

Magee Rehabilitation Responds to COVID-19

In March 2020, Magee Rehabilitation Hospital, along with other members of Jefferson Health and the Philadelphia healthcare community, sprang into action to respond to COVID-19. Utilizing a local and Enterprise-wide Incident Command structure, clinical and administrative staff collaborated to quickly develop new guidelines and programs to safely treat patients during this global pandemic. Working under CDC and state directives, these new protocols included limiting visitation, guidelines for personal protective equipment usage (and conservation) and changes in therapy administration to keep our patients and staff safe.

As we have all witnessed across the country, technology has played a key role in continuing healthcare services and keeping people connected during this crisis. Magee's Outpatient Physician Practice is a critical lifeline for individuals with disabilities needing ongoing medical management. Within a few weeks, the medical practice initiated a telemedicine service to address patient needs. We also introduced telehealth for inpatient psychology services. Specially formatted iPads were distributed to inpatients to allow them to easily connect with loved ones during their stay.

As the virus spread and hospitalizations increased, Magee recognized the need for acute rehabilitation services for those recovering from COVID. "These patients were severely deconditioned, medically fragile and presented with a variety of complex rehabilitation needs," commented Jeanne Doherty, MD, Magee Assistant Medical Director. "To effectively and safely treat these individuals, the Magee team developed a new set of admission criteria that

examined COVID symptoms, such as fever and respiratory needs, while still identifying rehabilitation goals. We developed a special program to address patients with COVID who also had open airways."

As members of the core team for developing these services, Spinal Cord Injury Program Director Mary Schmidt led the work on safety measures for persons with open airways, and Therapy Director Deb Kucera led the organization and delivery of therapy services.

Magee's experience with treating complex patients and those with open airways, as well as its on-site respiratory care team, provided a strong foundation to respond to this community need. From a physical standpoint, the recent renovation to Magee's facility, with all private patient rooms and a state-of-the-art airflow and HVAC system, supported adherence to infection control procedures. The spacious private suites meant staff could effectively administer therapy within the patient's room.

"The response to the program thus far has been overwhelmingly positive," commented Lane Brown, PhD, Brain Injury and Stroke Program Director and Director of Clinical Liaison Services. "Providing a safe, post-acute option in this crisis quickly emerged as a critical component to getting patients back to home and ultimately, back to full function."

For more information about admission to Magee Rehabilitation and its COVID treatment program, contact our Admissions department at 215-587-3117.



Former COVID patient, Dan Nardi and Elizabeth Stokes, MS, OTR/L, Advanced Clinician Occupational Therapist, during an inpatient occupational therapy session.



REHABILITATION

Inside the CORD

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MEET JIM ISENBERG

Mathematician Finds Motivation for a Marathon

On a business trip to Australia in December 2017, Professor James Isenberg suffered a C3 spinal cord injury (SCI). A wave knocked him over and pushed his head into a sand bank, leaving him paralyzed from the neck down. He needed a ventilator to breathe, a tube to eat and could only mouth words.

Today Jim is actively engaged in the Magee community and the world at large, thanks to a “can-do” attitude—his own and the Magee team’s.

Jim’s Recovery Process

After researching rehabilitation options, Jim and his wife, Pauline, chose Magee Rehabilitation Hospital for its specialization in working with people who are spinal cord injured and dependent upon a ventilator, their connection with the Christopher and Dana Reeve Neurorecovery Network and active rehabilitation programs for patients like Jim.

Jim flew from Australia to Thomas Jefferson University Hospital, then came to Magee, where he was pleased when speech-language pathologist Deb Diraddo helped him learn to speak and to swallow real food. He also worked with the multidisciplinary team of nurses, physicians of multiple specialties, respiratory therapy, therapeutic recreation, clinical nutrition, as well as occupational and physical therapists. Using electrical stimulation, a tilt table, a supported treadmill and other therapeutic tools, neuro-certified specialist Rachael Houtman, PT, DPT, NCS, helped Jim regain muscle tone to increase his stamina for sitting upright and increase his voice volume and endurance. In partnership with Thomas Jefferson University Hospital, Magee is a federally designated Model Center for SCI with a variety of resources, so Jim was able to try a variety of power wheelchairs, eventually selecting a chin-operated model that allows him to propel himself independently indoors and outdoors, as well as to shift his weight to prevent pressure injuries.

