

FALL/WINTER 2010

TORONTO



rehab

REHABILITATION SAVES LIFE

Women with Heart

Why women need their own cardiac rehab

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Rehabilitation saves life.

The Toronto Rehabilitation Institute is at the forefront of one of the most important and growing sectors in health care today—rehabilitation science. As a teaching and research hospital specializing in adult rehabilitation, complex continuing care and long-term care and fully affiliated with the University of Toronto, our goal is to revolutionize rehabilitation and maximize life for the 4.4 million Canadians who experience the disabling consequences of illness, injury and aging.

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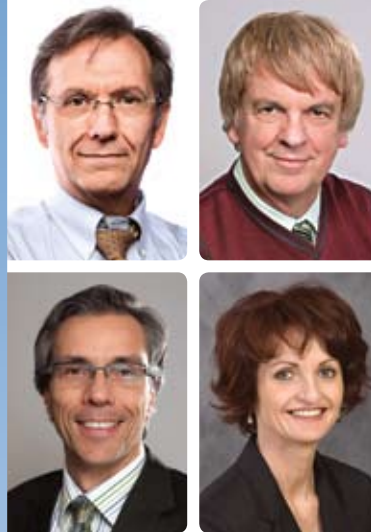


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Revolutionizing rehabilitation a bold visi

By Mark Rochon, Dr. Geoff Fernie,
Dr. Gaétan Tardif and Susan Jewell



One in two Ontarians will be touched by disability—either personally or in their immediate family.

The reasons are many. The incidence and prevalence of chronic and sometimes disabling conditions such as diabetes and osteoarthritis continue to rise. As our population ages, the number of individuals with Alzheimer's

disease is increasing. And, as a result of numerous medical advances, more people are surviving heart disease, stroke and traumatic injury than ever before.

At Toronto Rehab, we believe there is more to life than simply surviving. That's why we're taking a quantum leap forward—to revolutionize rehabilitation. It's a bold vision in response to an urgent need: to restore ability, build confidence and maximize quality of life for people facing the disabling consequences of injury, illness and aging. Our aim is to help patients regain healthy and independent lives at home and in the community.

Toronto Rehab is committed to revolutionizing rehabilitation because we know that *Rehabilitation saves life*.

Created just over 10 years ago, Toronto Rehab has established itself as a leading Canadian academic health sciences centre dedicated to adult rehabilitation, complex continuing care and long-term care. With our new five-year strategic plan, we challenge ourselves and the status quo by embracing the responsibility to drive change and to create the conditions that will

on



propel rehabilitation forward. We will also apply our expertise in rehabilitation science to improve patient access and flow within the health system—from acute care to community care—for better outcomes and a sustainable health care system.

To accomplish this, we'll need to reach beyond our walls and define rehabilitation more broadly than ever before. This will demand an approach that introduces rehabilitation soon after a

patient arrives at the emergency department and that continues at home and in the community long after discharge from hospital.

It will require integration of patient care and research in new and deliberate ways to create better therapies, better care and better assistive devices. It will mean raising the bar on how we educate the next generation of health care professionals, as well as patients, families and the community, and how we engage our own staff. It will compel us to think about rehabilitation in ways we have yet to imagine.

By working together, our outstanding researchers and clinicians will generate new knowledge, integrate this knowledge into practice and share discoveries with students and other rehabilitation providers across the country and around the world.

Our new rehabilitation research facilities—laboratories that are unequalled anywhere—will facilitate discovery and support a culture of inquiry. Our investigators will use state-of-the-art technology to answer questions, solve problems and strive

for breakthroughs that will afford patients, and individuals who are treated elsewhere, the best possible recovery.

We will also continue to promote collaborative team learning in the field of health care education through our partnership with the University of Toronto Centre for Interprofessional Education—because better teams mean better patient care.

To build awareness of Toronto Rehab and how

Rehabilitation saves life, we have launched an exciting public awareness campaign. We invite you to find out more by visiting us online (also see pages 10 and 15).

Implementing Toronto Rehab's new vision will take the collective energy and talent of everyone within our organization to define and reinvent rehabilitation care, research and education. It's a challenge Toronto Rehab staff are uniquely qualified for and one we are eager to take on.

We will revolutionize rehabilitation to maximize life. We're already on our way.

To find out more about how we're revolutionizing rehabilitation, visit www.torontorehab.com

Mark Rochon, is President and Chief Executive Officer at Toronto Rehabilitation Institute. Dr. Geoff Fernie is Vice President, Research; Dr. Gaétan Tardif, is Vice President, Quality, Patient Care and Chief Medical Officer; and Susan Jewell is Vice President, Patient Care and Chief Nursing Executive.

