

U N I V E R S I T Y   O F   P I T T S B U R G H

# FACETS

SCHOOL OF HEALTH AND REHABILITATION SCIENCES

FALL/WINTER 2014

**THE  
UNSPOKEN  
CHALLENGE  
IN THE  
DISABILITY  
COMMUNITY**

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Dr. Clifford E. Brubaker

**Executive Editor**

Patty Kummick

**Writing and Design**

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**Photography**

Tom Gigliotti



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### *Greetings,*

We officially launched the 2014–2015 academic year with the opening of classes on Monday, August 25. Typically a busy time for everyone, it is also occasion for both celebration and reflection. A celebration to acknowledge the privilege, opportunity, and excitement attendant to welcoming new and returning students, and the resumption of our respective roles as educators, mentors, and academic colleagues. It is also a timely occasion for review and reflection to ponder the accomplishments of the previous year and acknowledge future goals.

Although the University of Pittsburgh's fiscal year ends on June 30, several relevant performance metrics are typically not available until August or later. I am particularly pleased to share with you some areas of performance in which our school has again excelled. An especially encouraging and important metric is a 5.75 percent increase in externally sponsored research from the previous year (FY2013). This substantial increase follows a year in which the annual increase in research for SHRS was a modest 1 percent. We also are encouraged by prospects for FY2015 based on projects that have not yet been announced but that have received excellent reviews.

In addition, we will continue to expand the enrollment of SHRS in areas of high demand. This has been made possible by the transfer of the Department of Physical Therapy from Forbes Tower to new and expanded facilities in the research corridor along the Monongahela River on Second Avenue. The move of the physical therapy program to new facilities has enabled the renovation and reassignment of space for the programs currently remaining in Forbes Tower. The realization and optimization of the space and resources will enable increased admissions to programs for which demand for admission is particularly high and growing according to the U.S. Bureau of Labor Statistics. Demand has been projected to increase by as much as 38 percent by 2020 for some of our graduate professional programs. In contrast to this projected need, we have been able to accommodate as few as 3 percent of applicants to some of these programs. As a school with highly ranked programs, we accept a degree of responsibility in meeting this high and growing demand for admission for health and rehabilitation professionals that is now widely acknowledged as an important factor in cost containment in meeting future demand for health care.

The faculty and administration of SHRS accept a responsibility to respond to this evident and growing need for health professionals in our areas of expertise. Estimates of the extent of primary care that can be delivered by non-physicians range from 50 to 90 percent. These estimates have yet to gain acknowledgement from segments of the medical profession despite a persistent and growing shortage of physicians. The weight of evidence clearly supports the greater utilization of physician assistants, physical and occupational therapists, speech-language pathologists, clinical dietitians and nutritionists, rehabilitation counselors, and other health and rehabilitation specialists to address the growing need for access to affordable health care. This seems quite consistent with our efforts to accept a larger number of students in proportion to the high demand for admission to our programs. I shall look forward to further discussion on our efforts to expand the operations of SHRS.

As noted in this column in the previous issue of *FACETS*, Mark A. Nordenberg officially ended his tenure as chancellor of the University of Pittsburgh on July 31, 2014. I believe it is appropriate to again thank Mark for all that he has done in leading the University of Pittsburgh to its current state of excellence. This is also the first opportunity to welcome Patrick Gallagher as the new chancellor and wish him well.

Kind regards,

Clifford E. Brubaker, PhD  
Professor and Dean, [cliffb@pitt.edu](mailto:cliffb@pitt.edu)

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# giving



SHRS held its annual Board of Visitors (BOV) meeting in October, hosting a group of top-level professionals who serve in fields related to the school's various programs and departments. They represent academia, health care, industry, and government, and they measure the school's progress with a critical eye based on their wealth of knowledge. Attending the BOV meeting is always a learning experience for me and I walk away with a tremendous sense of pride in the work that our faculty, researchers, students, and staff are accomplishing.

I mention the BOV meeting because, afterwards, I always think, "Wouldn't it be great if our alumni could see how their school has progressed? So much is going on at SHRS!"

Of course, FACETS is one tool that enables us to highlight some of our activities and accomplishments but we can only fit so much in these pages. So, if you're ever visiting campus or have an opportunity to be in Oakland with "a few minutes to spare," stop by and see for yourself what's happening at SHRS. See our labs and classrooms, and learn about our PCORI grants, our military initiatives, the latest Rehabilitation Engineering Research Center, and our expanded offering of degrees.

Likewise, if you'd like to support the work being carried out in your department or program, you can designate a gift or establish a fund to benefit our students, faculty, research, or facilities. I'd welcome the opportunity to talk with you in greater detail about the many available options. Through your generous and continued support, we can make even greater strides in teaching training, and research.

Finally, I wanted to devote a few lines to memorialize one of our own ... Jill Conley. Jill's unexpected passing following the rupture of a brain aneurysm this summer brought many of us at SHRS to a screeching halt. At 42, she was much too young and vibrant. And leaving a loving husband (Associate Professor and Athletic Training Education Program Director Kevin Conley) and two beautiful children behind was heartbreaking. Jill served as the athletic trainer for Pitt's women's basketball and as clinical faculty in the Athletic Training Education Program at SHRS from 2000 to 2010. She was always full of life and full of love for her family.

Jill and Kevin's influence on so many of our former students is evident by the amazing response we have received to the Jill Conley Memorial Fund established at SHRS to support students pursuing a degree in athletic training. The hope is that the fund will grow to an endowment level so that awards can be made in Jill's memory for many years to come. We extend our deepest sympathies to Kevin, Hayden and Stella, and the Kirby and Conley families.

Sincerely,

A handwritten signature in black ink, reading "Patty Kummick". The signature is fluid and cursive.

Patty Kummick, Director of Development

412-383-6548, [pkummick@pitt.edu](mailto:pkummick@pitt.edu)  
4031 Forbes Tower, Pittsburgh, PA 15260



*The topic of human sexuality and people with disabilities is one that eludes, if not embarrasses, a great number of us at universities, in clinical practices, and in society at large. The reason is not quite clear. Statistics prove that the lack of knowledge on this subject puts people with disabilities at risk for sexual exploitation and abuse, as well as sexually transmitted disease. What can we, as educators and disability specialists, do to create a better understanding of the sexual needs and challenges of people with disabilities—and in so doing, improve the lives of this underserved population? We asked Michelle Mitchell, M.Ed., CRC, a well-known disability learning specialist at Lehigh Carbon Community College, and a person with a severe physical disability who is also a wife and mother of two.*



# ACCESS

DR. KATE SEELMAN

Human sexuality is just that. Human. And sexual. There's a perception that people with disabilities are asexual, and lack the basic needs and wants that other humans have. When I was growing up, I was sheltered and protected because of my disability. I felt like I was placed in a box because I was different. I couldn't feed myself or go to the bathroom without help. I didn't participate in the conversations that other girls were having about puberty, boys, or dating. I felt isolated. Needy. And I didn't think anyone would ever need—or value—me. At some point, I realized it was important for me to prove myself and to make myself valued, and that continued throughout my academic, professional, and personal life.

Frequently, young people with disabilities are ignorant about their own sexuality. They don't have the knowledge they need, either because their parents or caregivers want to protect them, or because they simply don't have the opportunities to talk about or experience things like other kids do. They have the same urges, but they're not sure what to do about them. As a result, they may make awkward or inappropriate advances, which, in turn, can cause further social isolation.

People who acquire disabilities later in life, perhaps due to spinal cord injury or other traumatic events, have an entirely different set of challenges. They had a sexual identity in the past, but they think it's been shattered. They withdraw from their spouses or partners because they don't think they can perform. This is when I suggest that they learn to do things differently! It is possible for a person with a disability to enjoy a sexual relationship that is as pleasing and intimate as it is for any other person.

If having a child is something that a person longs for, we should help them achieve their goal. Of course, we have a responsibility to point out the physical and psychological—and maybe even financial—challenges, but I say, “Go for it!”

Today's health care professionals do a wonderful job of treating physical problems, but we need to get them thinking about sexuality issues as well. Educators need to know where the resources are. Trusted clinicians must be better prepared to engage in conversations with their patients. Imagine PTs and OTs talking about things like sexual positioning for people with disabilities!

It's going to take time, but we need to change the culture. Society teaches us that disability is a tragedy—the worst possible thing that can happen to you. This simply is not true. Every person, with or without disability, has an identity—including a sexual identity—that contributes to the value of that person and deserves to be celebrated. *See page 4 for a list of helpful resources.*



# Calendar of Events

## NOVEMBER

Tuesday, November 4, 2014

**HERL 20th Anniversary Open House** Bakery Square, Penn Avenue, East Liberty, 9 a.m. – 2 p.m. Contact Dana Sinciline at 412-822-3683 or [dss28@pitt.edu](mailto:dss28@pitt.edu) for details.

Saturday, November 15, 2014

**SHRS Fall Open House** Forbes Tower, Atwood Street, Pittsburgh, 10 a.m.–1 p.m. Meet with SHRS faculty, staff, and students. Learn about our many programs and the variety of career opportunities they offer. Register at [shrs.pitt.edu/OpenHouse](http://shrs.pitt.edu/OpenHouse).

Friday, November 21, 2014

**CSD 2014 ASHA Alumni, Student, Faculty, and Friends Open House** 8:30–11 p.m. (location TBA) at the Annual Convention of the American Speech-Language-Hearing Association, Orlando, Fla. Help us celebrate our alumni and faculty being honored as ASHA Fellows: James Coyle (Pitt faculty and alumna; PhD, '08), Elizabeth Gavett (MA, '73), and Kathy Helfrich-Miller (PhD, '83; MA, '75; BS, '73).

## FEBRUARY

Wednesday–Saturday, February 4–7, 2015

**American Physical Therapy Association Combined Sections Meeting** Indianapolis, Ind. Plan to join fellow alumni, faculty, and students at an SHRS Department of Physical Therapy Alumni Reception. Date, time, and location details to come.

Thursday–Saturday, February 26–28, 2015

**31st International Seating Symposium** Gaylord Opryland Resort and Convention Center, Nashville, Tenn.

Thursday, February 26, 2015

**Rehabilitation Science and Technology Alumni Reception ... Celebrating 20 Years** Gaylord Opryland Resort and Convention Center, Nashville, Tenn., held in conjunction with the ISS. For details, contact Kate Rubino at [rkathryn@pmhsf.org](mailto:rkathryn@pmhsf.org).

## APRIL

Thursday–Sunday, April 16–19, 2015

**96th American Occupational Therapy Conference & Expo** Nashville, Tenn.

*Continued from Access*

## HELPFUL RESOURCES FOR CLINICIANS

Esmail, S., K. Darry, A. Walter, and K. Knupp. "Attitudes and perceptions towards disability and sexuality." *Disability and Rehabilitation*. 2010. 32 (14): 1148–1155.

McCabe, M., R. Cummins, and A. Deeks. "Sexuality and Quality of Life Among People with Physical Disability." *Sexuality and Disability*, Vol. 18, No. 2, 2000.

Murphy and Young (2005). "Sexuality in children and adolescents with disabilities." *Developmental Medicine & Child Neurology*, pages 640–644. doi: 10.1017/S0012162205001258.

Rushbrooke, E., C. Murray, S. Townshend. "What difficulties are experienced by caregivers in relation to the sexuality of people with intellectual disabilities? A qualitative meta-synthesis." *Research in Developmental Disabilities*. 35 (2014) 871–886.

