1.5 to 1
Daily rates: Free to qualified patients.
Features: Post-genetics, 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) 871-1000
Best in: Rehabilitation
Type: Private, nonprofit
beds: 160
Nurses to beds: 1.3 to 1
Daily rates:
Intensive care, N.A.
Semi-private/private, $225/$250
Features: Transitional living facilities; fertility clinic for men with spinal-cord injuries.

NEW YORK HOSPITAL-CORNELL MEDICAL CENTER, 522 East 68th Street, New York, N.Y. 10021
(212) 746-1401
Best in: Urology
Type: Private, nonprofit
beds: 1,452
Nurses to beds: 0.9 to 1
Daily rates:
Intensive care, $1,280
Semi-private/private, $770/$1,185
Features: Generally unlimited visiting hours; free local transportation for elderly; gourmet meals; parents can stay overnight in child’s room.

U.S. NEWS & WORLD REPORT, April 30, 1990
**NEW YORK UNIVERSITY MEDICAL CENTER**, 550 First Avenue, New York, N.Y. 10016 (212) 340-5488
▶ Best In: Rehabilitation
Type: Private, nonprofit
 Beds: 736
Nurses to beds: 1.4 to 1
Daily rate: Intensive care, $782
Semiprivate/private, $523-$540/$651-$686
Features: VCR, refrigerator in deluxe private rooms; family apartments; gourmet meals

**PRESTBYTERIAN-UNIVERSITY HOSPITAL**, DeSoto and O'Hara Streets, Pittsburgh, Pa. 15213 (800) 544-2500
▶ Best In: Neurology, ophthalmology
Type: Private, nonprofit
 Beds: 636
Nurses to beds: 1.8 to 1
Daily rate: Intensive care, $1,570
Semiprivate/private, $420/$495
Features: Restaurant

**ST. VINCENT'S HOSPITAL**, 153 West 11th Street, New York, N.Y. 10011 (212) 790-7558
▶ Best In: AIDS
Type: Private, nonprofit
 Beds: 813
Nurses to beds: 1.1 to 1
Daily rate: Intensive care, $1,000
Semiprivate/private, $700-$850/$1,080-$1,250
Features: Birthing rooms

**THOMAS JEFFERSON UNIVERSITY HOSPITAL**, 111 South 11th Street, Philadelphia, Pa. 19107 (215) 662-3766
▶ Best In: Cancer, cardiology, urology
Type: Private, nonprofit
 Beds: 717
Nurses to beds: 2.1 to 1
Daily rate: Intensive care, $1,530-$1,730
Semiprivate/private, $880-$880 (private room as needed, same charge)
Features: VIP suites; VCR's

**UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER**, 3400 Spruce Street, Philadelphia, Pa. 19104 (215) 662-3766
▶ Best In: Cancer, cardiology, urology
Type: Private, nonprofit
 Beds: 706
Nurses to beds: 1.6 to 1
Daily rate: Intensive care, medical $1,210; surgical, $1,520; neurological, $833-$930
Semiprivate/private, $730-$755-$875-$930
Features: Gourmet menu

**WILLS EYE HOSPITAL**, Ninth and Walnut Streets, Philadelphia, Pa. 19107 (215) 928-3155
▶ Best In: Ophthalmology
Type: Private, nonprofit
 Beds: 120
Nurses to beds: 0.8 to 1
Daily rate: Intensive care, N.A.
Semiprivate/private, $655/$670
Features: Private suites; library; children's video library

**BASCOM PALMER EYE INSTITUTE**, University of Miami, 900 N.W. 1st Street, Miami, Fla. 33136 (305) 261-6190
▶ Best In: Ophthalmology
Type: Private, nonprofit
 Beds: 100
Nurses to beds: 0.4 to 1
Daily rate: Intensive care, N.A.
Semiprivate/private, $420/$460
Features: Gourmet cafeteria; family suites; free local transportation

**DUKE UNIVERSITY HOSPITAL**, Erwin Road, Durham, N.C. 27710 (919) 668-8111
▶ Best In: AIDS, cancer, cardiology, gastroenterology, neurology, ophthalmology, orthopedics, pediatrics, urology
Type: Private, nonprofit
 Beds: 1,125
Nurses to beds: 1.8 to 1
Daily rate: Intensive care, $1,400
Private (all rooms), $335
Features: Gourmet menu

**EMORY UNIVERSITY HOSPITAL**, 1564 Clifton Road, N.E., Atlanta, Ga. 30322 (404) 727-3466
▶ Best In: Neurology
Type: Private, nonprofit
 Beds: 604
Nurses to beds: 1.1 to 1
Daily rate: Intensive care, $1,200

**SEMIPRIVATE/PRIVATE**, $315/$320
Features: Penthouse suite

**INSTITUTE FOR REHABILITATION AND RESEARCH**, 1335 Mouraud Avenue, Houston, Tex. 77030 (713) 447-2282
▶ Best In: Rehabilitation
Type: Private, nonprofit
 Beds: 92
Nurses to beds: 0.3 to 1
Daily rate: Intensive care, N.A.
Wards (all rooms) $225
Features: Suites; family accommodations; 24-hour visiting hours for parents of pediatric patients

**M. D. ANDERSON CANCER CENTER**, University of Texas, 1515 Holcombe Boulevard, Houston, Tex. 77030 (713) 792-3030
▶ Best In: Cancer
Type: Public, nonprofit
 Beds: 603
Nurses to beds: 1.8 to 1
Daily rate: Intensive care, $675
Semiprivate/private, $225/$265
Features: Summer camp; college scholarships; ski trip for pediatric amputees

**METHODIST HOSPITAL**, 6565 Fannin Street, Houston, Tex. 77030 (713) 790-3311
▶ Best In: Cardiology, ophthalmology, urology
Type: Private, nonprofit
 Beds: 1,527
Nurses to beds: 0.8 to 1
Daily rate: Intensive care, $600
Semiprivate/private, $230/$260/$550
Features: Low-cost gourmet restaurant; indoor garden

**OHNSHER FOUNDATION HOSPITAL**, 1516 Jefferson Highway, New Orleans, La. 70121 (504) 838-3800
▶ Best In: Gastroenterology
Type: Private, nonprofit
 Beds: 352
Nurses to beds: 1.2 to 1
Daily rate: Intensive care, $850
Semiprivate/private, $275/$315
Features: Smoke-free; luxury suite; free interpreter for Spanish-speaking patients

**SHANDS HOSPITAL**, 1600 S.W. Archer Road, Gainesville, Fla. 32610 (305) 353-0373
▶ Best In: Neurology
Type: Private, nonprofit
 Beds: 548
Nurses to beds: 1.6 to 1
Daily rate: Intensive care, $575-$580
Semiprivate/private, $295/$325
Features: Gourmet menu; tubing for lodging for patients of long-term patients; birth suite

**TEXAS CHILDREN'S HOSPITAL**, 6621 Fannin Street, Houston, Tex. 77030 (713) 798-1000
▶ Best In: Pediatrics
Type: Private, nonprofit
 Beds: 326
Nurses to beds: 1.7 to 1
Daily rate: Intensive care, $950-$1,060
Semiprivate/private, $285-$300/$258-$300 (most rooms are private)
Features: Toy store; showers and laundry for parents

**UNIVERSITY OF ALABAMA AT BIRMINGHAM HOSPITAL**, 619 South 19th Street, Birmingham, Ala. 35233 (205) 226-9999
▶ Best In: Cardiology
Type: Public, nonprofit
 Beds: 663
Nurses to beds: 1.2 to 1
Daily rate: Intensive care, $595-$1,717
Semiprivate/private, $482/$505
Features: Family suites; gourmet meals

**UNIVERSITY OF VIRGINIA MEDICAL CENTER**, Box 148, Charlottesville, Va. 22908 (804) 293-2824
▶ Best In: Neurology
Type: Public, nonprofit
 Beds: 712
Nurses to beds: 1.3 to 1
Daily rate: Intensive care, $678-$1,489
Semiprivate/private, $224/$234
Features: Low-cost lodging for children's families

**BARNES HOSPITAL**, One Barnes Hospital Plaza, St. Louis, Mo. 63110 (314) 355-0836
▶ Best In: Cancer, neurology, ophthalmology, otolaryngology
Type: Private, nonprofit
 Beds: 1,206
Nurses to beds: 1.4 to 1
Daily rate: Intensive care, $560
Semiprivate/private, $270/$285
Features: In fall, low-cost lodging for families of long-term patients; birth suites

**CHILDREN'S HOSPITAL MEDICAL CENTER**, 1180 Pacific, San Francisco, Calif. 94133 (415) 556-4235
▶ Best In: Pediatrics
Type: Private, nonprofit
 Beds: 355
Nurses to beds: 2.3 to 1
Daily rate: Intensive care, $895
Semiprivate/private, $295/$330
Features: Generally unlimited visiting hours for parents; visits by chief of staff, low-cost family lodging

**CHILDREN'S MEMORIAL MEDICAL CENTER**, 2300 Children's Plaza, Chicago, Ill. 60614 (312) 882-4000
▶ Best In: Pediatrics
Type: Private, nonprofit
 Beds: 265
Nurses to beds: 2.2 to 1
Daily rate: Intensive care, $1,275
Semiprivate (all rooms), $575
Features: Therapy based on pets and plants; library; showers for parents; family outings; low-cost lodging for families, school tutoring

**THE CLEVELAND CLINIC**, One Clinic Center, 9500 Euclid Avenue, Cleveland, Ohio 44106 (216) 271-2273
▶ Best In: Cardiology, gastroenterology, neurology, urology
Type: Private, nonprofit
 Beds: 1,006
Nurses to beds: 1.3 to 1
Daily rate: Intensive care, $1,500
Semiprivate/private, $580/$780
Features: Private suites; free interpreters, including Arabic and Japanese

**THE MAYO CLINIC** (including Rochester Methodist Hospital and Saint Mary's Hospital), Rochester, Minn. 55905 (507) 284-2511

U.S. NEWS & WORLD REPORT, April 30, 1990
Best in: AIDS, cancer, cardiology, gastroenterology, neurology, ophthalmology, orthopedics, otolaryngology, rehabilitation, rheumatology, urology

**Type:** Private, nonprofit
**Beds:** 1,973
**Nurses to beds:** 1 to 1
**Daily rate:** Intensive care, $725
Semiprivate/private, $265/$285
Features: "Accommodations Plus" rooms include TV, refrigerator and microwave; provision for business meetings, including some equipment and secretarial help

**NORTHWESTERN MEMORIAL HOSPITAL,** Super. Street and Fairbanks Court, Chicago, Ill. 60611 (312) 928-2800

**Best in:** Urology
**Type:** Private, nonprofit
**Beds:** 708
**Nurses to beds:** 1.5 to 1
**Daily rates:** Intensive care, $1,295
Semiprivate/private, $475/$535
Features: VIP floor includes TV's and VCR's; video library; gourmet menu

**OHIO STATE UNIVERSITY HOSPITALS,** 450 West 10th Avenue, Columbus, Ohio 43210 (614) 459-3909

**Best in:** Rehabilitation
**Type:** Public, nonprofit
**Beds:** 1,118
**Nurses to beds:** 0.8 to 1
**Daily rates:** Intensive care, $750
Semiprivate/private, $241/$283
Features: In-hospital video store; room service; VIP suites; gourmet menu

