Beads of hope

While it may take a village to raise a child, sometimes it takes just one or two people to raise the roof. Of an actual house, that is.

Back in the spring of 2012, Mayo Clinic’s Carol Fahje, a nursing education specialist, and Mary Wehde, a physical therapist who works in the Mayo Brain Rehabilitation Clinic, were among those who volunteered to go to Haiti on a Mayo medical mission to offer relief following the deadly earthquake there. These teams of professionals were in Haiti for one week to provide medical assistance and education to the people affected by the quake.

Within the compound in Port Au Prince, Haiti, where the Mayo team stayed, Fahje says she and others noticed several Haitian women sitting on a veranda, singing and making jewelry. “They would take cardboard boxes (mostly cereal boxes), cut them in a long skinny triangle, and roll and glue them into a bead,” she says. “From there, they’re dipped in lacquer and dried overnight. Then it’s transformed into gorgeous jewelry.” The women worked with staff from Operation Blessing International, Mayo’s operational partner in Haiti, to make and sell the beads and necklaces. The effort is called “Kado,” which means gift.
Fahje and Wehde both brought some of that jewelry with them when they returned home, and to their delight, they found that people were eager to help those back in Haiti by buying jewelry. “Everyone wanted to help and purchase it knowing it was 100 percent not-for profit and going directly to the artisans to build them a small home,” Fahje says. Their efforts have since paid off, and sales of the jewelry have now brought in more than $25,000 so far (a pretty penny for something that started off as a box of Corn Flakes). And with the help of this money, three houses are currently being built for the artisans back in Haiti.

Mayo’s relief efforts in Haiti, which began in 2011, continue to this day. Fahje says she’ll be part of another team from Mayo that’s heading back to Haiti next month.

Reprinted with permission from In The Loop, posted June 27, 2013 by Hoyt Finnamore

2013 Walk for Thought

The Mayo Mind Menders reached the $1000.00 donation goal at the annual Brain Injury Alliance “Walk for Thought” on September 7, 2013. This was a group effort and could not have been accomplished without a lot of help along the way. Thanks to all who participated.
I talked to a local gal walking her bike across a bridge on the Harmony-Preston Valley Trail and she was nice enough to use my camera to take a picture.

Keeping a positive attitude - or at least trying to - is at the center of attempting to recover from a major setback in life.

In my case, the setback was a major fall one year ago off a bridge onto rocks and a small amount of water below, followed by a stroke while in the hospital.
Triking continued

After I made it through the tough and painful first steps of rehabilitation - literal, physical steps - I tried to look ahead to further goals in doing what I love best, which is getting outdoors. Therapists helped me, but a large measure fell onto me helping myself.

I have a goal of not only walking without gait aids, but to get back to hiking on natural terrain trails. I’ll certainly welcome trekking poles in that pursuit, which I’ve used for years and years anyway for added support and stability.

But I need to gain strength, which my current lovely, but necessarily slow walks can’t quite accomplish.

Let me tell you a secret. Through the long days of winter a dream of biking the area’s recreational trails kept me going. I have a 15-year-old mountain bike, complete with front shocks I had added to it. I used to like riding natural terrain trails. I’d test my skills handling the bike around and over rough, bumpy terrain, although nothing too hairy.

Realizing my balance is still off with my stroke-affected left side, my mind pedaled on over to the idea of a recumbent trike. Three wheels - plus a seat you sit back in kind of like a recliner - would provide the needed stability for my messed-up balance.

Looking at the winter white outside my window in March and April, I’d shut my eyes and see myself in colorful cycling clothes pedaling along a soothing stream lined with lush green trees, abundant foliage and blooming flowers.

I took care of the clothes part of the dream. And recently, I’ve been lucky to take a TerraTrike recumbent out on the trails. It has a special left pedal with straps to keep my sometimes-spastic left foot secure.

Wow! I can’t tell you what a positive change this has had on me - but I’ll try.

I feel myself getting stronger. I’ve been riding an average of around 10 miles a crack. And if you know me at all, you know that although I’m not super fast, my pace is constant and certainly not super slow.