Tepper, M. "Sexuality and Disability: The Missing Discourse of Pleasure." *Sexuality and Disability*, Vol. 18, No. 4, 2000.

Tolan, M. "Sex, Wheels and Relationships." *New Mobility Magazine*. February, 2015. page 24.

Wade, HA. "Discrimination, Sexuality and People with Significant Disabilities: Issues of Access and The Right to Sexual Expression in the United States." *Disability Studies Quarterly*, Fall 2002, Volume 22, No. 4 pages 9–27. <http://dsq-sds.org/article/view/369/485>





## CLIFFORD E. BRUBAKER, DISTINGUISHED SERVICE PROFESSOR

Clifford E. Brubaker, professor and dean, School of Health and Rehabilitation Sciences, was recently appointed as distinguished service professor in the School of Health and Rehabilitation Sciences at the University of Pittsburgh. Distinguished professorship constitutes the highest honor a member of the professorate can receive at the university. The rank of distinguished service professor recognizes distinctive contributions and outstanding service to the university community in support of its multifaceted teaching/research/service mission, as well as performance excellence in the faculty member's department or school, and national/international stature in his discipline or field.

Dr. Brubaker has served as professor and dean of SHRS since 1991 and has led the school through tremendous growth and accomplishment during his 23-year tenure. He has professorial appointments in Rehabilitation Science, Neurological Surgery, Regenerative Medicine, and the Clinical and Translational Science Institute at the University of Pittsburgh. He is adjunct professor at the Xi'an Jiaotong University, Xi'an, People's Republic of China. He is also adjunct professor of the Robotics Institute in the School of Computer Science at Carnegie Mellon University.

Dr. Brubaker received his PhD degree in 1968 in exercise physiology from the University of Oregon. His scholarly work has been concentrated in biomechanics and rehabilitation engineering at the University of Oregon, University of Virginia (UVA), and Pitt. He has served as director or co-director of three Rehabilitation Engineering Research Centers at UVA and Pitt from 1987 to 2004.

Dr. Brubaker is a founding member, fellow, and former president of the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA), a founding fellow of the American Institute for Medical and Biological Engineering (AIMBE), and was inducted into the inaugural class of fellows of the Biomedical Engineering Society (BMES). He is also an active member of many community-based and university committees, primarily in the area of disabilities, including SHOUT (Support Helps Others Use Technology) and the Dick Thornburgh Forum for Law and Public Policy Steering Committee.



*Distinguished professorship constitutes the highest honor a member of the professorate can receive at the University of Pittsburgh. The rank of distinguished service professor recognizes distinctive contributions and outstanding service to the University community in support of its multifaceted teaching/research/service mission, as well as performance excellence in the faculty member's department or school and national stature in his or her discipline or field.*

*Former Chancellor Mark A. Nordenberg made the appointments based on the recommendations of Provost and Senior Vice Chancellor Patricia E. Beeson.*



# Student News

## Communication Science and Disorders

The following speech/language and audiology graduate students were named LEND trainees for the 2014–2015 year: **Kollie Bilger** (MA SLP), **Nicole Devon** (AuD), **Monique Irwin** (AuD), **Hope Mellinger** (MA SLP), **Rebecca Miller** (MA SLP), and **Aaron Roman** (AuD). LEND is a multidisciplinary grant focusing on leadership in neurodevelopmental disorders awarded by the Maternal and Infant/Child Bureau. The students will learn leadership skills, family-centered services, and multidisciplinary teaming.

**Hyunsoo Yoo**, doctoral student, was selected as an NIDCD fellow for the 2014 Clinical Aphasiology Conference in St. Simons Island, Ga., in April 2014. She received intensive mentoring by senior researchers and presented the results of her pre-dissertation project, “Garden-Path Processing and Recovery in Aphasia” (joint work with Associate Professor Michael Walsh Dickey), to an audience of world experts.

**Yoo** was also selected to receive the Student Scholar Award for the 9th Annual Saffran Conference in September 2014. Yoo’s research in working memory set her application apart from the many received.

**Rebecca Hayes**, doctoral student, attended a course on the genetics and neurobiology of language at Cold Spring Harbor Laboratory in July 2014. This highly selective course featured lectures and workshops by leading members of the psycholinguistic and neurolinguistic research communities.

**Mary Mitkish**, undergraduate student, received an SHRS summer research fellowship to support her involvement in

the Language and Brain Lab under Dr. Michael Walsh Dickey, associate professor. Mitkish worked on research projects involving language processing in healthy older adults and among people with aphasia. She also developed her own BPhil research project, to be completed in spring 2015.

**Aaron Roman**, AuD student, has been selected to receive an Audiology/Hearing Science Research Travel Award (ARTA) and to attend the 2014 ASHA Convention in Orlando Fla., on November 20–22. This award is available to students in audiology or hearing science who have expressed an interest in pursuing a research career in the field of communication sciences and disorders.

**Lauren Dubyne**, former president of the Pitt National Student Speech Language Hearing Association (NSSLHA), received member honors from the national NSSLHA office for her strong chapter leadership during the 2013–2014 academic year. Dubyne will be recognized as an honors recipient during ceremonies at the 2014 American Speech-Language-Hearing Association annual conference in Orlando, Fla.

Pitt’s chapter of the National Student Speech Language Hearing Association (NSSLHA) was awarded chapter honors from the national NSSLHA office for the quality and breadth of programs and services provided by the chapter during the 2013–2014 academic year. Chapter efforts were led by current president **McKenzie Troutman** and former president **Lauren Dubyne**.

**Leah Helou**, recently graduated doctoral student, received the Student Honors of the Southwestern Pennsylvania Speech-Language-Hearing Association in April 2014.

## Health Information Management

**Brennan Hixson** (HIM ’12, MS-HIS student) is the recipient of a merit scholarship from the AHIMA Foundation. This award is presented to encourage and support students pursuing a degree in health information management.

**Kim Peterson** (HIM ’83, HSM ’95, doctoral student) has been asked to serve as membership chairman on the 2014–2015 Western Pennsylvania Health Information Management Association Board.

**Patrick Santavicca** (MS-HIS student) is a 2014 scholarship recipient from the Pennsylvania Health Information Management Association. This scholarship is presented to students who demonstrate academic achievement and commitment to the field of health information management in Pennsylvania.

**Harinee Suthakar** (HIM student) received the Helen Pool Rush Grant from the University of Pittsburgh Nationality Rooms Study Abroad Scholarship Program.

## Occupational Therapy

**Melissa Swafford**, MOT Class of 2016, was awarded the K. Leroy Irvis Fellowship for the 2014–2015 academic year. The purpose of the fellowship program is to enhance the diversity of the University of Pittsburgh’s graduate student population and eventually the professorate.

**Crista Bush**, MOT student, received an American Occupational Therapy Association Assembly of the Student Delegates Scholarship.

**Sandesh Raj**, mentored by **Dr. Amit Sethi**, assistant professor, was awarded Best Undergraduate Poster, Rehabilitation Institute Research Day, University of Pittsburgh and University of Pittsburgh Medical Center.



**Kathryn Barksby, Hadley Dean, Mary Devito, Taylor Durci, Morgan Fisher, Melissa Jenkins, Kayla Kittka, Alyssa Lapp, Kelsey Laubham, Ellen May, Kristen McClelland, Laura Meade, Laura Muroski, Holly Peters, Karen Puopolo, Stephanie Rotunno, Leah Tingley, Joelle Urquhart, and Cassandra Wallen**, MOT students, were inducted into the Beta Tau Chapter of the Pi Theta Epsilon, the national honor society for occupational therapy students.

**Abigail Darin, Kaitlyn Goerl, Jessica Leslie, Lauren Rizio, Stephanie Rotunno, Leah Tingley, and Cassandra Wallen**, MOT students, volunteered at Unity Lutheran City Mission After-School Program in the Homewood section of Pittsburgh, assisting at-risk children with homework and other activities.

**Joelle Urquhart**, MOT student, participated in the 2013 HeroiKs Hunger Games competition to raise money for local children's charities.

Under the leadership of **Laura Muroski**, MOT students raised over \$5,600 for the Arthritis Foundation as part of the 2014 Arthritis Walk.

### Physical Therapy

DPT students **Anthony Sinacore** and **Jeremy Harris** won memberships to the American Physical Therapy Association (APTA) donated by DPT alumnus **Michael Gans** (DPT '06). They earned the memberships through a drawing open to students who participated in community and professional development activities throughout the 2013–2014 academic year. Activities included attendance at or involvement in APTA Combined Sections Meeting; National Student Conclave; Preview Pitt Day; SHRS Open House; arthritis,

Alzheimer's, and cystic fibrosis fundraising walks; Toys for Tots; TOP Soccer; Race to Anyplace; PPTA monthly meetings; Yes, You Can Dance! mentoring and fund-raising; LEND trainees; Three Rivers Adaptive Sports skiing; Pitt Legacy Laureate Reception; Pittsburgh Half-Marathon; political action involving the therapy cap; Children's Hospital Superhero Party and Holiday Party; and Sports Med/Orthopedics Grand Rounds.

Team Pitt DPT, comprised of more than 50 physical therapy students, raised a total of \$2,885 for the 2014 Walk to Cure Arthritis in Pittsburgh on May 31, 2014. Money raised will help fund arthritis research and help individuals living with the number one cause of disability in America. ▼



Physical therapy students were awarded second place in the 2013–2014 Miami-Marquette Challenge by the Foundation for Physical Therapy. The award, presented by the Foundation for Physical Therapy Secretary Barbara Connelly at the APTA's NEXT Conference in Charlotte, N.C., was in recognition of the students' service and support of physical therapy research. Pictured top, page right, at the APTA Foundation Gala: Connelly, **Kaitlyn Bianco**, Pitt's Miami-Marquette representative, and DPT students **Jaclyn Harrigan** and **Rachel Hollenbach**.



### Rehabilitation Science and Technology

**Jonathan Duvall**, RST doctoral student, (pictured with Dr. Kathy Humphrey, vice provost and dean of students) received one of three Selfless Spirit Awards for 2014. The award recognizes a Pitt student who has done something extraordinary that has substantially benefited others. ▼



### Sports Medicine and Nutrition

**Elizabeth Dunn**, CMD student, was awarded a full scholarship through the Craig H. Neilsen Foundation.



# Faculty News

Congratulations to the following SHRS faculty and staff on their recent promotions: associate professor with tenure, Department of Occupational Therapy—**Dr. Elizabeth Skidmore**, director, undergraduate program in Rehabilitation Science—**Dr. Sondra Balouris**, associate dean of Administration and Finance—**Jean Burgess**.

Correction: The following faculty were promoted to associate professor, non-tenure—**Dr. Ketki Raina**, Department of Occupational Therapy, and **Dr. M. Kathleen Kelly, Debora Miller**, and **Dr. Michael Schneider**, Department of Physical Therapy. The Spring/Summer 2014 issue of *FACETS* incorrectly listed them as assistant professors, non-tenure. We regret the error.