Jim’s team kept reminding him that recovery is a marathon, not a sprint.

“I’ve completed 143 marathons, including 30 Boston Marathons,” said Jim. “So I could relate.”

Back to Work—and Life

By summer 2018 Jim was transferred to Magee’s Day Rehabilitation Program for intensive outpatient services five days a week. His goal was to increase his independence and get back to his research on general relativity.

“I had received a number of National Science Foundation grants to do my own research as well as to collaborate with others. The long road of rehab put all of this on hold. But now, I was anxious to get back to work,” Jim said.

With help from assistive technology, including voice activated software and specialized glasses that enable him to operate a computer mouse, Jim created a PowerPoint presentation. He has since lectured at the University of Miami, University of Pennsylvania and the Institute of Advanced Studies at Princeton. But it’s not all work and no play. Working with recreation therapist Colleen McAllister, Jim and Pauline have learned to navigate the city in a wheelchair, visiting restaurants, museums and even Citizens Bank Park.

“If this happened to me 20 years ago, I may not be alive. If it happened in the future, I might have been cured, who knows? At this point, I’m grateful; thankful for Pauline, my therapy team and everything that I am still able to enjoy,” said Jim.



Mathematician, marathoner and Magee family member Jim Isenberg

GAINING GROUND

Specialized “Boot Camp” Improves Function

The Gaining Ground program at Magee Rehabilitation goes beyond traditional physical and cognitive therapy, emphasizing exercise and wellness.

“I love how it pushed me out of my comfort zone,” said Nicole, a personal trainer who injured her thoracic spine at T2 in an August 2018 car accident, leaving her with sensation but loss of motor function. She also suffered broken ribs and a collapsed lung. After undergoing two spinal surgeries and intense respiratory therapy, she came to Gaining Ground about seven months after her injury.

“Recovery following a neurological injury is a long slow process and does not follow a set time frame. Recovery is about more than just walking; it is about regaining function and improving overall quality of life,” Elizabeth Watson, PT, DPT, NCS, clinical supervisor of Magee’s Locomotor Training Clinic, writes in an article in the March 2020 issue of *Rehab Management* magazine.

About the Program

Gaining Ground helps clients achieve their goals through an intensive, individualized exercise program that is tailored to their abilities. The “boot camp” approach includes four hours of exercise, three days a week for four to six weeks.

Benefits Include:

- Increased central nervous system activity, muscle mass, bowel and bladder sensation, and function below level of injury
- Improved posture, trunk control, health, and well-being
- Decreased pain and medication use
- Emotional and social connections with peers in a supportive group environment

The program involves both one-on-one work and group sessions. It also incorporates sophisticated therapeutic technologies. For example, Nicole used an exoskeleton and a task-specific functional electrical stimulation (FES) system to work on posture and standing during therapy. She also used robotic body-weight support on a treadmill three times a week. Working with an activity-based therapy specialist, Nicole learned what she could do independently to continue to challenge herself after the program.

For More Information

Gaining Ground sessions are held throughout the year. For rates and other information, email Elizabeth.Watson3@jefferson.edu or call 215-218-3913.



Liz Watson and Magee outpatient, Nicole, using the exoskeleton during a Gaining Ground session.

New Support Group Builds Connections

Brain injury disrupts lives and can leave survivors with special challenges, including sensitivity to light and sound. They can tire more easily and be quicker to feel intense emotions. Magee Rehabilitation is organizing a new social group to help those with this “invisible” disability to feel more connected. In February, some participants in the new group enjoyed a day at Windham Mountain Resort in the Catskills.

“A lot of times after injury, people become more isolated and have some social challenges. We want to make socializing easier for the people we serve,” said Keith Newerla, CARSS, Magee Rehab’s community programs coordinator, who accompanied participants along with two drivers from the Magee Concierge Department.

Each of the participants received a one-on-one ski lesson from a volunteer instructor from the Adaptive Sports Foundation. Magee Rehabilitation Hospital Foundation funded the trip, which included a hotel stay and a day of skiing for each participant and a buddy.

The ski trip was the first outing for the group, which plans to organize other activities and social outings, including miniature golf, movie nights, music events, bus tours and more. The goal is to offer different activities a couple times a year and build the program based on feedback.