**REHABILITATION INSTITUTE OF CHICAGO,** 345 East Superior Street, Chicago, Ill. 60611 (312) 906-6044

**Best in:** Rehabilitation
**Type:** Private, nonprofit
**Beds:** 176
**Nurses to beds:** 0.5 to 1
**Daily rate:** Intensive care, N.A.
Semiprivate/private, $355-$670/$355-$670 (depends on diagnosis)
Features: Pets as therapy; family extensions; transitional apartments

**ST. LOUIS CHILDREN'S HOSPITAL,** 400 South Kingshighway, St. Louis, Mo. 63110 (314) 454-8000

**Best in:** Pediatrics
**Type:** Private, nonprofit
**Beds:** 235
**Nurses to beds:** 1.8 to 1
**Daily rates:** Intensive care, pediatric $970, neonatal $950
Semiprivate/private, $365/$395
Features: Low-cost family lodging; 24-hour visiting; parents stay in room

**UNIVERSITY OF CHICAGO HOSPITALS,** 5841 South Maryland Avenue, Chicago, Ill. 60637 (312) 702-1000

**Best in:** Cancer
**Type:** Private, nonprofit
**Beds:** 560
**Nurses to beds:** 1.3 to 1
**Daily rate:** Intensive care, $1,245
Semiprivate/private, $755/$810
Features: Low-cost lodging for children's families; library; VCR's and kosher food upon request

**UNIVERSITY OF IOWA HOSPITALS AND CLINICS,** Iowa City, Iowa 52242 (319) 356-2731

**Best in:** Ophthalmology, orthopedics, otolaryngology
**Type:** Public, nonprofit
**Beds:** 902
**Nurses to beds:** 1.5 to 1
**Daily rate:** Intensive care, $1,213
Semiprivate/private, $331/$331 (private room as needed for no extra charge)
Features: Medical museum; library; low-cost lodging for children's families

**UNIVERSITY OF MICHIGAN HOSPITALS,** 1500 East Medical Center Drive, Ann Arbor, Mich. 48109 (313) 936-4000

**Best in:** Neurology, otolaryngology, rehabilitation
**Type:** Public, nonprofit
**Beds:** 665
**Nurses to beds:** 1.7 to 1
**Daily rate:** Intensive care, $1,545
Semiprivate/private, $854/$854
Features: Low-cost housing for long-term patients and their families

**UNIVERSITY OF MINNESOTA HOSPITAL AND CLINIC,** Harvard Street at East River Road, Minneapolis, Minn. 55455 (612) 626-6000

**Best in:** Gastroenterology, neurology
**Type:** Public, nonprofit
**Beds:** 375
**Nurses to beds:** 2.6 to 1
**Daily rate:** Intensive care, $1,295
Semiprivate/private, $260-$395
($900 private room as needed for no extra charge)
Features: Original art in rooms; VCR's; canines, arts and crafts for children; low-cost lodging for families of transplant patients

**CHILDREN'S HOSPITAL AND MEDICAL CENTER,** 4800 St. Paul Point Way, N.E., P.O. Box CE571, Seattle, Wash. 98105 (206) 256-2000

**Best in:** Pediatrics
**Type:** Private, nonprofit
**Beds:** 208
**Nurses to beds:** 1.8 to 1
**Daily rate:** Intensive care, pediatric $933/infant $1,138
Semiprivate/private, $334/$334 (private room depends on diagnosis)
Features: Unlimited family visiting hours; low-cost housing for parents

**CHILDREN'S HOSPITAL LOS ANGELES,** 4650 Sunset Boulevard, Los Angeles, Calif. 90027 (213) 669-2306

**Best in:** Pediatrics
**Type:** Private, nonprofit
**Beds:** 331
**Nurses to beds:** 1.8 to 1
**Daily rate:** Intensive care, $1,520-$2,240
Semiprivate/private, $400/$480
Features: 24-hour visiting; free sleeping rooms for parents

**CRAIG HOSPITAL,** 3425 South Clarkson Street, Englewood, Colo. 80110 (303) 769-6000

**Best in:** Rehabilitation, rheumatology
**Type:** Private, nonprofit
**Beds:** 80

**UNIVERSITY MEDICAL CENTER,** 1501 North Campbell Avenue, Tucson, Ariz. 85724 (520) 694-0111

**Best in:** Cancer
**Type:** Private, nonprofit
**Beds:** 300

**Nurses to beds:** 2 to 1
**Daily rate:** Intensive care, $1,075
Semiprivate/private, $600/$700
Features: Free interpreter

**UCLA MEDICAL CENTER,** 10833 Le Conte Avenue, Los Angeles, Calif. 90024 (800) 825-2631

**Best in:** Cancer, gastroenterology, neurology, ophthalmology, orthopedics, otolaryngology, rheumatology, urology
**Type:** Public, nonprofit
**Beds:** 711
**Nurses to beds:** 1 to 1
**Daily rate:** Intensive care, $1,236
Semiprivate/private, $405/$495
Features: Gourmet menu in some units

**UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO MEDICAL CENTER,** 505 Parnassus Avenue, San Francisco, Calif. 94143 (415) 476-2280

**Best in:** Cancer, gastroenterology, neurology, rheumatology
**Type:** Public, nonprofit
**Beds:** 560
**Nurses to beds:** 1.4 to 1
**Daily rates:** Intensive care, $1,750
Semiprivate/private, $605/$615
Features: Birthing suites; low-cost family lodging; unlimited visiting hours for families

**UNIVERSITY OF WASHINGTON MEDICAL CENTER,** 1559 N.E. Pacific Street, Seattle, Wash. 98195 (206) 549-3300

**Best in:** AIDS, cancer, neurology, orthopedics, otolaryngology, rehabilitation, rheumatology
**Type:** Public, nonprofit
**Beds:** 450
**Nurses to beds:** 1.6 to 1
**Daily rates:** Intensive care, $995
Semiprivate/private, $365/$365 (private room as needed, no extra charge)
Features: Artist-in-residence works with patients; vaccines and health advice available for overseas travelers

Compiled by Douglas B. Paizanek and Mary Naves
COLUMBUS, Ohio -- Ohio State University's Board of Trustees

Employment of an architectural engineer and bid advertising also were authorized for the upgrading of the first and second floors of Dodd Hall, 471 Dodd Drive. The renovation project, estimated to cost nearly $1.5 million, will make the two floors compatible with the recently completed William H. Davis Medical Research Center (Ohio Arthritis/Geriatric Centers), 480 Dodd Drive.
Bigger, brighter

DOUBLED SPACE AND LIGHT makes the newly renovated Dodd Hall physical therapy gym a cheerful place for patients and therapists to work. Patients hampered by arthritis, head injuries, spinal cord injuries, stroke or other medical conditions encourage each other while exercising on mats. There also is more room for special equipment to practice walking and for a Freedom machine for paraplegics to build upper body strength.
Proposal concerns hospitals
Company has plan for $11.2 million, therapy center

By Laurie Losocco
Dispatch Medical Reporter

A Pennsylvania company wants to build and operate a 51-bed physical rehabilitation hospital, possibly in conjunction with Riverside Methodist Hospital’s parent company, at the Crosswoods Center near I-70 and Rt. 23 north of Worthington.

Officials at other area hospitals with rehabilitation units are viewing the $11.2 million proposal with concern, citing potential problems with finding patients and personnel.

Continental Medical Systems of Mechanicsburg, Pa., has an option to buy the property, pending approval of the project by the Ohio Department of Health, said Joel North, the company’s vice president of planning. The health department has until late September to decide whether to issue a certificate of need for the project.

North said Continental is setting up rehabilitation programs all over the country and that “Columbus came completely to the top of the list” of future sites. The area is ripe for a new rehabilitation hospital “because of the relatively few rehabilitative resources,” he said.

The request for 51 beds is no accident. A formula used by the state health department says that is the exact number of additional rehabilitation beds needed in this 15-county area.

Continental is talking with officials from U.S. Health Corp., Riverside’s parent company, about a joint venture in which U.S. Health would own half the hospital. Continental would own the other half and manage it, North said.

Frank Swinehart, senior vice president for corporate development at U.S. Health and Riverside, said the corporation “is looking at a lot of different configurations” for getting into the rehabilitation field, including the Continental plan.

North said “many more people” are in need of rehabilitation service than ever get it.

An official at Ohio State University Hospitals, whose 72-bed Dodd Hall is the largest hospital-based rehabilitation resource in the area, expressed doubts about the need. OSU officials are “very concerned” about the Continental plan, said Kam Sigafous, University Hospitals’ associate executive director.

“We have excess capacity from time to time,” and so do other hospitals, she said. “None of us is glutted.”

Statistics from the Ohio Department of Health show that in 1989, occupancy rates at hospital rehabilitation units were:

- University (72 beds), 74 percent.
- Doctors West (15 beds), 64 percent.
- Mount Carmel Medical Center (15 beds), 90 percent.
- Children’s Hospital (10 beds), 65 percent.

Sigafous also expressed concern about the ability of a new rehabilitation hospital to recruit staff members, a concern shared by Lee Ann Durkin, director of the Licklider Rehabilitation Unit at Doctors Hospital West.

“There is definitely a shortage of nurses trained in rehabilitation,” a relatively new field, Durkin said. She said Continental would “have problems” recruiting staff.

She said there probably is a need for more beds because more patients are being discharged from the hospital before they are ready to go home. She said that her unit now is near capacity with five men on a waiting list for spots.

This is Continental’s second attempt to win state approval for the project. The state turned down an application five years ago, when there were no guidelines for the number of rehab beds needed.
Program teaches disabled how to drive

By Dave Hamilton
Lantern staff writer

A program at Dodd Hall offers the disabled a chance to become independent by teaching them to drive in specially modified cars and vans.

The driver education program for disabled and injured patients mixes state-of-the-art technology with human persistence, said Charles Puckett, director of the program.

“Our goal in the program is to utilize the maximum remaining abilities of the student,” Puckett said.

Larry Palmer, who went through the program in October 1988, said he is now totally independent and can live a more active life. Palmer, a quadriplegic, drives a van from his wheelchair and is now able to get to his classes at Columbus State with little trouble, he said.

Puckett said there are many people like Palmer who are now able to be independent because of the program. Some students in the program have disabilities ranging from paraplegia and quadriplegia to spinal cord and head injuries. Puckett said. Some students even have lifelong disabilities such as spina bifida and muscular dystrophy.

Before training begins, the student is evaluated to see what abilities are remaining, Puckett said. These evaluations are both physical and cognitive if the student is recovering from a head injury.

Puckett said the program has two instructors and an occupational therapist to help the students. All training is done in the program’s vehicles because they are equipped with instructor controls.

Prospective students are referred to the service from physicians throughout central Ohio.

The program is the only one in Ohio that is able to train people to drive in a specially modified van, Puckett said. He said students come from all over Ohio to train in the van.

Once the student learns to drive the modified car or van, they are referred to a specialist who can transform their vehicle into one they can drive, he said.

Puckett said the cost of the necessary equipment can be as expensive as $35,000. A van is used for students who are unable to transfer from their wheelchair to a car seat. The student can use a hydraulic lift to get into the van and can drive directly from their wheelchair, Puckett said.

All controls can be modified to meet the student’s needs. The accelerator and brake can be controlled by one combined lever and the steering can be changed for reduced effort.

Puckett said the students are taught to drive with the hand that has the best movement because the steering is the hardest part of the driving.

