

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 2012



OUR CIRCLE *of* INFLUENCE



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FALL/  
WINTER  
2012



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## University of Pittsburgh

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*Greetings,*

The University of Pittsburgh concluded the 2012 academic year amid distractions ranging from seemingly incessant bomb threats to even more potentially destabilizing threats of a second consecutive year of “deep and disproportionate” cuts in the state appropriation. The latter serves as an ever-declining subsidy to offset the cost of tuition for Pennsylvania residents to a level that is substantially below the actual cost of conducting the activities and meeting obligations of the University.

As we now know, almost all of the harassment of bomb threats has been traced to a single individual native of Scotland currently in custody in Ireland. Perhaps there is a lesson to be taken from the fact that one person far removed from us can anonymously assail us from afar. We take some solace from the fact that this individual was traced and apprehended. Perhaps there will now be some disposition for governments to consider measures to prevent or limit the ability for anyone with online access to issue anonymous threats.

While it is difficult to see a bright side to this protracted period of harassment, I believe we all take a measure of pride and satisfaction in the resilience that was demonstrated by our academic community. The leadership of our University was superb throughout and a source of inspiration for all of us. We have weathered this adversity and we are stronger.

Perhaps because of our location and a degree of anonymity—“Health and Rehabilitation Sciences” lacks a monolithic identity—we were spared to a considerable degree as our building was one of few, and possibly the only one, not to have been evacuated.

Hopefully, we have put these events behind us; however, the burden of declining financial support continues to weigh upon us, but this too has had a rallying effect. We have all been obliged to seek means of reducing costs. SHRS has definitely shared in this obligatory parsimony. Yet we move ahead and look forward to welcoming once again a record enrollment in our school and its programs. We also once again had a record year for the relevant metrics by which universities and schools are measured and evaluated: scholarly productivity, research funding, student performance, program ratings .... By these criteria, we had a particularly successful year. Despite continuing challenges, we expect to have another very good year.

I trust that you will find the contents of this issue to be of interest—and perhaps also inspiring. I shall invite you to visit us and renew acquaintances and friendships, as well as initiate new ones among our growing academic and alumni communities.

We look forward to seeing you,

Clifford E. Brubaker, PhD  
Professor and Dean  
cliffb@pitt.edu

# giving



As I write this column, students are once again returning to the University for a new school year. Many of us see this as a common occurrence ... not much different from previous years. But there is a difference, and it is the students. We're meeting another new student body at SHRS—students with dreams and aspirations, students filled with eagerness and anxiety, students who know exactly where their career paths will take them, and students who hope the paths they've chosen prove to be golden. There's a very real excitement and energy within the halls of SHRS and the streets of Oakland as a new year unfolds. And that excitement is contagious.

But as we settle into a new term and activities, and classes become routine, we realize that a difference can still be made by our collective and individual actions. In many cases, the difference can be significant to one or many students. The difference comes in the form of scholarships and awards presented to our many deserving students. Scholarships and awards that grow through your support.

In this issue of *FACETS*, we've done something different, too. We've inserted a donor envelope that you can use to make a gift to support students who are following in your footsteps—students who will soon be the leaders in rehabilitation and health sciences.

Please consider a gift to SHRS and use the envelope to make giving easy. You can direct your gift to the general SHRS Alumni Endowed Scholarship Fund, or to your department or program, or to an already-existing fund. In any case, the students will benefit through your generosity, and you'll feel good knowing you are supporting the next generation of health care professionals.

And as always, if you'd like, I'm available to talk with you in greater detail about more significant ways to benefit your alma mater and its students, programs, and research. On behalf of the students, faculty, and staff, I thank you for your generous support and thank you for making a difference!

Sincerely,

Patty Kummick  
Director of Development

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4031 Forbes Tower, Pittsburgh, PA 15260

SHRS provides a variety of funds that generate support for students in the form of scholarships and awards. You may designate a specific fund to support or elect to support the general SHRS Alumni Endowed Scholarship Fund.

Emeritus Fund (CSD)

Audrey Holland Student Resource Fund (CSD)

CSD Department Scholarship Fund (CSD)

Emergency Medicine Program Scholarship Fund (EM)

HIM Department Scholarship Fund (HIM)

Joan Rogers, PhD, OTR/L Student Resource Fund (OT)

OT Department Scholarship Fund (OT)

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PT Department Scholarship Fund (PT)

Victoria Green Student Resource Fund (PT)

Rehabilitation Counseling Scholarship Fund (RC)

RST Department Scholarship Fund (RST)

Thomas J. O'Connor Scholarship Fund (RST)

Athletic Training Program Scholarship Fund (SMN)

Clinical Dietetics Program Scholarship Fund (SMN)

Sports Medicine Program Scholarship Fund (SMN)

Sports Medicine Student Resource Fund (SMN)

Tim Kerin Memorial Scholarship Fund (SMN)

Anne Pascasio Scholarship Fund (SHRS)





# ACCESS

DR. KATE SEELMAN

The Olympic games have ended, but the pursuit of gold continues into the Paralympics. Our guest, John Register, is a Paralympian—a world-class athlete and leader.

*John Register spent his childhood immersed in the trials, tribulations, and victories of the civil rights movement. As a child in Oak Park, Ill., Register was in awe of the pictures of Medgar Evers on his uncle Gloster B. Currents' wall and respected the fact that his father was jailed along with nine other clergy members during a civil rights demonstration. The lessons he learned on the shoulders of these great men and women taught him values that he continues to hold dear.*

*After an all-American track career at the University of Arkansas, a tour of duty with the U.S. Army, and nine gold medals from competitions in the Army World Class Athlete Program, Register suffered a hurdling accident that resulted in the amputation of his left leg at the knee. In his words, his life was "redirected." Instead of pursuing his dream of participating in the 1996 Olympics, he earned silver in the long jump event at the Paralympic Games. Today, he is the associate director of community and military programs for the U.S. Olympic Committee. As an inspirational speaker, he challenges audiences to unleash the inspiration in themselves. Recently, he talked to us about who inspires him.*

There have been many people who inspire me! Growing up, my mother and father supported everything that I ever did and led me to believe that anything is possible. Now, my wife Alice and our two children are constant sources of inspiration. They drive me to be better every single day.

But there are two other groups who continually inspire and motivate me: our injured military veterans and youth with disabilities.

Our injured veterans are the backbone of our freedom. No one can really understand this unless they have experienced the sacrifice themselves. First, these warriors give of themselves selflessly. They fight for their country, then they fight through their injuries, and many times they must fight to get back to a healthy lifestyle and a positive state of mind. Our nation owes them a debt of gratitude and a full recovery.

As for disabled young people, they often are not afforded the opportunities that other children have. Many cannot join in physical education, so they miss out on the lessons of teamwork, the spirit of comradery, and the encouragement that comes from coaches and peers. Sometimes that leads to resentment, and that is unfortunate.

The struggle for equal opportunity by people with disabilities is very much like the earlier civil rights movement. People who are outside of your circle don't understand—they are afraid—and fear is a dangerous thing.

It would be wonderful if we could get more disabled youth engaged in sports. Wouldn't it be great if we could get a bunch of wheelchairs in schools, for example, and put the able-bodied kids in chairs and let them compete along with those who use wheelchairs? The disabled kids would probably be the team captains! The fears of the able-bodied youth would disappear, and we would see more progress being made toward the acceptance of people with disabilities.

Recently, the world watched Oscar Pistorius, a double amputee, compete alongside able-bodied men in several events at the 2012 Olympics in London. He magnifies what we and society as a whole like to think—that anything is possible.

Critics question whether his "enhancements" make the race an unlevel playing field. Like anything else, there are pros and cons. But Pistorius has walked on prostheses all his life. It's all he's ever known. In fact, he's been on the same "feet" for seven years now, so any recent improvements to his speed have been a result of his athleticism, not his blades.

I spoke to a reporter about comments made by a former Olympic gold medalist who will remain nameless. The Olympian commented that Pistorius never gets shin splints, to which I replied, "And he doesn't get stump sores!"

So yes, there will be controversies in this, as there are in so many things in life. The Paralympics is perhaps the better test of who is the "best" disabled athlete because it compares apples to apples. But if a disabled individual can qualify for the Olympics with the right time and the right endurance, he or she should not be excluded from participating.

Many exciting new products are coming out of research today that will enhance the lives of disabled individuals. I would urge the researchers and the clinicians to learn as much as possible about the needs of the patient.

I think most practitioners who work with the population of those with disabilities get this. They understand that every person has different goals and different needs. The Patient Protection and Affordable Care Act repeatedly refers to patient-centered care, and mandates an improvement in the patient experience, and patient satisfaction. I believe this is of particular importance when we're talking about people with disabilities. This is not a one-size-fits-all world.

Anybody can join the disabled community at any time. An accident or an illness can result in a permanent change in our physical abilities. Yet, it's how we handle our disability that is a reflection of our character.

Although my own disability came about after an injury on the track, my army commanders offered me tremendous support. They wrapped their arms around me and said, "You're a soldier. You need to get up and get back in the fight."

My doctors did the same. It took me many months to come to the realization that my disability was not going to limit me. In fact, it gave me a new ability—to work with others, such as the disabled vets and youth, in a way that was really meaningful to them.

To students coming into the field of rehabilitation, I say pour yourselves into it. I also urge you to get a mentor—to find someone you admire—and work hard. Really hard. While you're at it, volunteer. Find out what's going on, and see how you can make a difference.



**The School of Health and Rehabilitation Sciences will host an open house on Saturday, October 20, 2012, from 10 a.m. to 1 p.m., at the school in Forbes Tower, Atwood Street. Prospective students and their parents will tour the facilities; meet with faculty, staff, and students; and learn about our programs and the career opportunities they offer. Register at [www.shrs.pitt.edu/OpenHouse](http://www.shrs.pitt.edu/OpenHouse). To arrange individual tours, contact Natalie Baney, Director of Recruitment, at [nbaney@pitt.edu](mailto:nbaney@pitt.edu).**

## Faculty News

The School of Health and Rehabilitation Sciences welcomes the following new faculty: **Dr. Chris Brown**, assistant professor, Department of Communication Science and Disorders (CSD); **Dr. Dilhari DeAlmeida**, assistant professor, Department of Health Information Management, and **Dr. David Wert**, research assistant professor, Department of Physical Therapy. In the Department of Sports Medicine and Nutrition, we welcome Assistant Professors **Katelyn Allison, Julie Kresta, Jonathan Oliver, Carrie Pockrandt, John Haubenstricker** and **Elizabeth Ruder**; and Instructors **Tony Bozich, Deirdre McFate, Ryan Wedge, Amanda Rawl**, and **Paul Morgan**.

### Communication Science and Disorders

**Dr. John D. Durrant**, professor and vice chair, retired after a 40-year career as a preeminent hearing scientist. He earned his BFA and MA from Ohio University and received his PhD from Northwestern University in 1972, where he completed a postdoctoral fellowship with his mentor Dr. Peter Dallos in the area of Physiological Acoustics. Durrant served as professor and director of Audiology and Auditory Research at the Temple University School of Medicine from 1972–1984 before coming to Pittsburgh. He served as director of the Center for Audiology, Eye and Ear Hospital, UPMC, from 1984–1996. In 1996, his primary appointment moved to the Department of Communication Science and

Disorders as full professor with tenure. In this capacity, Durrant taught a wide variety of undergraduate and graduate courses, preparing a large number of CSD students for graduate education, clinical practice, and research careers in the field. The majority of his work is translational—exploration of mechanisms and monitoring of function and research and development of clinical methods of assessment. He served as co- and principle investigator on projects supported by a wide variety of agencies including the NIH, Deafness Research Foundation, VA, and the Office of Naval Research. Durrant has published more than 90 peer-reviewed publications. He is co-author, with Jean H. Lovrinic, of the seminal textbook *Bases of Hearing Science*, used widely throughout academia in undergraduate and graduate hearing science courses. His new book, co-authored with Lawrence L. Feth, is *Hearing Sciences: A Foundational Approach*, which will be released this fall. Durrant has contributed internationally to the growth of trained scientists in the field through collaborations at the University of Lyon and at the International Center for Hearing and Speech, Poland. His numerous awards include Fellow of the American Speech-Language-Hearing Association (1989), Fellow of the American Academy of Audiology (1989), and Honors of the American Speech-Language-Hearing Association (2007). Durrant will continue his affiliation with the University of Pittsburgh as professor emeritus, within the CSD Department.

