

# Gillette

## Partners in Care

JOURNAL

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FALL 2022

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# Gillette

## Partners in Care

JOURNAL

### Medical Staff Leadership

Gillette Children's is globally recognized for medical innovation, patient-centered care teams, and a commitment to evidence-based medicine. Gillette physician leaders are known for setting direction, innovating, inspiring trust, and challenging the status quo. Our areas of pediatric focus include cerebral palsy, gait and motion analysis, orthopedics, neurology and neurosurgery, and rehabilitation medicine.

#### Micah Niermann, MD

Chief Medical Officer & Executive Vice President, Clinical Affairs

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### About Our Journal

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**Micah Niermann, MD**

Chief Medical Officer & Executive Vice President of Clinical Affairs

### Colleagues,

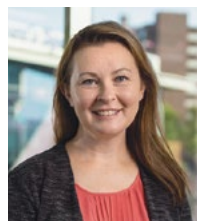
*This year marks the 125th year of our organization and our 125th year of caring for cerebral palsy (CP) patients. As we celebrate these incredible milestones, we also look ahead to the future, and I'm excited to use this edition of Partners in Care to formally announce the Gillette Children's Cerebral Palsy Institute.*

*The Cerebral Palsy Institute allows us to further enhance the lives of individuals who have CP by improving diagnosis, management, and care through research, innovation, and collaboration. We are confident our CP research, CP care programming, and advocacy efforts will make a significant difference in the lives of people with CP anywhere in the world for generations to come.*

*I urge you to learn more about our Cerebral Palsy Institute throughout this publication and connect with us if you have a question about one of your patients or how Gillette can help your practice.*

*As always, we are honored to partner with you toward one common goal—to value and support the full potential of every child.*

## Gillette Welcomes New Orthopedic Providers



**April Benoit, NP**

**April Benoit, NP**, joined our Orthopedics team in September. Benoit has had an extensive career in nursing and holds a master's degree from the University of Minnesota. She comes to us from the Medical College of Wisconsin and Children's Hospital of Wisconsin where she specialized in sports medicine and pediatric orthopedics.

Benoit has previously worked at Gillette. We're excited to welcome her back to the team.



**Kyle Miller, MD**

**Kyle Miller, MD**, joined the Gillette Orthopedics team in September. He comes to us from the University of Tennessee, where he recently completed the Campbell Clinic Pediatric Orthopedics Fellowship.

Miller attended medical school at the Duke University School of Medicine and completed his residency in orthopedic surgery at the University of Wisconsin School of Medicine and Public Health. Miller specializes in scoliosis, neuromuscular disorders, and lower extremity alignment concerns.



**Nick Nahm, MD**

**Nick Nahm, MD**, joined the Gillette Orthopedics team in September. He comes to us from the University of Nebraska Medical Center, where he was an assistant professor of orthopedic surgery. Nahm attended medical school at Case Western Reserve University School of Medicine and completed two residencies, one in orthopedic surgery and one in diagnostic radiology at Henry Ford Hospital.

Nahm completed two fellowships at Al duPont Hospital for Children, the first in pediatric orthopedics and the second in neuromuscular orthopedics. He also completed a fellowship in limb lengthening and reconstruction at Sinai Hospital in Baltimore. Nahm specializes in limb length deformities.



## Gillette Achieves Prestigious Level I Children's Specialty Surgery Verification

Gillette Children's has been named the first Level I Specialty Children's Surgery-Musculoskeletal surgical center in the nation verified by the American College of Surgeons (ACS). The ACS shares, "As a verified program you have demonstrated that your center meets the needs of your patients by providing multidisciplinary, high-quality, patient-centered care." Gillette has been working toward verification through the American College of Surgeons Children's Surgery Verification Quality Improvement Program (ACS CSV) since 2019.