All vehicles must be equipped with power steering and brakes along with air conditioning. Puckett said. He said auto makers have made it more difficult to find cars that can be easily transformed because today’s cars are too small.

One requirement is that the car not have bucket seats and it must be big enough to hold a wheelchair in the backseat.
Dodd Hall friendships relived

By Karen Y. Jackson
Lantern staff writer

Patients cared for at Dodd Hall in the last 10 years came to celebrate its history at a reunion Sunday.

Dodd Hall is a 72-bed rehabilitation facility that has a history of rebuilding lifestyles. The reunion was in conjunction with Disability Awareness Week, Oct. 5-10.

Former patients from throughout Ohio and surrounding states attended the reunion with their families to renew friendships with physicians, nurses and therapists. Many of the patients had spent several months in Dodd Hall, recovering from strokes, chronic pain, spinal cord and head injuries.

Patients — past and present — and employees involved with Dodd Hall had remarks and stories about their experiences.

Johnny Wilder Jr., a former Dodd Hall patient, who is a quadriplegic, offered his thanks to God and everyone at Dodd Hall for his recovery.

He also sang a song from his new album, “My Goal.” Wilder, formerly of the music group Hostwave, underwent treatment at Dodd Hall in 1980 after he was in an automobile accident a year before.

Samuel D. Weller, 22, and a premed major at Capital University, is an example of Dodd Hall’s theme, “Rebuilding Lifestyles Together.”

Weller suffered a head injury on Aug. 3, 1988, while he was working at Ohio Stadium. He spent 22 days in an intensive care unit and was then transferred to the non-intensive care unit of Rhodes Hall for a week.

He was then moved to Dodd Hall, where he spent 10 days. During his stay he underwent speech, physical and occupational therapy.

Although he has lost hearing in his left ear, he said, “It’s not a great loss; it’s enough that makes you learn to adapt more.”

“The whole experience — people in Dodd Hall, patients, and therapists, nurses, everybody — taught me to be thankful for what I’ve got and use it to the best of my ability,” he said. “They’ve helped me be a better person and to grow a lot.”

When Weller was asked to describe his experience in two words he said, “incredibly caring.” He said he hopes to do volunteer work at Dodd Hall.

“These people gave me so much,” he said. “I want to give something back.”

Weller plans to graduate from Capital University in December and then plans to apply for medical school at Ohio State. His experience has strengthened his commitment to becoming a doctor.

“I’ve gotten a chance to see the medical profession from the patient’s point of view and hope that when I become a doctor I can give my patients the same kind of care the people at Dodd Hall have given me,” he said.

Dodd Hall was recognized as one of the nation’s best hospitals by 45 percent of physicians surveyed in the April 30 issue of U.S. News and World Report.
Physicians have long recognized Dodd Hall as a leader in rehabilitation. The facility has twice been singled out as one of the best in the nation, most recently in a physician survey in the April U.S. News & World Report.

"We have reached a high degree of perfection in the team approach to patient care and we’re very proud of that," said Dr. Paul Kaplan, chairman of the Department of Physical Medicine and Rehabilitation. "The patient gets maximized treatment and care, in essence having intensive rehabilitation as a counterpart to intensive caring."

A patient can stay in Dodd Hall several weeks, but with specialized training of physicians, nurses and therapists, coupled with advanced treatments, the average length of stay for a patient has been reduced drastically over the years, according to Ernest Johnson, chairperson of the department from 1963 to 1989.

"When the patient gets home, family members become the primary care givers, so it’s vital they understand the patient’s needs before they get to that point, especially if he patient must use a wheelchair," said Mary Conrad, director of occupational therapy.

Another innovation in Dodd Hall is a computerized gait laboratory, one of 12 in the country. Technicians analyze an individual’s walking pattern to help physicians determine the type of surgery, braces, therapy or other corrective measures that will help the patient walk more effectively. The laboratory is operated by the departments of Physical Medicine and Surgery.
Inside Dodd Hall

Where they take the toughest cases and work the biggest miracles

By Dennis Flory
Dispatch Aceves Reporter

Miracles often evolve in inches at Dodd Hall.

Patient Toni Frazier — the victim of a January truck accident that left her paralyzed — defined miracle as rubbing her feet, ever so slightly, across the floor or scratching an itch on her forehead.

These things Frazier has re-learned at Dodd, the rehabilitation center at Ohio State University Hospitals. Dodd is where the inches accumulate until some patients are walking, talking or driving again.

Frazier, 21, of Columbus is one of what will be about 500 admissions to Dodd this year.

Her company includes men and women of all ages with disabilities that result from injuries, disease and pain. Together, the patients dramatically illustrate life’s vast and varied potential for adversity.

PATIENT HISTORIES

On an icy winter’s day, Frazier slipped her husband’s truck over a bridge on I-270 and plunged tens of feet into a creek. After three men rescued her, she was rushed to the hospital, where, in critical condition with a broken neck, she gave birth to her second child.

Frazier remembers everything about her wreck;

Daryn Cambus recalls nothing about his.

Cambus, 23, of Howard, Ohio, in Knox County, tells his tale with a handful of snapshots, kept at bedside in Room 3013 of Dodd’s brain injury unit.

Arranged in sequence, the photos show a ski mark on a country road, a tree with a chunk torn out of its trunk, then a mangled truck.

Cambus is striving to overcome paralysis and post-traumatic amnesia.

Is he making progress? “I don’t remember how I was” before, said Cambus, a former high school football tackle and industrial technology major at Ohio Northern University. “I don’t remember my junior year.”

Rose Bumbalous, 53, of the Springfield, Ohio, area checked into Dodd after her third brain surgery from a recurring tumor.

Because the surgeon eventually would have to operate again, he left in the top of her head a large hole — covered only by skin — for several years.

“The doctor told her to wear a football helmet” for protection, said her husband, Charles.

Another Dodd patient, J.R. Breeze, 21, of Fredericktown in Knox County, fell from a two-story building on the construction job and suffered a broken spine.

These patients face challenging recoveries; otherwise, they would not be here.

Built in 1969 by the Ohio Industrial Commission for workers with bad backs, Dodd Hall today tackles only the toughest rehabilitation cases.

Since ownership was transferred to The Ohio State University in 1963, the facility has developed into one of the best, rehabilitation hospitals in the nation, according to U.S. News & World Report and other sources.

In the middle of a 4.8 million renovation that includes new patient rooms, cafeterias and physical therapy gym, one of the best centers promises to get better. The final phase of the renovation was approved last week.

Martya Overbush electrically stimulates Toni Frazier’s muscles as part of therapy.

DARYL’S COOKIES

A day in Dodd parallels the 9-to-5 world of most Americans. Instead of working for money, however, the patients work for movement, memory, self-esteem.

“There are no limits to what a person with impairments can do,” says Dr. Ernie Johnson, former chairman of OSU’s department of physical medicine and rehabilitation. Johnson has been with Dodd Hall since its beginning. “We don’t say be happy with the way you are.”

Patients awaken early in their rooms on the third and fourth floors, bathe, eat breakfast anddress, before they wheel downstairs for a daily schedule of therapeutic activities.

Rebuilding mind and body, Cambus begins his day playing “Memory Castle,” a computer game, and ends it locked in a backgammon match against recreational therapist Diane Kaiser.

Revenge is on her mind. “Yesterday, he kicked my butt,” Kaiser says.

Games always are in progress at Dodd. “There’s a lot to be learned from them,” Kaiser explains.

“Usually our patients have more leisure time, once they leave the hospital, so we try to teach them how to use that time in constructive ways that makes them feel good about themselves.”

When not playing games, residents often cook in one of Dodd’s two patient kitchens.

Near midnight, Cambus bakes a batch of “Daryl’s cookies” in an apartment designed for patients to practice independent living.

From her wheelchair, an elderly lady watches Cambus with envy. “I’d be in seventh heaven if I could do that,” she remarks.

In Dodd Hall, a patient always can find somebody doing better, somebody

Please see DODD HALL page 2D
doing worse. Cammuse is doing better.

When Daryl first came here in February, we worked with him on getting dressed and brushing his teeth," said occupational therapist Lisa Stanley. "He recently got out of the wheelchair.

Short-term memory, attention span, sequencing and other cognitive skills continue to improve, Stanley added.

**GUMBY-DOLL THERAPY**

From flat on her back in the new physical therapy gym, where a therapist repeatedly bends and stretches her leg, Frazier jokes, "This is the Gummy-doll therapy."

Her neck fixed in a halo brace, the patient winces with pain but would advise others of a golden rule: Never Say Ouch. "They'll just work you more," Frazier says.

After an aide helps return Frazier to her wheelchair, the patient is prepared for Functional Electrical Stimulation, or FES.

In a Star Wars-like scene, therapist Marilyn Overhulse tapes electrodes to Frazier's wrist and from a battery pack, runs current through her left hand and fingers. The patient proceeds with some exercises.

"Electrical stimulation strengthens muscles and stimulates them so she can do more," said Overhulse. "We started this with Toni about six weeks ago and have had remarkable results." FES indicates just how sophisticated physical medicine has become.

Specialized techniques have more than halved the time it takes to rehabilitate a patient, from an average of 70 days to 32, according to Johnson.

Treatment has progressed from general rehabilitation to "categorical units," Johnson said.

Through 10 major programs, physicians, nurses, therapists, psychologists, speech pathologists and social workers offer a multidisciplinary approach to rehabilitation.

Teams of specialists meet in weekly "panels" to discuss patients' progress and assess their needs.

Thanks to new treatment and diagnostic techniques, and heightened awareness for people with disabilities, physical medicine in the past five years has become one of the most popular medical specialties at OSU.

"In the old days," Johnson said, "it was hard to attract students to a specialty that had no dramatic surgeries. Many physicians didn't like to deal with patients they couldn't make well in a hurry.

"We're different. From other doctors.

**HALL OF HEALING**

Summary of Dodd Hall programs:

- **General rehabilitation** — 24-bed inpatient service treats people with strokes, nerve and muscle disease, amputations and arthritis.
- **Gait analysis laboratory** — Computer analysis of walking patterns aids diagnosis of orthopedic, neurologic, pediatric and rheumatologic ailments.
- **Head Injury unit** — Inpatient and outpatient service specializes in post-traumatic amnesia.
- **Chronic pain management** — Four-week program teaches medication-free pain control.
- **Spinal cord injury** — Specialists help patients achieve independence when returning home.
- **Day treatment** — Outpatient service for people who no longer need nursing care but still need to work on several areas of rehabilitation.
- **Driver education** — Annually teaches about 200 severely handicapped Ohioans to drive.
- **Concussion clinic** — Staff from departments of surgery, emergency medicine and physical medicine treat patients with concussions.
- **Spinal service** — Staff from neurological surgery, physical medicine and physical therapy outline therapy for patients with back disorder, pain or trauma.

J.R. Breeze drives modified car in which all controls can be hand-operated.

**Personal Care**

Despite more medical sophistication, the cornerstone of physical medicine remains personal care. Therapist Stanley interrupts an interview to greet a woman with canes who walks unannounced into her office. "Excuse me, while I give this lady a hug," Stanley says. The woman is a former patient. Stanley agrees to help expedite the delivery of her new wheelchair.

"My heart goes out to these patients," Stanley said later. "I think I'm having a rough day, and I wonder, 'What do I have to complain about?'"