Left: Abigail Bruley at Ski Windham with two volunteer instructors from the Adaptive Sports Foundation. Center: Ian McGibbon with his mom, Liz, at the Ski Windham lodge, as he is getting ready for a snowboard lesson. Right: Tala Ayyad shares a smile with an instructor from the Adaptive Sports Foundation at Ski Windham.

Magee Expands Outpatient Rehabilitation Services at Jefferson – Cherry Hill Hospital

Magee Rehabilitation, a member of Jefferson Health, is now providing outpatient physical, occupational and speech therapies at Jefferson – Cherry Hill Hospital.

The Magee team partnered with Jefferson Health in New Jersey to meet an increased need for complex neurological-based care for patients in South Jersey. Comprehensive treatment aims to restore and maximize independence and maintain health in a supportive, caring environment. A skilled team of therapists work closely with patients and their referring physicians to develop individualized treatment plans with specific goals. The expanded rehabilitation services utilize physical, occupational and speech therapies with several specialized programs. Conditions treated include:

- Spinal Cord Injury
- Brain Injury
- Stroke
- Parkinson’s Disease
- Multiple Sclerosis
- Guillain-Barré Syndrome
- Orthopedic/Musculoskeletal injuries
- Back and neck pain
- Sprains and strains
- Deconditioning and balance
- Vestibular Dysfunction
- Amputation
- Lymphedema

Samantha Adams, PT, DPT, NCS, who manages Magee Rehabilitation – Cherry Hill, works in tandem with the Jefferson New Jersey staff to bring patients an array of rehabilitative care.

“This is Magee’s first facility in New Jersey and we’re thrilled to work hand-in-hand with our Jefferson Health partners, providing rehabilitation services for patients in the Cherry Hill area,” Adams said. “Our goal is to help each person return to their best possible way of life.”

To make an appointment at Magee – Cherry Hill, please call 856-922-5090 or visit JeffersonHealth.org/Magee.

Magee Sixers Teams Make it to Division Playoffs

Two Magee Sixers teams played in this year's National Wheelchair Basketball Association (NWBA) tournament in Wichita, Kansas, in March. They were among 96 teams representing several divisions. Magee Rehabilitation Hospital has a Division 2 team and a Division 3 (intro/novice) team.

"Sixteen teams from each division qualify. Since I've been at Magee in the last eight years, this is the first time we've had both teams qualify for their division at the same time," said Keith Newerla, CARSS, Magee's community programs coordinator.

Each Magee team had two wins and one loss in the tournament, which ended early due to precautions taken to slow the spread of the novel coronavirus.

Breaking Down Barriers

Magee began its wheelchair basketball program decades ago. The athletes play in custom-fitted, sport-specific wheelchairs designed for performance on the court. With a wide wheelbase, they allow greater speed, faster turns and better balance. The chairs can cost upward of \$6,000 each, which is funded through the Magee Rehabilitation Hospital Foundation.

"As one of our athletes says, you have the VW Bug type of wheelchair and then you have the Ferrari wheelchair," Newerla said. "We're fortunate to be able to take out most of the associated expenses, so they aren't a barrier to participation."

Maintaining an Active Schedule

The Magee Sixers practice weekly from September through May at Carousel House, a Philadelphia Department of Recreation facility in Fairmount Park. They also travel to weekend tournaments several times a year. In December, Magee hosts its own—the Dan Sullivan Classic—at the Riverwinds Community Center in West Deptford, New Jersey. The program is co-ed and open to all community members with a qualifying lower limb disability who want to get exercise, have fun and be challenged.

Other Announcements

Comprehensive Spasticity Clinic Can Help Improve Quality of Life

Spasticity—a movement disorder marked by muscle stiffness, spasms and jerking—affects approximately two million Americans. Individuals who suffer from spasticity due to central nervous system damage can get help through Jefferson Health's Comprehensive Spasticity Clinic at Magee Rehabilitation Hospital and Jefferson Health – Navy Yard.

The program includes an evaluation, including functional assessment, by rehabilitation specialists in spasticity management.

The treatment plan might include physical therapy, stretching and/or splinting, as well as oral or injectable medications, including spinal injections and pumps. If appropriate, the patient may be referred for surgery.

Participants may experience many benefits, such as less pain and stiffness, as well as greater range of motion, better body image and improved functional ability.

To refer a patient, call 215-955-1200 (Jefferson Health – Navy Yard) or 215-587-3406 (Magee Rehabilitation Hospital).