The ACS CSV program was developed to improve the quality of children's surgical care by creating a system that allows for a prospective match of every child's individual surgical needs with a care environment that has optimal pediatric resources. Verified centers must meet strict standards to ensure that children facing surgery receive care under a multidisciplinary program with quality improvement and safety processes, data

collection, and appropriate resources provided to them as patients at the hospital. Gillette's commitment to quality care begins with appropriately trained staff and leadership from surgeons who participate in our monthly Surgery Performance Improvement and Patient Safety (SPIPS) committee meetings to review surgical outcomes. Through review of our surgical outcomes, we can identify opportunities for continuous quality improvement.

"It is a great honor to be the first hospital awarded this specialty verification through the ACS CSV program," says **Ashley Johnson**, Children's Surgery program manager at Gillette. "It shows the individualized care we provide to our patients is like none other in the U.S."



## Saint Paul Campus Expands: Gateway Plaza Offers Creative Play Spaces

Driving past our Saint Paul campus, passersby have noticed a transformation taking place along University Avenue. After breaking ground in 2020, Gillette Children's Gateway Plaza, a multiuse facility, is now open.

The facility, designed by LSE Architects, opened in phases, beginning with the parking structure, administrative offices, and welcome center. More recently, a children's play space and meditative courtyard have opened, which offer rest and recreation to patients and their families. Some highlights of the new accessible play space for patients include a "farmers market" that will be an area of interactive and imaginative play, a wheelchair swing, climbing structures, and a fully accessible treehouse that offers a bird's eye view of University Avenue.

Gateway Plaza provides safe and proximate parking for employees, eases congestion, and offers a more convenient drop-off area for patients. It also creates capacity for expansion of clinical space in the Gillette Children's Specialty Center through the relocation of offices. President and CEO **Barbara Joers** describes the facility opening as a first step toward a bold vision for Gillette. "As you enter this new facility, you see how our community comes together," she says. "You see the potential in how this expands capacity at our Saint Paul campus, and what that means for the future of our care."



## Building a Better World for Kids with CP

Gillette Children's Cerebral Palsy Institute Is Dedicated to Advancing Research, Care, and Advocacy

Kaidyn, age 5, shows off her walking skills in physical therapy at Gillette.

Formalizing its commitment to cerebral palsy (CP) care, Gillette Children's announced its Cerebral Palsy Institute in Fall 2022. Guided by Gillette's nationally and internationally known leaders in the field of CP, including **Patrick Graupman, MD**, neurosurgeon, **Marcie Ward, MD**, pediatric rehabilitation medicine physician, and **Tom Novacheck, MD**, orthopedic surgeon, the new institute will develop novel research and harness the multidisciplinary power of Gillette providers to ensure children who have CP live a life determined by dreams, not diagnosis.

"For decades, Gillette has been a leader in CP care, research, and advocacy," says Novacheck. "With new findings and new treatments, Gillette is now making an even clearer commitment to making a difference in the care of people with CP in our community and around the world."

"The Cerebral Palsy Institute is an amazing initiative where Gillette has come together and set a goal: We want all these clinicians to do as much as possible for our children with cerebral palsy with all the tools that they need to care for them," Ward says. "We want to do it in the most coordinated fashion as quickly as possible. With this focus, we'll be able to serve the patients' and families' needs most fully."

Beyond its recognized excellence in pediatric diagnostic, medical, surgical, and rehabilitative care, three pillars set the Cerebral Palsy Institute apart.

### Research

Gillette CP research lays a deep foundation of expertise. Because each study is designed with patients in mind (even including them in designing studies as appropriate), research translates to new clinical pathways and opportunities for patients.

Gillette research also spans both short-term and long-term outcomes, evaluating current treatment while considering



Patrick Graupman, MD



Marcie Ward, MD



Tom Novacheck, MD

## Cerebral Palsy By the Numbers

Cerebral palsy (CP) is the most common cause of lifelong, childhood-onset physical disability in most countries, with an estimated **17 million** diagnoses around the world. A leader in CP care since **1897**, Gillette treats more than **4,000** children with all types of CP, ranging from mild to severe, each year. Here's more about our work and our patients.

### Facts about Gillette

- **142** expert providers in cerebral palsy

### Facts about our patients

- **One-third** of patients who have CP have spastic diplegia.
- **80%** of CP patients have three or more experts on their care team



There are several ways to refer your patient to Gillette Children's Cerebral Palsy Institute. See [page 9](#) for details.



