She’s furry, has a wet nose, and unleashes happiness wherever her four short legs take her.

It’s our newest employee, Galya: a two-year-old Labrador retriever who joined the Gaylord staff this past fall to work with stroke, spinal cord, and brain-injured patients. Pronounced “Gal-ya,” the sweet-natured pup was raised and trained by Canine Companions for Independence, a not-for-profit organization that provides highly trained assistance dogs to people with disabilities.

After an extensive series of interviews, Galya was matched with handler and Rehabilitation Nurse Manager Heather Hancort, RN, BSN, CRRN, as Gaylord’s very first working facility dog. Hancort explained that the rigorous two-year training regimen that Galya underwent before arriving at Gaylord sets her apart from therapy dogs which typically receive only six weeks of training.

The “super-intelligent” canine is able to understand and respond to more than 50 commands. But it’s the Lab’s huge heart for the sick and injured that make her a cherished member of the Gaylord family.

Continued on page 10
There are so many ways people make Contributions

In this issue you will read stories of the many ways donors and staff members contribute to the recovery of our patients. Together they make hope possible.

Featured on the front is our newest and possibly most beloved member of our staff: Galya, a highly-trained Labrador retriever who brings happiness – and shoes! – to patients most in need of canine companionship. Her ability to motivate patients is transformative.

The Center for Brain Health offers optimal care for a wide range of brain problems – for the injured, diseased, aging and athlete’s brain. Peter Deckers, MD, and Chair of the Gaylord Board of Directors, shares his story of how brain disease affects not just the patient but their loved ones as well. That’s one of the reasons why he has made a gift to support this unique program.

When tragedy occurs – as it did to Jane Mezzatesta – she believes there is no better place to be than Gaylord. A chance insect bite caused a rapidly spreading infection that resulted in the amputation of three of her limbs. Through incredible determination, resilience and grit, and with the overwhelming help and support of our staff – this nurse has the skills she needs to face her new life, with all of its challenges.

The motto of the Benedictine Abbey of Regina Laudis is “Let praise never cease!” For two of the members of this community that includes extraordinary regard for the care they received while patients at Gaylord, and for the sense of community they felt while here. Sister Margaret Georgina Patton and Sister Debbora Joseph Buck both feel a deep kinship with the way Gaylord’s staff interacts with not just patients, but with each other. As Sister Margaret Georgina says: “[Because] I live in community there was something in me that resonated with the community atmosphere at Gaylord.” Sister Debbora Joseph adds: “Really, it is an amazing place. The people who get to go there are very blessed.”

About this issue:
Contributions is produced by the Development Office, which can be reached at 203-284-2881 or gaylorddevelopment@gaylord.org. Articles in this issue were written by Katherine L. Kraines & Joy Savulak. Thanks to Dave Zajac at the Record-Journal for permission to reprint the cover photo of Galya.
“For more than 58 years my Aunt Peg was an absolute fanatic about the Boston Red Sox,” explained Peter Deckers, MD, as he reminisced about his now 95-year-old aunt. “She owned seats at Fenway and members of our family took her to every game. But then, she began to get lost in the ladies room and forgot how to drive home in the town she’d lived in for years,” he said. “Aunt Peg was an incredibly smart woman and she played a central role in our family. To watch her deterioration is really hurtful.” Deckers is a retired surgeon, dean emeritus of the University of Connecticut Medical School and chairman of Gaylord’s board of directors.

Deckers and his wife moved his aunt into their home for several years. But as her dementia progressed they found they couldn’t leave the house. “It became so difficult for her and for us,” he explained. “Having an 89-year-old woman get up at 3 a.m. to make breakfast on a lit stove is frightening.” Aunt Peg now lives in a dementia care facility and though her heart, lungs and bones are fine, she can’t carry on conversation and doesn’t know Deckers’ name.

More than 50 years of experience as a physician and medical educator have given Deckers a unique perspective on the issues surrounding brain health. When he began practicing medicine in the 1960s the average life span for men was 67 and women 73. Today, average life expectancy is 76 for men and 81 for women. Deckers feels that the dramatic rise in dementia related conditions, including Alzheimer’s, is a direct result of longer life spans. “Many people are living longer but a lot of them aren’t living elegantly,” he said.