With my left foot secure, I’m able to work on range of motion, as well as having it work in coordination with the right foot. Also, my left hand gets good practice gripping the lower handlebars. It used to fly off my walker of its own volition and required a special grip.

An attached basket allows me to bring items along on my rides. You can bet the camera and monopod go. I’m still an avid photographer and enjoy the process of capturing nature and all that makes this area so unique and beautiful. Handling the camera is yet another good exercise.

I’m still not quick enough in my current state to get stopped to take a deer photo before it runs away. But I will continue to make a slow approach, speaking softly to see how close I can get. I also look for other wildlife and, of course, turkey vultures above, while riding the area trails.

Since I’m not driving currently, the recumbent trike gives a much-needed dose of freedom to go where I want, within trail limitations, all on my own without requiring a ride from someone. I’m thankful for rides, but, boy, the freedom sure feels good. It’s a taste of my former life.

The attitude adjustment delivered by the TerraTrike is a welcome boost during this rehabilitation and recovery process.
Oh, let’s go back to the exercise aspect of the TerraTrike for one more point. If I didn’t get out for this good workout - akin to the physical activity my body has been used to over the years, what with tromping around with a heavy backpack for miles upon miles or hiking a steep, tall mountain - I might just sit around and that’s depressing. Weight gain wouldn’t be good. Plus, I certainly want to keep moving so as to better my odds for not having another stroke.

Getting out in nature is essential to my very core. Tie it in with exercise, freedom and the ensuing endorphins - and photos, thoughts and narratives of the jaunts shared here - it’s surely “win, win,” win with you, the reader, included in the equation.

Look for more tales from the trails in the future.

Lisa Brainard can be reached at: lbrainard@bluffcountrynews.com

EDITOR’S NOTE: Mayo Clinic patient Lisa Brainard’s travel and outdoors column -- “Journey vs. Destination” -- appears in the weekly Bluff Country Reader publication in southeast Minnesota and northeast Iowa, and also may be found online at www.bluffcountrynews.com. Brainard has penned it for over 10 years, now at times also looking at her own journey in recovery and rehabilitation since an accident and stroke in September of 2012. This column and photography from one year later appears here with permission of Bluff Country Newspaper Group, Spring Valley, Minn., where Brainard hopes to return to reporting, photography and editorial duties.
Mayo Clinic researchers: Improvement of mood associated with improved brain injury outcomes

Mayo Clinic researchers found that improvement of mood over the course of post-acute brain rehabilitation is associated with increased participation in day-to-day activities, independent living, and ability to work after rehabilitation is complete.

Each year, millions of patients are diagnosed with acquired brain injuries, such as concussions, strokes and brain tumors — many of whom go on to have persistent symptoms. For these patients, brain rehabilitation is an important part of their recovery.

“People should not ignore psychological issues, such as mood swings or ability to communicate with family members,” says Thomas Bergquist, Ph.D., Psychology. “Comprehensive brain rehabilitation can address both physical and personal problems to help improve outcomes for patients, including improved physical function, and the ability to live independently and maintain a job.”

Dr. Bergquist recommends a holistic approach to brain injury rehabilitation. Focusing solely on physical function, for example, represents “medical myopia, and caregivers might miss the biggest problem,” he says.

The study examined data on patients who have gone through treatment at Mayo’s Brain Rehabilitation Center, where a team provided therapies customized to the specific needs of each individual. Mood was assessed at the beginning and end of treatment, and researchers found that improved mood was associated with improved brain rehabilitation outcomes. The findings were presented during the American Congress of Rehabilitation Medicine Annual Conference.

“My advice to patients is to get help as soon as they are limited by their symptoms,” says Dr. Bergquist. “If you experience a brain injury and are struggling with mood, communicating with family or performing physical activities, you are likely to benefit from coordinated brain rehabilitation services.

Permission granted by Deanne [Annie] Burt to reprint from Mayo Clinic News Center, Dec. 6, 2013

Brain Rehabilitation Clinic Monthly Support Group

Patients who have been seen in the Mayo Clinic Brain Rehabilitation Clinic are invited to attend a monthly support group, held the second Wednesday evening of each month, at 7 p.m. at Mayo Clinic Hospital, Saint Marys Campus, 1-Domitilla. Meetings are also open to current and past family members.

