

Nevada Brain Injury and Concussion Clinic

(from Front page)

Community Impact and Accessibility

Understanding that access to quality concussion care can be a barrier for many, NBICC is committed to serving a diverse community. NBICC is Nevada's first intensive, comprehensive concussion clinic for persons with Medicaid Fee for Service.

The NBICC team is committed to providing exceptional support to community members interested in participating in the program. Our liaison team will start by assisting clients with obtaining referrals from their healthcare providers and can also help arrange transportation

services for those unable to drive themselves. Once clients begin the program, our therapists are dedicated to delivering the highest quality of care, along with offering education and support to help all persons served thrive in the community after discharge.

As **Accessible Space, Inc.** embarks on this new chapter, it stands as a beacon of hope for those affected by concussions, offering a brighter future through innovative care and comprehensive support. NBICC's dedication to advancing concussion management and improving client outcomes marks a new era in the fight against these complex injuries.



(left to right)

Front Row: **Ning, Physical Therapy Assistant; Tashia, Occupational Therapist; Karen, Speech-Language Pathologist; Gladys, Physical Therapist; Ken, Occupational Therapy Assistant**

Back Row: **Maila, Rehab Services Coordinator; Brianna, Rehab Services Supervisor; Julie Peterson, Director of NBICC; Dr. Sherry Perucho, Clinical Manager; Felicia, Physical Therapy Assistant**

Upper extremity reconstruction for adult brain injury resulting in spasticity **Mayo Clinic**

When Dr. Rhee's father had a stroke and developed upper extremity spasticity — including deformity and significant functional loss — Dr. Rhee set about finding a solution. Peter C. Rhee, D.O., M.S., a hand and microvascular surgeon at Mayo Clinic in Minnesota, knew that a solution to his father's new challenges must exist. The quest to find answers for his father and others with similar conditions served as impetus for a new clinical research focus: treating upper motor neuron injuries.

"I started this upper extremity reconstruction practice because of my dad," he says. "Typically, medical center policy wouldn't allow me to operate on him due to our relationship. Yet, I was the only one who performed this surgery, so Mayo Clinic allowed me to do it."

Surgery significantly improved his father's spasticity. His father now opens pill and water bottles he would have been unable to open before surgery and can function independently such that Dr.



Rhee's mother can leave town and his father can fend for himself.

"Patients say having upper extremity reconstruction has totally changed their lives."

Peter C. Rhee, D.O., M.S.

Pioneering in a wide-open, relatively hidden field This quest to help his father not only led Dr. Rhee to pioneer in post-brain and post-spinal cord injury upper extremity reconstruction (UER), but later he also added

lower extremity reconstruction.

Dr. Rhee and the Upper Limb Reconstruction in Upper Motor Neuron Syndrome Clinic team perform the most spasticity-related UERs in the U.S., with 2 to 3 of these weekly. The surgeries last up to 14 hours and include the complete, shoulder-to-fingertip range.

The small number of hand surgeons currently performing UER in the United States are individuals Dr. Rhee trained at Mayo Clinic. Fewer than 10 medical centers offer these surgeries.

"Worldwide, not many are doing this surgery to our volume," says Dr. Rhee. "With time, we're spreading out its influence."

Not only are few centers performing UER, but the surgery is still relatively unknown, says Dr. Rhee. Although thousands of individuals experience brain injury such as a stroke, many physicians are unaware of an option to address resulting spasticity. If aware, typically they have heard little about it, he says. Similarly, patients often are unaware of the poten-

tial to radically improve quality of life and enhance function.

Interventional need, timing, safety and outcomes UER is critical as post-brain injury spasticity worsens without intervention. Muscle tone increases far beyond normal levels, causing severe deformities. Dr. Rhee also desires earlier restoration of patients' functions. Thus, he encourages patient referrals sooner rather than later.

"Patients say having upper extremity reconstruction has totally changed their lives," says Dr. Rhee. "Individuals with spasticity have lots to gain from this surgery."

Eligibility for spasticity-related UER

Dr. Rhee's patients with UER have brain injuries with a combination of paralyses from stroke, aneurysm, anoxic or traumatic brain injury, brain tumor, or spinal cord injury. All these conditions involve injury to a higher level of nerves, the upper motor neurons. These injuries

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