



Rehabilitation Today

Michigan Association of Rehabilitation Professionals

December 2004

IARP SETS NEW 3 YEAR STRATEGIC PLAN

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The IARP Board of Directors met in San Antonio Texas November 12th –14th to complete a final review of objectives detailed in the strategic plan set forth three years ago, as well as to set new goals for the Association over the next three years.

Virtually all goals from the previous strategic plan were at least addressed and in many areas, goals were not only completed but exceeded expectations. Goals that were met included achieving and maintaining fiscal solvency, the revitalization of the Membership Committee including implementation of a student recruitment program, enhanced web-based services, and alliances with allied organizations.

Although the final draft of the new three-year strategic plan is still being completed, the IARP board adopted a broad range of initiatives as goals for the next three years. Those goals include increasing the number of web-based or teleconferencing opportunities for continuing education credits, expansion of chapters in Western Europe and possibly Australia (from where we have had specific inquiries), the addition of a Life Care Planning section, and establishing a web-based research library and speaker's bureau.

Once the document has been formally approved by the IARP Board, probably in early 2005, it will be posted on the IARP website, <http://www.rehabpro.org> and published in the *RehabPro* magazine.



Calling A Dialogue Circle: Agility and Success Require A New Conversation Strategy



"If our responses continue to be merely reactive, we will continue to be controlled by external forces."

By Grace Menzel and John Victory

A steady decline in Workers' Compensation vocational and medical rehabilitation referrals during the past few years has raised concerns within Michigan's private rehabilitation community. Some possible reasons for this decline include the economic downturn since 2001 resulting in insurance profit loss, state budgetary restraints reducing oversight of claims, increasing numbers of carriers making contracts with national rehabilitation companies, more direct claim handling that sidesteps rehabilitation services, and ideological shifts that have narrowed the definition of disability. Most, if not all of these changes are beyond the influence of rehabilitation service providers.

Paranoia among rehabilitation providers is a contributing factor to professional and business decline. Beneath this paranoia is fear. Fear that customers, employees and ideas might be stolen...fear of failure. Fear causes some managers to discourage employees from talking to professional peers at other companies. Non-compete clauses in hiring contracts are also an expression of fear that tends to poison relationships.

A result of these protective behaviors is professional and personal isolation and reactive, over-controlling management. Sadly, the opportunity to share information and draw on our collective wisdom has been missed. Instead we have allowed these fears to drive our business practices. The future for our profession, if such practices continue, is not bright.

For many, an instinctive response when business slows is to hunker down, work harder and hope for better times.

Others move into strategic planning mode; increasing marketing efforts, reducing fees, bundling services or seeking alternative revenue sources. If our responses continue to be merely reactive, we will continue to be controlled by external forces.

A few may see these changes as an opportunity to diversify, redesign quality systems and expand capacities to improve customer service. This is a more proactive approach that first shifts the context in which we do business by creating adaptive relationships and flexible systems within organizations and communities.

One place where we can effect change is within our professional organizations. This is neutral ground and a place where we can open conversations to seek unity. We can start by using an approach called Appreciative Inquiry to gain an understanding of how to develop positive relationships, trust and a shared vision of future possibilities.

A healthy business climate blends competition and collaboration. As in nature, competition for sun, rain and space is constantly occurring, all while every living thing supports one another. Fallen leaves replenish the soil that will support new life in spring, some of which will survive to maturity and others will not. Yet even those that don't survive make a contribution to the whole.

In business when relationships and ideas are allowed to flourish creativity naturally emerges. People feel a greater commitment when they have ownership in the direction of their work. Inclusive business practices mean listening to every voice, encouraging fresh ideas and

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Calling A Dialogue Circle, continued

risk-taking for the sake of learning and growth. Agile organizations value open communication, develop teams, continuously improve partner relations, adapt with ease and design systems that respond to customers' needs.

As veterans of 55 collective years in the rehabilitation community, we are deeply concerned that fear-based business practices are contributing to the downfall of our beleaguered profession. We believe current downward trends are more than a cyclical dip. Gone are the days when business as usual will produce a thriving rehabilitation practice in Michigan. A new approach must emerge. We can choose self-protection by dodging bullets; or we can choose a future-oriented response to this challenge by starting a Dialogue Circle conversation about how want to grow our profession.