Members of both Magee Sixers Division 2 and Division 3 teams competed at the NWBA nationals in Wichita in March. In addition to basketball, Magee's Wheelchair Sports Program includes rugby, racing, tennis and sled hockey. Players and volunteers are both welcome. **If you're interested, contact Keith Newerla, community programs coordinator, at 215-587-3412 or sports@jefferson.edu.**

Dr. Ditunno Honored at 50th Anniversary Event

The co-founder and former director of the Regional Spinal Cord Injury Center of the Delaware Valley, John F. Ditunno, Jr., MD, was honored at the 50th anniversary celebration of Thomas Jefferson University's Department of Rehabilitation Medicine. A former Jessie B. Michie Professor, Dr. Ditunno chaired the department from 1969 until 1997. The John F. Ditunno Jr. MD Rehabilitation Medicine Endowed Research Fund was established in his name.

"Dr. Ditunno is a true icon," said Steve R. Williams, MD, current Jessie B. Michie Professor and Chair of the Department of Rehabilitation Medicine, Sidney Kimmel Medical College; enterprise Senior Vice President for Post-Acute and Rehabilitation Services at Jefferson Health; and Dean of the College of Rehabilitation Sciences, Thomas Jefferson University. "He understands that we are building on his legacy, and that's important to him. He wanted to move forward as all great mentors do."

Dr. Ditunno served as director of the Regional Spinal Cord Injury Center of the Delaware Valley from 1978 to 2006, where he continued to serve as an Investigator until his retirement in August 2019.

Dr. Ditunno said he was honored to have a research fund in his name. "The critical thing is what it will be able to accomplish," he said.



Top Left: Dr. John Ditunno and his wife, Patricia, surrounded by their four daughters and their spouses. Top Right: Dr. Ditunno and his wife, Patricia. Bottom Left: Dr. John Ditunno, left, accepts a plaque in his honor from Dr. John Melvin. Both are former chairs of Jefferson's Department of Rehabilitation Medicine. Bottom Right: Three chairs of Jefferson's Department of Rehabilitation Medicine. From left to right, Dr. John Melvin (1998–2016); Dr. John Ditunno (1967–1997) and Dr. Steven Williams (current).

Take a Virtual Tour of Magee's Transformation

In order to make the rehabilitation experience as comfortable and home-like as possible, Magee has transformed almost every area of the hospital, from the main entrance lobby to the rooftop Creative Therapy & Healing Gardens. This year, Magee completed renovations of the patient floors, with 83 private suites with high-tech room automation capabilities and an array of hotel-like amenities. New therapy gyms include a brand new suite for practicing activities of daily living. Take a virtual tour of the "new" Magee Rehabilitation Hospital at JeffersonHealth.org/TourMagee.

Research News

Spinal Cord Injury Funding Will Move Research Forward

Pennsylvania's Spinal Cord Research Advisory Committee and the Pennsylvania Department of Health are defining and writing the criteria for the types of research projects that will be funded under the Spinal Cord Disability Research Grant Act. The act provides \$1 million per year for research that recovers physical function for individuals living with spinal cord injury (SCI).

"Our goal is to fund projects to develop functional, translation and curative treatments. We are not looking for the best wheelchair but, for example, things that might restore bladder function or dexterity," explained Jacob Chalfin, a former Magee client who was involved in advocating for the bill and now chairs the advisory committee.

Activism at Work

Unite 2 Fight Paralysis developed the initial bill. Their Cure Advocacy Network (CAN) worked with Pennsylvania legislators for two and a half years. The bill passed in 2018 and was signed into law in 2019.

"At some point later this year, approved grants will be funded so they can move forward," said Chalfin. If initial projects show promise, continued funding through the grant act and additional resources may be possible. "There is potential for this to grow and really create a major impact."

By design, the nine-member advisory committee includes individuals with SCI, family members of individuals with SCI, as well as neurosurgeons and other physicians who specialize in physical medicine and rehabilitation, and in treatment of SCI.

We Investigate, Collaborate and Share Knowledge

The Regional Spinal Cord Injury Center of the Delaware Valley is committed to advancing and sharing knowledge of spinal cord injury care, treatment and cure. Here are publications and presentations by our staff since the last issue of *The Cord*.