Learn more about the current efforts of Gillette Children's Cerebral Palsy Institute in our next issue.

patients' growth into adulthood. Over the past five years, researchers have completed four long-term outcome studies to observe the effects of the more common CP interventions.

By investigating the issues that affect patients with CP most, like increased risk of falls or pain in nonverbal patients, researchers learn when best practices and treatment recommendations should be updated. This approach gives Gillette providers the data to explain to patients why their care journey looks the way it does.

"Because of our patient-centered research, in clinic visits, we can access and share a patient's data with them as we discuss their options," Novacheck explains. "You'd like your own health care to be data-driven, right? With medical technology, that's becoming increasingly possible, and that's one of the things that we've innovated at Gillette and in the Cerebral Palsy Institute."

### United Teams

Gillette boasts internationally recognized experts from many specialties who work as a single team to provide comprehensive, coordinated, and highly personalized care. The Cerebral Palsy Institute expands the access to multidisciplinary clinics for other types of problems that individuals who have CP face.

CP is a complex condition that can affect many parts of the body. As a result, a child will likely see specialists in neurology, neurosurgery, orthopedics, rehabilitation medicine, sleep medicine, rehabilitation therapies and orthotics, and seating. For many patients and families outside of Gillette, it's unlikely these different providers in various specialties are sharing their insights and observations and collaborating across disciplines, making it hard for them to navigate their care when recommendations are disparate.

"So much of the world of CP care has been isolated and siloed, which puts the patient and the family in the middle to try to interpret what's going on," Novacheck says. "It gets very difficult when sometimes those recommendations are in different directions. One of the things that made Gillette unique from the very beginning of my career more than 30 years ago was that it was already doing multispecialty, multidisciplinary clinics."

Gillette CP specialists work closely with patients, families, primary care providers, and one another to develop treatment plans that meet families where they are on their care journey. Families can access all their CP care needs in one place.

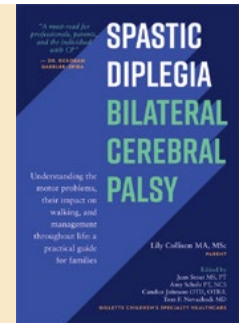
### Advocacy

At Gillette, medical intervention is just the beginning. Ultimately, Gillette providers and staff advocate tirelessly to give CP patients the tools they need to feel they are completely equal contributors in their care journey and in the greater community.

"The work at Gillette Children's is really to help the whole child enter life and do as much as possible," Ward says. "Medical work is not our only goal. We've improved their walking and helped their

## A Story to Share

Gillette Children's Healthcare Press brings a personal and medical narrative to parents of children who have cerebral palsy (CP) with the book *Spastic Diplegia—Bilateral Cerebral Palsy*. It is written by Lily Collison, an Ireland-based



author and the mother of a Gillette patient. She worked with a group of Gillette-based medical experts to ensure medical content was accurate and current. Lily aims to share her personal story combined with an empowering and evidence-based guide for living a full life with spastic diplegia, a form of CP.

"We've been coming to Gillette for more than 15 years, and my son Tommy's had four procedures," Lily says. "I was proud to work in close collaboration with the medical experts at Gillette and hope it can serve as a resource for the millions who need to know more about their spastic diplegia."

"I've learned a lot over the years by listening to parents and the CP journey that they've gone on," Tom Novacheck, MD, orthopedic surgeon, and one of the co-editors of *Spastic Diplegia*, says. "Once they do have that diagnosis, they have a need to educate themselves. I'm excited about the resources that we've developed through the Gillette Press for CP. We plan to do the same for other pediatric onset conditions that we manage. The goal is to provide medical information in a way that families can understand."

Learn more at [gillettechildrenshealthcarepress.org](http://gillettechildrenshealthcarepress.org).

ability to get about, now where do they want to go with that? Whether it's riding a bicycle, downhill skiing or waterskiing, fishing, archery, or bow hunting, our goal is to help kids in any pursuit they're interested in, even if they need assistance or adaptive equipment to do it."

