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DURHAM, NORTH CAROLINA

At the Hospital's I.R.U.

Rehabilitation Is Hard Work and Rewards



CHECKING THE FIT—Dr. Ed Cooper, director of the hospital's Inpatient Rehabilitation Unit, examines a halo brace which keeps accident victim John Bass immobilized to prevent further injury. (Photo by David Williamson)

N.C. Orthodontic Society Meeting Here Today, Sat.

Twelve professors will describe here tomorrow how breathing problems can deform the face and jaws. They will also discuss how to reduce or eliminate such problems.

Their reports will be given at this year's meeting of the North Carolina Orthodontic Society, which began today at the Downtowner Motel and will move to the Duke Hospital Amphitheater Saturday. More than 100 doctors are expected to attend.

Several of Saturday's speakers will discuss when to remove tonsils and adenoids. The tonsils parents worry about are the two fleshy glands—each the size of an almond—at the back of the throat. The adenoids are similar glands out of sight at the back of the nasal cavity.

These glands can be so large during

childhood that they interfere with breathing and proper tongue function, said Dr. Galen W. Quinn, president of the Orthodontic Society and a professor at Duke.

As a result, he said, they can effect the growth and development of the face and jaws.

A child who can't get enough air through his nose is forced to breathe through his mouth, Quinn said. Thus, the jaw muscles are constantly tensed to keep the mouth open. This tension can cause the jaws to grow misshapen, preventing the teeth from closing together as they should and giving the child an odd appearance.

Quinn will lead off Saturday's speakers at 9 a.m. with a lecture entitled "Airway Interference and Its Effect on

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By David Williamson

"It takes a lot of patience not to help someone you see struggling," said RN Diane VonGerichton, assistant head nurse at the Inpatient Rehabilitation Unit. "Especially when you're right there and you could do it so much easier yourself."

Those may sound like strange words coming from a nurse, since nursing and helping have been almost synonymous since the days of Florence Nightingale. But, in fact, "not helping" is a large part of what the Inpatient Rehabilitation Unit is all about.

In case you didn't know (and many people don't), the "Unit" is a 27-bed satellite ward of the hospital located almost a mile away at 3100 Erwin Road. It occupies the second floor of the Durham Rehabilitation Center, a large, gray, Georgian-style building with white columns fronting on Moreene Road.

Ms. VonGerichton's words are part of a philosophy designed to assist patients there who have severe disabilities achieve the highest possible levels of independence. The patients include primarily automobile, motorcycle and job accident victims with spinal cord injuries, those with total hip or knee replacements (amputees) and stroke or neurological disorder sufferers.

It is only by constant effort can a patient who is assigned to the unit hope "to make the most of what he's got left," Ms. VonGerichton explained, and become as productive as possible in his new world.

Richard K. Hutchins, a longtime Durham resident is a case in point. At the moment, he's recovering from a laminectomy, the removal of a tumor on his spinal cord. For this plucky gentleman, who has no feeling below his thighs, even getting into the bathtub is a difficult task. Still, he practices this chore day after day, and many times a day.

Melanie Lyons, an occupational therapy aide, stands by his side ready to lend an arm in case he loses his balance—something which could cause him further injury. But Ms. Lyons doesn't touch him unless she has to. And Mr. Hutchins doesn't ask for help.

Mike McCallister of Fort Mill, S.C., who was also a patient on the unit became an example of rehabilitation at its best. The young man, an employee of Duke Power Co., was working on high voltage lines near Durham on April 18 last year when he touched cables charged with 125,000 volts of electricity. Through a careless error, someone had allowed the current to be cut on before Mike and his crew had finished their assignment.

His arms and legs were severely burned, and his life hung in the balance for many days. Both legs had to be amputated below the knees, and his left arm was amputated at the elbow.

The Vietnam veteran who had come unscathed through combat in Southeast Asia fought depression, pain and the opinions of those who thought

he would spend the rest of his life in a wheelchair. He was fitted with artificial limbs in the hospital's Department of Prosthetics and Orthotics, and therapists working with the Inpatient Rehabilitation Unit taught him to use them.

Five minutes after he got his new limbs he was up and hobbling around. Today he works, drives a car and walks with scarcely a limp.

But Mike's progress was extreme. Usually the pace is slower, sometimes agonizingly so, especially in cases where wheelchair movement becomes the goal and is not just a preliminary to walking.

Head nurse Lillie Gentry explained that patients who have lost a major part of their normal functions generally go through three psychological stages which affect the rate and potential of recovery.

The first stage is denial. During this period, the patient may completely reject the idea that he will never walk again despite overwhelming evidence.

Surprisingly, it's not unusual for the individual to make the best progress then toward regaining whatever use of the limbs is possible.

The head nurse said staff members work with the patients and at the same time tactfully avoid disagreeing with them when the almost inevitable protestations begin.

The second stage is frequently the hardest because it often involves severe depression. Physical progress slows considerably, and nurses and therapists can do little beyond listening and offering encouragement and support.

The third stage, acceptance, marks a new beginning.

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Employees Top Area's Donors

The business and finance division of the university was honored recently with a Red Cross certificate of appreciation for being 1974's largest group blood donor in the county.

According to Mrs. Gretchen Durham, blood program director for Durham County, the division topped all other large contributors in the area by going 200 per cent over their goal in donations.

"The division, under the direction of material support director Bill Haas, had pledged to donate 351 pints of blood for 1974," she said, "and it almost reached the 700 mark." Mrs. Durham also noted that the division's pledge year does not officially end until mid-March of this year.

Though the 1,400 business and finance division's employees have equaled their pledges several times in recent years, this is the first year they have donated more blood than the county's other large contributors.