Toronto Rehab is committed to revolutionizing rehabilitation because we know that Rehabilitation saves life.

Stroke rehab: raising the bar



Stroke service inpatient physiotherapist Jackie Lyburner (right) helps Lara Kaufman transfer from a wheelchair to her hospital bed. A helmet was used to protect Lara's brain throughout her hospital stay prior to the replacement of a bone flap in her skull.

Lara Kaufman has spent most of 2010 recovering from a stroke caused by a fluke accident. She sustained a blood clot to the brain when she was jabbed in the neck by her ski pole after stepping off a chairlift during a family ski day in Collingwood.

Lara's message to her Toronto Rehab inpatient and outpatient stroke service rehabilitation team, who helped her regain function and independence: "Thank you, thank you, thank you!" proclaims the 42-year-old chartered accountant, wife and mother of three.

Lara was paralyzed on her left side and "could barely sit in a chair without falling over" when she was first admitted for stroke rehab. "Before my stroke, I knew nothing about rehabilitation. I've learned that rehab is very hard work but when you work this hard, you can achieve your goals."

Now walking with a cane and continuing to make tangible gains in outpatient therapy, Lara "hopes the stroke service rehab team continues to have the passion that they have shown in their work with me."

Her testimonial reflects the reputation for clinical excellence, innovation and leadership that Toronto Rehab's stroke service has earned across Canada and beyond.

Earlier this year, the stroke service became the first freestanding rehab program to earn the Stroke Services Distinction from Accreditation Canada, an independent, not-for-profit organization that evaluates hospital services against national quality standards. The award is the first disease-specific accreditation program in the country presented to health organizations that meet or exceed the best standards of stroke care.

"We are always striving for excellence and improved outcomes for our patients, and it is so important to have peers from outside the organization assess how we measure up against best practice standards," says Dr. Mark Bayley, Medical Director of Toronto Rehab's neuro rehabilitation program.

"The award is quite a rigorous process," explains Ramona Mileris, manager of the stroke service. "It's an assurance to patients and families that no matter who you are, when you come here you're going to receive the best care possible."

As part of Accreditation Canada's survey, Toronto Rehab's stroke service showcased one of its innovative initiatives called the EPIC project (Empowering Patients in Community Reintegration), which incorporates three approaches to getting people back home after their stroke: early supported discharge from inpatient rehabilitation, telephone follow-up and new models of outpatient therapy.

The early supported discharge program enables eligible patients to be discharged up to a week early. Support is provided in the home by the inpatient team, that then transitions care to community therapists. Through this partnership with the Toronto Central Community Care Access Centre, patients and families also learn to apply skills acquired in the hospital to the home setting.

Within three weeks of discharge from inpatient care and six weeks from outpatient services, patients receive a phone call from a member of their stroke rehab team. The call determines how the patient is progressing, and whether any urgent issues need addressing before a scheduled follow-up appointment with their Toronto Rehab doctor.

Based on feedback from patients, outpatient services are now offered in three- to four-week time blocks or installments instead

"I've learned that rehab is very hard work but when you work this hard, you can achieve your goals."



Dr. Mark Bayley (left) and Ramona Mileris

of in a continuous session of up to 12 weeks. "This approach gives patients more choice and flexibility of when and how much therapy they get, and we're finding we can provide services to more patients," says Ramona. "It's a much more customized approach."

Collaboration between clinicians, researchers and patients to advance stroke care is a hallmark of Toronto Rehab's stroke service. "We're continually developing and evaluating new therapies and taking opportunities to conduct scientific research," says Dr. Bayley.

For example, all stroke inpatients now receive high-tech walking and balance assessments through a combined clinical/research initiative called the Balance, Mobility and Falls Clinic. Technology never before used outside of the research lab is giving clinicians detailed information that informs care and may lead to exciting new treatments.

Through clinical/research collaborations, patients can also

be tested for sleep apnea, which has been shown to increase a person's risk of stroke. Those with spasticity, a condition where muscles contract or tighten without the person's control, can be seen by the hospital's Comprehensive Spasticity Management Clinic, while patients with swallowing problems may benefit from an assessment and studies conducted by the Swallowing Rehabilitation Research Laboratory.

Toronto Rehab is evaluating other initiatives including the community days it hosts at the hospital to introduce patients to organizations that provide services in the community for people who have had a stroke. Another innovation is its low-tolerance, long duration project that has set aside three inpatient stroke beds for people who have had more severe and complicated strokes and need rehabilitation but, at a




Lara back at home enjoying time with her family



As an outpatient, Lara exercises with the guidance of physiotherapist Jennifer Neirinckx.

slower pace and lower intensity to begin with.