**Dr. Cynthia Puranik**, assistant professor, in collaboration with Dr. Christopher Lemons, Department of Instruction and Learning, was awarded a three-year \$1.2 million grant by the Institute of Education Sciences (IES), U.S. Department of Education, to develop and evaluate an empirically based writing intervention for kindergarten children. This study will focus on evaluating the effectiveness of teaching writing using the Peer-Assisted Learning Strategies framework. This project stems from national concerns regarding poor writing performance in school-age students, which has led to the recommendation by the National Commission on Writing (2003) that schools focus their reform efforts on writing.

**Dr. James Coyle**, assistant professor, was keynote speaker at the Medical Speech Language Pathology Conference at the University of Alabama, Birmingham Medical Center in April. He was a faculty speaker at the 3rd International Conference on Oropharyngeal Dysphagia of the Nestle Nutrition Institute in Toronto, Canada, in June.

**Coyle** also lectured on the management of swallowing disorders at the annual conventions of the Michigan Speech-Language-Hearing Association and the Ohio Speech-Language-Hearing Association in March. He taught a one-day continuing education workshop on aspiration pneumonia and dysphagia in San Francisco in June. In August,

he gave a lecture to the Oklahoma Academy of Medical Speech-Language Pathologists, and in September, he was a featured speaker at the North Carolina Speech, Hearing & Language Association's fall conference.

**Dr. J. Scott Yaruss**, associate professor and director of MA/MS Programs in Speech-Language Pathology, received a Fulbright Senior Specialist award to support the development of a nationwide treatment outcomes project in Bulgaria. While there, Yaruss was named "Honored Professor" of South-West University "Neofit Rilski" in Blagoevgrad, Bulgaria. He was also a keynote speaker at the 7th World Congress on Fluency Disorders in Tours, France, where he spoke about understanding the speaker's experience of stuttering in treatment outcomes research. Yaruss also spearheaded the preparation of a letter to be published in *Language, Speech, and Hearing Services in Schools*, along with more than 110 colleagues from the field of fluency disorders interested in promoting a more holistic and comprehensive approach to stuttering treatment in school-age children.

**Dr. Paula Leslie**, associate professor, spoke on issues of palliative care at the Maryland Speech-Language-Hearing Association in April and at Massachusetts General Hospital, Boston, at the Dysphagia Grand Rounds.

**Dr. Chris Brown** has joined the CSD faculty as an assistant professor. Brown is interested in how we perceive and process sound signals, including speech. He received his PhD from Loyola University, Chicago, where he studied perception and basic psychoacoustics at the Parmlly Hearing Institute. He completed a postdoc at Arizona State University, where he honed his interest in cochlear implants and finding ways to improve speech

perception by implant users. Much of his current work involves a fusion of basic and applied research; his expertise in psychoacoustics allows in-depth exploration of speech perception under difficult listening conditions.



Dr. Chris Brown

### Emergency Medicine

**Dr. Walt Stoy**, professor and program director, presented "Where Will the NEXT Generation of EMS Educators Come From?" at the National Association of EMS Educators Annual Educational Symposium and Trade Show in Orlando, Fla., in August. He also provided presentations on mentoring and social intelligence at the organization's pre-conference.

### Health Information Management

**Patricia Anania Firouzan**, assistant professor, presented "Preparing for ICD-10-CM Coding in the Cancer Registry" at the Pennsylvania Association of Cancer Registrars meeting on September 19, 2012.

**Firouzan** is serving as an expert panelist for one of the ICD-10-CM/PCS conversion of Agency for Healthcare Research and Quality (AHRQ) Quality Indicators.

**Dr. Dilhari R. DeAlmeida** is a newly appointed assistant professor in the department. Her doctoral dissertation research highlighted the multiple

uses of the ICD-10-CM coding system, evaluating the documentation requirements needed for accurately capturing the codes along with identifying which clinical areas would need the most documentation attention in order to accurately code in ICD-10-CM. During her doctoral research, she was the recipient of the SHRS Research and Development Award in 2011 and the Pennsylvania Health Information Management Association Student Scholarship in 2010. DeAlmeida attained her Master of Science degree with a concentration in Health Information Systems in 2009 from the University of Pittsburgh. During her master's program, she was awarded the Professional Book Scholarship for academic excellence. DeAlmeida received her Bachelor of Science degree in cell and molecular biology at the University of Toronto, Canada. She was awarded the North Scarborough Rotary Award for Academic Excellence.

**DeAlmeida** presented "Evaluating the Missing Documentation in Inpatient Records Coding in ICD-10-CM" at the American Health Information Management Association's (AHIMA) Assembly on Education Symposium in Orlando, Fla., on July 24, 2012.

**Drs. Valerie Watzlaf**, associate professor, **Leming Zhou**, assistant professor, **Mervat Abdelhak**, chair and associate professor, and **Qi Mi**, assistant professor, presented "Computational Thinking in HIM Courses: A Dream to Reality," at AHIMA's Assembly on Education Symposium in Orlando, Fla., on July 23, 2012.

**Dr. Valerie Watzlaf**, associate professor, presented the keynote address: "It Starts with the Data: Business Intelligence & Innovation," at AHIMA's Assembly on Education Symposium in Orlando, Fla., on July 25, 2012.





# Faculty News

*continued>*

**Watzlaf** has been named vice chair of the Council of Excellence in Education of the AHIMA. In January 2013, she will take over the duties of chair of this council. **Cynthia Zak** (HIS '82) is also serving on this council.

**Dr. Andi Saptano**, postdoctoral scholar, and **Dr. Richard Schein**, research scientist (RST), presented "Basic 'Surfing' Equipment: Overview of Traditional Telerehabilitation Technologies" at the International Society for Augmentative and Alternative Communication Conference in Pittsburgh, Pa., on July 28–August 4, 2012.

## Occupational Therapy

**Dr. Elizabeth Skidmore**, associate professor, was selected by the American Congress of Rehabilitation Medicine (ACRM) Awards Committee to receive the 2012 Deborah L. Wilkerson Early Career Award.

**Skidmore** also received an R03 award from the National Center for Medical Rehabilitation Research to study guided versus directed training for stroke rehabilitation.

**Dr. Denise Chisholm**, associate professor, was elected vice speaker of the Representative Assembly of the American Occupational Therapy Association.

**Dr. Pamela Toto**, assistant professor, was elected to serve on the American Occupational Therapy Association Board of Directors.

**Dr. Nancy Baker**, associate professor, was invited to be chair of the Experts in Arthritis task force for the U.S. Bone and Joint Initiative.

**Baker** was invited to present papers at the First Annual Occupational Science Summit sponsored by Washington

University School of Medicine, University of Southern California, University of Illinois at Chicago, and Thomas Jefferson University in St. Louis, Mo.; New Frontiers in Disability Related Comparative Effectiveness Research in Boston, Mass.; and at the SUS-IT Canada Symposium in St. John, New Brunswick.

**Drs. Mary Lou Leibold** and **Joanne Baird**, assistant professors, co-presented a two-day Fieldwork Educator Certificate workshop at the University of Pittsburgh.

**Drs. Nancy Baker, Denise Chisholm**, and **Pamela Toto** presented papers at The American Occupational Therapy Association's 2012 Annual Conference in Indianapolis, Ind.

**Dr. Elizabeth Skidmore** was invited to present papers at Le Funzioni Esecutive: Modelli Teorici e Pratica Riabilitativa, at San Lorenzo, Italy; Heart and Stroke Foundation Centre for Stroke Recovery Rounds at Baycrest, Toronto, Ontario; and at the 12th International Conference on Long-Term Complications of Treatment of Children and Adolescents for Cancer in Williamsburg, Va.

**Drs. Pamela Toto, Ketki Raina, Margo Holm**, and **Joan Rogers** presented a paper at the Gerontological Society of America Annual Conference in Boston, Mass.

**Dr. Margo Holm**, professor emerita, presented an invited lecture and workshop to junior and senior occupational therapy students, rehabilitation science faculty, and Kuwaiti practitioners at Kuwait University, Kuwait City, Kuwait.

## Rehabilitation Science and Technology

**Dr. Rory Cooper**, distinguished professor and chair, received the

RESNA Distinguished Service Award at the RESNA Conference in Baltimore, Md., on July 2. He was recognized for his sustained contributions and service to RESNA and the fields of assistive technology and rehabilitation engineering. On August 3, Cooper served as guest of honor at the United States Marine Corps Evening Parade at the Marine Barracks Washington.

The Allegheny 365 Committee, co-chaired by **Cooper**, issued a report containing its recommendations for increasing opportunities for accessibility and employment for people with disabilities in Allegheny County, Pa. The recommendations include establishing an office of employment accessibility and inclusion, and setting goals for hiring more people with disabilities.

**Dr. Allen Lewis**, associate professor, was unanimously appointed by the NRCA Board as the *Journal of Applied Rehabilitation Counseling* editor for a three-year term.

## Sports Medicine and Nutrition

**Dr. Kevin Conley**, assistant professor and program director, Athletic Training, was appointed medical director for Team USA at the Special Olympics World Winter Games taking place in Pyeongchang, South Korea, January 26–February 5, 2013.

**Dr. Elizabeth Ruder**, assistant professor, was awarded the 2012 Oncology Nutrition Dietetic Practice Group (ON DPG) Award for Excellence in Oncology Nutrition Research.

In March, **Dr. Diane Helsel**, assistant professor, presented a session titled "New Weight Loss Technologies—What Works" at the 2012 Weight Management Dietetic Practice Group Annual Symposium in Las Vegas, Nev.





# Department News

## Communication Science and Disorders

On June 28, 2012, the department hosted a scientific seminar to honor **Dr. John Durrant** upon his retirement. Invited speakers presented their current research and reminisced about their collaborations with Durrant. The evening was capped off with a festive dinner celebration at the University Club.

The 2012 Matthews-Rubin Lecture will be presented by Emily Tobey, PhD, associate provost, and Nelle C. Johnston, endowed chair in Communication Disorders, Callier Center for Communication Disorders, University of Texas at Dallas. Tobey's research focuses on the longitudinal effects of cochlear implantation on children. The lecture will be held on Thursday, October 18, 2012. For more information, contact Dr. Susan Shaiman (shaiman@pitt.edu).



Invited speakers, from left: Evelyn Talbott, Lawrence Feth, Robert Burkard, John Durrant, Carey Balaban, Joseph Furman, Robert Boston, John Ferraro.

**Janet Malloy**, departmental administrator, retired effective July 2012. Jan began her 30-year tenure with CSD in 1982 as receptionist and secretary. She was involved in all administrative aspects of the department, from assisting clinical coordinators to managing grants and the departmental budget.

**Theresa Niecgoriski**, administrator I, also retired effective July 2012. Theresa joined CSD in 2006, serving as the first point of contact in the department, whether in person or by phone.

Faculty, alumni, students, and friends of the Department of Communication Science and Disorders celebrated at the Pitt Audiology Open House at AudiologyNOW in Boston in March 2012.



# Alumni News

## Communication Science and Disorders

**Rachel Harkawik** (CScD '12) was awarded the Student Honors 2012 from the Southwest Pennsylvania Speech-Language and Hearing Association. This award is presented in recognition of outstanding achievement to one student for each of the SW Pennsylvania SLP awarding universities.

## Health Information Management

**Chinenye (Chi-Chi) Nwatu** (HIM '12) was the recipient of the Pennsylvania Health Information Management Association Student Scholarship presented to her by IOD Incorporated. This education scholarship is awarded to students who demonstrate academic achievement and commitment to the

field of health information management in Pennsylvania. Nwatu has accepted a position as velocity professional consultant with Cerner.

**Shawn DeFries** (HIS '09) recently accepted a position as director of Quality Informatics at St. Clair Hospital in Pittsburgh, Pa.

**Dr. Faisal Jamalallail** (HRS '12) has accepted the position of commercial director of the IT Sector, General Authority of Civil Aviation, Saudi Arabia.

