

Rehab unit helping patients stand on own feet

Therapists work to improve quality of life for their patients

By Zita Taksas-Raponi
SPECIAL TO THE BEAVER

When Joe D'Andrea arrived on the 39-bed Rehabilitation Unit at Oakville-Trafalgar Memorial Hospital (OTMH) site of Halton Healthcare Services after spinal cord surgery, he was barely able to wiggle his toes.

D'Andrea (or Joe, as he prefers to be called) has Chronic Multiple Myeloma, a form of cancer.

Prolonged use of one of the medications prescribed for this condition caused a build-up of fatty deposits in his thoracic spine, which put so much pressure on the nerves in his spinal cord that he lost the use of his legs.

Last February, D'Andrea underwent an unusual back surgery at Toronto Western Hospital. About a week after his operation, he was transferred to OTMH, his community hospital, to recuperate from his surgery.

Although the surgery was deemed successful, the most prevalent question in everyone's mind was "Would he ever walk again?"

"Not all my doctors agreed but I was determined. Someday, I knew it would happen. I just knew I had it in me," recalled D'Andrea.

As he settled into his room on the third floor Rehabilitation Unit at OTMH, D'Andrea quickly realized that this was not a typical hospital ward. "It was a very positive, upbeat atmosphere—no feeling of unwellness there," he explained. "I didn't expect such a caring and pleasant environment. The nurses were great! I felt very comfortable."

After a series of tests to determine nerve response and muscle strength, a multi-disciplinary care team including Physiotherapist Jennifer Philpott and Occupational Therapist Kim Logie and professionals from Nursing developed a personalized rehabilitation program for D'Andrea, under the guidance of Dr. Stephanie Plamondon, Physiatrist at OTMH.

Physiatry is a medical specialty within the division of Internal Medicine that focuses on the



Joe d'Andrea tries out his walker as Rehab Unit staff give encouragement. They include Jennifer Philpott, Physiotherapist; Dr. Stephanie Plamondon, Physiatrist, Margaret Van Harten, Occupational Therapist Ivan English, Physiotherapy Student Kim Logie, Occupational Therapist

rehabilitation of patients. Originally established in the 1940's to treat brain injury, spinal cord injury and trauma, the specialty has now broadened to include the treatment of sports injuries, musculoskeletal injuries (which include back, neck and shoulder pain), arthritis or joint inflammation. "While the specialty has both a neurological and a musculo-skeletal aspect, Physiatrists deal with the person's rehabilitation including therapies such as occupational therapy, physiotherapy, and speech pathology. It also includes physical ways of treating the patient including knee braces or prosthetic legs for amputees," explains Dr. Plamondon.

For D'Andrea it was definitely a team approach to care. He exercised diligently every day with Physiotherapy Assistant Jeanie Vine, and Physiotherapy student Ivan English to strengthen his legs while Occupational Therapist Assistant Margaret Van Harten helped him with his upper body exercises.

Occupational therapists work with patients like D'Andrea to improve their function, especially in self-care activities such as dressing, bathing, grooming, eating, and transfers from the bed to the wheelchair. Physiotherapists work on the patient's mobility and strength as well as the safety of their gait.

In the case of respiratory patients, physiotherapists may do chest physiotherapy to prevent pneumonia and help emphysema patients deal with breathlessness. Depending on the needs of the patient, other team members may include a nutritionist, pharmacist, recreational therapists, social worker, and speech language pathologist.

The Rehab Unit was intentionally set up to be a supportive and nurturing environment that encourages patients to return to their every day activities.

"Patients here are beyond a certain stage in their recovery and are ready to prepare for home life," said Dr. Plamondon. "With less medical routine, patients get more therapy than they would get on a regular hospital ward. Patients in this unit shower and dress every day. They have

lunch in the lunchroom and attend both private and group therapy sessions. It's similar to the home environment they will eventually return to.

"Sometimes, as physicians, we are so focused on treating the disease, we forget about the patient's home environment," added Dr. Plamondon. "They have to reach a certain level of independence before they can return to their previous life and activities. This is all beyond what medications they require for their underlying illness."

"Basic activities like walking, dressing and going up the stairs may be a challenge," she added. "The beauty of the Rehab Unit is that it simulates the home environment. Patients can work on basic skills, relearning them if necessary, so they have the confidence and physical ability to cope when they are discharged."

By mid-March, after weeks of exercises, they started to see the benefits of their hard work. D'Andrea was able to kick his foot up for the first time. He had reached the first milestone on his road to recovery.

In preparation for D'Andrea's return home, his therapists visited his home to determine what needed to be renovated in order to accommodate his special needs.

Slowly but surely, as the therapy continued and his back healed, D'Andrea's legs and upper body strengthened. Then in April, just before Easter, he stood up for a count of twenty. He had reached another major milestone.

By June 6 when he was discharged to a home well equipped for his needs, D'Andrea was able to use a walker to get himself across a room. It was a happy good-bye. "The quality of the staff is tremendous. I don't think I could have received better care anywhere else," he said. "Now, I look forward to the day when I can rid my house of all the assistive devices and walk up the stairs by myself. It might take longer than I expect, but now I know I am going to get there."

Zita Taksas-Raponi is a Public Relations Associate with Halton Healthcare Service

William Card, 98 Former Town Councillor

Funeral services will be held Friday for William Card, a former member of town council and past president of the Oakville Legion.

Ward died Sunday at the Trillium Manor Nursing Home in Orillia. He was 98 years old.

Card was born in Hastings England, in an area called Bo Peep, on Feb. 12, 1903.

He immigrated to Canada with his family at an early age and eventually settled in Oakville and later served in the Second World War with the Lorne Scots (Brampton).

Card was interested in just about everything, including memberships in the Oakville I.O.D.E., the V.O.N., the Oakville Yacht Club as well as the Oddfellows and the Horticultural Society.

If you wanted the best honey in town you went to Card — he was a great beekeeper for almost 50 years, according to his daughter Margaret.

Card was a lifetime member of the Royal Canadian Legion, being President in Oakville twice and also a member in Orillia.

Card was a member of the Oakville Town Council for many years and served on County Council and as Warden of Halton County. He later became a

Justice of the Peace working with the O.P.P. in Oakville. He ran his own plumbing business on Reynolds Street for many years.

When he and his wife Carrie, moved to Orillia, he took up his interests again. This time he even got involved with the Fall Fair Committee. He took great interest in his "Ham" radio, and had his Canadian as well as American papers. He still retained his interests with the Royal Canadian Legion in Orillia and with the Oddfellows attaining one of the highest levels in the area.

He is survived by two sons Edward, of Utah, and Bernard, of Dunchurch, two daughters, Frances Webb, of Brantford, and Margaret Templeton, of Elora, and nine grandchildren.

His wife Caroline died in 1997.

A funeral service will be held at St. Jude's Anglican Church on Friday. The time of the funeral has not yet been set.

Historic walks end in Sept.

The Oakville Historical Society's has two popular Walking Tours, The Main Street of Old Oakville and The Houses of Old Oakville.

The Main Street, a walk along Lakeshore from Navy to Trafalgar focuses on 66 buildings constructed between the 1830s and 1939. This walk continues on Sept. 9.

The Houses of Old Oakville tour covers the residential areas between Navy and Reynolds south of Robinson, which 13 buildings dating back to the 1830s and nine from the 1850s and 1860s.

The last tour date is Sept. 23.

All walks, with tour guides, begin at the Oakville Historical Society office and archives at 110 King St., at 2 p.m. Tickets are \$10, call 905-844-2695 or visit www.oakvillehistory.org.



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