

Guest Editorial: The Impact of Rehabilitation

This month, we feature a guest editorial from AAPM&R member Vinita Mathew, MD.

In the year 2013, I will celebrate my tenth wedding anniversary. My husband and I have faced many challenges in the past decade. The greatest occurred eight years ago, one year after our marriage. I had completed medical school at the University of Otago in New Zealand, and moved to St. Louis, MO. My husband was working as an internal medicine resident at Barnes-Jewish Hospital. I on the other hand, was unsure what residency to pursue. I considered a career in anesthesiology, as I enjoyed its procedural aspects, but I also enjoyed long-term relationships with my patients. I ultimately decided to only apply only for a preliminary year position, hoping I would gain insight into what field would best suit my interests.

January 30th, 2004, was one of the coldest days that year in Chicago. After completing an interview in Evanston, I took a train to downtown Chicago to meet my aunt. I had gotten off at the incorrect stop. As I walked to a nearby intersection, I remember noticing how the street was not shoveled as I began to cross it...

My next memory is of riding in an ambulance. It took me to the Rehabilitation Institute of Chicago. I did not understand why I was in a wheelchair, but recall being happy and not in pain. I remember looking at a mirror and seeing a young girl with half of her hair shaved, whose right eye remained shut, as it was paralyzed. I could not move my right shoulder due to a fracture. Time went by, and I soon realized that

a month had passed since I thought of crossing that street after my interview.

I later learned that I was struck by a truck while crossing the street. I had suffered a traumatic brain injury classified as moderate-to-severe diffuse axonal injury. I had an external ventricular drain placed in my brain to reduce swelling, and was intubated. I received the best medical care at the neurosurgical ICU at Cook County Hospital. Despite this, my prognosis appeared very grim. I remained in a coma for more than two weeks. My family told me that tears used to roll down my eyes when they used to talk to me while I was attached to machines. My husband was once approached about me becoming an organ donor. But, he did not lose his faith, nor hope in my recovery. With skilled medical care, and the prayers of friends and family all around the world, I slowly regained consciousness. Once I was stable, I was discharged to inpatient rehabilitation. There I learned about a new field. This field finally became my professional calling: the wonderful field of physical medicine and rehabilitation.

It took one month of inpatient rehabilitation for me to gain a semblance of my previous strength. I then moved back to St. Louis to be with my husband. My mother stayed with us, while I underwent outpatient rehabilitation at the Rehabilitation Institute of St. Louis in Washington University in St. Louis. I eventually gained the ability to be independent again through aggressive physical, occupational, and speech therapies.

I matched into St. Mary's Hospital in St. Louis, where I started my internship without any delay! I had to wear an eye-patch as my right oculomotor

nerve was permanently injured. As my brain recovered, my body got adjusted to my new vision. I ultimately matched into the physical medicine and rehabilitation residency program at Washington University in St. Louis. My husband also matched into a cardiology fellowship at Washington University. We were further blessed by the birth of first our son Isaac in 2007. After completing our training, we moved to Naperville, IL to be close to my husband's family.

I chose to specialize in the rehabilitation of musculoskeletal disorders and pain management. I considered working with patients who suffered traumatic brain injuries. However, I did not want my injury to dictate the direction of my entire life. I wanted to use my procedural skills. I also wanted to see my patients recover and get back to their regular lifestyles, without the pain and suffering I endured. I am now board certified and work at OAD Orthopaedics, where I maintain a diverse musculoskeletal practice.

We had our second son, Elijah in 2011. He is six months old as I write my story. As I hold him and look into those innocent eyes, I realize that my sons are my greatest blessings. My weak right eye is a reminder of the accident. More importantly, it reminds me of the power of prayer, love, excellent medical care, and rehabilitation. It puts light on the brain's ability to change and learn over a lifetime, known as neuroplasticity. I am thankful and grateful for the life I have now, and look forward every day to more challenges. ❖

FROM THE PRESIDENT *Your Buck, Your Choice* continued

I'm recommending that you get involved in your own rehabilitation, recognize that this will heal slowly, and remain patient"

"Physical therapy is the best first step, but understand it won't cure you; it's only intended to guide you in an exercise program to get you from where you are to where you want to be. There's a cost associated with physical therapy, but the goal is to teach you how to heal yourself. The quicker you learn, the more you'll save."

Although some folks won't get it, and others will have the means to buy everything, all the time, most patients won't have indefinite funds available to consider extravagant diagnostic options or passive therapeutic intervention, so they'll need to make choices.

And guess who gets to help them make those decisions? You and me, of course. And since we're physiatrists, uniquely trained to educate patients, perform EMGs and leap tall buildings in a single bound, we have an unfair advantage over our peers.

Historically there is no question that if this were the system in place, we would find that the costs of health care would diminish significantly. Not only would we eliminate the 30% central planning administrative costs, but more

Currently, automobile insurance is truly insurance. It has one primary effect: it ensures others from inadvertent mistakes we might make to cause them or their property harm. It is a cost to us, but it is our choice to make if we want to exercise the privilege of driving. And importantly, it fits actuarial tables in real ways that healthcare (maintenance) insurance does not.

If we applied the term "insurance" to our automobile policies the way we do to our health policies, why would anyone have any reason to maintain their car? Perhaps the state government would mandate unlimited fuel, routine maintenance and semiannual detailing as requirements for automobile policies. True, it would ease my distress when I text and drive, but where is my incentive to keep the damage to a minimum, limit my driving, or avoid littering the highway with my Starbucks recycled paper cups rather than throwing them in the backseat?

What if we had clothing policies similar to healthcare policies? We pay a periodic maintenance fee, and in return for a small deductible we get to buy as much clothing as we want. Great idea, huh?

So, why would a consumer of currently designed health care coverage be otherwise inspired?

A system running on best intentions causes real damage. It leaches into