As the medical teams work to help each patient reach their potential, the advocacy team is working to ensure their rights and needs are respected. From pushing for policy changes to building adaptive playgrounds, championing community support is a big part of Gillette Children's culture.

"We want the rest of the community—and the rest of the world—to embrace children and adults who have cerebral palsy and other lifelong conditions," Ward says. "We want them to be accepted in the community just the way the rest of us are with all their gifts and all their abilities."



Have a question about one of your patients? Connect with an expert in CP care at Gillette. Call 651-325-2200.



## Gillette Research Pinpoints Key Factor in CP Treatment Evaluation

Dynamic Motor Control Found to Be Vital in Assessing  
Treatment Efficacy in Cerebral Palsy

**T**wo new studies surrounding dynamic motor control could mean big changes in the treatment of cerebral palsy (CP). At the heart of this innovative work lies a new measure of physical ability known as dynamic motor control during walking (walk-DMC, or DMC for short).

### The Difference Is Dynamic

Providers can easily test static motor control during a physical exam, asking a patient to move their leg one way or another. Those are good measures for diagnosing and treating symptoms like motor delays. Dynamic motor control, however, is a measure of a patient's ability to move their muscles while walking. Neuroscience tells us these are two vastly different measures of neurological function, so how do Gillette providers put DMC evaluation to effective use for patients?

In partnership with Kat Steele, PhD, at the University of Washington, Gillette researcher Michael Schwartz, PhD, has been investigating motor function for

▲ **Pilot data shows noninvasive robotic ankle exoskeletons can meaningfully improve a child's DMC.**

### Formalizing the Use of DMC Measures at Gillette

Many other studies at Gillette are now measuring DMC as part of their process in the hopes that treatments continue to improve not just for cerebral palsy, but for all neuromuscular conditions like Parkinson's, stroke, Alzheimer's, and spinal cord injury. For example, Gillette PMR (Physical Medicine and Rehabilitation) physician Nanette Aldahondo, MD, is looking at how acquired brain injuries affect dynamic motor control in an ongoing study.

more than a decade. Through a study funded by the National Institutes of Health (NIH), Schwartz and Steele brought children in, measured their DMC, followed them through surgery, and looked at their outcomes. "We were able to show that the DMC number had some useful clinical importance," Schwartz explains. "It was at the center of a lot of the impairments that are present in the patients we see at Gillette. For example, their walking pattern seems to be driven a lot by their DMC. Their energy seems to be significantly driven by this, as well as their walking speed and their ability to do more higher-level functional tasks like climbing stairs, stepping off a curb, or riding on an escalator."

This fundamental neurophysiological quantity, DMC, was not only an indicator, but the causal factor behind impairment in gait pattern, motor function, and energy consumption. No currently available treatments have a significant impact on the last two of these three outcomes.

"We see patients who have CP trying to manage these factors over and over again, Schwartz says. "Energy consumption is the one thing families reliably bring up without us even asking. So we've proven scientifically DMC is an important cause of high energy consumption, and we're hearing from our families that high energy consumption is a big pain point for them."

### The Future of CP Treatment?

Because Schwartz has recognized how important DMC is to a person's gait pattern, motor function, and energy consumption, Gillette will continue to investigate ways to improve it in children who have a deficit of dynamic and stationary motor control. Schwartz continues to lead this research with two novel studies.

**The first study** continues with Steele and pulls in partner Professor Zach Lerner, PhD, a researcher at Northern Arizona University. Lerner developed robotic ankle exoskeletons, an ankle brace with a motor, battery, and computer built in. The computer tells the motor when to push or pull the ankle or resist ankle movement altogether. This sophisticated feedback system is designed to improve a child's walking pattern, not just as an assistive device, but also as a therapy device.

The pilot data from the study shows that the device can improve a child's DMC. The neurobiological theory behind this success is that the device is providing useful positive feedback every time the child uses their muscle in a productive way and negative feedback, in the form of resistance, whenever the child is not using the muscle in a productive way.