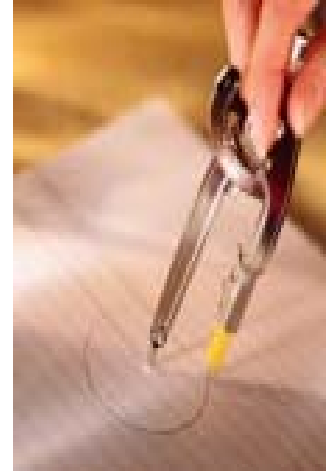
To begin a Dialogue Circle, we shift the context from sides to a circle to reduce defensiveness. Sides evoke adversarial conditions and relationships. In the context of a circle we can explore fresh possibilities, ask, reflect and deepen our learning in a spirit of inquiry. Circles help us learn from multiple perspectives, uncover underlying assumptions, suspend judgment, and foster mutual respect to find common ground. Amazing opportunities and insights can emerge in such an open environment.

Collaboration is the key to our professional future. Together we can share ideas and build relationships that foster growth. When fragmented, the results are never as good as when we use collective thinking. Our future success depends on augmenting our existing skills and relationships by partnering to design innovative approaches to our work.

We invite you to come to the circle to learn new ways of relating to one another. Here we can envision a vibrant, progressive business climate as we combine our skills, talents and knowledge to create new ways to do business. When we shift the context of our relationships, we will identify emerging revenue streams, stimulate referrals of new populations to serve, release old management approaches and adopt organizational change processes. These will assure a healthier, more sustainable future for private rehabilitation

Are you are ready to step through the fears and join your fellow rehabilitation professionals in creating a more flexible approach to a brighter destiny? If you are, perhaps a Dialogue Circle will set you and your team on a path to growth.

Please feel free to contact The Agile-Enterprise at (517) 487-2300 for a conversation on how to create a dialogue circle.



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Amputation and Case Management: A Personal Experience

By Bob Hamlin, R.N., Case Manager

“During a claimant’s recovery at home, the case manager should spend time helping him to adjust to a new life, including addressing lifestyle and family issues; claimant’s rehabilitation; consultation with doctors; and, ultimately referral to a state-of-the art prosthetics center.”

In our society, people automatically think of amputation as a failed outcome. In reality, the decision to amputate may actually be beneficial for a claimant in the long run. Through proper care and the guidance of knowledgeable healthcare providers, people can actually return to prior activity levels.

In September of 1999, I was preparing for archery deer hunting season by hanging a tree stand. With a slip of the hand, I fell about fifteen feet and landed on my legs. A sudden sharp pain in my left leg made me quickly realize I had an open fracture of my tibia and fibula. Alone in the woods with my injured leg, I also faced the reality that no one knew that I was there. I attempted, but was unable to, ambulate due to the left leg fracture as well as a severe sprain to my right leg. I was, however, able to splint and bandage my leg while I awaited help. Fortunately, my father and stepbrother found me ten hours later.

I was transported to the University Hospital where trauma surgeons worked on my leg. A resistant staph infection of the bone resulted in multiple failed healings and operations. As each attempt to repair the leg made it less likely to heal, I was faced with the seemingly drastic option of amputation. I found the information that the orthopedic physicians were giving me to be lacking. They gave me the impression that, in their minds, amputation was the last resort and perhaps even meant failure. As part of my decision-making process, I researched amputation and was able to

find information that actually helped make my decision easier. The main source of information came from the Amputee Coalition of America (ACA). This organization is priceless for anyone who is faced with or has had an amputation. I made the decision in favor of amputation.

Most case managers do not have a great deal of expertise with amputation cases. You may have to prepare patients for the possible loss of their limb. A good deal of education and trust is required between the claimant and case manager for the claimant to accept that great strides have been achieved in prosthetic design, and that thousands of prosthetic wearers hold demanding jobs and lead normal lives. When a surgeon confirms the need for amputation, the case manager can provide emotional support to claimants and their families, and help them envision life with an artificial limb. The case manager should also immediately begin to consult with employers on creating a new position for the claimants.

During a claimant’s recovery at home, the case manager should spend time helping him to adjust to a new life, including addressing lifestyle and family issues; claimant’s rehabilitation; consultation with doctors; and, ultimately referral to a state-of-the art prosthetics center. During the prosthesis manufacturing process, claimants are fitted for a prosthetic and taught to walk. During this time, the case manager should visit to check progress while encouraging a positive outlook about life beyond the accident.

