



**IN CELEBRATION OF DISABILITY AWARENESS MONTH
KNOW YOUR FAIR HOUSING RIGHTS**

Under the federal Fair Housing Act, housing providers must allow people with disabilities to make reasonable modifications to a property or provide reasonable accommodations to ensure full use and enjoyment of your housing. Whether you are installing a grab bar or requesting to keep an assistance animal,

KNOW YOUR RIGHTS!

For information and assistance, contact:
Silver State Fair Housing Council:
No. NV 775.324.0990 | So. NV 702.749.3288
888.585.8634 toll-free | Relay Nevada 711

This material is based on laws supported by the Department of Housing and Urban Development (HUD) and is being used to promote fair housing rights under a grant from City of Las Vegas. Any opinion, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of HUD.

Holidays / Special Days Coming

Yom Lippur, Oct. 12th

Columbus Day, Oct. 14th

Halloween, Oct. 31st

Daylight Saving Time Ends, Nov. 3rd

Veterans Day, Nov. 11

Reconstruction for adult brain injury resulting in spasticity *Mayo Clinic (from page 2)*

gradually result in varying degrees of spasticity. The muscle is overly active and sensitive, resulting in fixed deformity. These patients range from living independently — sometimes self-sufficiently using just one hand — while others are completely dependent on others.

ity regions with functional loss. Improved overall quality of life. Partial or complete independence. "The reconstruction surgery can make patients who previously had significant spasticity quite functional," Dr. Rhee says. "For instance, surgery might give them a good helper hand where before it was inanimate."

Though physiatry can help temporarily with botulinum toxin injections or stretching, these modalities often stop working eventually as muscles adapt, Dr. Rhee says. Botulinum toxin's additional limitation — its noxious potential — limits treatment time. UER surgery, however, provides patients much longer term effects and eligibility is broad.

An example of Dr. Rhee's patients with specific goals is a man who traveled with family to Mayo Clinic following a virtual appointment. This patient's arm was so bent that his family could not wash his elbow crease, causing hygienic and pain issues that UER addressed.

Why send patients to Mayo Clinic, what to expect

According to his publication in the Journal of Hand Surgery in 2018, Dr. Rhee also assesses patients' cognitive and communication abilities to determine if they can follow instructions and rehabilitate postoperatively.


Physicians can expect a patient-centered, multidisciplinary approach when referring patients to Mayo Clinic in Minnesota for spasticity-related UER, says Dr. Rhee. They also can feel confident sending patients to a medical center promoting innovation in this field, such as intraoperative techniques and prospective clinical trials.

Individualizing surgical goals When performing UER, Dr. Rhee individualizes the surgical procedures based on the underlying pathology in every involved muscle spanning a joint. Primarily, he treats spastic muscles with nerve- or muscle-based procedures.

For patients who live far from Mayo Clinic, Dr. Rhee conducts a previsit video chat. This allows Dr. Rhee to see the deformity and speak to the patient and loved ones to determine if an in-person visit seems appropriate.

Beyond these overarching management principles, Dr. Rhee considers UER an individualized surgery tailored to each patient's wants and needs. Patients' surgical goals vary, such as achieving:

"We don't want patients to come to Mayo Clinic from a distance and tell them they're not surgical candidates," says Dr. Rhee.



PAM Rehabilitation Hospital of Centennial Hills

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- Amputation, Brain Injury, Cardiopulmonary, Lymphedema, Neurological Disorders, Orthopedic Conditions, Parkinson's Disease, Respiratory Failure, Spinal Cord Injury, Stroke (CVA),

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- Physical Therapy, Occupational Therapy, Speech Therapy

Nursing Services:

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