"Pilot data upholds that using that device a couple times a week for four weeks can meaningfully improve a child's dynamic motor control with the expected associated improvements in walking pattern, walking speed, co-contraction, and energy," Schwartz says. "No currently available treatment has been shown to improve DMC, so to find such an improvement with a noninvasive device is extremely exciting."

**The second study** uses Lerner's exoskeleton in addition to other technologies to try to understand more basic scientific details of motor control. Schwartz and Steele are looking at using different

forms of feedback to train improved motor control.

"The exoskeleton itself gives some feedback," Schwartz reminds us. "But we are also looking to combine that with visual or audio feedback while a child is undergoing walking physical therapy. First, we're hoping to better understand how children respond to feedback, especially children who have neurological deficits. Second, we would like to see if we can amplify the positive therapeutic effects of these devices by using them in combination. Instead of just an exoskeleton or just audio feedback, does using them in combination amplify the clinical benefit?"

When looking at the big picture of gait pattern, motor function, and energy

consumption, Gillette is enthusiastic about the ankle exoskeletons. "Historically, surgeries we've looked at have failed to improve dynamic motor control and energy consumption," Schwartz says. "Rhizotomy, orthopedic surgery, physical therapy, and botulinum toxin treat the downstream impairments. They treat the symptoms, not the cause. With these ankle exoskeletons we see change— and it is a meaningful change."

Both of these studies have funding from the NIH and are currently recruiting patients.



To learn about other Gillette research, call **651-325-2200**.

## Is One of Your Patients Interested in Taking Part in a Study?

You can help Gillette make a difference in the study of dynamic motor control by helping recruit patients for the two studies outlined in this article.

The purpose of these studies is to test the feasibility and efficacy of a lightweight, battery-powered ankle brace system that has been shown in earlier studies to improve walking and energy in children with cerebral palsy.

Inclusion criteria:

- Diagnosed with cerebral palsy
- 8-21 years old
- Able to walk for at least 6 minutes (assisted or unassisted)
- Able to understand and follow simple directions

If you have a patient who might be interested in enrolling in this study, please contact Gillette research coordinator Stacy Ngwesse at **651-578-5059** or **StacyENgwesse@gillettechildrens.com**



# Challenging the Status Quo

A Surprising Selective Dorsal Rhizotomy Study Proves Gillette Is Always Learning and Evaluating Care



Children who have CP use a prone cart to recover after selective dorsal rhizotomy (SDR) surgery.

Selective dorsal rhizotomy (SDR) surgery is used to reduce spasticity in children who have cerebral palsy (CP). It has long been believed that by reducing spasticity with an SDR surgery, a patient will have reduced energy consumption, improved gait pattern, and better overall quality of life. However, the strength of those assertions is diminished as Gillette researchers wrap up the conclusions of their latest SDR project.

Using retrospective data, researchers from Gillette and Spokane and Salt Lake City Shriners Children's Hospitals selected patients who were medically similar as young children based on a variety of key factors, such as spasticity, age, prior treatment, gait pathology, and function. Half of these patients went on to receive an SDR and the other half did not. From there, those patients were recruited as adults (21 years old and older) to return to measure a variety of different outcomes.

## Surprising Findings

The conclusions of the study were not what the scientists were predicting. Despite what many providers have believed up to this point, the study provides evidence that the elimination of spasticity at an early age does not appear to have a dramatic impact on a patient's function or quality of life as a young adult.

Researcher **Meghan Munger**, MPH, says, "The headline for this study is that at the time of young adulthood, although 100% of the SDR group had their spasticity eliminated, when compared with the group of patients that had little-to-no spasticity management, both groups were similar on a lot of their outcomes. Their motor function, energy, and quality-of-life measures were the same."

Less surprising were some small findings that supported SDR. For example, for patients who did have an SDR, their gait pattern improved a little bit more than

*Research shows patients who had an SDR had improved gait pattern and were better able to maintain their walking speed.*

the control group. Both groups improved, but the individuals who had the SDR improved a little more. They also maintained their walking speed while the comparison group walked a little bit slower.

