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Rehab program lets dementia patients do what they enjoy

Updated: APRIL 24, 2016 — 3:00 AM EDT



ED HILLE / STAFF PHOTOGRAPHER

Emma Zahn, 90, gets some help at the Phoebe Allentown facility from her daughter Ruth (right) and Samantha Kromer, an occupational therapy assistant. Zahn undergoes rehabilitation after a stroke, and the family dog, Sadie, is part of an exercise meant to connect her with a familiar task.

by **Stacey Burling**, Staff Writer

Sadie, a 10-year-old labradoodle, does not look like a typical prop for occupational therapy.



Rehab program lets dementia patients do what they enjoy (http://www.philly.com/philly/health/mental-health/20160424_Rehab_program_lets_demer)

But that's what she became when Ruth Zahn brought the friendly dog recently to visit her "grandma," 90-year-old Emma Zahn, who was at Phoebe Allentown for rehabilitation after a stroke.

Phoebe Ministries, which operates an array of services for the elderly, created an unusual rehab program for people with dementia or other cognitive impairment. Instead of repetitive exercises, it uses activities patients enjoy to build physical strength and improve speech or memory skills.

It can be hard to get people with dementia to do standard exercises, said Jennifer Howanitz, a physical therapist who helped develop NET (neurocognitive engagement therapy). Asking them to pet a dog is an easier sell.

Zahn, who was living at home and had a mild cognitive impairment before the stroke, was having trouble with balance and with moving her right arm. Seated beside Zahn on a bench, Samantha Kromer, an occupational therapist assistant, encouraged her to lean toward Sadie - strengthening her core muscles - and to stretch her right arm forward to stroke Sadie's curly blond fur.

It was clearly a physical challenge for Zahn, but she did it with focus

and good humor.

Then Elizabeth Buss, a chaplain who works with dementia patients and knew of Zahn's strong Catholic faith, came in. Earlier, she had suggested that making the sign of the cross - touching the right hand to the forehead, then chest and both shoulders - would be a comforting movement. Thinking of sliding across a church pew might help her to transfer from one chair to another.

"How would you like to thank God for all the things you told me you are grateful for?" Buss asked Zahn, who readily agreed.

Buss showed her how to move her hands to her heart as she said, "I take your love in, Father," and stretch them out as she said, "I give my gratitude out to you." Buss helped Zahn move her right hand.

"Thank you, Emma," she said. "I know God was really happy to hear that, because He knows how much you love Him."

"Yes," Zahn said.

This kind of tailored approach is growing more common in dementia care settings, but is new to rehab, Phoebe officials said. NET won an award recently from Leading Age, an organization that represents nonprofit providers of aging services, and Integrate, a senior housing organization in Maryland. Phoebe plans to expand it beyond Allentown to its other rehab programs, including those in Montgomery and Bucks counties.

The program grew out of Phoebe's Center for Excellence in Dementia Care, which is run by psychologist Kelly O'Shea Carney. She wanted to meld evidence-based practices in dementia care with rehabilitation for Phoebe's growing population of cognitively impaired patients. Once she assembled an interdisciplinary team, therapists realized

they could harness many common activities for exercise and cognitive stimulation.

Howanitz said her interest was piqued when she saw how the use of Montessori techniques - a hands-on learning approach usually associated with children - was invigorating care on special dementia units. "If they can do it, why can't we?" she thought.

Phoebe has set aside a 20-bed "neighborhood" for people who had cognitive problems before something else - such as a stroke - sent them to the hospital. They stay an average of 20 days, three days longer than typical patients.

In the past, Howanitz said, therapists too often gave up on patients with dementia who couldn't follow directions, increasing the odds that they'd wind up in a nursing home.

Wheelchairs are discouraged on the unit, which also offers more social activities than usual to keep patients active. Therapists tend to work in quiet rooms rather than a physical therapy gym, which can be too distracting.

The staff creates a written history for each patient that describes what he or she likes to do.

Speech therapist Robin Howard, for instance, knew that Thelma Thompson, 68, loves to read and play card games on her laptop. Post-stroke vision problems made it hard for Thompson's eyes to track to the left. Howard used iPad games to teach Thompson to move her eyes differently and to exercise her memory skills.

Rather than have Sonia Geiger, 89, do a variety of exercises, her occupational therapist, Nancy Hadjokas, had her walk with a weighted red purse on her shoulder. Then Geiger stood in front of a

wall stocked with racks of plastic fruits and vegetables, weighted to be heavier than the real thing. Hadjokas asked Geiger to move the produce from higher to lower shelves and back again. She had to bend her legs, use her biceps and maintain her balance.

Down the hall, physical therapist Mike Zellner helped patients transplant pansies and then take the pots to the dining room or patients' rooms. They barely noticed that the task was strengthening their arms and legs and requiring them to use their balance.

On other days, the staff might use music or dance to motivate patients or ask them to bake and deliver cookies.

Peter Lichtenberg, director of the Institute of Gerontology at Wayne State University in Michigan, worked with Kay Malek, director of the doctoral program in physical therapy at DeSales University in Allentown, to measure NET's effectiveness.

He said he was most impressed by how it kept people with cognitive problems on task. "It's very hard to get them motivated. . . . This did that."

While many organizations say they individualize care and put life experiences to use, Malek said implementation is spotty. "It's the expectation," she said. "It's not necessarily what happens."

The research compared 43 NET program patients with 42 similar patients in a control group.

The NET patients were more involved in therapy, which led to greater gains on a 100-point scale that measures ability to perform typical daily activities. The NET group gained about 25 points in rehab, seven points more than the control group. Carney said that difference is big enough for families to notice.

She said the year-old program, which officially began last spring, is more expensive than traditional rehab, although she hasn't run the numbers. Increasingly, though, she said, providers will be competing based on quality. "That's what viability in the health-care market is going to be about," she said.

Howanitz said she thinks NET also will lead to a reduction in falls, complaints and readmissions.

In addition, she said, she enjoys the new approach.

"It just changes you," she said. "Watching my fellow therapists as well as myself be able to come out of the box and do things differently and figure out ways to connect with patients creatively is so rewarding."

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Published: April 24, 2016 — 3:00 AM EDT **The Philadelphia Inquirer**