"We're constantly moving forward," says Dr. Bayley. "But sometimes we need to look back and acknowledge the things we've accomplished in advancing the field of stroke care."

Adds Ramona: "It all comes back to being passionate about patient-centred care in the stroke population." 

Facts about stroke

- Each year, nearly 14,000 Canadians die from stroke, making it the third leading cause of death.
- Over 50,000 Canadians a year have strokes—that's one stroke every 10 minutes. About 300,000 Canadians are currently living with the effects of stroke.
- Of every 100 people who have a stroke:
 - 15 die
 - 10 recover completely
 - 25 recover with a minor impairment or disability
 - 40 are left with a moderate to severe impairment
 - 10 are so severely disabled they require long-term care.
- Stroke costs the Canadian economy \$3.6-billion a year in physician services, hospital costs, lost wages and decreased productivity (2000 statistic).

Source: Heart and Stroke Foundation



Preventing sleep apnea *The doc says take a walk!*

Every hour or so, Dr. Douglas Bradley gets up from his desk and walks down the corridor and back to prevent fluid build-up in the legs, which he recently has shown can lead to sleep apnea. He also encourages his patients—particularly those with desk jobs—to move around as often as possible throughout the day.

“Sleep apnea is not just about obesity as originally thought—a lot of it is about sedentary living,” says the Toronto Rehab senior scientist and director of the hospital’s Sleep Research Laboratory.

In a series of groundbreaking studies, Dr. Bradley and his team have discovered that fluid which accumulates in the legs during the day can migrate to the neck at night, compressing the throat and causing obstructive sleep apnea—a disorder in which the throat collapses during sleep and a person stops breathing repeatedly for short periods. Sleep apnea affects an estimated 10% of Canadians and is strongly linked to high blood pressure, and increased risk of stroke and heart attack.

People who sit during most of the day are at greatest risk for building up fluid in their legs. “Gravity forces fluid down to the bottom of your body when you are sitting and your legs are inactive,” says Dr. Bradley. “When you stand and walk, you contract your leg muscles, which work as a pump to move fluid out of the legs.”

While there is a correlation between obstructive sleep apnea and obesity, research has shown that 60% of people with sleep apnea are not obese. This led Dr. Bradley to investigate other potential causes of the sleep disorder.



“I had observed that patients with congestive heart failure and kidney failure have much higher prevalences of sleep apnea than the general population and the only thing these two groups have in common is that they are fluid overloaded. So we thought that fluid retention was playing a role in causing sleep apnea.”

In the first of several studies on fluid retention and sleep apnea, Toronto Rehab researchers worked with non-obese men and discovered not only that fluid build-up in the legs can move to the neck when lying down to sleep, but that there is a correlation between the volume of leg fluid and the amount of time spent sitting the previous day. In other words, people who are inactive may be predisposed to obstructive sleep apnea.

A second study, published earlier in 2010 in the prestigious journal *Circulation* and involving 57 men with heart failure, found that “more fluid moves out of the legs at night in patients with heart failure because they have more fluid retention,” explains Dr. Bradley.

Patients with heart failure can get two kinds of sleep apnea—obstructive or central sleep apnea, which occurs when the brain temporarily stops sending signals to the muscles that control breathing. “Those with central apnea had twice as much fluid moving out of their legs as those with obstructive apnea, which explains why healthy people do not get central apnea—they don’t get that much fluid moving out of their legs.”


The discovery of the relationship between fluid retention and sleep apnea has been heralded as a completely new area of investigation. “Nobody had thought of this before—we hit the jackpot,” says Dr. Bradley. “We have drawn a direct link between fluid movement out of the legs and the presence and severity of sleep apnea.”

Other promising studies

Dr. Bradley has also launched a five-year international study to determine whether patients with heart failure and obstructive or central sleep apnea do better when their sleep disorder is treated or untreated. Treatment involves adaptive servo-ventilation (ASV), a smart version of CPAP (continuous positive airway pressure)—a device which applies air pressure through a mask worn over the nose at night. The air pressure prevents the throat from collapsing and is designed to eliminate apneas.

Funded by an \$8-million grant from the Canadian Institutes of Health Research and Philips Respironics Corporation, the study will involve up to 1,000 patients through 45 participating research centres in eight countries.

“We’re reading all the sleep studies in our core laboratory at Toronto Rehab,” says Dr. Bradley. “This is a potentially historic trial in which we will truly find out whether treating sleep apnea in heart failure saves lives.”

Also, stay tuned for results of a study to be published soon in the journal *Stroke* comparing recovery of patients with stroke and obstructive sleep apnea—some of whom were treated with CPAP and others who were not. 