## Further Investigation

Of course, there are limitations to any study, and there is always further investigation that can be done. "On average, groups were similar at follow-up, but both groups had a mix of positive and negative outcomes," Munger explains. "We could look further into the data or design a separate study to determine why this may be. Also, some people believe the benefit of SDR will be realized later in life—not at 21 years old but at 35, 50, 60. We can't know until we investigate this topic further."

For now, it looks like there is more to understand about the role of spasticity and its long-term impact on patient outcomes. "Although these findings weren't as positive as we were hoping, we are looking at them, and we are trying to be critical of the care that we're providing, to learn, and to improve things," Munger says. "Not every institution is continuously evaluating their care, but I'm proud to say that Gillette is."



Call **651-325-2200** to learn more about SDR research at Gillette Children's.



# The Pathways to Gillette's Cerebral Palsy Institute

## Early Detection Services

For patients from 0–5 months of age who:

- were born prematurely
- spent time in a NICU
- have atypical movements when relaxed



Gillette Children's offers comprehensive expert evaluations for early diagnosis services, including Gross Motor Assessment (GMA) for infants younger than 6 months of age, the Hammersmith Infant Neurological Examination (HINE), and MRI evaluation. A referral for an early detection exam will go to one of our experts trained in this suite of diagnostic tools. With the largest group of GMA-trained providers in the Midwest, we can offer quick appointments for the early detection care you're looking for. Learn more about early detection services on [page 10](#).

## Physical Rehabilitation Medicine (PMR)

For patients up to age 21 who:

- have neuromuscular symptoms
- have spasticity or low tone
- experience loss of movement or function



Referring your patient to our rehabilitation medicine specialists—also called physiatrists—ensures rehabilitation care and medical management of children who have musculoskeletal symptoms or conditions. Working closely with other specialty areas such as neurology, neurosurgery, and orthopedics, our PMR providers have a vast knowledge of simple and complex conditions. Patients with physical disabilities or injuries benefit from the PMR's focus on helping restore function and movement and enhancing quality of life.

## Motor Delay Clinic

For children from 0–4 years of age who:

- aren't meeting motor milestones
- have conditions like low tone, birth hypoxia, hydrocephalus, or stroke
- were born prematurely

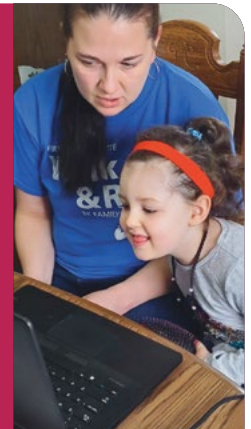


Our motor delay clinic is a collaborative appointment with a pediatric neurologist, a pediatric rehabilitation medicine physician, and a pediatric therapy team in one visit. These specialists will work together with your patient's family to screen and diagnose children who are experiencing delayed development in gross motor skills. Families leave with an understanding of their child's motor skills and development as well as a treatment plan outlining next steps.

## Virtual Pediatric Expert Consult (No Referral Needed)

For patients up to age 25 in Minnesota, Wisconsin, Iowa, North Dakota, South Dakota, or Michigan who:

- have unknown, rare or complex symptoms
- have an unclear diagnosis
- would benefit from Gillette Children's multispecialty expertise



When it comes to patients with unknown, rare, or complex diagnoses, it can be difficult to know where to start to find the care they need. What matters most is starting down the right path to expedite the workup.

This is where a Gillette Children's Pediatric Expert Consult can help. It's a fast, easy way for your patients to get one-on-one advice from our pediatric complex care providers with the goal of partnering with you to get your patient to the right place.



Are you ready to refer a patient to Gillette's Cerebral Palsy Institute? Call **651-325-2200** or refer online at [gillettechildrens.org/referral](https://gillettechildrens.org/referral).