## Communication Science and Disorders

**Dr. Ellen Cohn**, professor and associate dean for Instructional Development, was reappointed to a second term on the American Telemedicine Association's board of directors. She served as a moderator and presenter at All Together Better Health in Pittsburgh, Pa., an international conference on interprofessional education and practice; served as an invited panelist for the Mid-Atlantic Telehealth Resource Center University of Virginia Center for Telehealth; as a moderator at the Pennsylvania Speech-Language-Hearing Association's annual convention in Pittsburgh, Pa.; and as a moderator at the American Telemedicine Annual Meeting in Baltimore, Md. She recently co-authored an article on telepractice in ASHA's Perspectives in AAC.



**Dr. James Coyle**, associate professor, moderated a session on "Instrumental Testing of Swallowing Disorders" at the Dysphagia Research

Society Post-Graduate Course in Nashville, Tenn. He presented on pulmonary diseases and swallowing, and on treatment of swallowing disorders at the Pennsylvania Speech-Language-Hearing Association's annual convention in Pittsburgh, Pa. He presented to speech-language pathologists at the Kathy Chester Memorial Seminar at Ohio State University in Columbus, Ohio, and was a program planner and presenter of five seminars at the American Speech-Language-Hearing Association's Health Care Institute in Las Vegas, Nev. He also presented at the University of Toronto Baycrest Rehabilitation Center on swallowing disorders and the digestive system, and on the differential diagnosis of dysphagia-related pneumonia to the Twin Cities Speech Language Pathologist's group in St. Paul, Minn.

**Dr. Michael Walsh Dickey**, associate professor, was a visiting scholar at the Higher School of Economics-National Research University in Moscow, Russia. He taught on language processing, treatment research, and eye-tracking research, and met with clinicians and researchers at the National Rehabilitation Hospital regarding research projects and the state of speech-language pathology and aphasia treatment in Russia.

**Dr. Paula Leslie**, professor, was appointed to the ASHA Special Interest Group 13 (Swallowing Disorders) Perspectives Editorial Board and the ASHA Ad Hoc Committee on

Guidelines for the Clinical Doctorate in Speech-Language Pathology. She was invited to present seminars on clinical research at the UK Swallow Research Group in London, on research updates in palliative care at the Palliative & Supportive Care SIG in London, and on rehabilitation in palliative care and innovative approaches to postgraduate clinical education as part of her duties as the Distinguished Scholar Recipient at the University of Central Lancashire in the UK. She was the invited speaker on Ethics and Swallowing Management at the Dysphagia Research Society in Nashville, Tenn., and was an invited speaker for the 2014 Student Academy of Audiology in Pittsburgh, Pa.

**Leslie** presented "My Fair Lady and Decisions about Dying" at the Pittsburgh Health Career Scholars Academy, Healthcare Ethics Elective, University of Pittsburgh, and she delivered the annual clinical conference for the Oklahoma Academy of Medical Speech Language Pathologists in Oklahoma City, Okla., on the topic of "Issues in Ethical Decision-Making."

**Dr. Cheryl Messick**, associate professor, was elected president-elect for the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD).

**Dr. Elaine Mormer** and **Dr. Deborah Moncrieff**, assistant professors, received an award for excellence for their poster presentation at the 2014 AudiologyNOW annual convention in Orlando, Fla.

**Mormer** served as the assistant conference chair for the Council of Academic Programs in Communication Sciences and Disorders in Orlando, Fla. She also served as an invited scholar at the University of Cape Town

(UCT) Communication Sciences and Disorders Department in South Africa. She presented a faculty workshop on evidence-based clinical instruction at the Health and Rehabilitation Sciences School, and she participated in classroom and clinical teaching activities while visiting UCT.

**Dr. Barbara Vento**, assistant professor, has been elected president of the Council of AuD Programs.

The following research grants recently were awarded to faculty in the Department of Communication Science and Disorders: **Dr. Malcolm R. McNeil**, CSD chair, PI, Veterans Affairs Rehabilitation Research and Development, “Aphasic Comprehension: Conflict Resolution and Short-Term Memory;” **Dr. Sheila Pratt**, professor, PI, VA Department of Veterans Affairs, RR&D Merit Review, 2014–2018, “Blast-Exposed Veterans with Auditory Complaints;” and **Dr. Michael Walsh Dickey**, associate professor, co-investigator, American Heart Association, through July 2015, “Cyber-Enabled Neuropsychological Self-Assessment (CENSA) in Stroke Research.”

### Emergency Medicine

**Dr. Walt Stoy**, professor and program director, was elected to the board of directors of NAEMSE. Stoy served as the founding president of this organization some 20 years ago.

### Health Information Management



**Dr. Mervat Abdelhak**, department chair and associate professor, presented “Health Informatics Competencies and Accreditation

Standards” at AMIA’s Academic Forum in Ann Arbor, Mich. She also presented “eHealth Information Governance and Data Stewardship” at the 25th European Medical Informatics Conference in Istanbul, Turkey.

**Dr. Dilhari DeAlmeida**, assistant professor, presented “A Case Study in Progressing Toward Data Standards” and “Information Governance, Best Practices, and Lessons Learned,” at the American Health Information Management Association’s annual meeting in San Diego, Calif.

**Dr. Bambang Parmanto**, professor, received a NIDRR grant award for the DRRP proposal entitled “Promoting Independence and Self-Management Using mHealth.” This five-year, \$2.5 million grant is to develop and implement mobile health (mHealth) tools to support self-management and aid youth with brain and spinal anomalies (BSA) in their transition to adulthood.

**Dr. Andi Saptono** has been named assistant professor in the Department of Health Information Management. He received his bachelor’s degree in information technology at Bandung Institute of Technology and his PhD in rehabilitation science from the University of Pittsburgh. His past research efforts include improvement of accessibility to the Internet for blind users using transcoding method, developing systems to support the delivery of health care and rehabilitation services remotely, and investigating methods to capture and manage the outcome of assistive technology procurement process. His current focus is to include the context of the individual in Telehealth to deliver services using appropriate information/assistive technology.

**Dr. Valerie Watzlaf**, associate professor, presented “HIM Leadership through the Lens of Bowen Family System Theory: Applications for the New Curricula,” “AHIMA’s Three Legged Academic Stool,” and “New Curricula: Next Steps” at the Assembly on Education Symposium in Chicago, Ill.

**Dr. Al Condeluci**, adjunct professor teaching Organization Theory and Human Relations courses for HIM, served as a keynote speaker for an international symposium on Parkinson’s disease in Dublin, Ireland. He also participated in the TEDxGrandview Avenue Conference presenting “Social Capital and the Power of Relationships” in Pittsburgh, Pa. Dr. Condeluci’s newest book, *Social Capital: The Key to Macro Change*, was released in February 2014.

### Occupational Therapy

**Dr. Margo B. Holm**, professor emerita, was awarded the American Occupational Therapy Association (AOTA) Award of Merit. The Award of Merit is the highest Association honor for an occupational therapist.

**Dr. Elizabeth Skidmore**, associate professor, was one of two rehabilitation researchers invited to provide a congressional briefing on the return on investment in rehabilitation research. The briefing involved the Congressional Neuroscience Caucus, the Congressional Military Family Caucus, and the Bipartisan Disability Caucus with the intent of raising awareness of the clinical and societal value of rehabilitation research.

**Skidmore** was elected to the American Occupational Therapy Foundation (AOTF) Academy for Research. She was also invited to present to the AOTF board of directors. She addressed scientific career development and gave





## Faculty News (cont.)

suggestions of strategies for AOTF to invest in the next generation of career scientists in occupational therapy.

**Dr. Joanne M. Baird**, assistant professor, was appointed to the Pennsylvania State Board of Occupational Therapy Education and Licensure.

**Dr. Ketki Raina**, associate professor, and **Dr. Pamela Toto**, assistant professor, were selected to participate in the 2014 Summer Research Institute for Developing Behavioral Interventions at Johns Hopkins University in Baltimore, Md.

**Drs. Nancy Baker, Denise Chisholm**, associate professors, and **Joanne Baird, Mary Lou Leibold, and Pamela Toto**, assistant professors, presented at the All Together Better Health VII Conference in Pittsburgh, Pa.

**Drs. Joan Rogers**, professor and chair, **Margo Holm**, professor emerita, and **Denise Chisholm**, associate professor, presented papers at the 16th International Congress of the World Federation of Occupational Therapists in collaboration with the 48th Japanese Occupational Therapy Congress and Expo in Yokohama, Japan.

Pitt Occupational Therapy faculty and students presented a total of 19 peer reviewed presentations at the 2014 94th Annual American Occupational Therapy Conference & Expo in Baltimore, Md.

### Physical Therapy

**Dr. Anthony Delitto**, professor and chair, was recently honored with the American Physical Therapy Association's Helen J. Hislop Award for outstanding contributions to professional literature.

**Victoria Hornyak**, assistant professor, and **Dr. Jessie Van Swearingen**, associate professor, presented research abstracts at the American Geriatric Society's annual meeting on May 15–16, 2014, in Orlando, Fla.

**Hornyak and Van Swearingen** presented "Factor Analysis of Change in Late Life Function and Disability Instrument Scores." **Hornyak, Van Swearingen, and Dr. Jennifer Brach**, associate professor, along with other Pitt researchers, presented "Energy Cost of Walking: An Indicator of the Motor Skill of Walking."

### Rehabilitation Science and Technology



**Dr. Rory Cooper**, distinguished professor and chair, received the Engelberger Robotics Award, presented by the Robotic Industries

Association. Named after the worldwide "father of Robotics," Joseph F. Engelberger, the award has been presented to 119 industry leaders from 17 nations since the initial presentation in 1977. He also received a 2014 Henry Viscardi Achievement Award, which pays tribute to exemplary leaders in the disability community who have had a profound impact on shaping attitudes, raising awareness, and improving the quality of life of people with disabilities.

**Cooper** was also named to the inaugural class of the AAAS-Lemelson Invention Ambassadors program to increase global understanding of the role of invention in improving quality

of life, creating products, building businesses, and fostering innovation.

**Dr. Katherine Seelman**, associate dean of Disability Programs and professor, was recently appointed by President Barack Obama to the National Council on Disability. She also presented "Should Robots be Personal Attendants?" at the 27th annual meeting of the Society for Disabilities Studies in Minneapolis, Minn. She presented "Gaps and Lags: Ethics and Regulations of eHealth" at the IEEE International Symposium on Ethics in Engineering, Science, and Technology in Chicago, Ill.

**Seelman and Dr. Ashli Molinero**, assistant professor, were the sole presenters for the Hospital Council of Western Pennsylvania's Ethics Consortium. They presented on "Technology and Ethics: The Case of People with Disabilities."

### Sports Medicine and Nutrition

**Dr. Debbie Hutcheson**, assistant professor, received the 2014 Keystone Award from the Pennsylvania Academy of Nutrition and Dietetics (PAND). The award recognizes dietitians from the state who have demonstrated outstanding professional standards to serve and advance the aims of the PA Academy.

**Lori Cherok**, instructor, received the 2014 Outstanding Dietetic Educator Award from the Pennsylvania Academy of Nutrition and Dietetics. This award recognizes the excellence of educators in accredited and approved dietetic education programs.