**Caitlin Barry** (HIS '12) has accepted the position of application development specialist with Cigna.

**Sherri Long** (HIS '12) has accepted the position of solutions analyst at M\*Modal.

## Sports Medicine and Nutrition

**Heather Rae Mangieri** (WHP '07) won the Keystone Award. This award recognizes Pennsylvania dietitians who have, through leadership ability, demonstrated exemplary professional standards to serve and advance the aims of the Pennsylvania Dietetic Association.

**Jennifer Simpson** (BS '07, CMD '09) received the Recognized Young Dietitian of the Year Award from the Pennsylvania Dietetic Association. This award is presented to members of the association who are 35 years of age or younger who have demonstrated leadership qualities and performance in public relations, research, community outreach, management, legislation, education, and other areas related to the profession, on the job and in the community.



# Student News

## Communication Science and Disorders

**Victoria Scharp**, PhD student, received a student fellowship to present her research at the Clinical Aphasiology Conference at Lake Tahoe, Nev., in June 2012. Scharp's work focuses on the nature of language comprehension problems in adults who have right hemisphere brain damage. The conference grant was supported by the NIH's National Institute on Deafness and Other Communication Disorders.

**Anastasia Johnson** (CScD), **Kelsey Hardaway** and **Tara Anspach** (MA SLP), and **Billy Dillon**, **Tessa Utz**, and **Jessica Wells** (AuD) were accepted as LEND trainees for the 2012–2013 year. LEND is a maternal and infant health-funded training program focusing on working with children with neurodevelopmental disabilities and their families. The students will learn leadership skills, family-centered services, and multi-disciplinary teaming.

**Towino Paramby** (CScD) was invited to present sessions on "Voice and Voice Disorders and Introduction to Evidence Based Practice for Speech-Language Pathologists" in August 2012 at the Mar Thoma College of Special Education (Institute of Speech and Hearing) in Kasaragod, Kerala, India.

**Amanda Gillespie** and **Aaron Ziegler**, doctoral students, were recently awarded F31 pre-dissertation fellowships from the National Institute on Deafness and Other Communication Disorders on their first submission. The highly competitive award to support doctoral dissertation work is given only to students showing past and present evidence of substantial promise for an academic career in CSD.

## Health Information Management

**Soleh Al Ayubi**, doctoral student, presented his paper titled "PersonA: Persuasive Social Network for Physical Activity" at the 34th Annual International Conference of the IEEE Engineering in Medicine & Biology Society (IEEE EMBC) in San Diego, Calif., in August 2012. He also presented another paper at the IEEE EMBC

Conference with **Dr. Dan Ding**, RST assistant professor, and **Shivayogi Hiremath**, RST doctoral student, titled "Physical Activity Monitoring and Sharing Platform for Manual Wheelchair Users."

**Al Ayubi** also presented his paper titled "PersonA: A Sharing Platform for Physical Activity Promotion" at the 2012 Medicine 2.0 Congress, the 5th World Congress on Social Media, Mobile Apps, and Internet/Web 2.0 in Medicine and Public Health in Boston, Mass., in September.

**Elizabeth Greiner-Sosanko**, HIS master's student, was the recipient of the Mildred Wood Award. This award was established by Dr. Wood to honor those students who demonstrate a high level of scholastic achievement.

**Erh-Hsuan Wang**, doctoral student, was selected as a competition finalist (Michael Wells Student Entrepreneurship Competition) for the 11th annual "First Look" Technology Showcase, and will present her technology, "EuTalk: A Mobile App Helps You Talk."

## Occupational Therapy

**Emily Grattan**, doctoral candidate, received an SHRS Research Development Fund grant.

**Shannon Juengst**, doctoral candidate, received a Pre-doctoral Fellowship Award, funded by the University of Pittsburgh Provost's Development Fund.

**Juleen Rodakowski**, postdoctoral scholar, was invited to attend the Summer Research Institute on Developing Behavioral Interventions at Johns Hopkins University School of Nursing in Baltimore, Md.

**Rodakowski** was also selected for the Geriatric Psychiatry Postdoctoral Fellowship, funded through the National Institute of Mental Health.

**Ruth Plasterer** is the 2012 recipient of the University of Pittsburgh Department of Occupational Therapy Award of Scholarly EXCELLENCE.

Plasterer was recognized for her scholastic achievement and scholarly excellence in research activities.

**Rachael Simon** is the 2012 recipient of the University of Pittsburgh Department of Occupational Therapy Award of Professional EXCELLENCE. Simon was recognized for her promotion of occupational therapy through service learning activities.

**Alexandra Harper**, MOT student, was selected as one of three graduate students within the Schools of the Health Sciences to represent the University of Pittsburgh in the CLARION competition.

**Kailey Bedford**, **Alison Brown**, **Debra Gestrich**, **Stacey Gnora**, **Alexandra Harper**, **Samantha Homer**, **Kimberly Johnson**, **Katelyn Kelly**, **Rachel MacMillan**, **Tara Prentice**, **Alyssa Rittenhouse**, **Kelly Schafer**, **Ashley Shaffer**, **Katharine Welland**, **Eileen Wilmsen**, and **Courtney Zon**, MOT students, were inducted into the Beta Tau Chapter of Pi Theta Epsilon, the national honor society for occupational therapy students.

**Katie Beresik** and **Alexander Harper**, MOT students, were selected to participate in the 2012 Jewish Healthcare Foundation Patient Safety Fellowship.

**Katelyn Kelly**, MOT student, received a Scholarship for Disadvantaged Students (SDS) award for 2011–2012. This award is funded by the Department of Health and Human Services Health Resources and Services Administration (HRSA) through SHRS.

**Ruth Plasterer**, MOT student, received the Renee Achter Memorial Scholarship from the American Occupational Therapy Foundation.

**Samuel Boardman**, **Maggie Corcoran**, **Kourtney Heichel**, **Kathleen Schramm**, and **Rachael Simon**, MOT students, with faculty mentor **Dr. Pamela Toto**, presented at the American Occupational Therapy Association's 2012 Annual Conference in Indianapolis, Ind.

**Juleen Rodakowski**, postdoctoral scholar, with faculty mentors

**Drs. Elizabeth Skidmore, Joan Rogers,** and **Richard Schulz**, gave an invited presentation at the ASIA 38th Annual Scientific Meeting in Denver, Colo.

**Emily Grattan** and **Shannon Juengst**, doctoral students, presented posters at the 8th Annual University of Pittsburgh Medical Center Rehabilitation Institute Research Day in Pittsburgh, Pa.

**Natalie Goerl, Maria Grimm, Alexandra Harper, Samantha Homer, Katelyn Kelly, Julie Potash, Alesia Tonkin,** and **Maret Wittern**, MOT students, with faculty mentor **Dr. Denise Chisholm**, represented the Department of Occupational Therapy in the Investing Now: Hands-On Science program.

**Abby McKenzie, Kailey Bedford,** and **Courtney Zon**, MOT students, represented the Department of Occupational Therapy at the Three Rivers Adaptive Sports (TRAS) Adaptive Skiing program.

**Debra Gestrich, Kaitlyn Goerl, Katelyn Kelly, Katlyn Watkins, Katherine Welland, Eileen Wilmsen,** and **Maret Wittern**, MOT students, and faculty mentors **Drs. Denise Chisholm** and **Pamela Toto**, completed nine previews for Rebuilding Together. **Jill Cummings, Katharine Welland, Katlyn Watkins, Maret Wittern, Debra Gestrich, Eileen Wilmsen, Katelyn Kelly, Natalie Goerl, Katie Beresik, Courtney Zon, Kailey Bedford,** and **James Dalessandro** assisted local organizations in rebuilding and repairing the homes of low-income homeowners in Allegheny County, particularly the elderly and those with disabilities, through Rebuilding Together.

**Eileen Wilmsen**, MOT student, represented the Department of Occupational Therapy at the Alpha Epsilon Delta (AED) Pre-Medical Honor Society Health Professions Student Panel.

**Alexandra Harper, Katelyn Kelly, Stacie Gnora, Kelly Shaffer, Lara Pytlik, Sam Boardman,** and **Kristin Slater**, MOT students, participated

in the MDA walk at the Pittsburgh Mills Mall.

**Rachel McMinn, Kailey Bedford, Abby McKenzie, Alyssa Rittenhouse, Alesia Tonkin, Katie Beresik, Tara Prentice, Natalie Goerl, Maria Borrelli,** and **Whitney Woodward**, MOT students, and faculty mentor **Dr. Pamela Toto**, participated in the 1.5-mile Pittsburgh Super Stroll to benefit the Free Care Fund of Children's Hospital of Pittsburgh.

**Kailey Bedford, Deb Gestrich, Alexandra Harper, Abby McKenzie, Alyssa Rittenhouse, Paul Tan, Alesia Tonkin,** and **Kate Welland**, MOT students, and faculty mentor **Dr. Pamela Toto**, organized a CarFit event at the Monroeville Senior Center.

### Rehabilitation Science and Technology

The RESNA Student Scientific Paper Competition winners this year included RST graduate students **Genevieve Jerome**, for "The Impact of Transfer Setup on Hand Positioning During Independent Transfers;" **Yen-Sheng Lin**, for "Effect of Muscle Fatiguing Tasks on Subacromial Space in Manual Wheelchair Users;" and **Lynn Worobey**, for "Increases in Wheelchair Repairs, Breakdowns, and Adverse Consequences for People with Traumatic Spinal Cord Injury."

Two RST graduate students received honorable mention at the RESNA Student Scientific Paper Competition. **Hervens Jeannis** was recognized for "Preliminary Investigation of an Instrumented Glove for In-Home Hand Therapy," and **Chung-Ying Tsai** was recognized for "The Feet Free Moment and Ground Reaction Force in Wheelchair Transfer: A Pilot Study."

**Abbas Quamar**, RST graduate student, was featured on the "Pushing Limits" radio program on KPFA-FM in Berkeley, Calif.

### Rehabilitation Science Undergraduate

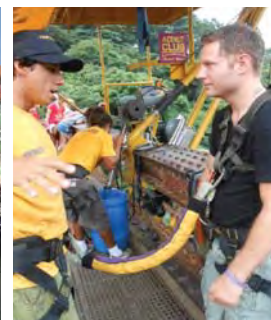
**Matthew Deardorff** and **Alexandra**

**Kemble**, undergraduate students, took advantage of study abroad opportunities recently. **Deardorff** traveled to Costa Rica, where he learned Spanish medical vocabulary and completed an alternative medicine course. From his experience, he found the classes to be very practical and hands-on versus more memorization required in the states. **Deardorff** also found time to hone his bungee jumping skills while on the island.

**Kemble** traveled to Copenhagen, Denmark, with the Danish Institute for Study Abroad, where she worked with the Children with Special Needs program. Weekly, she visited an afterschool program for nine 14-year-olds with diagnoses including Autism Spectrum Disorder, ADHD, and Down syndrome. While the language barrier was challenging, **Kemble** was able to communicate with the children, particularly through play. This was excellent training for a student interested in pursuing a career in pediatric physical therapy.



Alexandra Kemble



Matthew Deardorff

### Sports Medicine and Nutrition

**Kayla Florian** (CDN '12) won the Pennsylvania Dietetic Association's Outstanding Dietetics Student Award. This award recognizes emerging leadership and achievement of students enrolled in ADA-accredited and approved dietetics education programs.

**Erin Long** (CDN '12) won the Central Pennsylvania Dietetic Association's Student Scholarship. This award recognizes academic achievement and contributions to the field of dietetics for students enrolled in ADA-accredited supervised practice programs.





# ÁNGEL DE MISERICORDIA

There's a quality about Ruth Plasterer (MOT '12) that draws people in. Maybe it's the energy in her voice. The compassion in her heart. Or the twinkle in her eyes. Soft-spoken, yet energetic, Plasterer is clearly a doer. A force to be reckoned with. And for certain members of the Pittsburgh community, she is a true angel of mercy.

According to Denise Chisholm, associate professor and vice chair, Department of Occupational Therapy, Plasterer entered the Master of Occupational Therapy program with a plan of providing service. "Ruthie wanted to connect the occupational therapy education and training she was gaining as a student with an identified need of an underserved population. She was particularly interested in helping Spanish-speaking members of the community, since she is fluent in Spanish."

Plasterer's goals of pursuing a career in occupational therapy and providing community service came together in 2011 when she was awarded the Albert Schweitzer Fellowship. A national honor bestowed on future leaders who strive to improve the health of vulnerable people, the Schweitzer Fellowship aims to create positive change through the delivery of health and human services in local communities and the world.