Outside her office in one of the gyms, Charles Bumbalough is learning how to help his wife with her walker. As the Bumbaloughs slowly cross the floor, Daniel Durnell, 11, the oldest of their 10 grandchildren, spans happily behind on grandmother's electric wheelchair.

Dodd Hall "is really not a hospital, it's too informal," said Mr. Bumbalough. "The doctors wander around the halls and they always have time to talk to you. You notice the children who visit, and I've even seen dogs in here."

Mr. Bumbalough said he expected Dodd Hall to be depressing, but "it turns out to be one big happy family. They have limbered up my wife more than she has been limbered up in several years."

**Walking and Driving**

In her occupational therapy class with therapist Maze Stoner, Frazier pinches putty to regain finger strength. Later, she plays clothespins clipped to a cardboard folder.

Second nature to most folks, the movements are a struggle for her.

"Rehabilitation is work," Frazier says. "Very hard work."

Frazier says goals. She wants to hold and feed her baby, who came through the accident in good health; she wants to apply her own mascara and enjoy a romantic dinner with her husband in a public place.

In two months, Frazier has regained some movement in all her limbs. Will she walk again? "I know I will," Frazier says.

If patients cannot walk out of here, many hope to drive away.

The afternoon finds Breeze, a paraplegic, at the Dodd Hall driveway, sliding into a car on a transfer board from the passenger side. He is under the watchful eye of Charles Puckett, who runs the driver education program.

The car is one of three Dodd Hall "prescription" vehicles modified so all the controls — including accelerator and brake — can be operated by hand. About 25 percent of Dodd patients learn to drive again.

Puckett calls the car "the great equalizer" for people with disabilities. "When they are behind the wheel of a car, nobody knows they are handicapped," he said.

A visitor asks Breeze why he wants to drive. His answer summarizes the goal of all therapies at Dodd Hall: "I don't want to have to rely on somebody else to go to the store," he says.

Puckett steps aside as Breeze practices to overcome his biggest hurdle: getting into the car. The patient parks near the passenger door, climbs from his wheelchair inches across a transfer board toward freedom.
Physical therapy patients practice ‘driving’ as part of rehabilitation

By Stefanie Vogley
Lantern staff writer

Physical therapy patients can practice “driving” inside Dodd Hall thanks to a full-scale model of a Celebrity Eurosport donated by Byers Chevrolet. The patients won’t really be going anywhere, though, because the car is missing its engine.

The car was built without a front end because it will not be used for actual driving. It will be used for helping physical therapy patients reacquaint themselves with society, said Sandy Latimer, University Hospitals public relations coordinator.

Marilyn Overhulse, senior physical therapist at Dodd Hall, and Barbara Bostic, director of physical therapy at University Hospitals, were both instrumental in making the car a reality for physical therapy patients, Latimer said.

Overhulse said Byers Chevrolet donated the car in the late Frank Byers Sr.’s name. Byers Sr. was a patient at Dodd at one time. Byers specially built the car to the specifications set by Overhulse and Bostic. “They called often... They wanted to get exactly what we wanted,” Overhulse said. “They were wonderful.”

Overhulse said the car will be used primarily as a teaching tool. It will be used to teach patients how to transfer from their wheelchairs to the car and vice versa, she said.

Patients need to learn these basic skills before they are allowed to leave the hospital for any reason, such as being permanently released or being allowed visits at home, Overhulse said.

“We do this therapy with every patient and we do it often,” said Marianne McDermott, a physical therapist at Dodd Hall, as she helped patient Allen Gilgenberg into the car.

Gilgenberg agreed with McDermott that practicing transfers from his wheelchair into the Byers car was easier than when he had to practice outside in a real car.

McDermott said she is able to practice transfers with patients more often than was possible with the real cars outside. “When we used to go outside, we had only one opportunity to practice... This way, we can practice five or six times,” McDermott said.

McDermott said patients’ families are trained as well as the patients themselves. Overhulse said in addition to patients and their families being taught transfers, they are also taught simple tasks such as getting the wheelchair in and out of the car.

The Byers car is only part of the rehabilitation process, Latimer said. A mock-up of an apartment also exists at Dodd Hall to enable more advanced patients to become reacquainted with the tasks of daily life prior to their release, Latimer said.

Latimer said a model of a car existed at Dodd Hall until it was taken out when the building was remodeled.

Marianne McDermott, physical therapist at Dodd Hall, helps patient Allen Gilgenberg practice getting in and out of a car recently donated by Byers Chevrolet.
Mock-up lets disabled relearn how to cope with a car

The truncated Chevy lets OSU patients practice entry and exit as well as wheelchair storage.

By Mark D. Somerson
Dispatch Staff Reporter

Jerry Wykoff carefully positions his wheelchair next to the driver's seat and begins pulling his often uncooperative body into the automobile. The once simple chore has the 32-year-old Marysville, Ohio, resident sweating.

"It takes awhile," said Wykoff, now sitting behind the car's steering wheel. "When you start at this, it's a task. It's not easy because you don't have the upper-body strength when you begin.

Wykoff suffered a spinal cord injury in August that left him a paraplegic. But after 10 weeks of physical therapy at The Ohio State University, he has mastered the work and takes pride in his accomplishment.

"The first time I did it, it took about a half-hour," he said, describing the process that includes folding and storing his wheelchair behind the front seat. "Now I've cut about 10 minutes off of that."

Standing next to Wykoff is Marilyn Overhulse, a senior physical therapist at the rehabilitation center in OSU's Dodd Hall.

She's ready to assist if necessary but knows she won't have to.

"He's independent now," Overhulse said. "It's no problem for him."

Wykoff's training is thanks in part to a gift from Frank Byers of Byers Chevrolet.

"It's just what we wanted," said Overhulse, looking at the modified Chevrolet Celebrity delivered two weeks ago and now pushed against a wall in the physical therapy room. "It's perfect for what we need."

From the back, the car looks like any other sedan.

From the front, however, the Chevy sports a different look.

Instead of a long hood, the car ends shortly after its windshield. There was no need for front tires or an engine. What does have is everything needed to reintroduce handicapped patients to the car.

There are two doors for practicing entry, seats that push forward for wheelchair storage and a large trunk for family members to place wheelchairs.

"We used to have a car here a few years ago, but it was a really old model," Overhulse said. "It was in the small gym, and when the remodeling took place, they had to remove it. We really missed it.

"Most people don't realize how much you need something like this," she said. "On average, it is used four or five times every day."

For Wykoff, whose final day of therapy at Dodd Hall was Tuesday, the car was a wonderful addition to his daily regimen.

"I was the first person to use it," he said. "This is really the best thing they have to offer. The more you do it, the better you get."

Wykoff also is enrolled in a drivers education class that employs the use of a special car that is modified for paraplegics. Hand controls move and stop the car.

"But before you can drive, you have to be able to get in the car," he said. "This is why this car is great."

Jerry Wykoff and therapist Marilyn Overhulse in training car.
Dog days of service

The Volunteer Services Office at University Hospitals is looking for a "new breed of volunteers" to visit patients in Dodd Hall, the rehabilitation facility. Any dogs wishing to give up some of their valuable time can join the Pet Pals team.

The dogs should like people and be gentle. They should not be confused around wheelchairs and other equipment. The main objective of the Pet Pals is to provide companionship to patients and help them in the recovery process, Hospitals officials say.

Among other requirements, all candidates must have current physical checkups. They must pass a behavior test Feb. 1.

For more information, call Volunteer Services at 293-8653.
An ounce of prevention

USING THE MIND to protect the body is the message for this 7th grade class at Westmoor Middle School in Columbus. Mike Redd, a student in the class, hands Steve Bee a mouth stick so Bee can show how he uses it to type on a computer or to change television channels. People with head and spinal cord injuries who have been treated at Dodd Hall, such as Bee, talk about their lives as part of a presentation called "Think First." The University Hospitals' program, geared toward the highest-risk age group, 15- to 24-year-olds, includes a graphic slide show that depicts how such injuries can occur and be prevented.
Pet program goes to OSU hospital

By Christine Burford
Lantern staff writer

A program developed in conjunction with Volunteer Services and Neuro Rehab Nursing at The Ohio State University Hospitals allows volunteers to bring in their pets to visit with patients.

The Pet Pals program takes place in Dodd Hall, the rehabilitation hospital for University Hospitals, where the average length of stay for patients is 36-40 days.

The program was developed by Christine A. Harmon, assistant director of volunteer services and Elaine H. Neutzling, registered nurse and program manager of Neuro Rehab Nursing.

Harmon said there are several objectives associated with the Pet Pals program. One objective is to improve the quality of patient's lives by making them feel loved and worthwhile through the companionship provided by a pet, she said.

The program also is used to increase patient's social interaction and communication, thereby decreasing the feelings of isolation that result from hospitalization, Harmon said.

Other objectives are to provide a pleasant diversion for patients, to influence patients to use weakened muscles through petting and holding an animal, and to provide sensory stimulation, Harmon added.

"As of now there are only ten dogs in the program and no more are being accepted until we get a chance to monitor how the program is going," Harmon said.

Elaine and Steve Glass of Upper Arlington and their dog, Ollie, are one of the 10 volunteer teams. Ollie is a five-and-a-half year-old boggle mix. Elaine said she heard about the program through Newaline, the newspaper for University Hospital's faculty and staff.

"Ollie loves it," Elaine said. "He greets the patients face to face and then turns his back so they can pet him," she said.

She said the patient’s really lightened up when Ollie comes into the room. "It gives them an opportunity to talk about their own pets that they had to leave at home," she said.

Steve said, "If I were in the hospital, one thing I would want, would be to pet my dog and see my dog." It is fun to talk with the patients and trade pet stories with them, he said. Lisa Owens, a nurse on the fourth floor of Dodd Hall, said the patients have a very positive reaction to the dogs. "It makes the patients smile from ear to ear," she said.

"Many of the patients have dogs at home they cannot bring in," Owens said. "It breaks up the monotony of being in the hospital.

"It also brings the patients something from the outside, something from home," Owens said.

Patients who are afraid of animals or have allergies to them are not required to participate, Harmon said.

All pets involved with the visitation program must go through behavioral and physical screenings tests. They also must be up to date on all of their shots, Harmon said.

The behavioral screenings begin with an initial observation session and culminate with taking the dog out on the hospital floor. The purpose of the test is to see how the dog reacts to slight roughness, sudden movement or sudden loud noises, Harmon said.

The physical screening includes a general physical exam and a parasite screening. A brief medical history is taken and the dog is checked for current vaccinations, Harmon said.

A veterinarian is then asked to respond to any behavioral characteristics, good or bad, the dog may have. The veterinarians also judge whether the dog has enough physical stamina for the program, Harmon said.

Dr. Susan Wagner, of the Creature Comforts Animal Clinic, assisted in drafting the physical and behavioral screenings and was present for the first two screenings given, Harmon said.

There are no cats currently involved with the program. If volunteers were to bring in their cats minor modifications would have to be made to the program, Harmon said.

The pet owners also go through orientation to become familiar with Volunteer Services, the hospital, Dodd Hall and its services, and the Pet Pals program to learn where the animals can and cannot go.

The animals are permitted only in the nursing units. Animals are not permitted in the dining room, the kitchen or the linen rooms.

Pet volunteers can be identified by red jackets with the Pet Pals logo. The jackets were made and fitted to each dog's measurements and were funded by the University Hospitals Service Board, Harmon said.