# Gillette Children's Early Detection Toolkit

Early Identification Can Make a Significant Difference in the Lives of Children With CP

When it comes to treating children with cerebral palsy (CP), early identification is crucial for best possible outcomes. Based on Gillette Children's research, most referrals for the treatment of CP happen around 12–24 months of age. However, earlier identification for CP provides the opportunity to intervene promptly to promote motor learning and neuroplasticity, prevent secondary impairments to muscle and bone, and begin family education.

The team at Gillette offers comprehensive, expert evaluation of infants who are at higher risk of CP diagnosis. There are three components in our experts' early detection toolkit.

First, the Prechtl General Movements Assessment (GMA) is a useful tool for the early identification of children at risk for CP. It's an assessment completed through observation of an infant's movements, using video monitoring when an infant is in a quiet state, and looks for "general movements" that are spontaneous, typical movements. When these movements are abnormal or absent, this may indicate the child is at risk for neurological conditions. The assessment takes place while the infant is 0–5 months old.

The next functional assessment is known as the Hammersmith Neurological Exam (HINE). It is for children 3–24 months old. Twenty-six items are assessed, ranging from movement and reflexes to behavior. HINE scores can also be used to predict independent sitting and walking in children with motor delay.

After Gillette experts have an idea of how well the brain is functioning, the third evaluation is an MRI used to investigate the brain's structure. They look for evidence of irregularity, such as hypoxic-ischemic lesions or bleeding in the brain.

The team at Gillette analyzes the results of these assessments, and when appropriate, works with families to begin a comprehensive early treatment plan.



*With 28 physical and occupational therapists trained to perform the **GMA** and **HINE**, Gillette Children's boasts the largest group of early detection experts in the Midwest.*

## When Does an Infant Need Early Detection?

Infants with these risk factors should be considered for early detection referral:

- Born preterm (especially prior to 33 weeks)
- Extended oxygen support during NICU or upon discharge
- SGA/IUGR (small for gestational age, intrauterine growth restriction)
- Abnormal head ultrasound/MRI
- Pathogen/illness at or around the time of birth, (ex. meningitis, cytomegalovirus)
- HIE (hypoxic ischemic encephalopathy) with or without cooling protocol
- Infant developmental concerns
  - Persistent fisting hands >4 months
  - Persistent head lag >4 months
  - Delayed sitting >9 months
  - Stiffness/tightness in legs 6–12 months
  - Hand preferences before 12 months
  - Asymmetry in postures or movements



Speak to an expert about our early detection services.  
Call 651-325-2200.

## A Slam Dunk: Custom CP Care for Michael Gives Him the Confidence to Play

Gillette Children's is one of the world's top cerebral palsy (CP) centers and home to leading CP specialists, including pediatric orthopedics, neurology, neurosurgery, and therapists.

For 125 years, the doctors, nurses, and employees at Gillette have worked every day to provide the very best care for all children. This dedication has led to treatments and outcomes that have influenced CP care worldwide.

Gillette is a healthcare destination. Last year we treated children from all Minnesota counties, 41 U.S. states, and 15 countries. We see more than 4,100 patients a year for CP care. Michael Holley is one of those patients.

Families like the Holleys come to Gillette because they know our James R. Gage Center for Gait and Motion Analysis is the first ever to be accredited and is among the world's best and busiest. Using innovative computer technology, motion analysis captures movements, muscle activity, and forces that the eye can't see. Once a child has their gait and motion analyzed, a team of Gillette specialists meet to craft an individualized treatment plan tailored to each child.

Michael Holley is able to play the sport he loves thanks to comprehensive care for CP at Gillette.



### Finding Comprehensive Care

The Holley family of Brooklyn Park, Minnesota, appreciates having an expert team craft a treatment plan for 10-year-old Michael.

Michael was a micro-preemie, born at just 26 weeks and two days. "The doctors told us to be prepared for the possibility that Michael could have cerebral palsy," his mother, Louise, recalls. "As he grew, my husband, Brian, and I noticed Michael was missing milestones. We were familiar with Gillette and knew it was the place to go to receive expert diagnosis and care for cerebral palsy."

### Doctors Who Specialize

Gillette has one of the largest groups of physicians in rehabilitation medicine (PMR) and the largest group of pediatric orthopedic surgeons in the upper Midwest. These doctors are highly trained and specialize in treating children who have cerebral palsy.