PUBLICATIONS

1. Behrman AL, Trimble SA, Argetsinger LC, Roberts MT, Mulcahey MJ, Clayton L *et al*. **Interrater reliability of the Pediatric Neuromuscular Recovery Scale for spinal cord injury.** *Top Spinal Cord Inj Rehabil* 2019; 25(2):121-131.
 2. Cuddihy LA, Antonacci MD, Hussain AK, Vig KS, Mulcahey MJ, Betz RR. I. **Progressive neuromuscular scoliosis secondary to spinal cord injury in a young patient treated with nonfusion anterior scoliosis correction.** *Top Spinal Cord Inj Rehabil* 2019; 25(2):150-156.
 3. Jaja BNR, Jiang F, Badhiwala JH, Schar R, Kurpad S, Harrop JS *et al*. **Association of pneumonia, wound infection and sepsis with clinical outcomes after acute traumatic spinal cord injury.** *J Neurotrauma* 2019; 36(21):3044-3050.
 4. Karthik-Yelamarthy PK, Chhabra HS, Vaccaro A, Vishwakarma G, Kluger P, Nanda A *et al*. **Management and prognosis of acute traumatic cervical central cord syndrome: systematic review and Spinal Cord Society-Spine Trauma Study Group position statement.** *Eur Spine J* 2019; 28(10):2390-2407.
 5. Poplawski MM, Alizadeh M, Oleson CV, Marino RJ, Leiby BE, Flanders AE *et al*. **Application of diffusion tensor imaging in forecasting neurological injury and recovery after human cervical spinal cord injury.** *J Neurotrauma* 2019; 36(21):3051-3061.
 6. Rezaei M, Sharifi A, Vaccaro AR, Rahimi-Movaghar V. **Home-based rehabilitation programs: promising field to maximize function of patients with traumatic spinal cord injury.** *Asian J Neurosurg* 2019; 14(3):634-640.
 7. Saksena S, Mohamed FB, Middleton DM, Krisa L, Alizadeh M, Shahrapour S *et al*. **Diffusion tensor imaging assessment of regional white matter changes in the cervical and thoracic spinal cord in pediatric subjects.** *J Neurotrauma* 2019; 36(6):853-861.
 8. Schroeder GD, Kepler CK, Grad S, Alini M, Fang T, Vaccaro AR *et al*. **Does riluzole influence bone formation? An in-vitro study of human mesenchymal stromal cells and osteoblast.** *Spine* 2019; 44(16):1107-1117.
 9. Shabani S, Kaushal M, Soliman HM, Fehlings MG, Kotter M, Harrop J *et al*. **AO spine global survey – international trends in utilization of MRI/CT for spinal trauma and spinal cord injury across AO regions.** *J Neurotrauma* 2019; 36(24):3323-3331.
 10. Sharif-Alhoseini M, Azadmanjir Z, Sadeghi-Naini M, Fehlings MG, Vaccaro AR, Rahimi-Movaghar V *et al*. **National Spinal Cord Injury Registry of Iran (NSCIR-IR) – a critical appraisal of its strengths and weaknesses.** *Chin J Traumatol* 2019; 22(5):300-303.
 11. Stillman M, Gustafson K, Fried GW, Fried K, Williams SR. **Communication with general practitioners: a survey of spinal cord injury physicians' perspectives.** *Spinal Cord Ser Cases* 2019; 5:44.
 12. Hiremath SV, Amiri AM, Thapa-Chhetry B, Snethen G, Schmidt Read M, Ramos Lamboy M, Coffman DL, Intille SS. **Mobile Health-based physical activity intervention for individuals with spinal cord injury in the community: A pilot study.** *PLoS One* Oct 15, 2019.
- Houtman R, Pondok N, Smith J, DiRaddo D. *Poster: An interdisciplinary approach to diaphragmatic pacing: inpatient rehab to home.*
 - Leach J, Phillips E, Boova R, Eckert K, Nye R, Pacitti R. *Poster: Prevention of hypoglycemia in NPO-tube-fed patients during transfer to post-acute rehabilitation.*
 - Ojumu R. *Poster (Poster Excellence Award): The Good, the Bad and the Ugly: providing acute rehabilitation to persons with a spinal cord injury and workers' compensation insurance.*
 - Schmidt-Read M. *Presentation: ASIA 2019 Update – recent changes and additions to the International Standards for Neurological Classification of Spinal Cord Injury (ISNCSCI).*
 - Schuld J, Fried G, Smith J, Fried K. *Poster: Utilizing bronchial hygiene measures to reduce mucus plugging in ventilated patients.*