The dogs and their owners visit patients on Tuesday and Thursday evenings and Saturday and Sunday afternoons. Each dog-owner team volunteers for one two-hour visit each month.
MEDIA ADVISORY

DOGS VISIT WITH REHABILITATION PATIENTS IN DODD HALL

COLUMBUS -- A new breed of volunteers has begun visiting patients in Dodd Hall, the rehabilitation facility at The Ohio State University Hospitals.

Nine dogs make up the initial class of Pet Pals, who join their owners in visits to patients once a month. Visits are scheduled Tuesday and Thursday evenings and Saturday and Sunday afternoons.

Pet Pals, a project of University Hospitals Office of Volunteer Services and Neuro-Rehab Nursing, is designed to provide companionship to patients who face lengthy stays in Dodd Hall. These dogs, wearing specially made jackets with logos, are kept on a leash during their visit.

Reporters and photographers are welcome to observe these patient visits. Arrangements for such a visit can be made through the University Hospitals Communications Office at 614-293-3737.

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Contact: Sandi Latimer, University Hospitals Communications, 293-3737
The first paragraph of the feature article that Stacy James wrote for the University of Cincinnati newspaper was crisp and well-crafted, and infused with just enough irony to draw readers into the story:

Eight years ago, when Greg Carper shot and killed the University of Cincinnati, he used to wonder how a person in a wheelchair got around campus. Now he is one of those persons...

A month after the publication of that story — which focused on a UC student paralyzed by a viral infection — James again pondered in print the lot of disabled students, after spending a day on campus in a wheelchair.

She could not have known — as she typed the second story at the end of the day — that, in less than 24 hours, fate would show her what life in a wheelchair is truly all about.

James, a Columbus resident, was at a pool party in Beavercreek, Ohio, celebrating the end of her junior year at UC.

“I was standing on my friend’s shoulders, and I felt myself falling backward,” she recalled. “So I turned forward.”

She aimed for the deep end of the pool but landed in 3 feet of water.

She recalls the instant after the impact.

“I was totally conscious,” she said, “but it felt like my shoulders were all squished up. I couldn’t move my arms and legs. My friends saw me and got me out of the water.”

An ambulance rushed James, 22, to nearby Miami Valley Hospital, where, she said, doctors made no attempt to save her limbs.

“They told my parents that I would never walk again,” she said. “The weeks and months that followed gave James plenty of time to ponder the attitude she had had about people with disabilities before she became one of them.

“I had a bad perspective,” she acknowledged. “I’m embarrassed to admit it. I believed it was important to make things accessible. But, she added, “I thought, why change things for a small minority? And that is so ignorant and narrow-minded on my part. It is just plain heartless.”

After a month in Miami Valley, James was transferred to Dodd Hall at Ohio State University Hospital. She was still wearing a pressure-wrapped halo brace to stabilize her neck, which she fractured in the dive.

“When I first got to Dodd Hall, I could hardly sit up for an hour,” she said. “The first things that I worked on were on the mat — trying to roll over from side to side until I could.”

“I was very weak. I could not move my legs, and I had hardly move my hands at all. And the halo made me feel heavy, so it was extra-challenging.”

Nothing would have been easier for James than to put aside her college studies during her recovery. But almost from her first week in Dodd Hall, she began reading the books for courses that would keep her on track toward obtaining a degree.

She was given permission to attend Ohio State until her rehabilitation.

“I’m going to walk across the stage with my crutches,” she had promised herself, envisioning graduation day.

Between that dream and its realization, though, lay months of rehabilitation — months that provided ample opportunity for discouragement.

Before the accident, James had been a building pianist and guitariste. At Dodd Hall, she had to use a hand brace to feed herself.

Daily routines became daily hurdles. Even small blessings presented challenges. She was happy to find a dozen get-well cards in the mail but sobbed that it took her an hour to open them.

After three months at Dodd Hall, James returned to her home on the Northwest Side to continue her rehabilitation.

The living room became her exercise room, cluttered with the equipment provided by family friend Curt Schaller, who runs Bluey’s Barbell.

“I could never have afforded it myself and wouldn’t be where I am today without it,” she said.

Along the road to recovery, James recalls only one occasion when discouragement got the best of her.

The OSU Alumni Band showed up one day at Dodd Hall to cheer.
patients. A baton twirler accompanied the musicians.

James had been a majorette at Dublin High School, and — caught up in the band's impromptu performance — she wanted nothing as much as to borrow the baton and show others what she could do. When she reminded herself that she could not grasp a baton, much less twirl one, she needed her mother, only a few steps away, to comfort her.

Today, although she still needs crutches or a stable object to balance herself, James is able to walk again. She is regaining the use of her hands, she is able to drive a car using adaptive devices, and she has decided to continue her studies and eventually enter the ministry.

Yesterday's graduation program at UC did not include a spot for James to give a speech, but she had one in mind.

She was prepared to tell the class of '93: "Life is such a rat race — with people trying to get ahead, achieve financial gain, and trying to win the approval of others — it's so easy to be robbed of the joy of living. There has to be something more important to life to press on.

"My relationship with Christ has provided abundant life despite all I've been through, and I'd never trade him for anything, even the opportunity to walk again.

"I believe people's souls are eternal and investment in them is the most valuable investment a person can make. It makes life truly worthwhile, here and beyond."

James earned a bachelor's in communication arts for a course of study that included the writing of a feature story in 1991 that began:

Have you ever heard the saying 'You never appreciate anything until you lose it'? I have, and I never really appreciated my legs until I lost the use of them last Friday.

That Friday two years ago — for the sake of a course assignment — she pretended she needed a wheelchair.

The next day, she was handed the unexpected extra-credit challenge.
For Immediate Release

July 22, 1993

DAN COX LEADS DRIVING REHABILITATION AT UNIVERSITY HOSPITALS

COLUMBUS -- Dan Cox (HILLIARD) has been named program manager of the Driving Rehabilitation Services at The Ohio State University Hospitals’ Dodd Hall.

Cox will teach people with disabilities how to drive modified vehicles, and oversee programs that evaluate the driving capabilities of older adults, and the capabilities of people with low vision who are seeking to obtain restrictive driving permits and licenses.

The rehabilitation services program at University Hospitals was recently singled out as one of the best in the country in a U.S. News and World Report survey of the nation’s best hospitals.

Contact: Sandi Latimer, University Hospitals Communications, 293-3737
Renovation rule: Expect the unexpected

By Jane Gordon

A lot more than construction can take place during renovation projects. Just ask Sue Taylor, physical therapist. She might never have met her husband.

During the renovation of the Physical Therapy offices in Dodd Hall, Darren Taylor was hanging a glass window when he spotted Sue. “He left me a note, ‘I still keep the message with me to remind me of June 27, the day we met,’” she recalled. They were married a year later.

“The projects were much more complex than many people realize,” noted Bob Coons, administrator of rehabilitation and geriatric services.

The staff, patients and visitors endured noise, dust, drilling and a variety of disruptions on a daily basis. There were power outages, water shut-offs and times when they were without heat or air conditioning. And for more than a year during the cafeteria renovation, the Nutrition and Dietetics staff had to haul food over every day from Rhodes Kitchen.

“Even though everyone has moved at least two or three times, the staff has been wonderful throughout these renovations,” Coons said. “There have been far fewer complaints from patients and visitors than we anticipated.”

Has it been worth all of the extra effort? “Now that all the disruption is over, it was definitely worth it. It’s a much more pleasant place to work in now,” Coons said.

“There are wonderful patient rooms with private bath-

AFTER YEARS of ‘pardon our dust,’ a renovated nursing station in Dodd Hall is welcome for Michelle Fulton, staff dietitian, left; nurse Bonnie Redenbarger; Chris Hochreiter, assistant nurse manager; and Maryellen McKeag, unit clerical coordinator.

rooms, a modern cafeteria, more open treatment areas, improved conference and meeting space, just to name a few of the positive changes.”

Jane Gordon is coordinator of public relations. University Hospitals.
A little help from friends

THE BUCKEYE BATTLE CRY seems appropriate for a rally Sept. 2 to inspire Janet Goettemoeller, a former Marching Band member, left front. Jon Woods, band director, led the members of TBDBITL gathered at Dodd Hall to surprise Goettemoeller, who was being released after treatment for a head injury she suffered in a motor vehicle accident this summer. Also on hand were Ohio State quarterbacks Bob Hoying, far left, and Tom Hoying. The Hoyings and Goettemoeller all come from St. Henry, Ohio.
Computerized controls
give access to life

People with limited mobility are learning to perform daily tasks with the help of a computerized control system at University Hospitals.

The system, which can operate many items in a home or office, allows a person with a disability to do things able-bodied people take for granted, said Deborah Clarke, assistant director of occupational therapy in Dodd Hall.

The staff at Dodd Hall teach patients who have spinal cord injuries or who can only move their heads or upper bodies. By pressing a switch with their chins, the patients can turn on and operate lamps, radios, televisions, VCRs or computers.

University Hospitals Service Board volunteers raised funds to donate the environmental control system.

For more information, call 293-3737.
Hospital patients rally for Bucks

By Kim Merlack
Lantern staff writer

Not even the rain outside Dodd Hall could dampen the Buckeye spirit of wheelchair-bound patients as they made their way around the physical therapy room to "Script Ohio" during a Beat Michigan Rally Wednesday.

Although a car used for rehabilitation therapy took up some of their space, members of the Hyperactive Alumni Band and two former OSU drum majors entertained with traditional Buckeye tunes and twirls in the room decorated with scarlet and gray streamers and balloons.

Almost everyone in the enthusiastic group of 50 therapists, patients and family members wore scarlet and gray, cheered and clapped along, especially when the band played the "Hey Cheer."

The Hyperactive Alumni Band is a hard core group of OSU Alumni Marching Band members who perform at almost any function in Central Ohio.

Shelley Graf, a physical therapist at OSU Hospitals, has organized the rally since 1990. Graf was drum major for the OSU Marching Band in 1981 and uses her association with the Hyper Band to get patients and staff in the mood.

"This is a great warm-up for the band's Hyper-Friday schedule and the patients just love it," Graf said.

Graf was the first, and only, female drum major in the marching band. "I feel more pressure twirling here in front of the people I know than in front of 97,000 people in the stadium," she said.

Hyper Friday is the Friday before the OSU vs. Michigan game when the Hyper Band normally plays from 6:30 a.m. Friday to 1:00 a.m. Saturday at various events throughout Central Ohio.

Beverley Moseley, OSU drum major in 1946, performed with Graf while the band played. Moseley helped start the alumni band in 1968 and calls himself the Hyperactive Band's "head drum major."

Dodd Hall is a 72-bed facility that handles four types of patients: those who have suffered strokes, spinal cord injuries, traumatic brain injuries from accidents, and orthopedic problems either after surgery or multiple broken bones.

Barb Bostic, director of physical therapy, said while parties are held throughout the year for patients, this rally is her favorite.

"Shelley (Graf) puts a lot into it, and the band just really makes it special," she said.
Beverley Moseley, Ohio State University's drum major in 1946, leads a parade of patients in Script Ohio through Dodd Hall. Moseley and the alumni band were cheering up the Dodd Hall patients yesterday in preparation for Saturday's OSU-Michigan game in Ann Arbor, Mich.
Going home

Occupational therapist Beth McCarty helps Roger W. Burke use a peg board in the Dodd Hall rehabilitation center. Burke was involved in a motorcycle accident one month ago that left him partially paralyzed. He has fully recovered, and today is his last day in the center.
Sometimes insurance is not enough

Seeing their debts rise dramatically, a stroke victim and her husband have learned what it means to not have sufficient coverage.