"It was such an honor to receive the Schweitzer Fellowship," exclaims Plasterer. "I had so many ideas for projects, but I wanted to make sure I made the right choice!"

The right choice came through a need that Plasterer saw at the Birmingham Free Clinic, a community clinic providing medical care for the uninsured on Pittsburgh's South Side, sponsored by the University of Pittsburgh's Program for Health Care to Underserved Populations.

Plasterer conducted a needs assessment survey and interviewed patients to see how occupational therapy could enhance the

services offered by the clinic. She quickly noted that diabetic patients—both English-speaking and Spanish-speaking—needed and wanted increased opportunities to learn more about diabetes and how to safely care for it on a daily basis. This included education in areas such as nutrition and foot care, as well as how to make changes in behavior and solve problems to meet health-related goals.

"Many patients at the clinic didn't understand why their blood sugar levels were high. They really needed help in learning how to take charge of their disease to reduce their risk for development of complications such as diabetic retinopathy or an amputation," observes Plasterer.

To address the problem, Plasterer decided to develop two diabetes support groups—one for English speakers and one for Spanish speakers.

She tapped as many resources as possible to ensure her groups were a success. Plasterer credits Dr. Bruce Block, medical director of the Centers for Healthy Hearts and Souls (CHHS), and Mattie Woods, executive director of the CHHS, with sharing programming ideas from their diabetes support groups, as well as outcome assessments for measuring diabetes knowledge and self-efficacy.

Dr. Milagros Rosal, a researcher on diabetes self-management for low-income Latinos, was instrumental in providing session protocols for the Spanish-language group.

“The responses to my requests were so encouraging,” Plasterer reports. “I feel so blessed to have connected with such a wonderful network of people!”

Chisholm notes that Plasterer adhered to the objectives of the Schweitzer Fellowship by identifying barriers—or “boulders”—that prevented participation.

“The English-language group was meeting at the Birmingham Free Clinic, but transportation was an issue for the Latino group,” elaborates Chisholm. “Ruthie obtained permission for the Spanish-language group to meet at Saint Regis Parish in Oakland, which is a center for Pittsburgh Latinos—and is located right on a bus route. She also sought out opportunities for obtaining bus passes, funding for educational materials, and incentives for clients to attend.”

group. As far as I know, this is the only Spanish-language diabetes support group in the area—and it’s growing!”

Dr. Jose F. Bernardo, a Peruvian native and associate professor of medicine, University of Pittsburgh School of Medicine, Renal-Electrolyte Division, has been involved with Plasterer’s support groups from the beginning by attending each group meeting to educate, lead discussions, and answer questions.

He says her efforts are successful because of her hard work and determination to reach both her immediate and long-term goals. “Ruthie is very energetic, cordial, and down to earth. The community is grateful for her efforts in helping to educate Latino people who are suffering with diabetes. She has given them ways to help achieve adequate blood glucose control to hopefully minimize the devastating complications of the disease.”

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*“I’ve been gifted with a great education at Pitt, and these support groups encapsulate my passion—to apply what I learned in OT school to serve the underserved, including the uninsured, immigrants, and speakers of other languages.”*

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At their monthly meetings, participants learn how to set and accomplish health-related goals and increase their own self-care. They also learn about community support services, such as the walking group at the Birmingham Free Clinic.

Chisholm praises Plasterer for her client-centered approach. “She finds out what their meaningful daily activities are and works with them to maximize their performance. Her sessions are highly interactive and collaborative. She makes education interesting and fun.”

The support groups are advertised monthly by the Birmingham Free Clinic, Saint Regis Parish, the Latino Family Center, Latino Engagement Group for Salud, and *La Jornada Latina*, Pittsburgh’s Spanish-language newspaper.

According to Plasterer, the grass roots effort has been very successful. “I’m particularly proud of the Spanish-language

Now, other Spanish-speaking health care professionals are also coming on board. Says Plasterer, “A nurse and a nutritionist from Mexico are getting involved to address strategies for healthy eating in creative and interactive ways.”

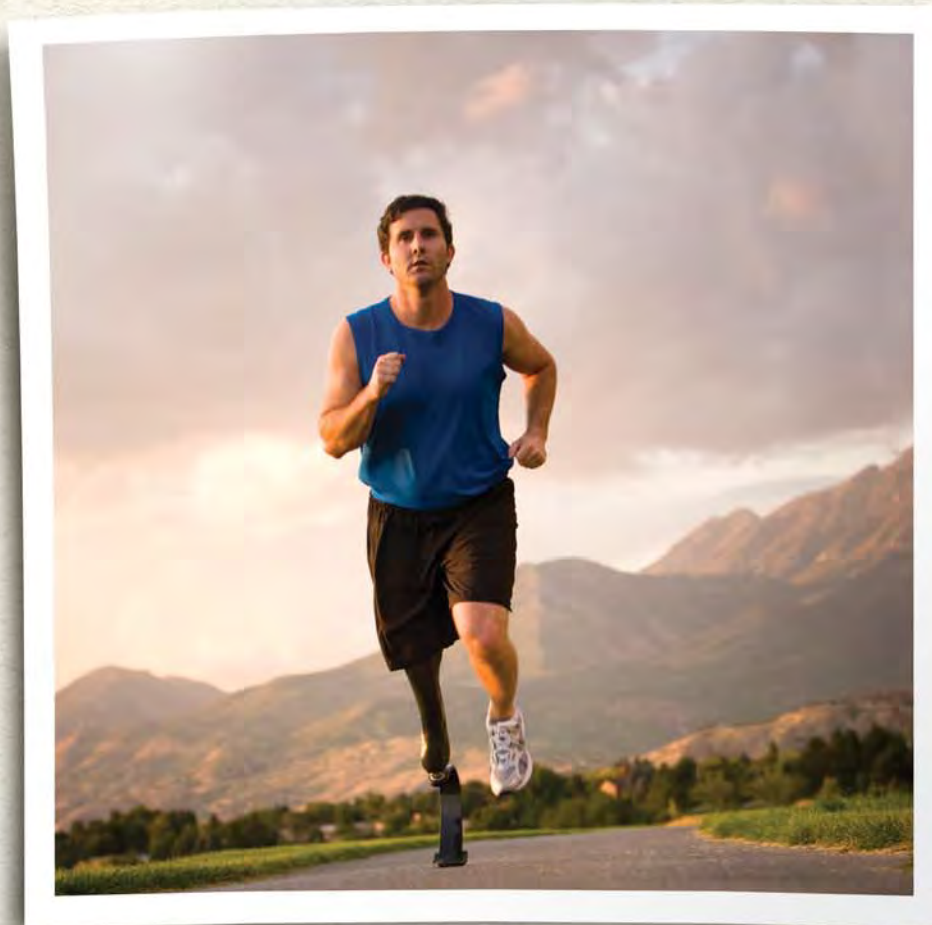
When Plasterer graduated from the MOT program in June 2012, she took the occupational therapist (OTR) certification examination and landed what she calls “my dream job”—a position as a pediatric occupational therapist at Children’s Hospital in Pittsburgh.

A new chapter of her life began, but her work with the diabetes support groups continues.

“I’ve been gifted with a great education at Pitt, and these support groups encapsulate my passion—to apply what I learned in OT school to serve the underserved, including the uninsured, immigrants, and speakers of other languages.”







# The Art and Science of Making a Difference

*Today's professional orthotists and prosthetists  
boast a rare combination of skills. They're equal parts  
scientist, engineer, artist, and psychologist.*



Gavin Hassell, director of orthotics, De La Torre Orthotics and Prosthetics, stresses these components every day in his role as clinical instructor to students in the Master of Science in Prosthetics and Orthotics (MSPO) program in the Department of Rehabilitation Science and Technology at SHRS.

“Of course a strong background in biomechanics is fundamental for future P&O professionals,” claims Hassell. “But the best clinicians have both an intellectual understanding of the diagnoses and problems that occur in patients who need prosthetic or orthotic devices and excellent hand skills. We want them to be able to not only fabricate the necessary devices, but make customized accommodations that lead to more comfort, more acceptance, even a better quality of life for patients.”

“Not everything we do is scientific. Since this is a patient-centered profession, I always tell students there’s a huge psychological aspect to our job. You have to fit the head as much as you fit the body.”

Students in the program come to Hassell at every stage of their academic careers. To fulfill their internship requirement, they spend approximately four hours a week each semester shadowing clinicians at De La Torre.

During their fifth and final semester, students spend 24 hours a week and earn five credits for a more comprehensive—and hands-on—experience.

“We see every person in every class in the program,” notes Hassell. “It’s really an eye-opening experience for them because they go from working with lab partners in an academic setting to seeing actual patients.”

Hassell has been involved in the clinical training of SHRS students since the P&O program began in 2009. He also serves as adjunct faculty at SHRS, teaching classes on orthotics materials and spinal orthotics.

“It’s important for me to assist SHRS in training future orthotists because we want to ensure a pipeline of highly skilled clinicians,” says Hassell.

Associate Professor Ray Burdett, founding director of the MSPO program, gives Hassell high praise for the way he approaches clinical training.

“He looks at each student that he deals with in the internships as if they were De La Torre employees. He gets them oriented to the

company and makes sure that the students understand the entire process of orthotic and prosthetic care, from the fabrication and technical side to the patient care side, and the billing and documentation side.”

Pitt’s MSPO program is one of only 10 in the country that has been granted accreditation by the National Commission on Orthotic and Prosthetic Education (NCOPE). Graduates are eligible for NCOPE residencies. Students must complete one full year of residency in either orthotics or prosthetics before they can take the certification exam of the American Board for Certification in Orthotics, Prosthetics & Pedorthics. Many students opt for two years of residency, after which they receive dual certification in orthotics and prosthetics.

“The residency is meant to get the new graduate to the point of being independent,” explains Burdett. “At first the resident is closely supervised, but at the end of a successful residency, the resident is usually operating like a certified practitioner.”

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*“Not everything we do is scientific. Since this is a patient-centered profession, I always tell students there’s a huge psychological aspect to our job. You have to fit the head as much as you fit the body.”*

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Currently, four Pitt graduates are completing their residencies under the supervision of Hassell and the De La Torre team.

Lauren Wyrostek (MSPO ’11) completed a one-year residency in prosthetics at De La Torre and is currently fulfilling her year as a resident in orthotics. “Everyone here was so open to helping me incorporate what I learned in class with clinical experiences,” she comments. “When you can take what you have learned and apply it in real life, it allows you to fully understand the concepts you’ve been taught.”

“Gavin and the other orthotists here are very good at giving you a great combination of guidance and independence,” continues Wyrostek. “They are more than willing to demonstrate and explain how to evaluate

and fit an orthosis, but also they make sure we understand how important it is to get hands-on experience.”

Fellow resident Bailee Miller (MSPO ’11) agrees. “Gavin is very knowledgeable and thinks outside the box in terms of how a brace design can meet a patient’s individual needs. He’s always pushing us to try new techniques and think of ways to solve problems for our patients, but he’s always willing to consult at any point, if needed.”

“The practitioners follow a teaching model in which they demonstrate a skill, observe me performing it, adjust my methods as needed, and then allow me to practice. These real-life circumstances are helping to shape me into a more well-rounded clinician because I am developing my skills under the guidance of the practitioners and professors.”

“It’s a very practical field,” observes Hassell. “But it’s also a very creative one. By the time a student is in his or her residency, we want to see good hand skills, and also how creative he or she can be in making customized accommodations for patients.”

Hassell, who has been a clinician for 22 years, says that the field is undergoing many changes, many of them due to financial restrictions and reimbursements.

“Today, every health care provider must be aware of the business side of medicine. But that does not make us any less responsive to our patients’ needs, or to the physicians and therapists who refer patients to us.”

The residents at De La Torre see a wide cross-section of patients, including the young and elderly, and those who experienced trauma or sports injuries or are recovering from some type of rehabilitation. An exclusive orthotics contract with the Veterans Administration brings many World War II and Vietnam veterans to De La Torre.

Miller says she enjoys the variety of patients and conditions, as well as the cross-disciplinary aspect of orthotics.