Gillette was the first hospital in Minnesota to perform selective dorsal rhizotomy (SDR) surgery to reduce spasticity. Gillette teams are experts in single-event multilevel surgery (SEMLS) to help with issues in a child's muscles, bones, and joints. They perform 81% of CP-related orthopedic surgeries in Minnesota and treat all forms of CP—including the most severe.

Gillette's post-surgical outcomes are strong, due in part to the depth of its pediatric rehabilitation team. Gillette is also one of just three pediatric specialty programs in Minnesota accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) to meet the needs of young children and adolescents seeking acute inpatient rehabilitation.

### Therapists Who Care and Motivate

Gillette Children's physical therapist **Jane McMillan** has a secret tool to help

motivate patients to do the hard work of rehabilitation.

"I find out what each child likes and their hobbies, and try to incorporate that activity into their therapy," McMillan says.

She tapped into Michael's love of basketball to make trying a new walker fun during a therapy session at the Gillette Maple Grove Clinic. As a result, Michael and his mother were relaxed and having a good time shooting hoops as McMillan observed how various new walkers suited Michael.

### Gaining Strength and Independence

Today, Michael is working with various Gillette experts to gain strength, mobility, and independence. "The older Michael gets, the more confident he is," his mother says, beaming. "I know he feels this way because his Gillette doctors and therapists are always positive and treat our family with respect."

# Gillette

## Partners in Care

JOURNAL

Partners in Care Journal is a publication of Gillette Children's.

The team at Gillette Children's knows that expertise regarding complex conditions is almost as rare as the conditions themselves. We strive to share our knowledge with providers across the world to positively impact patient care for generations to come. That's why we partner with you at every stage of your referral journey.

We respond daily to comments and questions submitted via email at [providerrelations@gillettechildrens.com](mailto:providerrelations@gillettechildrens.com)

### To refer a patient



Call 651-325-2200  
855-325-2200 (toll-free)



Refer online at  
[gillettechildrens.org/referral](http://gillettechildrens.org/referral)

GIL-001



Internal: 010605

200 University Ave E  
St. Paul, MN 55101

NONPROFIT  
US POSTAGE  
PAID  
GILLETTE CHILDREN'S  
SPECIALTY  
HEALTHCARE

## Meet Our Provider Outreach Team

Our Provider Relations Liaisons Are Excited to Work With You!

### They can help you by:

- Answering questions about Gillette specialties, services, or locations.
- Connecting you with our experts and bridging communications.
- Attending one of your meetings, programs, or events to explain Gillette services.
- Explaining when and how to refer a patient to Gillette.

### Who they are:



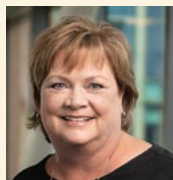
**Vicki Kopplin:** A nonprofit leader with a career focused on epilepsy, including executive roles at the state and national level, Vicki had Gillette in her sights as a career move for many years. She is excited to use her background as well as her understanding of Gillette's specialties to help providers understand when to connect their patients to our experts.

Vicki earned a master of arts degree at Hamline University with a concentration in nonprofit management. She has a bachelor's degree in business from the University of North Dakota.



**Reyna Staats:** With a deep understanding of business development in the financial marketplace, Reyna is on the path to learning more about pediatrics and the healthcare environment. She enjoys making connections and helping people navigate their decision-making process.

Reyna graduated with a double major in business administration and Spanish communications from the University of Wisconsin River Falls. She is fluent in written and spoken Spanish.



**Tara Swedberg:** Transitioning from another role at Gillette focused on community engagement, Tara is a natural fit for a liaison role. For many years, she worked in the pharmaceutical and medical device field. She is also the mother of a Gillette patient.

Tara graduated with a bachelor's degree in biology with a business minor from Gustavus Adolphus College.

To reach the team or sign up for our Partners in Care e-newsletter, email [ProviderRelations@gillettechildrens.com](mailto:ProviderRelations@gillettechildrens.com).