

TTRC Offers Custom-Tailored Treatment

By Martin Toombs
Southern Tier Editor

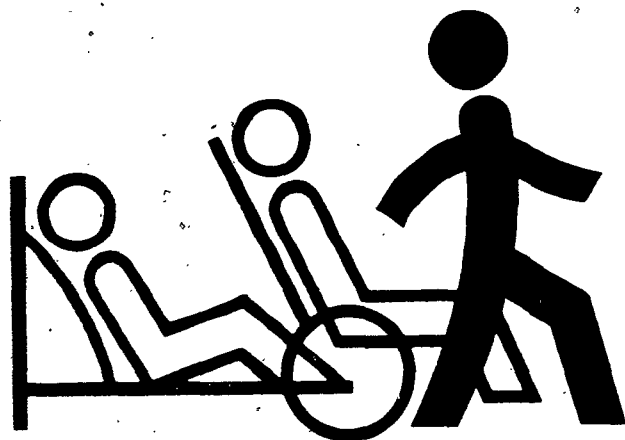
Elmira — A visitor to the Twin Tiers Rehabilitation Center soon discovers that it is not a pretentious name for the physical therapy department at St. Joseph's Hospital.

The Twin Tiers Rehabilitation Center is an interdisciplinary rehabilitation service offering 19 types of treatment. The TTRC is a referral service, charged with providing in-depth rehabilitation care to the 380,000 residents of Allegheny, Chemung, Schuyler, Steuben and Tioga counties.

The TTRC designs its treatment of each patient in order to best serve that patient. An example would be the treatment a stroke patient would receive at the center, who would find himself in physical therapy as soon as possible to prevent muscle atrophy.

At the same time, a coordinated program would be developed for him which could include speech therapy and occupational therapy to help the patient care for himself. Occupational therapists will design and build equipment the patient will need at home, and train him to use it.

Meanwhile, the home service coordinator will work with the patient's family, assessing the ability of the family to care for the patient, and providing further help as needed after the patient is released from the hospital. If necessary, psychological help is available for both patient and family.



TWIN TIERS REHABILITATION CENTER

OF ST. JOSEPH'S HOSPITAL, ELMIRA, NEW YORK

That same interdisciplinary, custom-designed treatment program is used to treat a wide variety of other physical problems, Jeffrey Katz, TTRC director, explained.

Other programs include rehabilitation from injuries; for hand injuries in a program with the two plastic surgeons at St. Joseph's; therapy for various birth defects, learning disabilities, and those services provided by the speech and hearing clinic.

The variety of both the needs and the responses is visible to anyone visiting the center. An elderly gentleman, connected to oxygen, accomplishes a feat which previously stopped him; he walked the 12-foot distance along two hand rails.

Nearby, a lady who recently broke her hip learns to use a walker.

And just a few feet away, a small girl, on the lap of her

therapist, is coloring a picture.

Katz explained that often patients will spend two weeks in the hospital's 20-bed rehabilitation unit, when they will undergo extensive evaluation and therapy.

Katz estimated that the center sees 100 patients each day, and during a recent month, registered more than 4,000 "occasions of service," which represent the number of treatments given.

Nine physical therapists, six occupational therapists, two psychiatrists, five speech pathologists and audiologists and ten other employees provide the various services.

In addition to helping people adjust to their new situation, the TTRC's psychological service also does genetic education and sex counseling. Katz noted that often an early question from an injured person concerns effects on his or her sex life;

the center responds with a special team to allay fears or provide necessary counseling.

Doug Frey, Physical Therapy director, noted that they "really approach each patient individually," and prepare realistic goals and work toward them. Those goals, such as with a child suffering from cerebral palsy, may take years to accomplish, but Frey stated that progress can be made.

Harry Ash, director of the Speech Pathology and Audiology Department, pointed to a pre-school child as an example of the progress being made in his field. Jennifer, who had a hearing loss at birth, was equipped with a hearing aid at eight months of age. He explained that not long ago, no equipment was available which would work on a child less than two years old, a situation which impaired language development.

Those who are completely deaf, Ash said, are taught sign language at the center. Speech therapy is also performed, helping those who, young or old, have difficulty speaking.

Peter Guresh Jr., Occupational Therapy director, explained that his department is primarily concerned with the activities of daily living. The occupational therapists help patients learn how to perform those basic tasks which are so important to independent living. As part of that process, they design and construct equipment to aid a disabled person at home.

The department also is involved in the treatment of some patients in the hospital.



Twin Tiers Rehabilitation physical therapist Marty Scherer working with one of her young patients, Corrie Sorge, at the center recently.

They provide "splinting" to patients in St. Joseph's Burn Unit and for other patients, Guresh explained, to prevent a limb or hand from healing in an unusable position.

They also do wheelchair evaluations. While they may all look alike to a layman, Guresh explained, wheelchairs vary considerably, and have to be ordered to fit a specific patient.

Guresh and Frey also do building accessibility studies.

In addition to those institutions required to be accessible to the handicapped, Guresh said, others also are making the necessary renovations.

Work now being done to add two more services to the TTRC's already impressive list. Katz said that a sports medicine program is being developed to meet a need which is unanswered locally. A monitored exercise program for cardiac patients also is in the planning stages.