NOVEMBER 2019

2019 ACRM (American Congress of Rehabilitation Medicine) Conference, Chicago, IL

Grampurohit N, Marino R, Bell A, Duff S, Kaplan G, Thielen C, Mulcahey MJ. *Poster: A scoping review of activity-based therapy for the neurologically impaired upper extremity.*

2019 ARN (Association of Rehabilitation Nurses) Conference, Columbus, OH

• Schuld J. *Presentation: Utilizing bronchial hygiene measures to reduce mucus plugging.*

• Schuld J. *Poster: An interprofessional approach to bedrest.*

DECEMBER 2019

2019 ASHP Conference, Las Vegas, NV

Ahmed U, Cummins S, Stacy A, Formal C, Pacitti R. *Poster: Impact of bowel regimens on the treatment of neurogenic bowel in patients with spinal cord injuries.*

2019 ACRM (American Congress of Rehabilitation Medicine) Conference, Chicago, IL

Schmidt Read M. *Presentation: 2019 Updates to ISNCSCI: International Standards for the Neurologic Classification of Spinal Cord Injury.*

PRESENTATIONS

JUNE 2019

2019 WOCN (Wound, Ostomy and Continence Nurses Society) Conference, Nashville, TN

Rece J, Kudatzky LJ. *Presentation: Wheelchair seating and mobility considerations for the WOC nurse.*

JULY 2019

3rd Annual Heart iN Diabetes Conference, Philadelphia, PA

Boova R, Phillips E, Leach J, Nye R, Pacitti R. *Poster: Evaluating the effectiveness of admission guidelines to reduce the risk of hypoglycemia during transfer from acute care to a post-acute rehabilitation hospital.*

SEPTEMBER 2019

ASCIP (Academy of Spinal Cord Injury Professionals) Conference, Nashville, TN

- Cooke G. *Poster: Use of SCIM III for the inpatient phase of rehabilitation.*
- Heinemann A, Chen D, Huston T, Wehrli L, Madaris L, Hicks T. *Presentation: A new tool for the newly injured: introducing the voices of experience video series.*



Support Groups

Brain Injury Support Group Provides Opportunities and Outings

The impact of a brain injury can ripple throughout an individual's life. Magee's Brain Injury Family CARE Group provides a confidential environment where brain injury survivors, their families and other loved ones can connect with others who have been in a similar situation.

Participants receive support and education from specially-trained brain injury survivors, their families and a clinical neuropsychologist. In addition, individual mentoring may be arranged.

The group meets on the first Wednesday of every month at 5:30 p.m.

Interested? Questions?

Contact Sonya Dibeler at Sonya.Dibeler@jefferson.edu or call 215-587-3411.

Get Support at Magee!

For details, contact the individuals listed or visit MageeRehab.org/community/support-groups

- **Addiction Mentors:**
Ruth Black
ruth.black@jefferson.edu
215-587-3030
- **Amputee Peer Mentoring:**
Rebecca Levenberg
rebecca.levenberg@jefferson.edu
215-587-3411
- **Amputation Support Group:**
MRH_amputee@jefferson.edu
215-587-3106
- **Aphasia Support Group:**
Ashley Owens
ashley.owens@jefferson.edu
215-587-3484
- **Healthy Living (Multiple Sclerosis):**
Colleen McAllister
colleen.mcallister@jefferson.edu
215-218-3903
- **SCI Family Peer Support Group:**
Ruth Black
ruth.black@jefferson.edu
215-587-3030
- **SCI Peer Mentoring:**
Marie Protesto
marie.protesto@jefferson.edu
215-587-3174
- **SCI Resource & Support Group:**
Marie Protesto
marie.protesto@jefferson.edu
215-587-3174
- **Stroke Family Care Group:**
Sonya Dibeler
sonya.dibeler@jefferson.edu
215-587-3411
- **Stroke Peer Mentoring:**
Sonya Dibeler
sonya.dibeler@jefferson.edu
215-587-3411
- **Wendekos Stroke Club:**
Fritz Louis Jean
fritz.louisjean@jefferson.edu
215-587-3180
- **Young Adult SCI Social Group:**
Joann Rudi
joann.rudi@jefferson.edu
215-518-3912

Support group meetings are temporarily changed due to the pandemic. For more information, contact the support group leader listed above.