“I knew I was interested in a medical career that provides a creative, hands-on approach to patient care and incorporates rehabilitation protocols into a comprehensive treatment plan. I saw those characteristics displayed in the field of orthotics. There’s no question that my experiences at De La Torre, under the supervision of Gavin Hassell, have helped me to grow as a clinician.”



# IN SEARCH *of* INSPIRATION



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**We all take pride in our biological heritage.**

**Our genealogy.**

**Our ethnic and cultural traditions.**

**Our genetic composition.**

**But how often do we stop to ponder—  
and appreciate—our intellectual heritage?**

**T**he people, places, books, and circumstances that shape the way we think and lead us on the path to our careers are as much a part of us as the hair—or lack of it—on our heads.

### **One great idea leads to another.**

Throughout history, artists, philosophers, military leaders, politicians, and certainly scientists have all been inspired by the works of those who came before them. Socrates, for example, served as a mentor to Plato, who in turn, taught Aristotle.

Dr. Kate Seelman, professor and associate dean for Disability Programs, shares how one American revolutionary influenced her.

“In the mid 1970s, I had the privilege of working with Margaret Mead, an American cultural anthropologist, on a national policy and ethics study of the social and ethical implications of using recycled plutonium in nuclear power generation. Our study was highlighted in *Science* magazine.

“Dr. Mead was a role model for intellectual integrity and passionate social justice. Her work influenced my own as I contributed to the development of Disability Studies and to social analysis of advanced technology, such as my early work for the U.S. Congress Office of Technology Assessment on the emergence of international electronics.”

Of course, not everyone has the opportunity to work alongside an iconic figure like Margaret Mead. But certain individuals in contemporary society cast a long shadow over us and the work we do.

Michael Walsh Dickey, assistant professor in the Department of Communication Science and Disorders (CSD), points to Dr. Oliver Sacks.

“He is a neurologist and a brilliant writer who also keeps his eye on the scientific ball. He’s deeply insightful regarding how a particular patient’s symptoms can inform

our understanding of how the mind and brain function,” observes Dickey.

“However, he is also keenly aware of the person with the disability. He always reminds us as readers of the value of each person he’s writing about, and of the human consequences of the disabilities he’s describing.”

Irving K. Zola, a founding member of the Society of Disability Studies, was a longtime friend and colleague of Seelman and a source of inspiration.

“Irv, a sociologist who had polio, was a prolific writer. Perhaps his most well-known literary work was *Missing Pieces*, a socio-biography. In this and other work, Irv launched America on an ongoing journey of reframing disability from pathology in the individual to a universal experience for all human beings. We all grow old,” recalls Seelman.

Dean Cliff Brubaker knows of certain erudite individuals who offer keen insights into research, policy, or health care. “If forced to identify a single person, I believe that Atul Gawande has asked some provocative questions and inspired credible discussion in popular media, such as *The New Yorker*, that reaches out to a large and diverse audience.”

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*“If you want to be great in a certain field or at a certain job, you should look at someone who is great in that field and see what makes them great.”*

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### **Finding inspiration in new places.**

Mainstream media such as *The New Yorker* has always had the potential to breed both disillusionment and inspiration. But today, YouTube and other online sources disperse information instantly to even broader audiences.

*Only God Could Hear Me*, a locally produced film about opening up new worlds for the disabled through technology, was originally screened to a limited audience in a Pittsburgh-area public theater. Today, it is enjoying a long and robust run on YouTube.

“The film, which focuses on individuals who are unable to speak and given a voice through the use of augmentative communication systems, has really inspired the general





public as well as people with disabilities and their families,” notes Brubaker.

From a professional viewpoint, Associate Professor Mervat Abdelhak, chair of the Department of Health Information Management, notes that white papers and reports from large corporations and consulting firms often provide inspirational findings on policy, research, and related health care issues.

“I look forward to reading reports from companies like Rand Corporation, for example, because they are extremely thorough and often recommend strategies for achieving certain goals.”

### Whom do we learn from?

Distinguished Professor and Chair, Department of Rehabilitation Science and Technology, Rory Cooper claims, “I am most inspired by the men and women who are serving and who have served in the Armed Forces. And I learn the most from the people with disabilities who volunteer their time in our research or who are seen in our clinics. What I have learned most is to do good things for the right reason, and to listen to people with disabilities to solve the real problems that they and their families face.”

Dickey finds inspiration around the water cooler. “That’s where the most exciting and fun discussions happen, and where we can connect the dots and run with ideas. That’s one of the amazing things about Pittsburgh and SHRS: there are so many talented, sharp, and informed people to interact with and learn from.”

“I am constantly learning from my colleagues, both at SHRS and in

professional organizations,” adds Abdelhak. “Every one of them exhibits a different trait that I admire and learn from. One, for example, is a great communicator, and I try to adopt some of her methods and techniques to improve my own communication skills.

“As I tell my students—and my children—if you want to be great in a certain field or at a certain job, you should look at someone who is great in that field and see what makes them great. How much



effort do they put in? How do they work with others? What drives them to greatness? Then do what you can to be like them. We all have things to learn.”

### Seizing opportunities.

Abdelhak adds that great plans are often changed by timing and circumstances.

CSD Professor Katherine Verdolini couldn’t agree more. She claims that numerous people have deeply influenced her career, her research interests, and her professional development. “However,” she notes, “I have also been critically influenced by a somewhat curious ‘person’ I call ‘*chance*.’”

Verdolini says she was a “happily performing, poorly earning vocalist” in Bologna, Italy, when she developed serious vocal fold lesions and could no longer sing.

“At the time, there were very few laryngologists who worked with singers, and they were all in the States,” recalls Verdolini. “To my knowledge, there was not a single speech-language pathologist in the world qualified to work with singers, either.”

But chance intervened.

“I decided to go back to the States and pursue a PhD in speech pathology, voice disorders, to see if I could solve my own voice problems.”

Shortly thereafter, her vocal fold injuries were massively compounded when she screamed for help after she was involved in a serious car accident. “By ‘*chance*,’ my surgeon, Dr. Pasquale Laudadio, had been reading some voice science materials and performed a very delicate surgery on me that almost no one

worldwide was doing.

“I was restored to perfect vocal health.”

She later met a young resident who went on to become one of the most renowned voice clinicians in the country. “Dr. Robert Bastian was one of the first laryngologists in the United States to operate on singers, using a technique similar to Dr. Laudadio’s. He later told me he started to do so because of the results he had seen from my surgery. Over time, many others began using microsurgical techniques with great success on singers. Think about the pop singer Adele.”

## Whom will we inspire?

Cooper says that SHRS inspires new scientists, and they in turn will make positive changes in the lives of people with disabilities. “We have outstanding education and outreach programs, and SHRS is known for its commitment to making real and positive changes for people with disabilities.”

Brubaker believes the research efforts at SHRS are key.

“Arguably the most substantial and credible basis for judging quality of research is the indirect measure of peer-reviewed research funds awarded to investigators and by extension also to programs, departments, and institutions,” he says. “By this measure, SHRS researchers clearly stand out and are widely recognized. SHRS has two faculty members who have averaged more than \$1 million each year in research awarded to them as principal investigators over the entire course of their respective careers to date—both in excess of 20 years.

“Since fiscal year 1992, peer-reviewed research funding at SHRS has increased from \$50 thousand to \$22 million; enrollment has grown from under 300 to 1,300 students; and faculty from 30 to 150.

“Still, challenges lie ahead. We must continually strive to find new sources of inspiration and the courage to bring new ideas to life.”

Cooper speaks for everyone at SHRS when he says, “Awareness for people with disabilities has come about due to tireless advocates, honorable role models, and selfless veterans. Some of the greatest change has come about because of pioneering people with disabilities assuming leadership roles in business, government, media, science, engineering, education, and military. As more people with disabilities break glass ceilings, life should get better for all.”



### Book Club

Faculty members find inspiration in biographical and historical books, as well as those that illustrate leadership, promote sound scientific thinking, or simply transport the reader to another place, and perhaps another way of thinking.

Here are 10 of their personal and professional favorites.

*A World to Care For* by Howard Rusk

*Back in Action: An American Soldier's Story of Courage, Faith, and Fortitude* by Capt. David Rozelle

*Freedom* by Jonathan Franzen

*Good to Great* by Jim Collins

*Great by Choice* by Jim Collins and Morten T. Hansen

*Moving Violations* by John Hockenberry

*Pasteur's Quadrant: Basic Science and Technological Innovation* by Donald E. Stokes

*The Disappointment Artist* by Jonathan Lethem

*The Soldier's Guide* by the Department of the Army

*What Do You Care What Other People Think?* by Richard Feynman

### Cliff Notes

Dr. Cliff Brubaker recommends *A Treasury of the Familiar*, edited by Ralph L. Woods and published in 1944.

This book was a gift to the dean by his mother from her library more than 40 years ago. He claims there is much to admire in this book, and it now shows evident signs of age and frequent use.

There's a short passage by Elbert Hubbard that Brubaker finds particularly instructive and worthy of mention. It's titled "A Message to Garcia." The setting is Cuba at the onset of the Spanish American War. President McKinley has an urgent need to send a message to a man named Garcia, leader of the insurgents. There is no mail or telegraph possibility. McKinley is informed that there is a man by the name of Rowan who can find Garcia and deliver a message. The following excerpt conveys the essence and relevance of the passage:

*Rowan was sent for and given a letter to be delivered to Garcia. How "the fellow by the name of Rowan" took the letter, sealed it up in an oilskin pouch, strapped it over his heart, in four days landed by night off the coast of Cuba from an open boat, disappeared in the jungle, and in three weeks came out on the other side of the island, having traversed a hostile country on foot and delivered his letter to Garcia—are things I have no special desire to tell in detail.*

*The point that I wish to make is this: McKinley gave a letter to be delivered to Garcia; Rowan took the letter and did not ask, "Where is he at?"*

*By the Eternal! There is a man whose form should be cast in deathless bronze and the statue placed in every college of the land. It is not book-learning young men, nor instruction about this and that, but a stiffening of the vertebrae which will cause them to be loyal to a trust, to act promptly, concentrate their energies: do the thing—"Carry a message to Garcia."*

Hubbard goes on to say:

*Civilization is one long, anxious search for such individuals. Anything such a man asks shall be granted; his kind is rare that no employer can afford to let him go. ... The World cries out for such ... the man who can "Carry a message to Garcia."*



# BETTER DATA. BETTER INFORMATION. *Better Patient Care.*



**R**apidly changing technology coupled with the mandates of the Patient Protection and Affordable Care Act has transformed the field of health information management.

“We have spent years putting massive data collection infrastructures in place,” observes Dr. Mervat Abdelhak, chairman and associate professor, Department of Health Information Management. “Now we have providers excited, and they’re asking ‘How can we use this data in a meaningful way?’”

Page Babbit (BS, HIM '94), director of provider engagement, performance, and partnerships at Highmark, Inc., is a registered health information administrator (RHIA). She says all the data is driving changes that result in better patient care.

Babbit cites the national attention centered on Pay for Performance (P4P) programs such as Highmark's Quality Blue. “Quality Blue's been around for 10 years,” she explains. “But right now data is helping us put a new focus on reducing the number of hospital readmissions.”

Since 2010, Highmark has scrutinized data regarding readmissions as part of its overall evaluation of hospital performance. According to Babbit, 68 percent of the hospitals participating in the 2013 Highmark Hospital Quality Blue<sup>SM</sup> Pay for Performance Program are now required to reduce their rate of readmissions or risk the loss of financial incentives.

“This is all about the patient,” Babbit insists. “It's about getting the right care at the right time to prevent the need to be readmitted to the hospital.”

The results are promising. “We see providers talking to each other more,” observes Babbit. “Care transitions are improving, and patients are getting better and more appropriate follow-up care.”

She gives the example of patients with congestive heart failure. “National data suggest that these patients should be seen for follow-up care three to seven days after hospital discharge or they end up back in the hospital. When providers work across boundaries, that is, when physicians and extended care facilities and hospitals talk to each other and exchange information, patient care becomes more fluid and comprehensive.”

While hospitals have much to gain financially from the P4P model, they are also driven by their mission to serve patients. Babbit shared that hospitals in the program are engaging with community providers on a much broader scale than in previous years. It is not uncommon for Highmark Quality Blue<sup>SM</sup> hospitals to provide supplemental education to extended care facilities so they can also improve the quality of patient care.