# Department News

## Communication Science and Disorders

**Dr. Katya Hill**, associate professor, led another successful ICAN Talk AAC Summer Camp from July 8–12, 2014, in Pittsburgh, Pa. This innovative camp, in its fourth year, is designed to support children and youth ages 5–21 years with a variety of complex and multiple disabilities who rely on augmentative and alternative communication (AAC) systems to talk. Twenty campers and their families from 11 different states across the country, including Colorado, Florida, Illinois, Texas, and Washington, attended the camp. ▼

## Rehabilitation Science and Technology

In June 2014, directors of the Human Engineering Research Laboratories (HERL) were officially notified by the Department of Veterans Affairs' Rehabilitation Research and Development Service that HERL's Wheelchairs and Associated Rehabilitation Engineering (WARE) grant was renewed for another five-year cycle. This grant renewal ensures HERL's continued existence as a recognized VA Center of Excellence through 2019.

the Virtual Seating Coach, the Field Events Throwing Chair, the Single Motor Propelled Wheelchair (SIMPL-WC), Virtual Reality projects, and the Transfer Assessment Instrument (TAI) and other transfer-related projects. New projects based on the grand vision will follow.

## Sports Medicine and Nutrition

The Department of Sports Medicine and Nutrition provided a continuing education seminar in June on "Culinary Competency to Enhance Dietetic Practice" for the Nutrition and



Left to right: Tom Kovacs, CSD PhD student; Will Martin, CSD graduate student; Dr. Katya Hill, associate professor; Evelyn Meinert, CSD '12 alumna; Shannon Carney and daughter Kelsey, AAC Institute; Mike O'Leary, CSD clinical network supervisor; and Kay Chen, RST PhD student

Several undergraduate and graduate students from the departments of Communication Science and Disorders and Rehabilitation Science and Technology, along with SHRS alumni, volunteered to work with the campers. They gained valuable training on the latest AAC technologies and hands-on experience working directly with AAC users.

In keeping with WARE's grand vision of "unencumbered mobility," the funding will enable continuing work on devices and adaptations for people in wheelchairs or with other limited mobility or use of limbs. These include, but are not limited to, the Personal Mobility and Manipulation Appliance (PerMMA), StrongArm,

Dietetics program's supervised practice preceptors and mentors. The seminar was free for all preceptors and mentors to serve as a token of appreciation for their commitment to training and educating students. The speaker was Catharine H. Powers, founding partner of Culinary Nutrition Associates, LLC.



# Alumni News

## Communication Science and Disorders

**Suzanne Yoder** (AuD '04) was a guest speaker on WESA 90.5 NPR radio show "Essential Pittsburgh" on July 25, 2014. She was interviewed for a 20-minute segment about hearing loss in the workplace.

**Michael Biel** (CScD '10) received board certification in adult neurologic communication disorders from the Academy of Neurologic Communication Disorders and Sciences. Biel was invited to speak on understanding and promoting motivation during neurorehabilitation at the American Speech-Language-Hearing Association's Health Care and Business Institute conference in Las Vegas, Nev., in April 2014.

**Kendrea Focht** (CScD '10) was the invited speaker on evidence-based practices in speech-language sponsored by the SCSHA Research Committee, South Carolina Speech-Language-Hearing Association in North Charleston, S.C., in February 2014.

**Rhona Beth Galera** (CScD '13) presented a case series research study at the Society for Ear, Nose and Throat Advances in Children (SENTAC) in December 2013. It was the first podium presentation given by a speech-language pathologist from Children's Hospital of Pittsburgh of UPMC who is an alumnus from Pitt's CScD program.

**Rachel Harkawik** (CScD '12) presented for the Kennedy Krieger Institute on AAC candidacy in small children.

**Samantha Procaccini** (CScD '12) presented at the ASHA 2014 Schools Conference in Pittsburgh in July on developing real-time critical thinking skills in graduate student clinicians in the educational setting. She also presented "Asking the Right Clinical Questions: Developing Real Time Critical Thinking Skills" at the Pennsylvania State (PSHA) meeting in April 2014 in Pittsburgh, Pa.

**Dr. Kathy Helfrich-Miller** (PhD '83, MS '75, BS '73) recently completed a term (July 2013–2014) as president of the Pennsylvania Speech-Language-Hearing Association, and serves on the professional advisory board of ABOARD'S Autism Connection of Pittsburgh. She is the owner of Rehabilitation Specialists, Inc., a private practice company in Pittsburgh, Pa. She has served as a volunteer clinical instructor for the Department of Communication Science and Disorders since 1978.

## Health Information Management

**Dr. Xiaoming Zeng** (PhD '04) has been promoted to full professor at East Carolina University in Greenville, N.C. Zeng is chair of the Health Services and Information Management Department at the College of Allied Health Sciences at East Carolina University.

**Presley Kelleher** (HIS '06) is senior project manager for McKesson Pharmacy Systems and Automation. Kelleher is also an adjunct assistant professor for our Department of Health Information Management, teaching in the graduate curriculum.

**Laurine Johnson** (HIM '81, HIS '88) is serving as the 2014 president of the Pennsylvania Health Information Management Association. She is also an ICD-10 senior consultant and lead educator with Peak Health Solutions in the Greater Pittsburgh area.

**Lindsay Johnson** (HIM '12) had her senior project, "Caries Experience and Overall Health Status," published in the *Oral Health & Preventive Dentistry* journal.

**Denise Dunyak** (HIM '81) received the Pennsylvania Health Information Management Association's (PHIMA) 2014 Distinguished Member Award for her dedicated service to the PHIMA community.

## Physical Therapy

**Eric Lehman** (DPT '14) was the recipient of the Dr. Jessie Wright Memorial Award, the highest honor bestowed on a DPT student in the final year of study and voted on by the Department of Physical Therapy faculty. The award recognizes "a student in physical therapy who demonstrates superior achievement in academic studies and who also displays the potential of becoming an outstanding clinician."

**Lehman** previously was awarded the 2013 Outstanding Student Award by the Orthopedic Section of the American Physical Therapy Association (APTA). He is employed at UPMC Centers for Rehab Services.

**Matt DeBole** (DPT '14) received the Mary McMillan Scholarship Award for 2014 from the American Physical Therapy Association.





John Childs, left, receiving his award from APTA President Paul Rockar (PT MS '81).

**Dr. John Childs** (PT MS '02, PhD '03) received the American Physical Therapy Association's Catherine Worthingham Fellow Award (FAPTA) during the APTA's annual conference in Charlotte, N.C., in June 2014. The FAPTA designation honors individuals whose contributions to the profession through leadership, influence, and achievements demonstrate frequent and sustained efforts to advance the physical therapy profession.

Childs is an associate professor in the US Army-Baylor University Doctoral Program in Physical Therapy and an associate editor for *Physical Therapy* and the *Journal of Orthopaedic & Sports Physical Therapy*. He is also a founder and CEO of Evidence in Motion and partner at Texas Physical Therapy Specialists, a multisite outpatient physical therapy practice in the San Antonio, Austin, and Dallas regions. He is also a partner at Fit for Work, an occupational health practice that provides employers consultative services to decrease injuries and reduce workers' compensation costs.

**Dr. Jay Irrgang** (PT BS '77, MS '90) was the 2014 recipient of the Pitt Alumni Association's "ROC" Spirit Award. The award recognizes an individual for outstanding enthusiasm, loyalty, pride, and spirit in support of Pitt.

**Donnie Weatherhead** (DPT '06) and **Michael Gans** (DPT '06) teamed up to provide teaching on the foot and ankle to physical therapists in Nairobi, Kenya. The two-week training program was sponsored by The Jackson Clinics Foundation of Northern Virginia (where Weatherhead is employed) working in conjunction with Kenya Medical Training College. ▼



## Rehabilitation Science and Technology

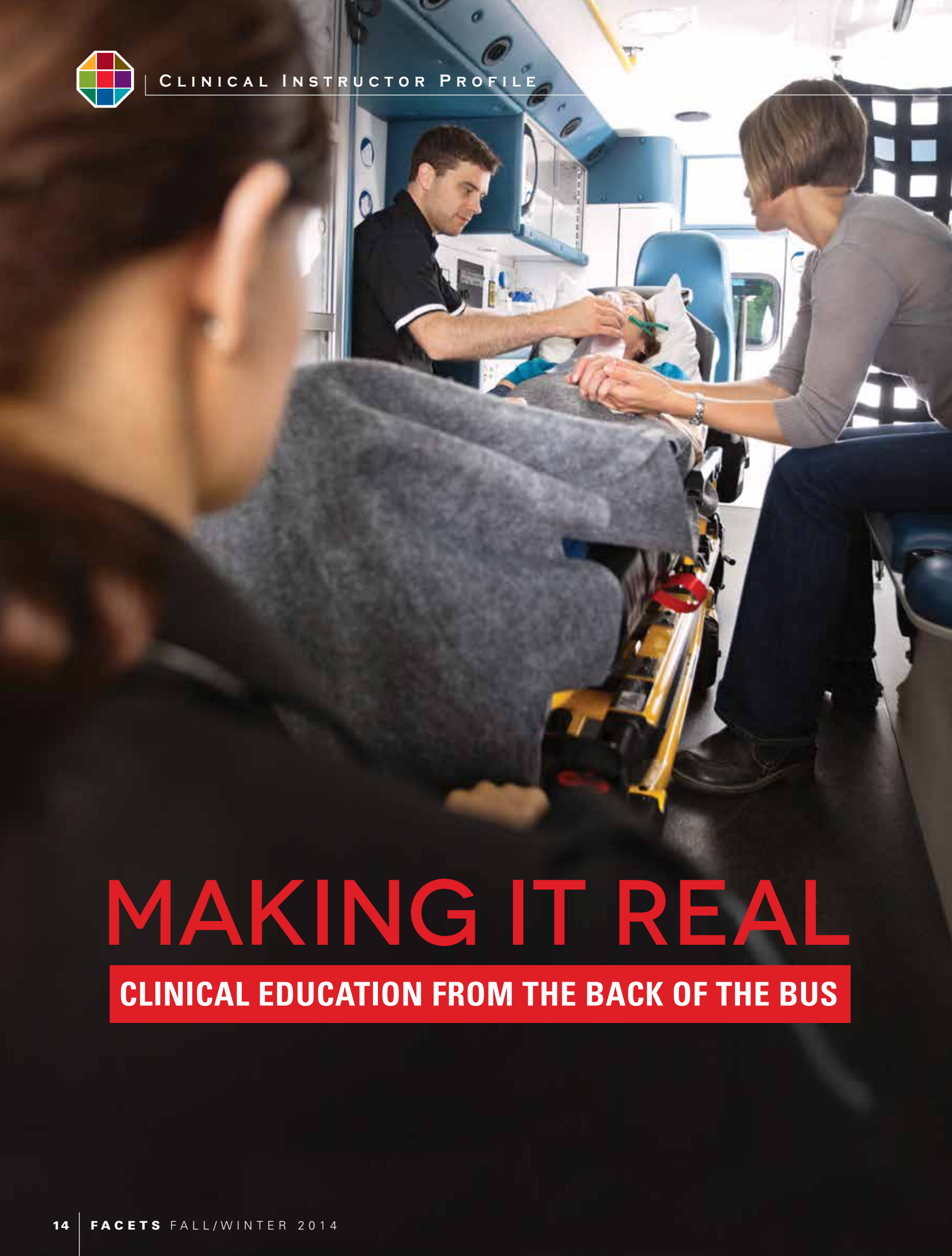
**Eric Sinagra** (RST '14) and his team won the University of Pittsburgh Innovation Institute's Randall Family Big Idea Award. Taking first place, the team received \$20,000 to use toward commercializing their PathMet Device. Dr. Jonathan Pearlman, RST assistant professor, served as faculty advisor for the outstanding project and group of students.