By Doug McInnis
Dispatch Staff Writer

Millions of Americans now are learning that health care and whether they have enough insurance, but none of them more so than Jennifer Jones of Worthington.

Jones had health insurance. But when she had a stroke in the middle of the night two months ago, she learned quickly what it was to not have enough.

At age 27 and with two preschool children, Jones was hospitalized, unable to walk, buried under medical bills for services that were only partially covered and facing the grim truth that rehabilitation services weren't covered by her husband's insurance at all.

"It isn't like you sit there and examine your insurance policy to see if there's rehab in it," she said. "You don't think you'll ever need it."

Even without the bill for rehabilitation, Jones and her husband, Kevin, face a mountain of debt because his health insurance covers only 80 percent of their hospital costs.

Mrs. Jones had no health insurance from the part-time job she previously held.

"We already have $35,000 in bills sitting at home," Mrs. Jones said. "When these bills are more than what my husband makes in a year, that's pretty catastrophic."

Moreover, the cost of rehabilitation at Ohio State University's Dodd Hall is $1,000 a day. A social worker initially told Mrs. Jones that she wasn't eligible for Medicaid because she and her husband own a house.

"We didn't know what to do," she said. "We even talked about the insanity of getting a divorce (to qualify for federal help). ... I worried so much about it last month, I was hysterical about how was I going to get into a rehab center that would accept me without insurance."

Then she learned that Medicaid might qualify her on a payment plan, based on the couple's ability to pay part of the cost. Though a decision from Medicaid is pending, OSU has agreed to accept her.

Her recent move into Dodd Hall has allowed Mrs. Jones to speed her rehabilitation. She can now take slow steps with a walker. "This is a wonderful place," she said. "They give you hope."

"She's doing so much better," said Shirley Wellman, who was her boss when Jones worked part time.

Still, the bills pile up, including additional costs to make modifications to the Jones' house so Mrs. Jones can return home when she finishes therapy.

To pay for the changes in the house and some medical bills, friends have organized a dinner-dance fund-raiser. It will be held from 6 to 10 p.m. Dec. 11, at St. Michael Catholic Church, 5750 N. High St., Worthington. Tickets are $50 per person.

Food for the event has been donated by Engine House No. 5, where Mr. Jones is a chef.

Other restaurants also have pitched in including Dalas, the Village Cupboard and Worthington Bakery.

For information or tickets, call George or Patty Doyle at 846-2136. Donations also can be made at any National City Bank location, or by mailing a check to National City Bank's Worthington branch, 6900 N. High St., Worthington, Ohio 43085. Checks should be made out to the Jennifer and Kevin Jones Benefit Fund.
KNOWING THE FEELING

Ben Vereen danced a little cheer into the hearts of patients at OSU Medical Center yesterday.

Between shows Friday night and last night at the Ohio Theatre, Vereen spent almost two hours visiting long-term recovery patients at OSU's Dodd Hall.

Much like his singing and dancing, Vereen's compassion comes from the heart. He was seriously injured in an accident last year and spent months getting back on his feet.
**A little sunshine will make all the difference**

By Kelley Kurtz
Lantern staff writer

Mix warm sunshine, bright flowers and caring therapists and what do you get? A lot of happy patients.

Garden therapy will be used to improve patient's cognitive, physical, social and emotional skills, said Senior Therapeutic Recreational Specialist Diane Kaiser.

"Dodd Hall patients planted flowers yesterday at Green Park (Dodd-Davis Recreation Park) to enhance their overall therapy program."

"Sunshine is the best medicine," Rehabilitation Nurse Coordinator Bob Whitehead said. "Getting out there and getting some fresh air and feeling the warm sunshine... it really gives them a boost."

Whitehead, who has been on the drawing board for quite some time, is sort of a dream come true, Whitehead said. "And I wanted to be out here and actually observe the people enjoying themselves and starting to do the initial planting."

"It is something that gets you out from the inside," said Doyal Hale, Dodd Hall patient. "It gives you something to do...something a little different."

Dodd Hall uses all types of recreational activities for treatment, Kaiser said.

"Gardening kind of fits neatly into that, but we hope to get people back to enjoying a previous leisure activity that they enjoyed doing before they got sick or hurt or maybe learning a new skill as well as learning the methods of doing it," Kaiser said.

Every therapy from nursing to psychology can use this park, said OSU Recreational Therapist Mary Beth Moore.

"The main reason we have these gardens is for therapy," Moore said. "So it will be used as vegetable and flower gardens in the spring."

Patients who stay for extended periods of time need a park-like atmosphere where they can relax and spend some quality time. They like to get out of their rooms and have diversional activity, Whitehead said.

"I think it is a great idea," patient Grace MacMurtry said. "It will be a place for the patients and their families."

Patients will have the opportunity to weed, water, and pick vegetables, Moore added.

This therapy is teaching patients how to adapt in their own yards, Moore said.

"I have a lot of tulips, daffodils and azaleas. I love them," said Ruth Brown, Dodd Hall patient. "It is nice to know that I can still work in the yard."

The variety of mums help to beautify Green Park which will be dedicated and renamed in late October. Bette Dare, past president of OSU Medical Center's Service Board, was president in 1988 when the service board gave $20,000 to initiate the Green Park Project.

"We were more than happy to give the money to bring this to a fruition," Dare said.

The park will provide a safe area to walk since the hospital traffic is so heavy, Dare added.

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Bob Whitehead, rehabilitation nurse coordinator, works with Doyal Hale, a patient at the hospital from Harden County, during Wednesday's park dedication.
Dodd Hall patients receive a computer for rehabilitation

By Kelley M. Kurtz
Lantern staff writer

Hospitalization will not keep patients from playing computer games, thanks to the donation of a new computer to the Dodd Hall Spinal Cord Unit. The law firm of Clark, Purdue, Roberts & Scott Co., L.P.A., donated the IBM-compatible 486-computer last Friday to enhance social interaction and promote new rehabilitation activities.

"The socialization aspect was one of our key areas that we wanted to investigate," said Beth McCarty, occupational therapist at Dodd Hall. "A lot of the patients are in their rooms alone, and they are experiencing a lot of the same emotional turmoil from the accident and their impairment."

If severe enough, spinal cord injuries can paralyze a victim from the point of injury down, said Mike Neutzling, a spinal cord unit nurse. Spinal cord injuries are severe and life-changing. Patients need support not only from Dodd Hall staff, but also from each other, Neutzling said.

"By getting people out and communicating with each other, they can sympathize with one another ... and that is one of the most powerful things we can do as therapists," McCarty said.

Neutzling, who sought out the donation, was looking for something that would get patients out of their rooms in the evenings after daily therapy.

"(For) people who are getting the use of their hands back, it gives them something to do on their own time for practice," said patient Shane Gilbert. "This is another way to lift people's spirits."

Occupational therapists look at a person's level of independence and their daily living skills, said Theresa Frasca, an occupational therapist at Dodd Hall.

"We look at what they were doing before they came into the hospital and what their goals are for leaving the hospital," Frasca said. "We help them (become) independent."

The computer gives patients a good opportunity to socialize through playing games, said Cindy Miller, an occupational therapist at Dodd Hall.

The computer is equipped with a specialized mouse that allows easier use by patients with decreased hand functions, McCarty said.

People who have completely lost use of their arms can also manipulate the mouse by using an extended mouthpiece with a rubber tip, McCarty said.

"We take things and put them in real functional terms," Frasca said. "(We do) whatever we can do to help a person's independence. We just find out what works the best." Depending on a patient's mobility, various devices can be installed to accommodate them, Frasca said. These range from chin switches and eye-beam devices to special interface devices for more severe cases.

The devices are available at either Dodd Hall or the Nisonger Center Library, Frasca said.

Screen modifications that aid disabled patients can be made using screen magnification or adaptors, McCarty said. Fortunately, the donated computer screen is large enough that many visually impaired patients will be able to see it without the extra modifications.

McCarty said adaptors that might normally need to be added, such as the large screen or a rolling-ball mouse, have already been installed on the new computer.

"I like it because, for me, I'm visually impaired and normally I can't see the average writing," said Ruth Brown, a patient who enjoys playing solitaire on the new computer. "It was large enough that I could ... know which card it was."

Brown said she will enjoy using the computer during evenings in the day room on the 4th floor.

"This is something to participate in and actively do," Brown said. "Something other than listening to the TV."

McCarty said patients can also investigate new school or employment opportunities through the computer.

"For someone that might have been a contract worker and is now a paraplegic or quadriplegic and has to reinvestigate what types of jobs they are going to do, this might spark a vocational interest," Miller said.

Attorney Dale Purdue presented the computer to the Spinal Cord Unit on behalf of the firm. Purdue said the firm is privileged to represent a number of survivors of spinal cord and traumatic brain injuries.

"They know we were interested in helping the patient survivors," Purdue said. "We like to be able to help in more ways than just providing legal representation."
Dodd Hall patients rally for Buckeyes

By Kelley Kurtz
Lantern staff writer

OSU's marching band is not the only group doing 'Script Ohio' in preparation for the Michigan battle.

Dodd Hall rehabilitation patients also did the popular marching band formation during the 'Beat Michigan' pep rally with the Ohio State Alumni 'Hyper' Pep Band.

The rally was held Wednesday at noon in the Doan Hall physical therapy gymnasium.

Winding through the gym, therapists pushed wheelchair-bound patients to form the 'Script' design, while other patients danced to the upbeat rhythms of the alumni band.

The band was led by Shelley Graf, a physical therapist at OSU Medical Center, who was the first and only woman drum major of the Ohio State University Marching Band in 1981, said Barbara Bostic, director of rehabilitation outpatients services.

Graf said this is the fifth year the alumni band has come to Dodd Hall for the pep rally.

"I think it's great for the patients and great for the staff," Graf said. "Especially because a lot of the patients here will not be able to go to the game on Saturday."

Bostic said the rally helps patients and staff get in the spirit for the game with their families.

"It's really to get the patient's involved in all of the activities so they don't always feel like they are in a hospital setting," Bostic said. "We try to get them as near normal as possible and this is certainly a very normal event in Columbus, Ohio during this week."

Don Younger, chairman of the alumni band, who plays trumpet, said he likes to see patients' reactions as the band enters the gymnasium.

Emir Zec, a Dodd Hall patient from Bosnia, said he enjoyed watching the band and had fun interacting with other patients during the pep rally.

"It was a good experience for me," Zec said.

Alumni band member Bob Gates, who plays the alto horn, said the pep rally is one of the band's best performances.

"It's a very enlightening experience and we wouldn't miss it," Gates said. "It's one of our favorite trips."

Most of the 22 band members took off work in order to celebrate with the patients, Younger said.

Twenty to 25 patients participated in the event, Bostic said.
Welcome to Dodd Hall, the rehabilitation facility at The Ohio State University Hospitals. Our mission is to assure you of considerate and respectful care by professionals who will provide a complete individualized rehabilitation program to meet your needs.

The Dodd Hall staff is committed to helping those who, from disease or injury, are unable to independently walk, use a wheelchair, drive a car, feed themselves, bathe, take care of personal hygiene needs, dress and undress, talk to or understand others, engage in recreational and leisure activities, or pursue a job.