“We're seeing tremendous engagement,” continues Babbit. “For example, we know of a hospital that sent a nurse educator to an extended care facility to explain the importance of a low-salt diet for patients with congestive heart failure. They were ensuring that the care didn't fall apart, and that's a great thing.”

When hospitals work alongside physicians and extended care organizations, they build strong relationships and increase referrals. Patients also benefit. In the words of Babbit, “It's a win-win.”



Abdelhak points out that data is the foundation for all patient care and delivery models. In the near future, Pay for Value programs will increase efficiency as well as the quality of patient care, and Patient-Centered Medical Homes will encourage all health care providers to think more about population management.

Babbit says that in addition to looking at individual patients and treatments, the Medical Home will give physicians the data they need to ask questions like “How many of my patients are diabetic? Am I giving them all the same or appropriate education? What can I do differently to better care for this group of patients?”

Another trend Babbit sees on the horizon is the Accountable Care Organization (ACO). Already being used by Medicare, ACOs tie provider reimbursement to quality metrics and reductions in the total cost of care.

“With an ACO, the monetary incentive can be significant,” exclaims Babbit. “But again, it all revolves around data, collaboration, and a common goal of providing better patient care.”

“People get excited about technology,” Abdelhak observes. “But technology is just a tool. It’s what we do with technology that makes our field so vital to the future of health care.”

She foresees a time in the near future when centers of excellence, such as health systems like UPMC and insurers like Highmark and UPMC Health Plan, will use data to influence policy. “Take e-visits. This technology will allow providers to compile massive amounts of data. They will be able to track, for example, if e-visits help chronically ill patients better manage their care, or if patients are more compliant because of e-visits.”

Data such as this will be invaluable to the entire health care community. “I believe health care providers and insurers both will all want to support new solutions that facilitate data collection, extraction, and analytics,” she confirms.

Abdelhak reminds her students that the future of the HIM professional is limitless. “We teach students about current technology, that is true, but more importantly, we challenge them to be problem solvers. To take the initiative to use data to go to the next level.”

“It’s a very diversified field these days,” interjects Babbit. “HIM graduates work in a variety of areas, from quality, patient safety, and regulatory management to informatics and infection control. Their grasp of data collection and analysis allows them to sit at the management table and help make the big decisions that impact both the quality and cost of health care.”

“I always ask our students, ‘What is our department’s middle name?’” says Abdelhak with a smile. “Information really is the key to better patient care.”

## *In Memoriam* **DR. ELISABETH ANDERSON** (1918–2012)

Dr. Elisabeth Anderson left a legacy of learning to students and colleagues alike. As the founding chair of the University of Pittsburgh’s Health Records Administration program, the forerunner of the current Department of Health Information Management, Anderson understood the value of hard work and appreciated the opportunities brought about through education.

At the age of five, after she tragically lost her mother in a fire, Anderson and two of her three sisters were sent to live in an orphanage. In spite of these personal tragedies, Anderson graduated from Aliquippa High School as valedictorian, went to work for the Department of the Navy, and put her own career on hold while she helped two sisters attend nursing school.

In 1960, at the age of 42, Anderson pursued her lifelong dream of attending college. With a double major in English and medical records, she graduated from Mount Mercy College (now Carlow University) in three years’ time. A scholarship offer came from Duquesne University, and Anderson went on to receive her PhD in English literature.

But a second career awaited her. She began supervising the Medical Records Department at Eye and Ear Hospital and quickly assumed other roles in the offices and clinics in what is now part of UPMC. In 1970, she created and chaired the Health Records Administration program in the School of Health Related Professions (SHRP), where she touched countless lives.

As Dr. Anne Pascasio, founding dean of SHRP, recalls, “Betty was a new chair of a new department of a new school. That’s a lot of new! She handled each of those very different roles with apparent knowledge and poise, always remaining the bright and loving lady she was.

“I have a tremendous amount of respect and love for her. She led the department in a wonderful direction.”

Associate Professor Valerie Watzlaf remembers Anderson as “a great mentor, colleague, and friend. Betty hired me back in 1982 and I’m still here now, doing what I love,” says Watzlaf. “She always inspired me to do more, and it is because of Betty that I have my doctorate and continue to teach and conduct research at Pitt.”

Under Anderson’s leadership, Dr. Mervat Abdelhak assumed responsibility for developing the graduate program in 1981 and assumed the chairmanship upon Anderson’s retirement. “Betty Anderson was genuinely interested in people,” offers Abdelhak. “She understood the plight of the underdog. On a personal note, Betty was an avid swimmer. She swam every day, walking to Trees Hall in snow, sleet, and hail! She exhibited that same determination and focus in business.”

Dr. Betty Anderson will surely be missed. She was a great mentor and colleague.



# NOW HEAR THIS:

## Preventive Hearing Care Keeps Our Soldiers Army Strong



**T**he sound of your neighbor's barking dog can be annoying. But worse than that, the longer you're exposed to the barking, the more likely you are to suffer hearing loss.

Sound hard to believe? The National Institute for Occupational Safety and Health (NIOSH) reports that noises louder than 85 decibels can cause hearing damage.

Even from four feet away, a small dog's bark can be as loud as 95 decibels. A chainsaw buzzes at around 100 decibels. A jackhammer or rock concert pumps the level up to 120 decibels.

But a single shotgun blast can measure between 140–190 decibels.

An independent study conducted by the Department of Veterans Affairs cites findings from the Occupational Safety and Health Administration (OSHA) that say "some sounds, such as impulse noise and gunshots, may cause instantaneous and permanent hearing loss even after a single unprotected exposure."\*

For that reason alone, Captain Sharleen Rupp (AuD, '11) has her work cut out for her. As an audiologist with the United States Army, Rupp works in the Hearing Program office at Fort Carson in Colorado Springs, Colo.

"Noise-induced hearing loss is the number one disability of soldiers who return from war," notes Rupp. "It's my job to explain this to our active duty men and women before they are deployed and educate them on how to prevent it."

Rupp admits that although all soldiers are issued hearing protection when they enter the Armed Forces, many cannot or choose not to use it.

In Iraq and Afghanistan, roadside bombings, firefights, and other unexpected explosions often leave soldiers with perforated eardrums, tinnitus, trauma to the ear, and other conditions that impact hearing.

"It's not like they can stop what they're doing and put on their hearing protection," Rupp continues. "That's why we constantly stress the importance of training with the hearing protection in place."

"We want it to be second nature to them."

First Lieutenant Renee Williams, a current student in the Department of Communication Science and Disorders (CSD) who will receive her AuD degree in December 2012, is completing an externship at Walter Reed National Military Medical Center. During this one-year clinical experience, she sees a wide range of patients including active duty soldiers, young and older veterans, and military children and spouses.

She agrees with Rupp that education is the key to decreasing the number of veterans with noise-induced hearing loss in the future.

"Active duty soldiers need to strike a balance between maintaining situational awareness on the battlefield and preventing hearing loss," Williams explains. "I send a constant message to the active servicemen and women that I see that hearing loss is permanent, but definitely preventable!"

Williams is looking forward to November, when she will be transferred to Fort Bliss, Texas, where she will focus on hearing conservation.

About 50 percent of Williams' time will be spent in the clinic. The other 50 percent will be in the field, talking to soldiers, observing their training habits, and informing them of the importance of wearing their hearing protection devices.

Education of the troops about hearing impairment is not new. One of the

objectives of Healthy People 2010 was to "increase the proportion of use of appropriate ear protection devices, equipment, and practices."

Rupp says she equates hearing protection devices to the weapons the soldiers use.

"I tell them that they would never want to go into battle if they didn't train with their weapon. And in much the same way, they should never go into battle without their hearing protection."

According to Rupp, the Army does a good job of tracking shifts in soldiers' hearing. "We provide a baseline audiogram for

different jobs and lose opportunities for advancement both in the military and civilian life. Hearing loss also has a significant impact on quality of life, sometimes causing fatigue, stress, anxiety, and even depression.

Barbara A. Vento, assistant professor, Department of Communication Science and Disorders, points out the fact that the problem of dealing with hearing impaired soldiers never goes away.

"Once the soldiers move out of active duty, they move into the care of Veterans Affairs."

In 2001, Veterans Affairs audiologists treated more than 316,000 patients and issued 241,458 hearing aids, which cost more than \$88 million.\* As the number of returning veterans with hearing loss increases, the costs continue to rise. In 2009, the Government Accountability Office reported that the annual disability payments for veterans with hearing-related conditions exceeded \$1.1 billion.

Experts predict it will take decades to realize the full implications of the hearing loss epidemic that has befallen the military. In the meantime,

audiologists such as Rupp and Williams will continue to rise up to meet the challenge of educating American troops.

Vento speaks for everyone at SHRS when she says, "We are so proud of these women, the work they do, and their willingness to serve our country."

\*Veterans Health Initiative Independent Study Course on Hearing Impairment (Department of Veterans Affairs, March 2002).



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*"Some sounds, such as impulse noise and gunshots, may cause instantaneous and permanent hearing loss even after a single unprotected exposure."*

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every soldier who arrives at Fort Carson. After that, we do an annual hearing test that we compare to the baseline and note any significant shifts in hearing. We also conduct pre- and post-deployment tests and conduct follow-up exams."

Maintaining optimum hearing is critical to any soldier. "In the field, hearing can mean the difference between life and death—for both the soldier and his or her buddies," comments Williams.

Soldiers who return stateside with hearing loss may be reclassified to





# EXPERIENTIAL LEARNING

*Inspiring. Educating. Empowering.*

Mary Goldberg, lead education and outreach coordinator, Department of Rehabilitation Science and Technology (RST), and RST Assistant Professor Dan Ding know that the ABCs can lead to promising careers in science. Especially when the ABCs refer to acronyms for experiential learning programs such as REU, RET, ASPIRE, ELvATE, FaTE, and TIPeD.

The experiential learning model, which was developed by educator David A. Kolb in the early 1970s, supports learning through active participation and concrete experience.

In each of the programs listed above, students, teachers, or veterans take an active role in learning how to create and apply technology to benefit people with disabilities.

Goldberg and Ding bring program participants together with scientists, engineers, and volunteers through RST and the Quality of Life Technology Center (QoLT), a joint effort of the University of Pittsburgh and Carnegie Mellon University.

“Our goal,” Goldberg explains, “is to fill the pipeline with future scientists and rehabilitation engineers. We try to support students at transition points in the educational process, from the middle school and high school level to undergraduate, graduate, and postdoctoral.”

## *Reaching out to younger students and their teachers.*

“Middle school students, for example, typically don’t know much about careers in STEM (Science, Technology, Engineering, and Mathematics). We get them excited through things such as our Tech-Link robotics camp and SciTech Festival,” notes Goldberg.

There’s also an eight-week summer Research Experience for Teachers (RET), which brings approximately 12 high school teachers to the Human Engineering Research Laboratories (HERL) for lessons and professional development sessions. As a result, nearly 1,000 high school students engage in the engineering units the teachers develop, and 150 participate in an annual engineering design competition.

## *Recruiting students with disabilities.*

Ding says they make a special effort to recruit students with disabilities. “If you think about it, people with disabilities have the most to gain from innovations in rehabilitation engineering,” observes Ding. “Yet they are under-represented in the fields of science and engineering. We want to encourage people with disabilities, as well as other minorities—women and veterans included, to think about careers that will improve the quality of their own and others’ lives.”

Jonathan Duvall (BS, Mechanical Engineering ’10) is currently working toward his Master’s in Rehabilitation Science and Technology. He became involved in QoLT’s Research Experience for Undergraduates (REU) after he suffered a spinal cord injury from a sled-riding accident during his junior year.



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*“I would like to continue in research and product development to be able to increase the quality of life and independence of people with disabilities.”*

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“My doctor mentioned that a degree in rehabilitation engineering would be a good fit for me since I was already pursuing a degree in engineering,” recalls Duvall. “I heard about the REU program, and it seemed like a way for me to get some insight into what graduate school might be like.”

### *Increasing the number of advanced degrees.*

Two REU programs on Rehabilitation Engineering and Quality of Life Technology are funded through a grant from the National Science Foundation (NSF). Over the years, the programs have given undergraduates from a variety of disciplines the opportunity to participate in real research projects that are geared to make a difference in the lives of people with disabilities. They also have had a significant impact on a student’s choice to pursue an advanced degree in a research-related field.