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Amputation and Case Management, continued

In consultation with the claims administrator assigned to the case, the case manager will make arrangements for clients to attend an amputee clinic on adaptive disabilities. In these clinics, people with amputations are encouraged to pursue activities that were part of their life prior to injuries or even to try new things. Claimants often benefit from discussions with prosthetists, physical therapists and even Para-Olympians, all of whom can and do encourage a return to a normal life.

The case manager must be particularly aware of the psychological impact of an amputation. There is usually an inner struggle with self-image that requires additional help to deal with the suppressed anger and grief. In the area of amputation there is nobody who can assist someone with the process better than a person who has been through it. One thing that another amputee told me still sticks in my mind: "you can do anything you want, you just may have to do it a little differently." Finding the resources needed and available for the claimant to access is crucial. Most programs have support groups and other amputees who volunteer to meet and talk with new amputees.

Since my accident, I have become actively involved as a volunteer in an ACA-sponsored program designed for youth with limb differences that introduces them to different adaptive sport activities called Biofit. Through my experiences, I

have also been able to network with many healthcare providers and other amputees. This networking is integral in gathering information about various resources that assist in case management.

Below is a list of organizations which your clients can contact to help empower themselves in their recovery:

<http://www.amputee-coalition.org/>

<http://www.stumps.org/>

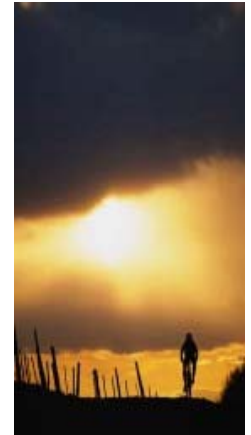
<http://www.hanger.com/interconnect/scripts/mqinterconnect.exe>

<http://amputee-online.com/>

http://www.lakeshorelongbeards.com/wheelin_sportsmen/index.php

<http://www.michiganamputeegolf.org/>

Bob Hamlin is a nurse case manager with Occupational Consulting Services. He can be reached via e-mail at bob@ocsonline.net if you have any questions or need guidance in contacting these organizations.



"Claimants often benefit from discussions with prosthetists, physical therapists and even Para-Olympians, all of whom can and do encourage a return to a normal life."

Note: Starting with this December 2004 edition, the *Rehabilitation Today* newsletter will be available exclusively in two electronic formats: Microsoft Word and Adobe Portable Document Format (PDF). Versions of this newsletter in both formats are available on the MiARP website, <http://www.miarp.org/>.

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We're on the Web!
See us at:
<http://www.miarp.org>

Join MiARP Today! Find out how by visiting the International Association of Rehabilitation Professionals (IARP) [website](#) or contact MiARP President Karen Starr by phone or email (details at left) .

MiARP Sponsorship Opportunities

The Michigan Association of Rehabilitation Professionals (MiARP) is now offering interested parties the opportunity to access the members of our organization at several levels. We invite you to help support our efforts to provide education, training, political action and professional enrichment to all in the field by participating as a sponsor.

There are two levels of sponsorship. They include:

Corporate Sponsorship (\$1500) all of the items below:

1. Newsletter Ad –\$75 - \$200 depending on size – posted on the website quarterly.
2. Presentation Sponsor – \$100 -opportunity to give a brief presentation on your company to members during lunch at a state conference.
3. Mailing List –(\$2.50 per name)
4. Conference exhibitor –\$400.00
5. Conference co-sponsor – \$500.00--recognized as a sponsor of a coffee break or afternoon break at one of MiARP's state conferences
6. Keynote sponsor – \$500.00--recognized for sponsorship of the keynote speaker at the state conference.
7. Website Link – \$200-- link on our website to your company website for one year.

Program Sponsorship (\$1000) all of the items listed below:

1. Newsletter Ad –\$75 - \$200 depending on size – posted on the website quarterly.
2. Mailing List –(\$2.50 per name)
3. Conference exhibitor –\$400.00
4. Conference co-sponsor – \$500.00--recognized as a sponsor of a coffee break or afternoon break at one of MiARP's state conferences

You may also purchase items individually at the amount indicated.

*****Rates will change after January 1, 2005. Rates will be prorated for the last quarter of 2004. *****