Detecting sleep apnea at home

Only about 10% of people with sleep apnea are actually diagnosed with the disorder. A key reason is the lack of access to a sleep laboratory where polysomnography—the conventional and highly reliable method of diagnosing sleep apnea—is conducted. The test requires an overnight stay and is expensive.

A team of researchers at Toronto Rehab’s Sleep Research Laboratory has developed a simple, portable device for in-home use that can diagnose sleep apnea by recording breathing sounds while a person sleeps. Developed by Dr. Hisham Alshaer, a PhD candidate in biomedical engineering at the University of Toronto; Dr. Douglas Bradley; and Dr. Geoff Fernie, Toronto Rehab’s Vice President, Research, the sounds are analyzed by a computer programmed to detect volume, frequency and fluctuations in sound. “From this, we can tell if an apnea occurs,” says Dr. Bradley.

Preliminary tests in the lab show “an exceedingly good correlation between apneas detected by this device and apneas detected by the gold standard, which is the polysomnography.”

The next step is to test the device in the community. If all continues to go well, the team hopes to work with a commercial partner to bring the device to market within the next few years.

With the help of Toronto Rehab's swallowing lab research project, Scott Fraser learned to swallow again following a brain injury.

"Boot camp for the tongue" and other research aims to correct swallowing problems

Tough to swallow

Nothing makes Lorraine Fraser happier than putting a homemade meal in front of her husband Scott and nothing brings Scott more satisfaction than being able to eat it.

Since 2007, when Scott sustained a severe brain injury in a car crash, he had been unable to swallow—a condition known as dysphagia. With the help of Dr. Catriona Steele and her team at Toronto Rehab's Swallowing Rehabilitation Research Laboratory, Scott joined a study that used tongue-pressure exercises to help him learn to swallow again.

He can now safely drink liquids and eat the most challenging foods including meat, popcorn and nuts. He particularly savours his favourite treat—chocolate.

"I can have the same food as Lorraine and our son Kyle, and I can eat my meal in half an hour," says

Scott, who returned home earlier this summer after being hospitalized for more than two years in two Toronto hospitals. "I enjoy those times with my family. It's very important to me."

He describes his years of being fed through a tube into his stomach as "quite an ordeal. It was very, very depressing."

Scott missed everything about eating—the taste, smell and social aspects of meals enjoyed with family and friends. When he graduated from tube feeding to a diet of pureed food by mouth, he didn't like the taste or texture. "Scott had to swallow twice for each mouthful of food and wash it down with a sip of liquid," explains Sonja Molfenter, a speech language pathologist and PhD student who worked with Scott on the study.

Because his swallow wasn't safe for liquids—which especially require versatile tongue pressure—Scott drank thickened liquids, and had to tuck his chin down to his chest before each swallow. It was exhausting, time consuming and he had to be careful

that food or liquids didn't accidentally go down his airway and to his lungs, which can result in pneumonia.

Difficulty swallowing, or dysphagia, often occurs with conditions including brain injury, stroke and neurodegenerative diseases such as Parkinson's disease and multiple sclerosis. Many people may develop swallowing difficulties as they age and up to 80% of nursing home residents have problems swallowing. A major contributor to swallowing difficulties is a loss of muscle strength in the head, neck and especially the tongue, which is composed entirely of muscle.

Swallowing is a complex process involving 25 pairs of muscles firing in sequence. "When an injury or disease interferes with this process, the results can be devastating physically, psychologically and socially," explains Dr. Steele, a Toronto Rehab senior scientist and associate professor of speech language pathology at the University of Toronto.

As part of a three-year study, Scott and other patients with dysphagia





Scott in the swallowing research lab with Dr. Catriona Steele (left) and Sonja Molfenter (right)

learned tongue-pressure exercises using their tongues to squeeze a bulb positioned in the mouth. This “boot camp for the tongue” was conducted three times a week for a total of 24 sessions. The study results suggest that accuracy instead of strength is

to a liquid with your tongue is also a way of measuring the flow of the liquid. So the tongue is working as a flow-measurement instrument, or a rheometer,” explains Dr. Steele. “We think that people who have sustained damage to their tongue muscles and to the neural pathways controlling those muscles through a stroke or brain injury may have broken rheometers. That is, we suspect that they cannot detect small differences in liquid flow and therefore cannot program their swallowing to match the flow of the liquid.”

along with Kyle, now 13, has played a big role in helping to support, motivate and advocate for Scott during his long recovery.

“Scott has had to learn to walk again, his quality of speech has been affected and he has some cognitive challenges. So to have the swallowing resolved is a huge thing. Dr. Steele has no idea how our quality of life has improved. Her research has helped our family tremendously.”