Goldberg cites a recent study by the NSF and explains, “The study shows that prior to participating in an REU program, 37 percent of students expected that a bachelor’s would be the highest degree they would pursue,” explains Goldberg. “After participating in research, that number decreased to 4 percent, while the number of students who then believed they would obtain a Master of Science jumped to 37 percent and the number who expected to earn a PhD increased to 49 percent.”

Duvall says he will be applying to the PhD program in Rehabilitation Science at Pitt. “I would like to continue in

research and product development to be able to increase the quality of life and independence of people with disabilities.”

Collaborative knowledge building is the key to the experiential learning programs at RST and QoLT. In the TIPeD (Technology Innovation for People with Disabilities) program funded by the National Collegiate Innovators and Inventors Alliance, undergraduate students from engineering, business, or clinical disciplines work together with faculty or graduate student mentors to develop technology innovation designs and generate a business plan that could commercialize their products.

Right now, as a graduate student and REU mentor, Duvall has shared his interest in research with other future scientists. He has worked with a student in the American Student Placements in Rehabilitation Engineering (ASPIRE) program, as well as two TIPeD students.

“These programs allow students to get a taste of rehabilitation research so they can better decide their future upon graduating. It also gives the researchers some extra help to be able to make great progress with their studies,” observes Duvall.

### *Bringing veterans back to college.*

In an effort to reach the veteran population, QoLT introduced the ELeVATE (Experiential Learning for Veterans in Assistive Technology and Engineering) program in 2011. Using the successful REU program as a model, ELeVATE is designed to re-integrate veterans to college through a three-phase program that includes a paid 10-week research experience and support from rehabilitation and academic counselors.

To date, 10 have participated in the program, conducting research on subjects such as improving the quality of prosthetic devices for people with active lifestyles, using technology to create better living environments for people with disabilities, and improving power wheelchair controllers.

According to Ding, the department is excited about the potential of these and other experiential learning programs. “Rehabilitation engineering is not a field that students are automatically drawn to unless they know of someone with a disability. But once they see what exciting work is being done, they become interested. They quickly learn how very rewarding and motivating it is to be able to apply their knowledge and really make a difference for people.”

## **A Quick Guide to Experiential Learning Programs in RST**

**Tech-Link:** provides middle school and high school students with information, role models, and internship opportunities that promote careers in science, technology, engineering, and math.

**Discovery Days:** allow middle and high school students to experience science and technology through interactive displays and hands-on activities at the Sci-Tech Festival and through job shadowing days and tours.

**RET (Research Experience for Teachers):** invites high school teachers to learn more ways to engage students in science and technology curriculum.

**REU (Research Experience for Undergraduates):** seeks to excite undergraduates about technology and engineering, and engage them in cross-disciplinary research.

**ASPIRE (American Student Placements in Rehabilitation Engineering):** selects undergraduates to participate in research in the rehabilitation engineering and assistive technology fields.

**TIPeD (Technology and Innovation for People with Disabilities):** a team-based program to support undergraduate students’ learning of entrepreneurship and innovative technology to assist people with disabilities.

**ELeVATE (Experiential Learning for Veterans in Assistive Technology and Engineering):** seeks to re-integrate veterans to college through participation in research-driven team projects and academic support.





# EXERCISE

*and Parkinson's Disease*



*Approximately 50,000-60,000 new cases are diagnosed each year,  
and there is presently no cure. There is, however, hope.*

If you know someone with Parkinson's disease (PD), then you know how potentially debilitating it can be. Although the symptoms may vary from person to person, this neurodegenerative brain disorder often manifests itself through tremors, rigid movements, and problems with balance that worsen over time.

PD is a disease caused by the death of cells in an area of the brain called the substantia nigra. These brain cells produce dopamine, a chemical that helps with coordinated muscle movement. When approximately 60 to 80 percent of the dopamine-producing cells are damaged and do not produce enough dopamine, symptoms of PD appear.

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*"Patients with Parkinson's typically come to physical therapy at some point in time. ... But we're opening the doors early."*

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According to the National Parkinson Foundation (NPF), currently more than six million people around the world are living with this chronic and progressive movement disorder—more than one million in the United States alone. Approximately 50,000–60,000 new cases are diagnosed each year, and there is presently no cure.

There is, however, hope.

Researchers such as Dr. Deborah Josbeno, assistant professor, Department of Physical Therapy, are working toward identifying treatment options that may improve the quality of life for people with PD.

"It has been well established that exercise has numerous health benefits for people of all ages," states Josbeno. "But research is beginning to reveal how it may be beneficial for brain health."

Recent results of animal research suggest that exercise may be a powerful tool to protect the brain from some of the degenerative changes seen in PD. A new clinical research trial by a group of researchers led by Physical Therapy Department Chair and Professor Anthony Delitto is further examining the impact of a structured aerobic exercise program for people with PD.

In addition to Delitto and Josbeno, the team includes Drs. Alexandra Gil and David Wert from the Department of Physical Therapy, along with Dr. Samay Jain, neurologist, and Dr. Charity Moore, biostatistician.

Josbeno hopes that this study, which focuses on patients who have been newly diagnosed with the disease and are not yet on any PD medications, will provide further evidence for the benefits of exercise for people with Parkinson's.

The purpose of the study is to examine the feasibility of implementing an exercise program consisting of different intensity levels (moderate or vigorous intensities). "We want to see if patients with PD can achieve and tolerate a certain assigned level of intensity," Josbeno explains, "in the hopes that exercise will keep them functioning for a longer period of time."

A total of 126 individuals with PD between the ages of 40 and 80 will be tracked over a six-month period. This multi-site trial, funded by the National Institute of Neurological Disorders and Stroke (NINDS), includes the University of Colorado at Denver, the University of Illinois at Chicago, and the University of Pittsburgh.

One group will be walking on a treadmill for 30 minutes, four times a week. They will wear a heart rate monitor and exercise at a moderate intensity level.

A second group will be exercising on the treadmill the same amount of time, but at a vigorous intensity.

A third group will maintain their usual care.

At the end of the intervention, the usual care group will have the opportunity to join the exercise group and continue on the program for another six months. All individuals will be reassessed after six months and one year of participation.

Samannaaz Khoja, a doctoral student in the Department of Physical Therapy, serves as project coordinator of the study. As such, she helps with recruitment, screening of eligible and potential participants, scheduling all study visits, guiding the participants through all procedures, and managing and collecting data.

"This is a great opportunity to work in a multi-center clinical trial with this group of patients. It is an innovative approach to help people with early stages of Parkinson's," Khoja remarks.

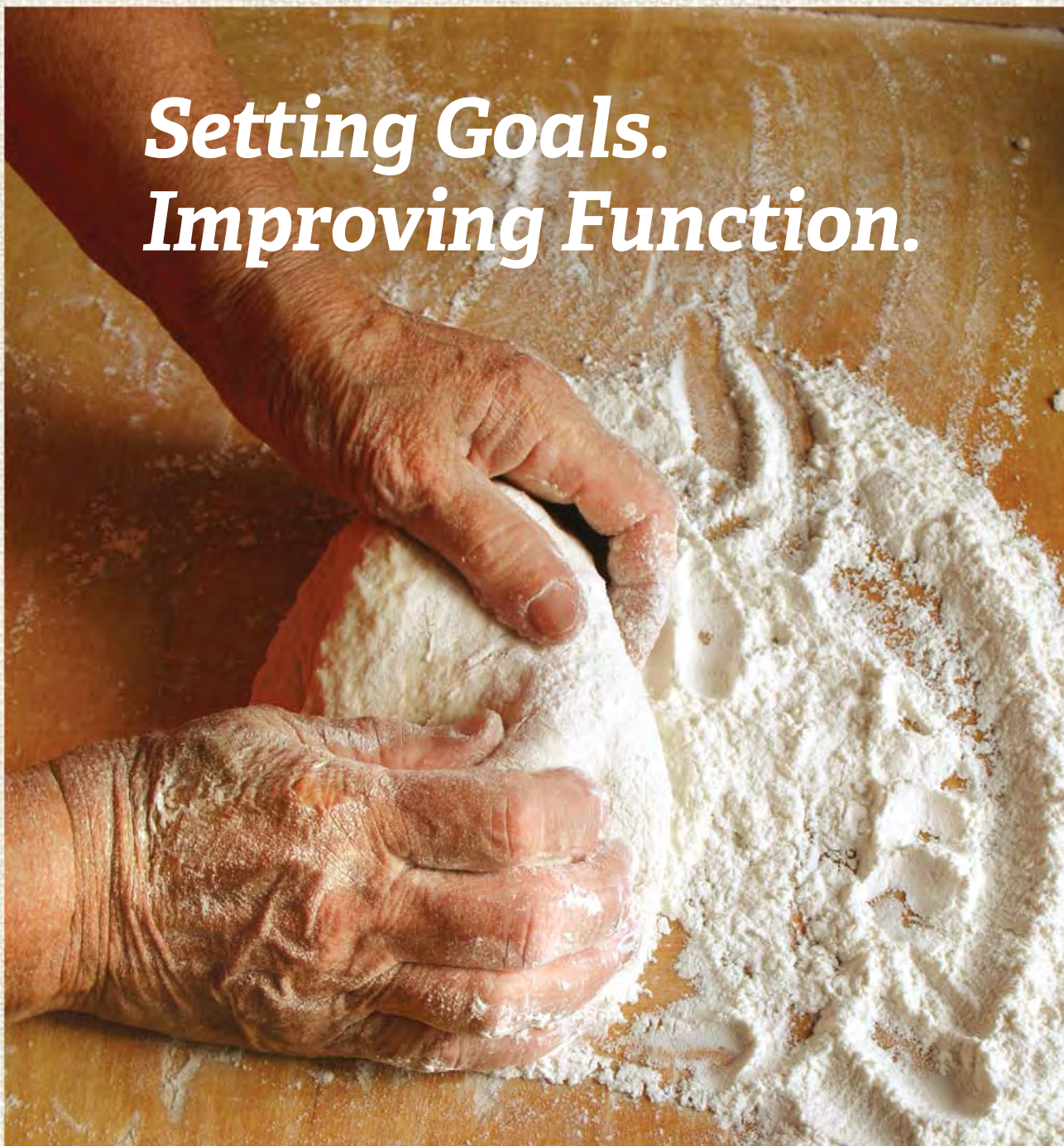
"Patients with Parkinson's typically come to physical therapy at some point in time," adds Josbeno. "But we're opening the doors early."

"For the individuals with PD, this may help them improve walking and other motor skills. Right now, we don't really know what the correct exercise dosage is for this group, but it is our long-term goal to find out if exercising at high intensities has added benefits over moderate intensity or no exercise at all."





# Setting Goals. Improving Function.



**A**s a society and in health care, we do a good job of keeping people alive, but we could do a better job of keeping people well,” remarks Dr. Pamela Toto, assistant professor, Department of Occupational Therapy.

In its recent report, *Older Americans 2012: Key Indicators of Well-Being*, the Federal Interagency Forum on Aging-Related Statistics states that in 2009, about 41 percent of people age 65 and over who were enrolled in Medicare reported a functional limitation.

Twelve percent had difficulty performing one or more instrumental activities of daily living (IADLs), such as doing

laundry or preparing meals, but had no activities of daily living (ADL) limitations. Approximately 25 percent had difficulty with at least one ADL (for example, bathing or dressing) and 4 percent were in a skilled nursing facility.

Complex medical conditions, coupled with mental health problems such as depression and dementia, further limit older adults’ abilities to engage in daily activities, participate in life activities, and maintain independence.

“Optimizing function is at the heart of geriatric medicine,” points out Debra K. Weiner, MD, University of Pittsburgh professor of



Medicine, Psychiatry, and Anesthesiology, and program director, Geriatric Medicine Fellowship.

So when the Benedum Geriatric Center in Pittsburgh, a UPMC Senior Care facility, was looking for ways to further improve patient functionality—and eventually outcomes—they looked to Toto for suggestions.

“At Benedum, a team of psychiatrists, social workers, and geriatric specialists all treat a very medically complex group of patients,” explains Toto. “This client population is challenging, and the team was interested in exploring a more client-centered approach to care. Occupational therapy, which seeks to improve health and well-being by helping clients engage in activities that are meaningful to them, is dependent on a client-centered approach.”