**Dr. Ana Allegretti** (SHRS '04, '08) was recently named assistant professor in the Department of Occupational Therapy at the University of Texas Health Science Center San Antonio (UTHSCSA).

## Sports Medicine and Nutrition

**Helen Agresti** (CDN '00) is writing about nutrition for *The Huffington Post*. She also had the occasion to meet President Barack Obama and First Lady Michelle Obama at the White House Correspondents' Dinner where they talked about childhood obesity and nutrition labels. ▼





# MAKING IT REAL

CLINICAL EDUCATION FROM THE BACK OF THE BUS



There's nothing like the real deal. Especially when it comes to learning the skills you need to practice in the fast and furious world of emergency medicine (EM). Just ask John A. Leinhauser (BS '14), paramedic for the City of Pittsburgh Bureau of Emergency Medical Services (EMS).

Leinhauser started out as a volunteer emergency medical technician at the age of 16, so he had a good feel for the job. But he admits that what he learned from his preceptor, Mark Pinchalk, during his clinical experience with Pittsburgh EMS was invaluable.

"Mark was very student-oriented in his teaching. He placed a very strong emphasis on mastering the basics, then developing advanced-level skills," explains Leinhauser. "I could never have learned the therapeutic communication that I learned from Mark inside the classroom.

"You don't learn how to talk with patients by interviewing manikins."

Pinchalk, who was recently appointed patient care coordinator for Pittsburgh EMS, served as a preceptor for the University of Pittsburgh students for more than 20 years. He says he's seen students come in with a wide range of skills and experience.

"Some students are really green," notes Pinchalk. "Others have field exposure. But I set high expectations and show them how to take the skills they've learned in the classroom and translate that to what they'll be seeing every day in the ambulance." Pinchalk admits that he's always had an interest in teaching and mentoring students. "I had a preceptor who prepared me for my job, and I feel it's my obligation to help train the next generation of EM professionals."

Scott Studebaker also studied under Pinchalk while earning his Paramedic

diploma through the University of Pittsburgh and The Center for Emergency Medicine in 2010. He's currently working as a paramedic for Pittsburgh EMS while completing his bachelor's degree in the Department of Emergency Medicine.

He agrees that on-the-job training is a must for his profession.

"As with anything learned in the classroom, there is always a level of realism that cannot be duplicated until you're in the street," observes Studebaker.

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*"You don't learn how to talk with patients by interviewing manikins."*

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"Mark was such a strong educator, especially when it came to airway management. He really drove home some techniques that were very useful and beneficial to advanced airway management in the field." Patient safety is always a priority. But Pinchalk insists that his students gain intense hands-on experience before they graduate.

"I make sure I supervise my students very closely," he reports.

Pinchalk is thoughtful and methodical with his students. He explains that they start out observing, then emulating his process, always keeping the patient informed.

During their first semester, students conduct basic patient assessments, and progress to IV lines and other more complex procedures during the second half of their clinical year.

"It's not always easy, but I try to be patient," Pinchalk admits. "I don't

mind going over things time and time again if a student is willing to put forth the effort.

"I'm a firm believer that you really can't learn how to do this job until you're actually doing it—in emergency situations, with real patients, and in real time." Pinchalk's example has inspired many students to become preceptors themselves.

Studebaker says that after spending a few years becoming an experienced Advanced Life Support provider, he took the step to become a preceptor himself, and tries to make the clinical experience as student-oriented as possible, just like Pinchalk did for him.

"It's important to give the student the full clinical experience," says Studebaker. "While we never want to compromise the patient, we want students to experience the stress of an evolving situation, while having their preceptor as a safety net."

Leinhauser also admires Pinchalk's teaching style. As a Basic Life Support instructor for the Center for Emergency Medicine, he employs some of the teaching skills that Pinchalk exhibited. He hopes to become a preceptor for Pitt students soon.

"I try to emulate Mark's easygoing attitude and his high expectations, and offer the same kind of reassuring help whenever students hit a wall," Leinhauser remarks.

"I've watched a lot of students come and go over the years," says Pinchalk. "When my time with them is over, it's really just the beginning for them.

"It's so rewarding to meet them as colleagues and see that they've grown into top-notch professionals and advocates for both patients and students."





PATIENT NAME

Mary Behling Browne

# Rx for PD: Caring Relationships

**M**ary Behling Browne (PT '63) is an articulate, active 73-year-old. She recently retired as a physical therapist after spending more than 50 years working in what she calls "the most wonderful profession."

To keep herself busy, she spends time with friends and her five grandchildren; enjoys walking and taking Tai Chi, dance, and strengthening classes; and serves on the New Jersey State Board of Physical Therapy Examiners. She loves to travel and right now is planning a trip to Brazil with her husband.

And, oh yes, she has Parkinson's disease.

When her diagnosis was made nine years ago, Browne wasn't the type to sit back and let the disease rule her life. She learned what she could, did what her doctor recommended, and eventually enrolled in a research study conducted by the National Institutes of Health (NIH), one of the nation's foremost medical research organizations.

"It was a blood study that was looking for genetic biomarkers in people with Parkinson's," explains Browne. "Of course I was curious if I had the gene, but I was also interested in advancing the cause of science."

Browne stayed with the study over the course of two years and developed a very special relationship with her medical team at NIH.

While discussing her dyskinesia—involuntary muscle movement that is a side effect of some Parkinson's medication—with Dr. Codrin Lungu, neurologist and chief of the NIH Parkinson's Clinic, Browne learned about a surgical procedure that would change her life.

Lungu said Browne was a good candidate for a deep brain stimulator (DBS), a battery-operated, surgically implanted device that delivers electrical stimulation to a specific area of the brain that controls movement. The stimulation blocks the abnormal nerve signals that cause PD symptoms.

More than two years after the five-hour surgery, Browne still marvels at the success of the procedure and the effectiveness of the device implanted in her brain. But she's even more impressed with the ongoing collegiality of the clinicians who helped her through it.

"I went back to NIH for follow-ups every three months for the first year, and less frequently after that," recalls Browne.

"Every time, I saw all members of the team—the neurologist, the surgeon, and the nurse coordinator. I really got to know them, and they got to know me."

"Our program is designed to be collaborative," Lungu explains. "All members of the team work as a family, and we speak with one voice to enhance patient care."

According to Lungu, patients are an integral part of that team. "Mary was someone who put her faith in us, but who also took charge of her own health. This is a huge key to success."

Research Nurse Specialist Beverly McElroy recalls lots of laughter during their first encounter. "Mary had read extensively, asked thoughtful, well-informed questions, and was prepared physically and mentally for a positive outcome from the DBS surgery," she notes.

While patients receive the highest standard of care at NIH, they allow the team to collect data that is used to advance research.

"I never felt like I was just a research subject," notes Browne. "They took such a personal interest in me. It was remarkable."

"We are aware that NIH is a large organization and that some people assume that it's a 'cold' place," admits Lungu. "But the truth is, we're here to treat the patient, not the disease."

"It's very important to us that our philosophy is reflected in the patient experience."

Even though Browne currently follows up with a local neurologist instead of her NIH team, she keeps in touch.

McElroy calls Browne their "poster person for DBS. She has been available to talk with prospective DBS candidates, and is always investing her time and energy toward others."

"I want people to know that therapies like deep brain stimulation are out there for people with Parkinson's disease," notes Browne. "I'm not cured. The disease continues, but my affiliation with the people at NIH has made all the difference in the world in how I live my life."

"I can't thank my NIH family enough."



*Philosophers debate the why. Psychologists examine the how. And every human being on the planet searches for the who. Whom can I connect with? And what kind of satisfaction can I give and receive from this connection?*

Relationships are a basic human need. But for people with disabilities, making meaningful connections—whether they're with loved ones, colleagues, or health care providers—is not always easy.

"It's because people with disabilities may have less social capital than the rest of us," explains Al Condeluci, adjunct professor in the Department of Rehabilitation Science and Technology (RST) and CEO of Community Living and Support Services (CLASS).

Social capital, according to Condeluci, is the value we get from the connections we make. "In many cases, people with disabilities are sheltered by their caregivers so they don't have opportunities to build relationships," he remarks. "In other cases, like when people acquire disabilities later in life, they often withdraw to a point where they are both physically and emotionally isolated."



# THE N NEED TO

CO CONNECT

*The Unspoken Challenge in the Disability Community*



“Sometimes there are breakups in marriages or friendships due to disability. It’s really a loss of social capital.”

At CLASS, Condeluci and his staff help people with disabilities become integrated into the community through a wide range of services and supports that focus on the similarities between people—not the differences.

“This is how the rest of the world makes connections,” he exclaims. “We tend to socialize with people who like the same things we like. It’s no different for people with disabilities.” He adds that people without disabilities tend to shy away from those with disabilities, either because of fear or lack of understanding. “Our goal is to change society, not the person with the disability,” he asserts.

### *Is a cultural shift possible?*



In a word, yes. Not surprisingly, it starts with education. In courses offered through the Departments of Health Information Management and RST, Condeluci introduces strategies that help clinicians better relate to people with disabilities.

“We do a wonderful job of teaching clinicians to deal with the physical aspect of a person’s disability,” proclaims Dr. J. Scott Yaruss, associate professor in the Department of Communication Science and Disorders. “But in many cases they feel helpless when it comes to other issues that result from disability.”

He offers the example of children who stutter, and who are bullied as a result. “Stuttering affects every aspect of a person’s life,” Yaruss observes. “Of course there’s anxiety around communication. But children who stutter often wonder if they’ll be able to make friends, get a date, go to college, or find a job.

“Bullying increases their social isolation,” he continues. To combat the effects of bullying, Yaruss recently published “Minimizing Bullying for Children Who Stutter”—a toolkit that can be utilized by parents, educators, and children themselves.

Workbooks are provided to each audience segment. They teach children problem-solving techniques to use in bullying situations, provide parents with suggestions to build self-esteem in their children, and give classroom teachers and administrators general information about bullying and specific tips on how to help children communicate in the classroom.

“Although this resource was designed for children who stutter, it’s really a universal tool,” remarks Yaruss. “It applies across the board and can help people with various types of disabilities.”

Elizabeth Mackay (MOT ’14), an interventionist in a study that’s being conducted by the Department of Occupational Therapy, noticed that participants responded well to tips that help them communicate with family and friends about their disability. “Some participants were more comfortable than others using suggestions to facilitate conversations with family, friends, and coworkers,” she states. Men and women who return home after serving in the military, especially wounded warriors, encounter different challenges.



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*Relationships are a basic human need. But for people with disabilities, making meaningful connections—whether they’re with loved ones, colleagues, or health care providers—is not always easy.*

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“However, I feel that giving them the tools to create an organized dialogue with other people about their disability definitely helped them feel more likely to engage in conversations in the future.”

### *Reconnecting our wounded warriors.*

“These individuals face a culture that may not understand what they went through during their time in service,” reports RST Instructor Michelle Sporer.

“Combat changes a person,” she notes. “Family and friends want to help, but the soldier might not want to be a burden.”

Dr. Rory Cooper, distinguished professor and FISA-Paralyzed Veterans of America chair, agrees that there’s a high degree of uncertainty in civilian life. “Education and training are needed to help veterans and their families enjoy secure and quality lives post-military service.” He commends the Department of Veterans Affairs, Paralyzed Veterans of America, and Veteran Service Organizations for providing activities to help promote health, independent living skills, and mutual support.