Through the rehabilitation team, each person's needs are evaluated, short and long-term goals set, treatment and training given to help you reach your maximum mental and physical potential.

We will do our part. The success of the program, however, also depends upon your full participation. Our goal is to make your stay at Dodd a pleasant and successful one. Please don't hesitate to bring your concerns and wishes to our attention; we will do our best to assist you.

The Dodd Hall Staff
Your Rehabilitation Team

Your interdisciplinary rehabilitation team works together to assist you in achieving and maintaining health and quality of life. Your team may include several or all of the professionals listed below:

**Registered Nurse** — You will be assigned a primary nurse who will be responsible for planning and evaluating your individualized nursing care. Teaching and learning will be emphasized which includes reinforcing skills provided by other team members. As you learn, self-care will be encouraged so that you can achieve maximum independence.

**Physical Therapist** — evaluates muscle strength and flexibility and develops a program for you through the use of exercise, water, heat, cold, sound and/or electric waves. The physical therapist will also assist in determining your equipment needs.

**Occupational Therapist** — evaluates your ability to perform activities of daily living (self-care, work, leisure) and develops a program to help you learn new or different approaches to accomplish these tasks. Your occupational therapist will also help determine your need for assistive devices, splints, or wheelchairs.

**Speech Therapist** — evaluates and develops a program for those who have a communication concern or problem (language, vision, memory, hearing, reading or writing).

**Dietitian** — evaluates and assists you in food selection and meal planning to meet your nutritional needs. The dietitian can help you learn about special diet or dietary problems.

**Recreational Therapist** — contributes to physical, mental, and emotional fitness and social stability. The Recreational Therapy Department is responsible for providing recreation activities for the benefit of the patient population. Some of you may be referred for a leisure program by your physician. The recreational therapist will meet with you and set up a program specific to your needs and interests. Activities available at Dodd Hall include pool, tennis, cards, board games, art, crafts, live entertainment, and horticulture. Community activities, including trips to movies, sporting events, concerts, and restaurants are offered for Dodd Hall patients. Suggestions for activities are always encouraged. Place any ideas in the suggestion box located on your unit.

Be sure to watch bulletin boards for announcements of activities and events. Bulletin boards are located in the recreation room, third floor, room 3162; and the first, third and fourth floor lobbies.

**Social Worker** — evaluates with you and your family the changes in your life created by your disability and helps you to become comfortable with the feelings and planning necessary to begin adjusting to a different life-style.

The social worker is knowledgeable about resources within the university system and the larger community, and assists you with discharge planning. This can include referrals for financial assistance, equipment, accessible housing, educational and vocational planning, and other needs to facilitate your return to your home and community.

**Pharmacist** — evaluates and assists you in understanding the medications your physician has prescribed. Your pharmacist also will provide medications for Functional Trial Visits.

**Pharmacy Technician** — administers or assists you in taking prescribed medications.

**Psychologist** — assists you and your family in understanding and adjusting to the effects of a disability. At times testing is conducted to better evaluate your needs, interests, and abilities.

**Driver Training Instructor** — is available to work with any patient who wants to learn or relearn to drive. The instructor, after receiving a consultation request from a physician, will initially perform an evaluation to determine your readiness and fitness to drive. An individualized driver training program, based on your needs, is then initiated, using any controls and assistive devices necessary for the safe and efficient operation of a vehicle.
Services Provided for the Comprehensive Physical Rehabilitation Program

- Medical diagnosis and treatment
- Medical rehabilitation, evaluation and supervision
- Nursing services
- Pharmacy services
- Nutritional therapy
- Physical therapy
- Occupational therapy
- Speech pathology and hearing evaluation
- Recreational therapy
- Prosthetic and orthotic prescriptions
- Specialized adaptive equipment
- Psychological services
- Social services
- Community resources exploration, mobilization and development
- Family counseling
- Patient/family education
- Sex education
- Patient/family group experiences
- Pre-vocational evaluation and testing
- Educational tutoring (grades 1-12)
- Driving evaluation and training
- Home evaluation
- Dental evaluation and services
- Pre-admission assessment and community referrals
- Post-discharge follow-up

Services Provided for the Behavioral Medicine/Pain Management Program

- Pre-admission assessment and orientation
- Medical workup, diagnosis and treatment
- Social service
- Nursing service
- Physical therapy
- Occupational therapy
- Pre-vocational testing and counseling
- Psychological services
- Dietary group education classes
- Pharmacy services
- Family group
- Family counseling
- Behavioral medicine family day
- Recreational therapy
- Sexual therapy
- Driver training
- Speech pathology and hearing evaluation and training
- Prosthetic/orthotic prescription and training
- Post-discharge follow-up

Visitors

Visitors are welcome during your stay at Dodd Hall. Visiting hours are from 10:00 a.m. to 10:00 p.m. daily.

Adults and children over 12 years of age are permitted as visitors on patient care units. Visitors must be properly attired (shirts and shoes must be worn) and must be free of infection or transmissible disease.

Only two visitors per patient are permitted in a patient room at any one time. Visitors are not permitted to smoke in patient rooms.

We ask that people not visit you during therapy sessions, unless they have been scheduled to learn a therapy or treatment technique. We may ask that visitors adhere to other regulations under individual patient circumstances.

Visually impaired and hearing impaired visitors who are accompanied by seeing eye dogs or hearing ear dogs can take their dogs to patient care areas which allow general visitation. The guide dog must be leashed and remain with the visitor at all times.

What You Need to Bring

We recommend that you bring comfortable, loose-fitting, washable clothing. Slacks or jeans are most appropriate for therapy and recreational activities. Shoes with non-skid soles are recommended.

Additional clothing should include four to five changes of night-wear, undergarments, blouses and/or shirts, and a jacket, sweater or coat. You should also bring cosmetics and personal items (toothbrush, toothpaste, shaving cream, denture cream, shampoo, etc.) and any special equipment you now have such as a wheelchair, braces, crutches, splints or artificial limbs. Please place your name on your personal items, especially clothing.

You and/or your family are responsible for caring for your clothes. For your convenience and use, a washer, dryer, iron and ironing board are available on the nursing unit (free of charge).
Rehabilitation Expenses

Payment will be due in full upon discharge unless prior arrangements have been made.

When being admitted to Dodd Hall, please bring health insurance cards and claim forms. If your insurance requires prior authorization, please inform your doctor and the Dodd Hall admitting office (421-3825) before admission. If your health insurance is not through your employer but was purchased through an agent or through the mail, please bring your policy when you are admitted.

Patients with Medicare coverage should bring their Medicare identification card. The current patient deductible amount is usually required in cash at the time of admission.

Patients who are eligible for Medicaid, ADC or General Relief should bring their current Welfare medical card and ID card.

Please note that fees charged by your physicians will not appear on your bill from University Hospitals. Your physicians will bill you separately.

Functional Trial Visits/Passes (FTVs)

Functional Trial Visits are an important part of your rehabilitation program. A Functional Trial Visit/Pass is a medically authorized absence from Dodd Hall which allows the patient and family to practice their therapy training and care at home.

For all passes and FTVs you are required to have written permission from your physician, to sign a waiver form, to secure adequate medication, and to sign out and return Dodd Hall equipment loaned to you for your visit. Your family or friend must demonstrate proficiency in basic care requirements, and must agree to complete and return FTV forms which will aid in evaluating your success while on your FTV.

Other Passes

Ride Pass — Allows you to ride in a vehicle. You are not permitted to leave the vehicle. The ride should not interfere with scheduled therapies, and the patient must return by 8:00 p.m.

Evening Pass — Allows you to leave Dodd Hall after treatment hours. If assistance is needed in care, you must return by 9:00 p.m.; if assistance is not needed, you must return by 11:00 p.m. Medical permission and a plan for care are needed if you plan to return after 11:00 p.m.

Overnight Functional Trial Visit — Allows you to stay out of Dodd Hall overnight. The overnight visit should be made after therapies, and you should return in time for scheduled therapies the following day.

Weekend Functional Trial Visit — Allows you to leave Dodd Hall for a weekend, and begins after physical and/or occupational therapy on Saturday morning. You must return by 10:30 p.m. Sunday if independent in self-care, and prior to 9:00 p.m. on Sunday if assistance is needed in care.

If you plan to return after 10:00 p.m. and assistance is needed, arrangements must be made prior to leaving for the weekend visit.

Meals

The dining room is located on the second floor of Dodd Hall, and meals are served cafeteria style for all patients who are not confined to bed. The cost of all meals is included in your daily room charge at Dodd Hall.

Your friends and relatives may eat with you during the designated hours on a pay-as-you-go basis. We ask that food and dishes not be taken to your room.

Visitors and families who wish to eat with a patient should make arrangements with the dietitian.

Daily menus are posted. However, if you need a special diet, a registered dietitian will assist you with proper selection. If needed, assistance will be given by nursing staff or volunteers in carrying trays, attaching eating devices and helping you eat.

Hours are:

Breakfast
All patient trays will be sent to the rooms from 7:30 to 8:15 a.m.
Patients on Behavioral Medicine/Pain Management Program will go through the cafeteria line between 8:00 and 8:15 a.m.

Lunch
11:30 to 11:45 a.m. - third floor - trays delivered to bed patients
11:45 a.m. -12:15 p.m. - fourth floor patients through cafeteria line
11:45 a.m. to 12:00 - fourth floor - trays delivered to bed patients
12:15 p.m. -12:45 p.m. - third floor patients through cafeteria line

Dinner
5:00-5:15 p.m. - trays delivered to third & fourth floor bed patients.
5:15-5:45 - fourth floor patients through cafeteria line
5:45 p.m.-6:15 p.m. - third floor patients through cafeteria line

Staff and Visitors
Lunch — 11:00 a.m.-11:45 a.m.; and 12:30 p.m.-1:00 p.m.
Dinner — 5:15 p.m.-6:30 p.m.
Snacks
Snacks and dietary supplements are available nightly. Therefore, it is preferred that you not bring or store food at Dodd Hall. If you choose to do so, ask a member of the nursing or dietary staff to store the food. Food must be stored in a closed container.

Valuables
Please leave your valuables at home! We cannot be responsible for personal items. You should keep no more than $5 with you while hospitalized. Additional money can be deposited and kept in the safe in the Dodd Hall business office.

If you choose to have personal items with you while at Dodd Hall, we recommend that you keep them in your locked drawer. Your key should be kept with you, preferably pinned to your clothes. Please return your key to the unit secretary when you are discharged. Please report any loss to the nursing staff. Any items left for more than 90 days after discharge will be discarded.

Telephones
Each patient room has one telephone for every two patients.

To call another number at University Hospitals, including Dodd Hall, dial the four digits listed.

To call other OSU campus locations which are on the 422-telephone exchange, dial 72, wait for a dial tone, then dial 2 and the four digit extension.

Local calls can be made by dialing 9, listening for the dial tone and dialing the local 7-digit telephone number.

Long distance calls must be made through the operator. You may call collect, charge the call to your home phone, or charge to your credit card. Dial 9, listen for the dial tone, and then dial 0 and tell the operator how you wish to charge the call and the telephone number of the person you are calling.

Public pay telephones are located on the first floor, just west of the physical therapy receptionist (right side of hall); second floor, on the left side of the hall near the dining room; third floor, far east end of the hall; and fourth floor, far west end of the hall. The phone located outside the front entrance near the north side of the building is for emergency use only when the front door is locked and you cannot return to your unit.