Who Are the Handicapped?

By William Privett
Associate Director Catholic Charities

A number of recent happenings call us to pause and reflect on how we as society, government, church, diocese, parish, neighborhood and families recognize and serve people with handicaps. The designation of 1981 as the International Year of the Disabled Person, a 1978 Pastoral Letter from the U.S. Bishops on serving handicapped people, and changing public policy have raised our social consciousness about disabled people.

Who are the disabled? What are their handicaps and special needs? And exactly what are we being called to do? My reflections on these questions come from a collection of experiences — government planner, Catholic Charities program development, volunteer, and like many others, through personal family experiences.

Because of our human nature we all share some imperfections — physical, psychological, or other. But some imperfections affect our physical or mental abilities to perform in ways our society has come to expect or demand from most of us. These very human imperfections, at least the more serious of them, result in a very large group of people who require special care.

Most people know and recognize others with a special handicap — e.g., the blind, the deaf, or someone who may have lost a limb through accidental injury, or lost mobility through crippling illness. Many, if not most, of these people have alert and active minds and other God-given gifts, but are limited in their freedom of expression or in mobility. Some of the needs of these

individuals, such as for vocational retraining, are evident. Some — for example, to help cope with the fears and dangers of the physical condition — are hidden or known only by intimates. According to the Rochester Association for the Blind, there are 2,500 blind people in the Rochester area. Because the National Technical Institute for the Deaf (NTID) is located at the Rochester Institute of Technology, this area has an extraordinarily large deaf community. NTID estimates there are about 3,000 deaf, excluding the hearing-impaired elderly, who reside in Rochester.

The number of people who suffer from mental illness, schizophrenia, paranoia, manic depression, other psychiatric disorders or neuroses may be somewhat surprising. A few years ago, about 20,000 people received some mental health therapy in Monroe County alone. That number is probably higher today. These people are from all sectors, business and professional leaders, managers, administrative or clerical workers, skilled, semi-skilled or unskilled, and those out of the labor force. They are all ages.

Most of these people can be treated as outpatients by several community mental health centers in Rochester and Elmira. The two large mental health institutions within the diocese are the Rochester and Willard Psychiatric Centers. RPC cares for more than 1,000 inpatients at any time. Dr. George Koipillae, from RPC, commented during an informal presentation to the Human Development Committee in Penfield, that quite often the community misunderstands the reasons for locks on the institution doors. For the most part, he explained, the reason is not because these people are dangerous — but sometimes they are disoriented or become lost.

As the medical and psychiatric professionals learn more about the nature and causes of these illnesses, happily, more of these people are able to cope with their

environment and stress with the aid of medication. As a result, the need for intensive care of this group of people in an institutional environment is no longer necessary. Public policy in New York, in response, has been changed to permit the "deinstitutionalization" of many people who with some care and supervision can live, work and play in the community. The people returning from institutional life would tend to be older, particularly if under long-term care of the institution.

The second large group among us who require special care are the "developmentally disabled." Simply put, at some time in life — usually in the early years — their continued development has been slowed down. These people are affected, for example, by epilepsy, cerebral palsy, autism or mental retardation. It is not uncommon for these people to be multiply-handicapped. Government planners conservatively estimate that about five percent of us are affected by some degree of developmental disability. In the 12 counties of this diocese, that would be about 75,000 people.

Some of these people need the full-time care available only at an institution. The three developmental centers in our diocese are located in Rochester, Newark and Sonyea. They provide care for perhaps 2,000 people. Obviously then, most people affected by these disabilities are already in our neighborhoods. Many are able to cope, are married, have families and jobs. Others are able to benefit from the freedoms that most of us enjoy in the community, but require some assistance and supervision to carry out the activities of daily life.

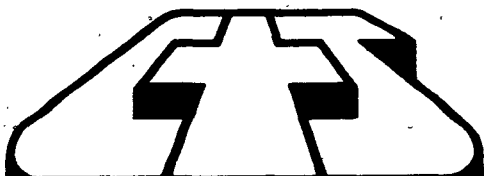
The U.S. Bishops Pastoral Letter in 1978 urges diocese and parishes to find new ways to open themselves to serving handicapped people. But more important, it urges that we find ways to enable these brothers and sisters, part of the Mystical Body, to share their God-given gifts. The bishops encourage not only that we make



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ourselves and our buildings, more accessible, but that we enable these people to enjoy a fuller participation as, for example, lecturers, readers, folk group and choir members, and through parish life activity.

Some groups in this diocese are already involved in these activities. On a larger scale, the School of the Holy Childhood provides special education programs. DePaul Mental Health Services, a Catholic Charities agency, will shortly open its fourth group home for chronic mentally ill people — caring for about 55-60 people. Catholic Charities, itself, will soon open its second residence for the developmentally disabled in Penn Yan. The diocese has assigned full-time chaplains at the psychiatric and developmental centers, with liturgies and sacramental preparation in touch with special needs. At some parishes, sacramental preparation is geared to the special needs and there are some volunteer groups which visit and entertain. Folk groups visit the Monroe Developmental Center weekly.



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Support Programs for the Disabled

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