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*“Combat changes a person.  
Family and friends want to help,  
but the soldier might not  
want to be a burden.”*

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“Activities like the National Veterans Wheelchair Games (NVWG) are excellent,” Cooper declares. “They bring veterans from around the U.S. together to share experiences and support one another. The NVWG have positively transformed the lives of countless veterans, both participants and volunteers.”

“A sense of community is particularly important in the military culture,” adds Sporer. “There is an unwritten understanding of the experiences that combat soldiers had in the military. They don’t have to worry about finding the words to explain a challenging topic to a peer—they just get it.”

“It’s really great to see how much the NVWG have grown every year, and how many newly injured veterans attend,” Sporer continues. “There’s something to be said about how peer interactions can change a person’s perspective.”

### *Intimacy and people with disabilities.*

**E**stablishing personal intimacy has been an unspoken challenge in the disability community. RST Assistant Professor Ashli Molinero reminds us, “People with disabilities have all the same wants and needs as everyone else. If we don’t address issues of sexuality, we are leaving them open to abuse, disease, risky behavior, and so many other problems.”

In a new course module offered as part of the Individual and Social Experience of Disability class, Molinero will highlight ways clinicians can broach the topic of sexuality with clients.

“It’s the role of parents, teachers, counselors, and clinicians to educate people with disabilities on all levels,” she states. “They need to know about their bodies, and that certain feelings and urges are perfectly normal. They also need to know what behavior is appropriate, and how to protect themselves. It’s all about empowerment,” Molinero exclaims.

She admits that media is starting to create awareness of the challenges faced by people with disabilities. Movies like the 2012 film *The Sessions*, and television series like *Push Girls*, are becoming more commonplace. “Social participation is important to all people,” reflects Molinero.

“By fostering safe and appropriate interpersonal relationships, we help people with disabilities gain confidence and be recognized for who they are—not what their disability is.”





The Commandant of the United States Marine Corps posed a simple question: What will it take to integrate female Marines into previously restricted combat arms Military Occupational Specialties (MOS) so they can safely and effectively serve in ground combat units? The answer is not so simple. But a team from the Department of Sports Medicine and Nutrition (SMN) is working on it.

Dr. Katelyn Allison, assistant professor, and Dr. Scott M. Lephart, distinguished professor and department chair, are leading the charge to mitigate injury and optimize performance for female Marines, using the same model they use to train elite athletes.

Their research, funded through a grant from the Office of Naval Research, is designed to help female Marines hit the ground running, literally, when the decision regarding integration of women into combat arms following the rescission of the Direct Ground Combat Assignment Rule takes effect in January 2016.

Working in collaboration with the Marine Corps' Ground Combat Element Integrated Task Force, they're following more than 160 women from Camp Lejeune, N.C., and the Naval Amphibious Base in Coronado, Calif., through MOS training and simulated combat exercises.

And the training is brutal. "These women may serve as riflemen, machine gunners, or members of

an amphibious crew," Allison notes. "They could be in mountainous terrain, deserts, or oceans.

"If males are required to carry 100-pound packs, then they must do the same," she continues. "But females who are small in stature will be at a huge disadvantage compared to men who are perhaps 180 or 200 pounds."

To help equalize the odds for the women, SMN researchers installed on-site replicas of the University of Pittsburgh's Warrior Human Performance Research Center, a part of its Neuromuscular Research Lab.

They use a scientific approach to test and analyze tactical requirements and musculoskeletal and physiological profiles of the Marines, and conduct physical training to help narrow the strength gap between men and women.

In a July report on National Public Radio (NPR), Marine Lt. Col. Michael Samarov, a member of the integrated task force planning committee, insisted, "Male and female, the task has got to be the same. Combat readiness will not be compromised. If we get this right, combat readiness will improve. And we're not going to lower standards."

Allison is confident that the Pitt team is up to the challenge. She says, "Our work will not only enhance the performance of female Marines, but help to prevent certain injuries, such as shin splints and sprained ankles that are more common in women.



# FEMALE MARINES

## GET A LEG UP TO PUT BOOTS ON THE GROUND

“For the female Marines, this isn’t just about winning a meet or a game. Their strength, health, and performance can mean the difference between life and death—not just for them, but for other Marines who are counting on them.”

In July, the Pitt team began to test baseline physical, physiological, and performance characteristics as predictors of what might happen in an integrated ground combat situation.

Over the next year, they will continue to train, collect field data, and track musculoskeletal injuries during MOS training school and unit integration.

The Marine Corps also engaged Pitt researchers to conduct a 10-year longitudinal study that will track an injury prevention and enhancement program over the tactical lifespan of a Marine.

Lephart points out that his researchers have been doing similar work for a decade, with seven studies currently underway as part of the Department of Defense-sponsored Warrior Human Performance Research Center.



“We’ve been studying these issues as they relate to men in the Navy SEALs and other branches’ special operations groups.

“The Marines are taking a very proactive approach,” he continues, “studying how well women likely will perform in what are very physically taxing new roles and jobs.”

In his NPR interview, Samarov stated, “All the physiological, physical, and performance data collected by the University of Pittsburgh and the

Marines will help determine who can perform in combat—which is the only measure that counts.”

“This is an important moment in American history,” points out Allison. “It is a true honor to be contributing to this landmark initiative.”





# AUDIOLOGISTS: ON THE FRONT LINES OF POST-TRAUMA CARE

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*“Approximately 61 percent of the 65 and older patients tested in the trauma outpatient clinic had untreated hearing loss ....*

*This means they spent their hospital stay not hearing what they needed to hear.”*

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**E**very patient who has ever recovered from a trauma has unique challenges. But what if those challenges are compounded by the fact that he—or she—can’t hear? How can he listen to explanations from clinicians, understand medical instructions, or be adherent in any way?

When the UPMC Falk Trauma Clinic decided to expand its services in January 2014 to include the many health care specialists that patients might need post-discharge from the trauma unit at UPMC, Dr. Malcolm McNeil, distinguished service professor and chair of the Department of Communication Science and Disorders (CSD), immediately recognized the need for patients to see an audiologist.

“Both audiology and speech-language pathology are professions that provide foundations upon which all health care relies—communication with our patients,” McNeil explains.

“These professions provide critical assessment, diagnosis, and intervention for individuals with congenital and acquired communication impairments, and in addition, provide other health care disciplines with methods and strategies for maximizing their own effectiveness.”

“The Clinic is unique because it’s a ‘one-stop shop’ for patients,” offers Dr. Catherine Palmer, CSD associate professor and associate professor in the Department of Otolaryngology at the University of Pittsburgh School of Medicine. “There’s nothing quite like it.”

Physical and occupational therapists, speech-language pathologists, nutritionists, nurse practitioners, physician assistants, rehabilitation counselors, and audiologists all work as a team to ensure that patients receive the appropriate care and access to resources.

“But it only makes sense that an audiologist sees the patient first,” Palmer continues. “We want the patient to participate in his care, but he can’t if he can’t hear.”

Lori Zitelli (AuD ’12), clinical audiologist at the trauma clinic, conducts hearing screenings on patients before they see other practitioners. She makes sure any hearing aids are functioning and alerts team members about the patient’s specific communication needs.

If patients fail the screening, Zitelli provides them with personal amplification devices known as Listenaiders that can be used that day in the clinic, and then she provides a referral to an audiologist near the patient’s home for any needed follow-up.

“Patients are surprised to see me first instead of one of the other clinicians,” reports Zitelli. “They think they’re just

coming in to get stitches out, or see a PT or OT. But once they understand how better hearing will improve their overall health care, they are very eager to take the hearing test.”

Palmer notes that the audiologists have had a greater impact on inpatient care since they’ve been working in the outpatient clinic.



*Dr. Catherine Palmer (right) and Trauma Center Clinical Audiologist Lori Zitelli (left) show the Listenaid to fourth year AuD extern Corrine Barton (MA ’13).*

“Approximately 61 percent of the 65 and older patients tested in the trauma outpatient clinic had untreated hearing loss that would be expected to impact their ability to communicate successfully in the complex health care environment. This means they spent their hospital stay not hearing what they need to hear,” she explains. “Although amplification devices like the Listenaid have always been available, they weren’t often used.

“Now that other clinicians from the clinic realize that hearing is key to a patient’s outcome, they’re spreading the word inside the hospital.”

Zitelli was the first clinician to introduce students to the trauma clinic. “This is team-based health care at its best, and I want my students to experience it firsthand.”

Zitelli worked with Dr. Elaine Mormer, clinical coordinator for the CSD Audiology program, to secure advanced students for this clinical placement.

Last semester, Doctor of Audiology student Megan Keirans completed a clinical rotation at the trauma clinic. She notes that it was a wonderful opportunity to watch and learn, but also to act independently. She says her confidence grew as she worked with patients and collaborated with other professionals.

Keirans was pleased that many clinicians invited her to sit in on patient sessions. “I got a better understanding of the global impact of traumatic injuries. I could see the full process and understand exactly what patients were going through,” she says.

“It’s changed the way I approach and interact with patients in general.”

Feedback from patients has been positive. Family members report that their elderly loved ones interact more with others and have a better quality of life since they have been under the care of an audiologist.

“We have so many people who can’t communicate effectively because of poor hearing,” laments Zitelli. “I believe our involvement with the trauma clinic makes people more aware that good hearing is directly connected to your overall health.”

McNeil adds that the UPMC Falk Trauma Clinic is “a model for much of the revolution that is rapidly being integrated into medical education and American health care.”



# **CLINICAL PARTNERS: CREATING A CIRCLE OF TRUST**



**“THE MORE  
EXPOSURE  
AND PRACTICAL  
REAL-WORLD  
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THE RIGHT  
CAREER FIT  
POST-GRADUATION.”**

The field of health information management (HIM) is growing faster and changing more dramatically than most.

Three years ago, U.S. News & World Report ranked health informatics and information management number four on their list of the top nine hottest undergraduate majors, projecting a need for more than 50,000 new workers in the next five to seven years.

The trend continues due to many factors. The transition from paper to electronic health records; the mandate to ensure security and patient privacy; and the need for accurate coding, revenue management, and data mining and analytics all require employees who understand the complicated interplay between technology, business, and health care.

But how does a student keep up with the constant change? Patricia Anania-Firouzan, assistant professor and clinical education coordinator, Department of HIM, is convinced that it's through a solid clinical education.

“Of course our students get an excellent foundation in the classroom,” proclaims Anania-Firouzan. “But in addition, we make sure they're in the field at four different points in their academic career.”

“The design of our curriculum is based upon a framework and a foundation that requires hands-on, clinical experiences for all students, graduate and undergraduate alike,” adds Dr. Mervat Abdelhak, associate professor and department chair.

According to Anania-Firouzan, strong relationships between the HIM department and its clinical partners are essential in creating opportunities for students to succeed.

“What we look for in a clinical preceptor is someone who understands the caliber of students we produce and who is interested in mentoring these students so they'll become leaders in the health information management field,” explains Anania-Firouzan.

Although she sets high standards, Anania-Firouzan currently has a pool of more than 200 clinical sites that accept her HIM students.

Jennifer Osborne (BS '06) interned at Creehan & company, a consulting and software development company that services the pharmacy industry, during her senior year. She was offered a full-time position after graduation, and today serves as a business analyst for the company and HIM preceptor for both undergraduate and graduate students.