Lorraine Fraser serves dinner to husband Scott (left) and son Kyle.

a more important goal in improving the different parts of the tongue that control the movement of liquid through the mouth during swallowing.

Now Dr. Steele and her team have been awarded \$600,000 by the U.S. National Institutes of Health for a three-year study that will include a series of four experiments—some involving people with no swallowing problems and others focusing on people with dysphagia. The research will explore the relationship between tongue pressure and a person’s ability to detect small differences in the viscosity or flow of liquid during swallowing.

“We think that applying pressure

Through its various studies, Toronto Rehab’s Swallowing Rehabilitation Research Laboratory tries to match therapy to the specific problems identified in a patient’s swallowing x-ray. “We don’t just want to compensate for a swallowing difficulty by teaching techniques that you always have to remember to use—whether that’s drinking thickened liquids for the rest of your life or having to tuck your chin and stare at the floor every time you swallow,” says Dr. Steele. “We want to be able to take those muscles and train them so that swallowing improves without needing to think about it every time you swallow.”

That’s exactly what Scott has accomplished through his involvement at the research lab.

“After a brain injury, there’s enough to worry about,” says Lorraine, who

Research volunteers needed



Interested in contributing to research that could help people with dysphagia? Dr. Steele and her colleagues are looking for 70 adults with no swallowing problems to participate in the first phase of a three-year study funded by the National Institutes of Health. For further information, send an email to srrl.tri@gmail.com or phone the lab at 416-597-3422, ext. 7811.

TORONTO rehab news

Ad campaign launches on streets of Toronto



Toronto Rehab kicked off its new public awareness campaign this fall with a frozen flash mob in eight different downtown Toronto locations.

The group of 25 did a circuit through the downtown core, spontaneously striking a pose for about 10 minutes in high-traffic areas before unfreezing and dissipating back into the masses. The group braved the chilly weather and ditched their jackets to reveal either the number 1 or 2 emblazoned on their shirts. The meaning? One in two Ontarians will be touched by disability, either personally or by someone in their immediate family.

The campaign—comprised of print, television and radio advertising—began October 4, spreading the hospital's new tagline *Rehabilitation saves life* and pointing people toward the hospital website at www.torontorehab.com

The ads draw attention to the promise and potential rehab has to maximize life for people who have experienced disabling injury or illness. "It's an especially poignant message as baby boomers look for ways to continue living independently while maintaining their high quality life," says Jennifer Ferguson, Toronto Rehab's Vice President, Marketing and Communications.

Toronto Rehab a Top GTA Employer



Toronto Rehab has been named one of Greater Toronto's Top Employers for 2011. This designation recognizes Greater Toronto employers that lead their industries offering exceptional places to work.

As a leader in rehabilitation science and recognized employer of choice, Toronto Rehab's success depends on attracting much sought-after talent and the very best specialists in rehabilitation science—physicians, clinicians, researchers, administrative and support staff and volunteers, all of whom play a key role in helping the hospital achieve its vision of Revolutionizing Rehabilitation—Maximizing Life.

For more information, visit: www.eluta.ca/top-employer-toronto-rehabilitation-institute

Toronto Rehab welcomes new VP



Susan Jewell has joined Toronto Rehab as its new Vice President, Patient Care and Chief Nursing Executive.

Susan came to Toronto Rehab

from The Hospital for Sick Children (SickKids) where she held a variety of clinical roles since 1990, including Vice President, Clinical Services. She has also served on several boards, and currently is a director on the board of Toronto's Ronald McDonald House.

"Susan is an exceptional leader and Toronto Rehab is pleased to welcome her to our team," says Mark Rochon, President and CEO.

Rehab scholarship recipient named



Eric Wan, a University of Toronto master's student, will receive this year's Scholarship in Rehabilitation-Related Research for Graduate Students with Disabilities.

The \$20,000 scholarship supports the education and training of master's and doctoral students with disabilities who are studying in a rehabilitation-related field and intend on contributing to rehabilitation science as researchers.

Eric has worked with Holland Bloorview Kids Rehabilitation Hospital researcher Tom Chau to develop several projects aimed at helping children living with disabilities.

Eric also stars in Toronto Rehab's Pepsi Refresh project video. Vote for Toronto Rehab's video and help us raise Dollars for Scholars by visiting www.refresheverything.ca

Celebrating Toronto Rehab award winners

Toronto Rehab researchers and staff produce quality work—and it shows:



Nancy Boaro (left), advanced practice leader in the neuro rehab program, won the award for Excellence in Nursing

Practice, while Director of Nursing **Nazlin Hirji** received an Award for Excellence in Nursing and Administration from a global community of nursing leaders, hosted by the Honour Society of Nursing, Theta Sigma Tau International.