Smoking
Because smoking is acknowledged to be both a health hazard and a fire hazard, it is the Hospitals' policy to restrict smoking and to support a no smoking philosophy.

In accordance with University, local, state, federal and accrediting regulations, the Hospitals prohibit smoking in certain areas designated by signs stating "No Smoking." The areas where smoking is prohibited are: nursing stations, patient treatment rooms, classrooms, conference rooms, storage areas, laboratories, areas where combustible supplies or materials are in use or stored, areas where oxygen or flammable liquids or gases are in use or stored, food preparation areas, designated areas of the cafeteria, designated areas of lobbies or waiting areas, elevators, corridors and stairwells.

Although the Hospitals encourage employees, patients, and visitors not to smoke, the Hospitals do provide designated areas where smoking is permitted.

Smoking is permitted in private offices, employee lounges and locker rooms, designated areas of the cafeteria, and designated areas of lobbies and waiting areas.

Smoking is permitted in Dodd Hall in the public lobbies on floors 1, 2, 3 and 4; the cafeteria, and the recreation room. Visitors are not permitted to smoke in patient rooms.

The sale of tobacco is limited to vending machines located in the canteen on the ground floor of Doan Hall in the north wing near the elevators.

Patient Smoking
Patients are discouraged from smoking. Patients who are classified as not mentally or physically responsible for their actions (including those who are so affected by medication) are not permitted to smoke without supervision.

Patients are permitted to smoke in their rooms if the room has not been designated a no smoking area for health or safety reasons. Ambulatory patients are not permitted to smoke in bed. A patient who is confined to bed may be permitted to smoke in bed if the attending physician writes an order allowing you to do so or if you are attended by a staff member or a responsible adult.

The Admitting Department will inform patients, upon admission, of the Hospitals' smoking policy and smoking regulations. Because patients are permitted to smoke in their rooms, the Admitting Department will make every attempt to place a patient in a room according to his or her smoking preference. When recommending or implementing a patient transfer, the nursing and admitting staffs will review and take into account the patient's smoking preference. Medical care needs, as established by the physician, will have priority over smoking preference when assigning the patient a room.
**Drug and Alcohol Abuse**

- Only medications and/or alcoholic beverages prescribed by medical staff are to be taken by you during your stay.
- All medications and/or alcoholic beverages prescribed for patients must be dispensed by pharmacy or nursing. Unauthorized drugs or alcohol will be confiscated after asking the patient to surrender them.
- Failure to willingly surrender unauthorized drugs or alcohol will be reported to and dealt with by the attending physician and may result in the patient's discharge.

- The staff member witnessing the incident will report to law authorities any adult observed or known to be giving unprescribed drugs or alcoholic beverages to any patient. The incident also will be reported to the patient's attending physician.

**Fire Drills**

Routine fire drills are conducted throughout the hospitals on a regular basis. During these drills you and your visitors may be requested to leave the lobby and hallway areas and go to a designated area. Corridors will be cleared of all equipment and room doors must remain shut. Drills last about 10 minutes.

Please read the fire procedures posted on each nursing unit.

**Spiritual Needs**

Protestant worship services are held on Sundays at 2:00 p.m. in Doan Hall, room N-129. Roman Catholic mass is held on Sundays at 3:30 p.m., and Holy Days at 4:30 p.m. in Doan Hall, room N-129. Services are held on the first floor of Doan Hall in room N-129. Go through the double doors by the first floor lobby elevators and proceed to the second door on your right.

Remember to tell the nursing staff if you leave the unit to go to the services. If you desire a visit by a member of the clergy during your stay at Dodd Hall, please tell the nursing staff.

**Mail**

Your personal mail received at Dodd Hall is placed in the mailbox just outside the unit nursing station. You are responsible for checking the box, or asking someone to assist you in checking the box. Outgoing mail may be deposited in the mail chute (located near the elevators) or left at the unit nursing station.

Mailing address:
your name
Dodd Hall, Room #
Ohio State University Hospitals
472 West 8th Avenue
Columbus, Ohio 43210-1228

**Barber/Beautician**

A barber or beautician can be scheduled to come to Dodd Hall. Arrangements can be made through the nursing unit secretary. Payment for services must be made by you directly to the barber or beautician at the time service is rendered.

**Parking**

The Ohio State University discourages patients from keeping cars here while hospitalized. If you have brought your car, you need to purchase a temporary parking decal at the Dodd Hall business office.

**Outside Appointments**

Any appointments made outside of Dodd Hall or University Hospitals are the responsibility of the patient. If your attending physician has approved an outside appointment, you are responsible for arranging for your own transportation, assistant care, and any other needs.
Dodd Hall Telephone Numbers

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<th>Phone Number</th>
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</tr>
<tr>
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<td>466-8732</td>
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</tbody>
</table>

OSU Hospitals

The staff of Dodd Hall is committed to making your stay a pleasant one. If you have any further questions, please call the Coordinator's Office at 8864.
Dodd Hall

Our mission is to provide rehabilitation programs and services for persons who have disabilities resulting from injury, illness, congenital deficits, or chronic pain by:

- offering quality services to patients and families to assist them in the achievement of maximal functional independence and enhance quality of life;
- educating and training members of the rehabilitation team;
- conducting research to develop new evaluation and treatment techniques to enhance the effectiveness and efficiency of rehabilitation services.

The patient and his or her family are the center of the rehabilitation treatment team. Services included in the core team are: physical medicine, rehabilitation nursing, physical therapy, occupational therapy, speech-language pathology, rehabilitation psychology, therapeutic recreation, nutritional support and counseling, pharmacy, and social services. Other services include: all medical specialties, pastoral care, audiology, respiratory therapy, educational services, and driver's evaluation and training.

In July, 1994, Dodd Hall was named among America's ten best rehabilitation hospitals in U.S. News & World Report's annual guide.

There are three inpatient medical services:

**Brain Injury Program**
This program provides comprehensive interdisciplinary services to patients with neurological deficits caused by trauma to the brain, including blunt injury, penetrating intracranial trauma, and injuries due to illnesses. A secured patient care unit and special alerting system ensure patient safety. Treatment is individualized and encompasses physical, cognitive, psychosocial, and communicative aspects of rehabilitation. A system developed at OSU Medical Center, the Orientation Group Monitoring System (OGMS) is an assessment technique used daily to monitor cognitive status. OGMS is used to assess recovery and as an indicator for reversible impairments in cognition during PTA. The TBI team members manage behavioral problems as patients emerge from post-traumatic amnesia and have developed specialized agitation monitoring and other behavioral programs to facilitate patients' recovery.

**Spinal Cord Injury Program**
Evaluation and comprehensive physical psychosocial services are offered to patients who have experienced spinal cord injuries, spinal cord tumors, or spinal disorders. The interdisciplinary team, using extensive Medical Center and community resources, offers a broad range of services and educational opportunities to SCI patients and their families. Through intensive therapy, patients realize many functional goals such as learning to direct their care, transfer, maximize mobility, and use adaptive equipment to complete activities of daily living. The goal of the SCI team is to assist patients to problem-solve, make informed choices, and to achieve successful re-integration in the home, community and school/work environments.
**FACT SHEET**

**Stroke/Orthopedic Service**
Comprehensive services are provided for patients who experience disabilities following stroke, orthopedic injuries and disorders, CNS diseases, neuromuscular diseases, musculoskeletal/joint diseases, amputations, burns, cancer, and acute illnesses. The focus on treatment is on restoration of functional independence in activities of daily living and in the prevention and treatment of medical complications. The Stroke/Orthopedic Team was recently honored with a special Medical Center award for its patient and family education program.

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Both individual and group treatment experiences are offered for patients. Group therapies include, but are not limited to, orientation, memory, communication, basic cognitive skills, problem solving/executive functions, pragmatics, walking, and exercise.

**SPECIAL FACILITIES AND SERVICES**

**Gait Analysis Laboratory**
This research and clinical laboratory is one of the nation’s leading facilities for measuring many aspects of human motion. Specialized evaluation of gait patterns provides quantitative biomechanical data often undetectable by observation. These analyses assist physicians and therapists to provide the best possible treatment for mobility disorders.

**Home/School/Work Site Evaluation Program**
This evaluation program assists patients, families, employers, and other agencies who service persons with disabilities by providing practical suggestions for accessibility. Its purpose is to help people with disabilities live as independent as possible in home, school, work, and community environments. Recommendations may include: specifications for ramps; information about porch lifts, chair lifts, and elevators; adapted equipment for activities of daily living; suggestions for environmental modifications; and information about services provided by state and local agencies.

**Ernest W. Johnson Park**
The Ernest W. Johnson park offers an attractive and safe environment for patients to learn community integration and recreation skills. The park features a wheelchair/walking path, interactive gardens, rubberized asphalt basketball court that can also be used for tennis and volleyball, wheelchair relay track, and public areas designed to accommodate persons with physical challenges.

**Therapeutic Pool**
The therapeutic pool, housed within the Physical Therapy Department, allows controlled weight-bearing through buoyancy. Patients can more easily perform activities such as walking. The pool also increases flexibility, decreases abnormal muscle tone, and assists in developing coordination and balance.

**Rehabilitation Driving Services**
The rehabilitation driving program offers indepth evaluation of a person’s potential for safe driving after a disabling event, and extensive training services to ensure maximal independence. Specialized services include the Older Driver’s Evaluation Program, and Low-Vision Program. The program is also designated as a commercial driver training school. Program staff include two driver educators and an occupational therapist. Evaluations include thorough medical and driving history reviews, cognitive and vision screening, assess-
ment of functional status, and driving simulator experience. The Doran Driving Simulator is used to assess reaction time, threat recognition, and crash avoidance skills. Assessment also includes on-the-road experience and evaluation of adaptive equipment that may be needed. Vehicles include two adapted cars and one adapted quadriplegic evaluation van.

The quadriplegic assessment and training van offers high-technology adaptive driving equipment including: horizontal and variable effort steering, electronic gas pedal and brake, six-inch dropped floor, fully automatic lift, powered transfer seat, headset and elbow pad controls, and secondary control consoles.

**Independent Living Apartment**
The Independent Living Apartment (ILA), housed within the Occupational Therapy area, has a fully equipped kitchen, sitting area, bedroom, and accessible bathroom. The apartment offers patients, their families, and/or other caregivers the opportunity to practice everyday living in a protected environment. Although nurses and therapists are available by emergency call buttons, patients and families are encouraged to rely on each other to solve problems and to adjust to new routines before going home. The apartment stay helps the patients, family, and treatment team determine the patient’s readiness for discharge; the ability to function at home; the need for and proper use of adapted equipment; and the need for outside assistance.

**TBI Network**
Persons with traumatic brain injury (TBI) whose history includes substance abuse often have special service needs to achieve a successful recovery. The purpose of this grant-funded program is to enhance the community reintegration of these individuals through linkages with community-based services such as personal, substance abuse, and vocational counseling; job placement and coaching and support groups.

**Evaluation and Follow-up Clinics**
The following diagnostic or follow-up clinics are offered in the Dodd Hall/Davis Center: electromyography, wheelchair seating evaluation, prosthetics/orthotics, mild head injury, TBI follow-up, SCI follow-up, stroke follow-up, pain, physical medicine, spine clinic, and sports medicine clinic.

For additional information about Dodd Hall, please call our admissions office at (614) 293-3997.