“We see the value in the knowledge set that Pitt's program offers its students and seek this type of talent in the industry for both internships and long-term employment opportunities,” notes Osborne.

“The more exposure and practical real-world work experience students have during their academic career, the more likely they will be to determine the right career fit post-graduation,” she continues.

The career opportunities are indeed diverse. The American Health Information Management Association (AHIMA) says health information professionals hold 125 different job titles in 40 different work settings, including hospitals, clinics, physician practices, educational institutions, government agencies, insurance companies and HMOs, and consulting firms.

Anania-Firouzan says it helps when preceptors encourage students to get involved with professional organizations and allow them to work alongside other health care professionals, such as nurses and physician assistants, so they can better understand the health care process and their role in it.

Osborne points out that internships allow employers to observe potential employees over an extended period of time. “As wonderful as the HIM program is, there is still much to learn when transitioning from student to employee.

“When we evaluate potential employees, we're looking for someone with a strong work ethic, a readiness to work independently and confidently, and a desire to continue to learn.”

Anania-Firouzan states that many students, like Osborne, are hired directly out of their clinical rotations. “Many have multiple job offers—they have choices.”

These graduates soon have the opportunity to bring students into their companies, like Osborne did, and contribute in a major way to the development of future HIM professionals.

“Being a preceptor also allows me to report back to my alma mater if I see gaps in education so the department can make changes to improve the program for future graduates,” Osborne observes.

“There's a wonderful circle of involvement,” explains Anania-Firouzan. “Our students become our clinical instructors. It's all in the family.”



# RELATIONSHIPS *PUT LIVES IN MOTION*



The brochure for the Center for Assistive Technology (CAT) proclaims they're "Putting lives in motion." But it's *how* they accomplish this task that truly makes a difference.

According to Rosemarie Cooper (MPT '98), CAT director and assistant professor of Clinical Services, "It's all about relationships."

A joint program of UPMC and the University of Pittsburgh, CAT is staffed by a multidisciplinary team of physiatrists, occupational and physical therapists, audiologists, speech-language pathologists, and rehabilitation engineers. Every year, they provide customized and innovative solutions for more than 2,000 individuals with disabilities who need wheelchairs, seating and positioning, augmentative communication, assistive listening devices, hearing aids, cognitive aids, and adaptive driver's training.

"Of course the rapport between the various clinicians is key to creating a good client experience," notes Cooper. "But it's the relationships we form with our clients that drive everything we do."

Cooper, who is also a RESNA-certified assistive technology professional (ATP), insists that relationship building starts the moment a client comes through the door.

"Many people who are referred to our Seating and Mobility Clinic think this is an 'end-of-the-road' diagnosis," she explains.

She cites an example of a person with multiple sclerosis whose physical condition has deteriorated to a point where she can no longer walk on her own and needs the assistance of a wheelchair.

"When a person like this comes to us for the first time, chances are she is feeling pretty low. We as a team must set the tone and prove that this is not the end. It's really a new beginning."

Cooper observes that graduate students who complete their clinical training at CAT are well prepared in theory but are often surprised by the emotional and psychological challenges that face first-time users of wheelchairs and other devices.

Eric Williams, a graduate student in Rehabilitation Science and Technology, completed a practicum at CAT and later interned with a local company that works hand-in-hand with clinicians to provide the optimal seating and mobility technologies for their clients.

"Balancing a person's desires, their medical needs, and the available equipment and cost is incredibly difficult," admits Williams.



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*Long-standing relationships with RESNA-certified rehabilitation technology suppliers help complete the circle of trust for clients.*

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"The entire experience can be stressful, frustrating, overwhelming, and emotionally exhausting for everyone involved, so it is very important to stay focused on a successful outcome."

Evan Knutson, who is pursuing his master's degree in rehabilitation counseling, adds that building relationships is vital to providing the best services to clients. "I believe that the team members of CAT follow a client-centered approach that sets an example for other organizations."

Long-standing relationships with RESNA-certified rehabilitation technology suppliers help complete the circle of trust for clients.

Thomas M. Bursick II (MS '00, BS '96), ATP with Numotion, says he derives great satisfaction from working with the CAT team and their clients.

He explains, "Having comfortable professional relationships between suppliers and the team members at CAT is key to having open and honest discussions as to how, when, and where to implement the best possible outcomes for our clients."

Numotion and other suppliers send RESNA-certified representatives like

Bursick to CAT to meet with clients during their initial evaluation. They also make home visits to assess how clients use the technology in their real-world environments, and to troubleshoot any potential problems.

"We want our clients to make educated decisions," remarks Cooper.

For Liz Dunn (BS '14), a student in the Coordinated Master in Nutrition and Dietetics program and CAT client, the relationships between client, clinician, and supplier proved invaluable. "Everyone went out of their way to make sure I received the best help and a properly fitted wheelchair."

She adds, "Although the lightweight wheelchair that worked best for me was not covered by insurance, we were able to find alternate funding. The team at CAT provided detailed letters of medical necessity that made the approval process much easier for everyone."

Cooper notes that over the years she has seen many clients return to CAT for new or updated devices. "When they come back and remember our names, or when they refer others to us, that's when we know that we have done something right."





# BENDING THE RULES: WHAT'S BEST FOR PATIENTS AFTER TOTAL KNEE REPLACEMENT?



Knees are the largest joints in our bodies. As such, they take a lot of abuse. Every time we walk, we exert a force on our knees that's three to six times our body weight.

According to the Agency for Healthcare Research and Quality, more than 600,000 total knee replacements (TKR) are performed each year in the United States.

Although the outcome of TKR is extremely favorable, surgery alone does not resolve the functional limitations and physical inactivity that may have existed for months—perhaps years—prior to surgery.

Dr. Sara R. Piva, associate professor in the Department of Physical Therapy (PT), believes there is a way to increase mobility for patients and ensure a better quality of life.

With a recent award from the Patient-Centered Outcomes Research Institute (PCORI), Piva will spend the next three years comparing the effectiveness of two interventions that she believes will improve the current standard of care.

“Right now, physical therapy is delivered immediately after TKR surgery, while the patient is still healing,” Piva explains. “Although this is important, many patients are discharged from therapy before they are strong enough or motivated enough to regain their previous or desired level of activity.

“Our goal is to deliver a program of intensive PT *three to six months* after surgery, when the patient is ready to get moving again.”

In November, Piva and her team will enroll three groups to begin the single-blind randomized trial.

One group will receive individualized rehabilitative exercises delivered in a clinical setting by a physical therapist.

Another will participate in supervised group exercises in a community center setting, while the third will be the control group and receive usual medical care.

“Both of the exercise interventions are designed to be challenging,” asserts Piva. “This is not the type of seated exercise programs you might expect for senior citizens. We will be pushing participants to restore their balance and improve muscle function.”

Unlike grants from the National Institutes of Health (NIH), which tend to support pure basic scientific research, PCORI awards are designed to help patients make the most informed decisions about their health care. Using comparative effectiveness research, they give patients a better understanding of the treatment options that are available, and the science that supports them.

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*“Our goal is to deliver a program of intensive PT three to six months after surgery, when the patient is ready to get moving again.”*

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Because all PCORI research must be patient-focused, Piva enlisted the help of individuals who had TKR to design and implement her study. They also serve on the advisory board, visiting clinics and community centers, and providing feedback from participants.

“PCORI requests that all stakeholders are involved in the research process,” she explains. “So we were happy to get input from patients, clinicians, and community organizations. It will make our research more clinically relevant in the long run.”

Piva joins Associate Professor Michael J. Schneider and Associate Professor

Jennifer Brach as the third member of the PT faculty to have received a PCORI contract.

She credits Professor and Department Chair Tony Delitto with creating opportunities to push their research endeavors even further.

Says Delitto, “All three of these investigators have the ‘NIH pedigree.’ They were all recipients of NIH K-Awards, which are designated professional development awards leading to independent research.

“These three investigators also did a commendable job of working closely with the Comparative Effectiveness Research Core (CERC) and paid particular attention to making their work more patient-centered with strong engagement—all consistent with PCORI criteria.”

Although Piva's study is still in its infancy, she is confident that her research will reveal important considerations for patients, clinicians, and payors.

She speculates, “Perhaps we will learn that one-on-one exercise in the clinical setting produces a big gain in mobility, but exercise in the community setting makes a patient more engaged, and therefore more likely to continue to participate in other community activities. We don't know yet.

“We also don't know how insurance reimbursement might change after this evidence-based study. But we will find out!”

According to Delitto, one thing is for sure. “Having three active PCORI awards in one department is a remarkable achievement for physical therapy in the eyes of the University of Pittsburgh, as well as our peers across the country.”



# TAKING FATIGUE MANAGEMENT TO THE MAX

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*“Most of us go to sleep  
and wake up refreshed.  
But 80 percent of  
patients with TBI cite  
chronic fatigue as one of  
their biggest challenges.”*

---

**Y**ou see it everywhere. Babies fussing and rubbing their eyes. College students yawning at their desks. Office workers dozing on the bus.

Everyone complains of being tired. But for some people, like those who have sustained a traumatic brain injury (TBI), chronic fatigue can be debilitating.

“It’s only human to become tired after a day of physical or mental work,” explains Dr. Ketki Raina, associate professor, Department of Occupational Therapy (OT). “Most of us go to sleep and wake up refreshed. But 80 percent of patients with TBI cite chronic fatigue as one of their biggest challenges.”



“Medically, there is no known cause for their chronic fatigue, but we do know that it interferes with their ability to take care of themselves, go back to work, and maintain the social connections that are so important in their lives.

“In most cases, spouses, family members, and friends don’t understand the extent or reason for the fatigue, and relationships are affected.”

Using a grant from the U.S. Department of Defense, Raina began investigating two different interventions that might help those with TBI learn how to maximize their energy in order to manage their fatigue and increase their participation in daily life.

A control intervention delivered energy conservation strategies in an educational format. Patients were taught how to schedule their tasks, break down big tasks into smaller ones, and take rest breaks in order to work smarter, not harder.

The experimental intervention, known as the Maximizing Energy (MAX) intervention, combined energy conservation strategy education with problem-solving therapy that was delivered over the Internet using a Web camera and interactive software.

“Problem solving is often used in psychology and other behavioral therapy,” remarks Raina. “We go through a seven-step process that identifies a vague problem and then narrows down specific solutions that are attainable. It sounds simple, but the truth is, it’s very hard to do on your own.”

Dr. Denise Chisholm, associate professor and OT vice chair, served as the MAX interventionist, along with Assistant Professor Mary Lou Leibold.

Chisholm noticed that MAX offered participants the opportunity to regain control over their fatigue. “As they learned to make choices and decisions about how they were going to bank, budget, and balance their energy, their confidence in their abilities also began to improve.

“As a therapist, my job was not only to train individuals in the MAX intervention strategy, but to also facilitate their ability to generalize the strategy as much as possible to other aspects of their lives.”

Leibold points out that she was able to form strong personal relationships with participants, even though they never met face-to-face. “I felt as though I was right there with the participant. Some people introduced me to their family members and their pets! Sometimes they ‘showed’ me the results of their action plan, such as organizing a walk-in closet, by carrying their laptop to ‘show’ me the closet.”

One of the most significant accomplishments of the MAX intervention was that participants began to understand the role that fatigue played in their lives and learned how to communicate it to others.