Partnership Approach to Brain Injury

Family members, friends, and interested persons are invited to attend The Partnership Approach to Brain Injury offered twice a year. This educational program teaches ways to cope with common problems following brain injury. For more information, or to be added to the mailing list for the Partnership program, call 507-255-3116.
On April 24th, 2014, Mayo Clinic played host to the 8th Annual Traumatic Brain Injury (TBI) Model Systems Leadership Forum. More than 60 nursing and therapy clinical leaders hailing from 16 currently or formerly funded TBI Model Systems attended. This Forum provides an opportunity for face-to-face exchange of clinical, research, educational and administrative information and ideas related to improving rehabilitation of and outcomes for individuals and families affected by TBI. The Forum seeks to connect clinicians (nurses, occupational therapists, physical therapists and speech language pathologists) serving in leadership, program development, or administrative roles on a national level.

During this three day forum, Mayo was fortunate to have some of our own staff share their wisdom. A special thank you to:

Dr. Robert DePompolo, PM&R, “The History of Mayo Clinic and Physical Medicine and Rehabilitation”

Dr. Allen Brown, PM&R, “TBI Model Systems Leadership Forum & TBI Model Systems Project Directors Research Collaboration”

Dr. Amit Sood, Center for Complementary and Integrative Medicine, “Mind-Body Medicine”

Dr. Farris Timimi, Center for Social Media, “Health Care and Social Media”

Wendy Moore, RN, Sleep Medicine, “Sleep Disturbances with TBI: Tips for Assessment & Intervention”

Deb Ness, PT, DScPT, NCS, PM&R, “Rehabilitation of Functional Movement Disorders”

Other sessions focused on patient-family driven care, behavior management, billing codes and reimbursement issues, disorders of consciousness, improving nursing & therapy communication, and utilizing functional skills to enhance community reintegration after TBI.

The 2015 meeting will be hosted by the University of Pittsburgh Medical Center.

TBI Model System Centers represented at the 8th annual TBI Model System Leadership Forum, Mayo Clinic, Rochester, MN, April, 2014

Baylor Rehabilitation, Dallas, TX
Carolina’s Rehabilitation/CarolinasHealthCare System, Charlotte, NC
Craig Hospital, Englewood, CO
Indiana University/Rehabilitation Hospital of Indiana, Indianapolis, IN
Kessler Rehabilitation, West Orange, NJ
Mayo Clinic, Rochester, MN
MossRehab, Elkins Park, PA
Mount Sinai, New York, NY
Ohio State University/Dodd Hall, Columbus, OH

Rehabilitation Institute of Michigan, Detroit, MI
Santa Clara Valley Medical Center, San Jose, CA
Shepherd Center, Atlanta, GA
Spaulding Rehabilitation Hospital, Boston, MA
The Institute for Rehabilitation and Research (TIRR), Houston, TX
University of Alabama at Birmingham, Birmingham, AL
University of Washington/ Harborview Medical Center, Seattle, WA
Virginia Commonwealth University, Richmond, VA
OUR MISSION:
The primary mission of the Mayo Clinic TBI Model System is (1) to study the course of long-term recovery after traumatic brain injury (TBI), and (2) to develop, provide and evaluate innovative services to address identified needs for service coordination and community reintegration for persons with TBI.

Mayo Clinic Traumatic Brain Injury Model System Center
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This newsletter is published Winter and Summer of each year.

Mayo TBI Model System Advisory Council (external members):

Craig Martinson, Survivor with brain injury
Audrey Nelson, MS, CVE, Survivor with brain injury
Thomas Tatlock, MD, Survivor with brain injury
Kasey Johanson, BA, CBIS, Brain Injury Alliance of Wisconsin, Family member of a person with brain injury
Gregory Lamberty, PhD, LP, ABPP, Minneapolis VA Health Care System
Rose Collins, PhD, Minneapolis VA Health Care System
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