Client-centered care models require a method for identifying and measuring client-centered outcomes. With support, clients must be able to identify and establish realistic goals related to their daily living and then later determine the extent to which their goals have been achieved.

The first consideration to be explored in this transition to a client-centered model at the Benedum was whether or not Goal Attainment Scaling can successfully help these clients set personal, realistic goals.

Toto and her research team suggested that a Goal Attainment Scaling study might address the question. It provides a strategy to identify personal activity-based goals, rate current performance of those activities associated with the goal, and measure change.

In its initial phase, the study will determine if participants can, with guidance, identify and set goals for themselves that will eventually improve their ability to function.

Weiner sees great benefit in this approach. “Goal attainment scaling will improve inter-provider communication, reduce care redundancies, and improve the already high level of patient satisfaction with care provided at Benedum,” she says.

How does goal attainment scaling work? Toto gives the example of a client who says she wants to go to church, but is not feeling well enough. The doctor examines her and notes that her blood pressure is

“Ideally,” Toto elaborates, “all members of the medical team work with the client by focusing on her goal of going to church. They would not just focus on her symptoms, but ask what she wants to do and work with her to understand how her high blood pressure impacts her abilities. Together, they would work on strategies to help her reach her goals, while coordinating the management of her symptoms and her fear of falling.”

Weiner points out that everyone has different functional goals. “Goal attainment scaling is a way to make sure that all providers are on the same page—a way to make sure that we all keep our eyes on the ball.”

Toto adds that people today live longer, with more chronic conditions. “They want to age in place and remain active community members as long as they can.”

The U.S. Census Bureau projects that the population age 85 and over could grow from 5.5 million in 2010 to 19 million by 2050, making functionality an even greater issue.

A client-centered approach based on the client’s own goals for daily living, which is a shift in the way health care providers have treated older patients in the past, could be a solution.

Toto says that although this is not a complete Medical Home, as defined by the Affordable Care Act, the intended shift for care at Benedum is definitely a “client-centered care model” because all decisions will revolve around the patient.

“Occupational therapy is an ideal field for facilitating the shift to client-centered care and a natural fit for leading this study,” explains Toto. “Occupational therapy focuses on daily activities that are meaningful and ways to get or keep patients purposefully engaged in life. It will be exciting as we move forward and see patients start to set their own achievable and measurable goals.”



## ***“Optimizing function is at the heart of geriatric medicine.”***

high, so he increases her blood pressure medication. The social worker meets with her and says there are too many steps in her house, and that’s why she can’t get to church. The psychiatrist determines that the woman is afraid of falling down the many steps, and therefore never makes it to church.

Without coordination, these individual practitioners may miss the fact that the client’s blood pressure medicine makes her dizzy, so she doesn’t take her prescribed dose, which causes her blood pressure to go up. When she is dizzy, she is afraid of falling down the steps. As a result, she doesn’t go to church.



# A Degree of Success

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*“There’s a certain type of person who is drawn to emergency medicine. They’re assertive. Independent. And very competitive.”*

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**D**r. Walt A. Stoy, professor and Emergency Medicine (EM) program director, is all about raising the bar for his students. He encourages them to set goals and then pushes them to go one step further. He seeks to broaden their horizons. To see the value in hard work. And to be true to their passion for emergency medicine.

Since the program began in 1997, students have been living up to his expectations.

“There’s a certain type of person who is drawn to emergency medicine,” muses Stoy. “They’re assertive. Independent. And very competitive.”

These characteristics make EM graduates very employable. “We have 100 percent placement out of our program,” Stoy boasts.

While many graduates go on to excel in the field of emergency medical services, others use their EM degree as a springboard to careers in related professions. The diversity of fields they choose speaks to the caliber of Pitt’s EM program and the foundation it lays for future success.



### Lyndsey Buriak, Physician Assistant

Lyndsey Buriak (BS EM '08, MS PA '11) is quick to tell you that the Emergency Medicine program instilled an excitement in her about the medical field that has never gone away. "It taught me to challenge myself and learn to trust what I had been taught," she explains.

Now, as a physician assistant (PA) in a family medicine practice in Houston, Buriak evaluates and treats acute conditions and helps to manage chronic illnesses in patients.

"My experiences in the EM program helped me learn how to manage my responsibilities in the most productive way. They also taught me how to adapt to various situations and think quickly in stressful situations while caring for patients," she recalls.

### Alexander Buriak, Chiropractor

Lyndsey's husband, Alexander Buriak (BS EM '07, BS Natural Sciences '08), credits the EM program with giving him the knowledge he needed to pursue a career as a chiropractor.

Currently the clinic director of the Houston Spine & Rehabilitation Centers, Buriak claims, "The combination of didactic and clinical experience that was delivered in the EM program allowed me to excel as I moved on in my medical career. It also allowed me to be comfortable with patients and other medical providers."

"Our degree gives graduates plenty of options," continues Stoy. He notes that the faculty in the EM program gets to know all of the students and works with them to help them fulfill their dreams—whatever they may be.

### Tyrel Fisher, Paramedic

Tyrel Fisher (BS EM '12) completed the EM program through the distance format. Although he had to communicate via e-mail, he felt very connected to his professors.

"Dr. Stoy told me to do what I love, but have a backup plan. This encouragement has helped me to pursue

my dreams, and I am already seeing some of them come true."

Fisher responds to medical emergencies every day, working as a paramedic in several units in Ohio, including the Greenville Township Rescue in Greenville, the Pike Township Fire and EMS in New Carlisle, and the U.S. Department of Health and Human Services/Disaster Medical Assistance Team, OH-5, in Dayton.

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*"This encouragement  
has helped me to pursue  
my dreams, and I am  
already seeing some  
of them come true."*

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"I love a job that provides me with new challenges each day, and find it most rewarding to have the ability to help people in some of the worst moments of their lives," remarks Fisher. "But approximately halfway through my undergraduate studies, I discovered that I wanted to become a physician. Using my experience as a paramedic as a foundation, I plan to continue my career and become an emergency medicine physician."

### Heather Prunty, Emergency Medicine Physician

Dr. Heather (Eschenauer) Prunty (BS EM '02) took that route. After working for several years as a paramedic and instructor, she enrolled in medical school at the Albany Medical College, earning her MD in 2009.

She completed her residency in Emergency Medicine at UPMC and today is employed as an emergency medicine physician at UPMC Mercy, a level one trauma center.

According to Prunty, "The training I received in the EM program provided a very solid foundation for medical school. I had a comfort level with assessing and treating patients that few of my med

school classmates had. And I already had firsthand experience with many of the disease processes that we were learning about in the classroom."

Prunty also served as a flight physician for STAT MedEvac, and medical command and field physician for the city of Pittsburgh paramedics. "At that time, I was providing command to many of the same paramedics who were my preceptors during my paramedic training!" she exclaims with a grin.

### Martha Compton, Veterinary Medicine Student

For Martha Compton (BS EM '07), the rigorous program at Pitt and her experience as a paramedic prepared her well for the competitive program at Tufts Cummings School of Veterinary Medicine that she entered three years ago.

"Being a paramedic and the experiences that I gained from calls definitely aided in my acceptance to veterinary school," she says.

"I knew how to function in a constantly changing environment, how to develop patient rapport while obtaining pertinent information and prioritizing actions, and how to remain calm and focused while working in difficult and stressful circumstances.

"During my interview for acceptance, many of the questions focused on experiences that I included in my application essay. I believe that being a paramedic is what set me apart and earned me an acceptance letter."

Compton adds that upon completion of her veterinary degree, she plans to specialize in emergency critical care.

Stoy says that the field of emergency medicine continues to evolve. In the future, he predicts that EM professionals will have stronger focus on community health. "We're going to create the health care provider that doesn't exist yet."

There's no doubt that graduates from the Emergency Medicine program will be ready to jump on board.



# The Real World

*"I really wanted a career that would challenge me, but also allow me to help others."*



Some might wonder how we survived 50 years ago. There were no cell phones. No laptop computers. No Internet. There were also no physician assistants (PAs).

Today, the Bureau of Labor Statistics predicts physician assistants will be the second fastest growing profession in the next decade. The need is obvious.

PAs make health care more accessible and cost-effective. As highly trained professionals who work on teams with doctors, PAs examine patients, diagnose and treat illnesses, perform procedures, and assist in surgery.

They're often the pleasant, very approachable liaisons who open the lines of communication between doctors and patients.

Sarah Ferrese, a second-year student in the Master of Science in Physician Assistant Studies program, is excited about her role as a future PA.

"I really wanted a career that would challenge me, but also allow me to help others," explains Ferrese.

After teaching English in Japan for a year, she returned home and started researching PA programs. "The Pitt program looked wonderful, but it required 500 hours of patient care experience," she continues. "Since I had never worked in the medical field in the past, I decided to take a position as a nursing assistant at UPMC Shadyside for six months."

"That job definitely helped me understand the whole continuum of care and made me appreciate the hard work that people at every level put into caring for a patient."



During her clinical year, Ferrese will complete nine five-week rotations in different medical specialties.

Emily Murphy, assistant professor and clinical coordinator for the PA program, explains further. “As physician assistants, we are trained to be general practitioners. To ensure our students receive an overall general medicine experience, we provide them with rotations that cover all aspects of general medicine, including internal medicine, family medicine, pediatrics, general surgery, women’s health, behavioral health, and emergency medicine. They also can pick one other medical specialty as an elective.”

During her elective rotation in dermatology with Dr. Brad Amos, Ferrese gained a greater understanding of why and when patients should be referred to a dermatologist.

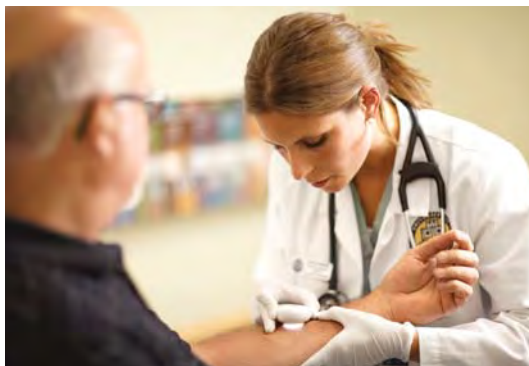
“Many family medicine PAs are the first-line evaluators of conditions that should be referred to specialists, such as many rashes and skin conditions,” explains Physician Assistant Tricia Boots, Ferrese’s preceptor in the dermatology practice.

“In this rotation, Sarah learned how to recognize common dermatologic conditions and treatment options so she will know when a referral to a specialist is indicated.”

“The clinical experience is so valuable,” adds Ferrese. “Actually seeing a patient with a disease is so much more memorable than just learning about it in the classroom. Our professors always say ‘once you see it, you won’t forget it,’ and that is so true.”

A typical day in the dermatology practice is anything but typical. Ferrese says the clinical staff saw patients every 10 minutes. “There were young children, teens with acne, and adult patients with a variety of conditions. We saw them all!”

Ferrese also had the opportunity to assist with minor surgical procedures and to sit in on new product presentations by pharmaceutical representatives.



To make the experience more meaningful, Boots had Ferrese contribute to a student-written dermatology guide that she was able to take with her when she left the rotation. “Each one of my students does this. They add multiple disease states with the corresponding exam findings and proper treatments. This can be a quick dermatology reference for them, no matter which specialty they choose.”

The expectations for a physician assistant student in his or her clinical year are extremely high and cover a variety of competencies including medical knowledge, professionalism, patient education, and interdisciplinary management, as well as diagnostic and therapeutic clinical skills.

Periodic evaluations by the PA program faculty include written exams, oral and written case presentations, and patient case scenario examinations. Preceptors at the clinical sites also evaluate the students and share their evaluations with the faculty in the PA program.

Ferrese admits she was very nervous when she arrived at her first clinical site, but her fears were quickly erased. “The staff was so welcoming and willing to teach and help me in every way possible,” she says. “I feel much more confident now.”

It’s all part of the process. “It’s very gratifying to watch students grow over the course of their rotation year,” observes Murphy. “They gain confidence in their medical knowledge and empathy toward their patients. By the end of their rotations, they are more than ready to practice as well-trained medical professionals.”



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