“Sometimes the intervention session included the participant practicing communication,” reports Chisholm. “They would create a plan of what they were going to say to a specific person and then practiced it during one of our sessions.”

Although the intervention lasted only eight weeks, Raina built a long-term component into her strategy.

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*Using a grant from the U.S. Department of Defense, Raina began investigating two different interventions that might help those with TBI learn how to maximize their energy in order to manage their fatigue and increase their participation in daily life.*

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She notes that patients did their “homework,” such as developing action plans or brainstorming solutions, because they knew that it was required. But toward the end of the protocol, patients were asked to name a friend or family member who would help them be accountable.

Leibold remarks, “The intervention definitely helped participants reconnect with family and friends.” She cites an example of how fatigue caused one patient to neglect her household chores, causing animosity between her and her roommate. “But as a team, they developed strategies that were amenable to both of them.”

Proof that by working together, success can be achieved.





# A LEGACY — OF — LEADERSHIP

In 1966, Emergency Medicine (EM) Program Director and Professor Walt Stoy was a Cub Scout. He had no idea that a white paper published by the Institute of Medicine was revolutionizing the way health care providers think about emergency medical care.

“But at the time, I *did* love learning about bandaging and splinting!” recalls Stoy.

Today the report, “Accidental Death and Disability: The Neglected Disease of Modern Society,” is considered by many as the mother of modern day emergency medicine. And Stoy is regarded as one of the premier educators in the field.

As early as 1994, Stoy was setting national standards for Emergency Medical Services (EMS) education.

Working with the U.S. Department of Transportation’s National Highway Traffic Safety Administration, Stoy

served as principal investigator for the development of the Emergency Medical Technician-Basic National Standard Curriculum.

He and a team of medical and EMS experts analyzed existing training practices and conducted clinical trials that helped him to prioritize skills, procedures, and continuing education that would improve the quality of emergency medical care across the country.

Why undertake such a huge responsibility? “I was a relatively new PhD with a sincere desire to make a difference,” admits Stoy.

Today, EMT is one of a series of courses that compose the EMS National Education Standards and is considered the cornerstone of pre-hospital care education.

Stoy continued to set standards, serving as the project director (PD) for the First Responder National Standard

Curricula in 1995, and PD for the EMT Intermediate and Paramedic National Standard Curricula in 1998.

He also founded the National Association of EMS Educators, an organization that seeks to inspire and promote continued excellence in EMS education, and he continues to serve on its board.

Stoy’s groundbreaking work prepared him to lead the unique Emergency Medicine program at the University of Pittsburgh.

“Our program is demanding. It has been designed and developed as an excellent foundation for students interested in pursuing careers as physicians and physician assistants, as well as other health care providers,” notes Stoy.

“The paramedic aspect of the programming provides a significant amount of clinical hands-on instruction. The senior year encompasses education, research, and





*Pictured above and right, Walt Stoy*

administration, which further enhances a student's knowledge and skills."

He adds that this type of comprehensive training pays off in terms of quality clinical placements and employment opportunities.

"We continue to set the bar for emergency medicine education," continues Stoy.

"Every year our program attracts greater and greater numbers of applicants, and we have 100 percent placement of our graduates."

Assistant Professor S. Robert Seitz believes Pitt stays on the cutting edge of EMS education because of its faculty, who are actively involved in organizations that deliver white papers and set standards—and through its affiliation with the University of Pittsburgh Medical Center and local EMS organizations that provide practical experience for students.

John Pierce, instructor in emergency medicine, agrees. "Students are the critical link," Pierce explains. "They're the ones who bring the reality of modern medicine into the living room or to the car crash. They are the practitioners. Their knowledge and expertise benefit the entire community."

He observes that while EMS education has evolved, foundational elements set by the National Standard Curricula of the 1990s continues to impact patients through the education received by EMS professionals.

"We know for a fact that when we couple evidence-based patient care with transport to appropriate facilities, the patients will have better outcomes," reports Pierce.

"Today EMS has a clear focus on treating an individual's unique needs and situations," Seitz observes. "And

through technology and education, we're better positioned to intervene and to decrease patient morbidity and mortality."

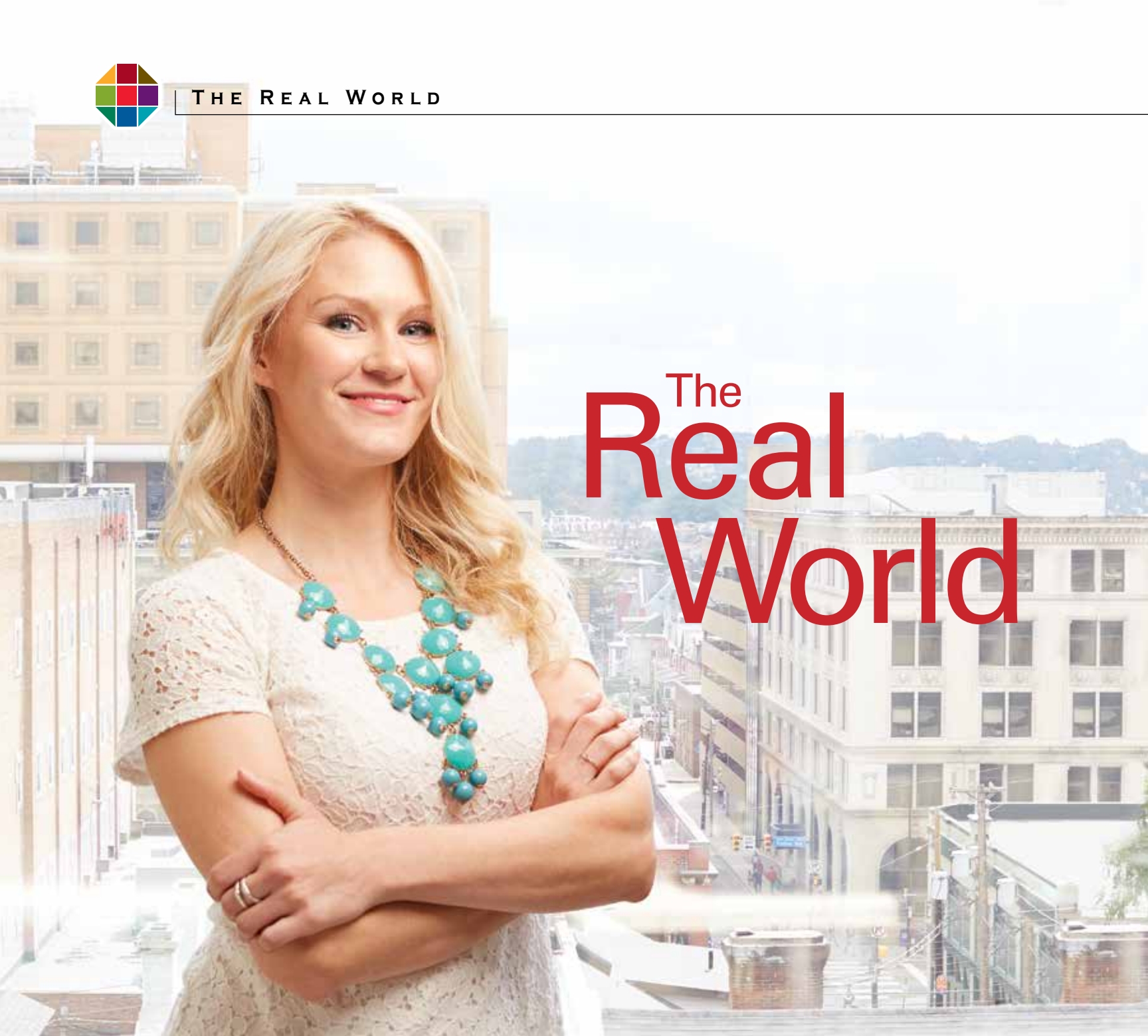
Stoy predicts that in the near future, paramedics will function more as a "mobile integrated health care practitioners."

"In many cases, these individuals will care for patients in their homes and when necessary, transport not to the emergency department, but rather to the medical resource that best suits their need," comments Stoy.

"We will offer a class in the spring of 2015 to introduce the programming. By next fall term, we will have several new classes that meet the growing demand for this new level of health care provider."

And so the legacy continues.





# The Real World

“Knowing is not enough; we must apply.” (Goethe) This is the lesson that Melissa Matis (MOT '14) learned as part of her training to become an occupational therapist.

Last spring, during her final clinical rotation at the Centers for Rehab Services (CRS) at UPMC Mercy South Side Outpatient Center, Matis worked two days a week at the UPMC Falk Trauma Clinic. The trauma clinic is an outpatient follow-up service for patients recently discharged from the hospital after a trauma. Patients meet with members of an inter-professional team who evaluate and determine the need for additional clinical services.

Matis found this experience to be an important part of her transition to the “real world.” “The trauma clinic is unique because it welcomes students from different disciplines,” Matis explains. “We are the ones interviewing and assessing patients under the supervision of our preceptors.

“It’s a chance to really develop your clinical reasoning.”

Matis trained under the supervision of Lynne M. Huber. Huber states, “When students use their clinical reasoning, they become confident in their skills to provide the right intervention at the right time with the individuals they are working with.

“They learn to listen to their clients’ goals and assist them in developing the skills needed to resume the maximal level of independent functioning.”

Matis notes that Huber steps back and lets her present her treatment ideas to the patient before making any suggestions of her own. “It’s a really good learning process,” she says.

Huber agrees. “Through this experience, Melissa demonstrated her ability to vary her approach, depending on the client’s needs, educational level, and background. She was always caring and thoughtful, employing insightful responses with her clients.”

During her experience at the trauma clinic, Matis had the opportunity to work alongside students and professionals from other disciplines.

“It’s essential that we learn to form and work in teams as health care professionals and try to be more efficient. Learning the team environment and knowing what each member of the health care team does is extremely beneficial in my job setting, no matter where I go.

“We know what other disciplines do on a basic level,” she admits. “But it was eye-opening to see how their approach might impact the treatment plan that I had in mind.”

Huber adds, “At the trauma clinic, students gain a team perspective to care. We all appreciate everyone’s place on the team and work together for the patient’s best interests. It gives the student exposure to the impact that OT can have on an individual with a variety of diagnoses and levels of functioning.”

“We’re looking at the same diagnosis, but for different reasons,” she remarks. “We can see how our unique approaches benefit the patient.”

Matis cites the example of how physical therapy and occupational therapy work hand in hand.



“For example, a physical therapist might ask the patient, ‘How are you moving today? Are you having any pain?’ They’re looking at getting the patient back to previous functioning. As an occupational therapist, I go in and ask, ‘When you’re at home, how are you sleeping, are you having trouble getting ready in the morning?’ I go through the occupations in their day. If a patient has a shoulder injury, I would assess their movement, but also their limitations in such things as putting on a shirt or washing their hair ... occupations they might be having trouble with because of their shoulder injury.”

Matis says it is particularly satisfying for her to work closely with patients who had strokes and spinal cord injuries. “It’s a long process for these patients, but when you see their determination, you know they will make progress.”

“My clinical rotations have allowed me to work with diverse types of patients—everyone from children to adults with physical and mental health issues,”

Matis comments. “Everyone is different, and it’s very rewarding to be able to help each person on a level that is meaningful to them.”

Interprofessional training opportunities like the trauma clinic offer wonderful real-world experiences. “You really have to be on your toes!” Matis admits. “Things are always changing.”

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