Kate Dupuis, a postdoctoral fellow in Toronto Rehab's Cognitive Neurorehabilitation Sciences Lab, received an Age+ Prize from the Canadian Institutes of Health Research, Institute of Aging. The award recognizes excellence in research on aging carried out by emerging Canadian scholars.



Dr. Andrea Furlan, a physician in our musculoskeletal rehab program, won the Health Policy, Management, and Evaluation Award for alumni at the University of Toronto. The award recognizes leaders in government, health care, academia and research through innovative thinking and creativity.



Senior scientist **Dr. Angela Colantonio** is the Brain Injury Association of Canada's 2010 Research Award recipient. The award is granted to an individual, group or organization for outstanding contributions in research in the field of acquired brain injury.



Dr. Catriona Steele, senior scientist, has been named the 2010 winner of the Speech-Language Pathology Alumni Association Distinguished Service Award. The award is granted for academic, clinical and research contributions to the speech-language pathology profession.



Radio City Gala raises over \$400,000!

The Toronto Rehab Foundation proudly hosted its 21st annual gala in September, raising over \$400,000 in support of Toronto Rehab. More than 450 guests were welcomed to Radio City by the Radio City Rockettes, indulged in a five-star dining experience and enjoyed a performance by Juno Award-winning songstress Sophie Milman. Guests were also treated to a sneak-preview of Toronto Rehab's public awareness campaign.

The Toronto Rehab Foundation thanks the following for their support of the Radio City Gala: Luc Vanneste, Gala Chair and his Committee; Gold Sponsor, Scotiabank; Silver Sponsors, Crown Taxi, Sun Life Financial Inc. and Skyservice Business Aviation; Bronze Sponsors, Creative Wealth Management Group Inc., Deloitte., Ernst & Young LLP, Canadian Iceberg Vodka Corp., Jones New York, KPMG Canada LLP, Liberty Grand Entertainment Complex, Likirly Capital Corporation and PricewaterhouseCoopers LLP.

Join the cardiac rehab walk!

Mark your calendars now for Saturday, February 26, 2011 and join the 8th annual *On Track to Cardiac Recovery* fundraising walk at Toronto Rehab. Hosted by the Toronto Rehab Foundation in partnership with the staff and volunteers of the hospital's cardiac rehabilitation and secondary prevention program, the event is a great way to mark Heart Month.

The fundraising walk takes place on the state-of-the-art indoor track at the hospital's Rumsey Centre. Event highlights include live entertainment, a silent auction, an education expo, KidZone and a presentation about heart health.

For information on how you can get involved, visit www.torontorehabfoundation.com or call 416-597-3040.



Women with Heart

**Cardiac rehab program for women
a haven for support and recovery**



Villy Baria (left) and Edith Anderson on the walking track at Toronto Rehab

“Sign me up.” That was Edith Anderson’s immediate response when offered the chance to join Toronto Rehab’s cardiac rehabilitation program for women after the 46-year-old had a heart attack in December 2009.

“I’m the third daughter of four, so I’ve grown up in a world where sisterhood and a female support structure are important to me,” says Edith, an information technology manager, wife and mother of an eight-year-old son. “Knowing some of the challenges I was facing physically and emotionally, a women’s program just made sense to me.”

Edith made a special connection with three members of her cardiac rehab class—“women in my own age group with families and careers. We listened to one another, gave non-judgmental support and advice, and now that we’ve graduated, we’re still in touch by email.”

Approaching its second anniversary, Toronto Rehab’s Women with Heart cardiac rehab program provides a safe and supportive environment for recovery. Many women prefer to exercise with other women rather than in a co-ed class and they feel more comfortable raising women’s health and emotional issues in a setting with other females.

Toronto Rehab has long been known as a North American leader in cardiac rehabilitation and secondary prevention. A 2009 research study co-authored by Medical Director Dr. Paul Oh showed

that people who participate in cardiac rehabilitation programs following a heart event, such as a heart attack or surgery, reduce their risk of dying from another cardiac event by 50%.

Despite the fact that women should make up almost half of the referrals to cardiac rehab programs, less than 25% of cardiac rehab participants are female. Another concern: among the women who do get referred, the drop-out rate is high. Toronto Rehab’s cardiac rehabilitation team reviewed the research literature, conducted its own studies and spoke to females in the co-ed programs to come up with an offering that would better meet women’s needs, address barriers to participation and help them to achieve the benefits of cardiac rehabilitation.

“Our goal is to make cardiac rehab a standard of women’s health care,” says Dr. Rajni Nijhawan, the lead physician for the Women with Heart program. With Dr. Oh, she is also conducting an evaluation of the women’s-only class model and the four pillars of the program: clinical, educational, research and peer support.

Dr. Nijhawan and her team are attempting to educate health professionals and the public about women and heart disease. “Women are less likely to be monitored for important risk factors such as high blood pressure, cholesterol and diabetes, and they are under-referred to cardiac rehab programs.”

***“Women with Heart is
for women and delivered
by women. It will help
you cope, recover and
give you hope.”***

Women with Heart is for women who are either at risk or have had a cardiac event. Designed to improve cardiac strength and fitness, the program helps women make long-lasting lifestyle changes to reduce their chance of future heart problems.

Special features include a women's-only class, an emphasis on social and peer support, and education sessions including a quarterly Women with Heart seminar series that is also open to the community.

Initial evaluation of the program has been very positive, according to Tracey Colella, advanced practice leader, Women with Heart initiative. "So far, we're seeing good attendance and less withdrawal than among women in our other programs. We've really tried to address the smaller classes and the social support."

Class size is capped at 25 participants and time is set aside before each weekly exercise session for women to meet informally with one another and staff. "Everybody involved is very passionate about

stress of being a caregiver to family members while trying to find time for self care, and how to cope with issues such as sadness, anxiety and some of the stressors that women either had before their cardiac event



The women's cardiac rehab class



Dr. Rajni Nijhawan (left) checks Edith's blood pressure while Villy looks on.

the women's program," says Tracey. "Staff are inspired by the women we provide care for, and I think, in turn, the women are inspired by our team of female health professionals."

A weekly drop-in peer support group is also available for any woman attending cardiac rehabilitation at the hospital. "Stress is among the big risk factors for heart disease," says support group facilitator and social worker Hannah Esmaili Tavella. "A lot of issues come up—how to manage the

or as a result of it. There's also a lot of discussion about managing interpersonal relations, such as conflict with a partner or child."

In the exercise class, cardiac rehab supervisor Joan Kitchen and her team supervise women on the walking track and put extra emphasis on resistance (weight) training. They also plan to host guest demonstrations to introduce a variety of physical activities such as yoga, Tai Chi and dance. "We want it to be fun so women keep exercise

The women's cardiac rehab staff team (from left): Dr. Rajni Nijhawan, Martha Strong, Cassandra Barnes, Joan Kitchen, Tracey Colella, Karen Dobson, Christine Occhipinti, Hannah Esmaili Tavella and Arlene Silverstein.





Education is a key component of the program.

as part of their lives when the program is over. We want to do anything that keeps them motivated and interested."

The exercise team also offers alternatives to walking, such as use of stationary bicycles, for women who may have leg or foot problems.

Women are usually 10 years older than men when they begin to experience symptoms of cardiovascular



Working out under the watchful eye of Christine Occhipinti, exercise leader

disease. By then they often have other health complications, including musculoskeletal (MSK) problems such as arthritis or osteoporosis. A weekly MSK clinic helps address these concerns and keep women participating in cardiac rehab.

In addition to weekly fitness


classes at the hospital, educational lectures on a range of topics, the support group, and one-on-one sessions available with the social worker, psychologist and dietitian, women follow their individual exercise prescriptions at home four times a week. Many women also support one another by staying in touch by phone or email, or getting together for lunch or coffee outside of the hospital. In the coming months, a new program will pair volunteer graduates with individuals just beginning cardiac rehab for peer support.

"The women's cardiac rehab program is the best thing that has happened to me," says Villy Baria, 65, who has cardiomyopathy, a disease of the heart muscle that reduces its ability to pump blood to the rest of the body. "I've found a huge change in my life from when I started the program."

Now mid-way through the six-month program, Villy feels "safe, secure and more confident with the knowledge that I am gaining. I'm beginning to understand my own body. I can hardly express how

grateful I am to the team that runs the women's program."

"I wouldn't be as confident, knowledgeable or motivated as I am today if it hadn't been for the women's cardiac rehab program," echoes Edith, who encourages women at risk or women who have experienced a cardiac event to ask their doctor for a referral.

"Women with Heart is for women and delivered by women. It will help get you past the shock and disbelief of what has happened to you, and it will help you cope, recover and give you hope." 

What Women should *Know*

- * One in nine women over age 45 lives with some form of heart disease; that number rises to one in three women over the age of 65.
- * Approximately 37,000 Canadian women will die of heart disease and stroke this year, virtually the same as the number of men.
- * A woman's risk of dying from heart disease quadruples following menopause.
- * A woman with high blood pressure has a 3.5 times greater risk of developing heart disease than a woman with normal blood pressure. Diabetes increases the risk of a heart attack even more in women than it does in men.
- * Cardiac rehabilitation programs are vastly underutilized by women, yet they reduce the risk of dying from another cardiac event by 50%.

Sources: www.womenshealthmatters.ca, Heart and Stroke Foundation, Health Canada, Ontario Women's Health Network, Toronto Rehab

Bringing a bold vision to life

When 45-year-old Allyson Forshaw was paralyzed by a stroke and vowed to leave Toronto Rehab walking, that is exactly what she did. Following heart bypass surgery, Dr. Arthur Helman's goal was to hike the Patagonia mountains of Chile with his sons—a dream that became a reality with the help of Toronto Rehab.

Each year, thousands of people like Allyson and Arthur come to Toronto Rehab for its special brand of care following

"The awareness campaign is an investment in the lives of people who experience disability from illness, injury and aging."

life-altering illness or injury. Because *Rehabilitation saves life.*

That message is at the heart of a new public awareness campaign jointly launched this fall by Toronto Rehab and Toronto Rehab Foundation. The

awareness campaign—on radio, television, in print and an interactive Rehabilitation Innovations Gallery online at www.torontorehab.com—supports the hospital's bold new vision to revolutionize rehabilitation and maximize life (see pages 2-3).

"The awareness campaign is an investment in the lives of people who experience disability from illness, injury and aging. It is designed to increase people's understanding of what we do at Toronto Rehab and our vital role in the health care system," says Tim Casgrain, Chair, Toronto Rehab Foundation. "By telling our story, we also invite the philanthropic support of the community, which is essential to our success in revolutionizing rehabilitation."

Government funding enables Toronto Rehab to deliver high quality care and service but does not cover research that leads to new knowledge and clinical breakthroughs—discoveries that will propel rehabilitation forward and improve outcomes for patients.

To revolutionize rehabilitation, the Toronto Rehab Foundation needs to dramatically increase revenues in the coming years through private sector investment from individual donors, organizations, foundations and corporations.

Leading the charge will be Cindy Yelle, the new President of Toronto Rehab Foundation. "Toronto Rehab has an ambitious plan that is in support of the dreams and aspirations of the patients that we serve," says Cindy. "Rehab can transform lives and I believe it's a story people need to hear. I'm very optimistic that the community will step forward with their support to help us deliver on our promise to revolutionize rehabilitation and maximize life."

To find out more, visit www.torontorehabfoundation.com or call 416-597-3040. Donations can be made online or readers are invited to use the enclosed business reply envelope.



Introducing **Cindy Yelle**



Toronto Rehab Foundation welcomes Cindy Yelle as its new President. Cindy assumes the role from Sheila Hicks, who has retired after nine years at the helm of the Foundation.

"Building the Foundation from the good work that Sheila has done is a privilege," says Cindy, who has over 20 years of experience in the not-for-profit sector. She has held senior positions at SickKids Foundation, the University of Toronto and the United Way of Greater Toronto, and has worked as a philanthropic advisor and consultant for charities, individuals and private foundations.

"I want to work with an organization that inspires me because part of my job in fundraising is to inspire others," says Cindy. "I take my inspiration from our amazing patients at Toronto Rehab, who are working hard on their road to recovery, and from our frontline staff and our researchers, who are passionate and dedicated about delivering the best possible care and opportunities to patients."

Cindy understands the rewards of passion and dedication: she was a member of the 1984 Canadian Olympic swim team, a United States National Collegiate Athletic Association two-time champion, a Canadian and Commonwealth record holder, and captain of Canada's Commonwealth and World Championship swim teams.



Post script Police Constable Mark Oberhauser knows about overcoming challenges and persevering to achieve his goals. His life-long ambition to become a police officer was fulfilled when he joined the Peel Regional Police in 2003. In June 2004, while responding to an emergency call with lights and sirens on, his cruiser was struck by a transport truck. Mark sustained a traumatic brain injury in the crash; he was rushed to a trauma unit where he had surgery and remained in a coma for a week. At first, Mark couldn't walk, talk, read or understand what had happened to him. After weeks in intensive care, he was transferred to Toronto Rehab's neuro rehabilitation program, where the brain injury rehab team helped him to overcome his injury. "Toronto Rehab gave me a second chance at life. The team was understanding, supportive and helpful to me and my family, friends and police colleagues. My goal was to go back to the police force, and thanks to Toronto Rehab, that's exactly what I did." Mark returned to duty in July 2006 and has worked in criminal investigation, community policing and his current position as coordinator of the video property department at 22 Division. He also gives workshops on safety, prevention strategies and brain injury awareness. "Good things can come out of bad events. If my story helps to prevent serious injury or save a life, it's important to share it." Mark hopes that there will be more public awareness of brain injury "that will lead to greater prevention and more research."