While diagnosing and differentiating between dementing brain diseases is more effective – the ultimate outcomes haven’t changed. “In medicine we do good things in treating and often preventing cardiovascular disease, cancer and musculoskeletal problems,” Deckers commented. “But we haven’t made much progress in dealing with complex brain issues like Alzheimer’s or with the many different types of dementia.”

Deckers’ professional and personal experiences made him a strong advocate for the creation of Gaylord’s Center for Brain Health. He thinks this initiative is a critical component in the prevention, early detection, multidisciplinary care and rehabilitation of all kinds of brain disease and injury. With Gaylord’s longstanding expertise in treating stroke and traumatic brain injury, he said that the Center completes the circle of care by encompassing all of these elements.

“Let me explain it from the point of view of a dean of a medical school. Medical knowledge is vast and getting bigger all the time; we can’t teach students everything,” he emphasized.

Deckers’ multifaceted roles have fueled his resolve to find answers and support when it comes to the complexities of brain health. “The single biggest problem that medical students and residents in training don’t understand today is the ripple effect of illness on families,” he said. “When the patient is ill, the family is ill and the society they engage with is hurt.”

Because Deckers believes so strongly in the Center he has donated to it. “From my perspective, as chairman of the board at Gaylord, the establishment of the Center for Brain Health is a critical part of strategic planning for the future. A financial contribution is the least I can do.”
The brain is very complex and controls everything we do, from love and language to planning and processing to regulating all of our body systems. To address the full spectrum of care for brain health, from prevention to treatment, Gaylord established the Center for Brain Health (CBH) in August of 2015. The Center’s mission is to maximize, protect and heal the brain with the goal of improving each patient’s outcome and quality of life.

A stroke, concussion, Parkinson’s, multiple sclerosis, Alzheimer’s disease, depression and many other neurological and psychiatric conditions can impair brain function. But many brain-related problems are not obvious and diagnosis and treatment often require the input of multiple specialties including neurology, psychiatry and psychology. The Center’s model of care brings these three specialties under one roof and allows patients easy access to Gaylord’s many other support services. Our longstanding expertise in treating the injured brain allows us to diagnos and treat the complex problems that can occur with the diseased brain, aging brain and athlete’s brain.

The Center is co-directed by two outstanding experts in their fields: Sarah Bullard, PhD, ABPP, and Joseph Trettel, MD, PhD. Dr. Bullard, an experienced neuropsychologist and director of Gaylord’s Center for Concussion Care, first identified the need for a comprehensive “one-stop shop” for brain health and then recruited Dr. Trettel to help fill the gap in service providers. Dr. Trettel is the only clinically certified neuropsychiatrist in Connecticut. We spoke with Dr. Bullard and Dr. Trettel to get a better understanding of the types of issues treated and common questions about the Center.

**Gaylord Center for Brain Health**

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**Why is having the Center for Brain Health important?**

**Dr. Bullard** | The Center for Brain Health is critically important. I say this because we see many individuals who’ve had a concussion or who are dealing with an injured or aging brain that isn’t working as well it should. We also focus on patients that have vascular risk factors and are experiencing cognitive decline. Hypertension is a huge problem but most people don’t understand how this impacts the brain. We use evidence-based testing to help us pinpoint issues and peel back the layers to see what is impairing recovery from a concussion or what is the underlying issue that is causing cognitive impairment or behavioral problems that could be resulting from changes in the aging brain.

**Dr. Trettel** | Many patients have ping-ponged between medical practitioners trying to get an accurate diagnosis and treatment. Their conditions are often complicated and don’t neatly fit under one specialty. With Dr. Bullard’s interest in concussion and my interest and expertise in dementia we felt we could create a center that filled the void between neurology and psychiatry. We can make a big difference in someone’s life by figuring out what is preventing the brain from functioning optimally. We treat what is treatable and often can positively impact how an individual thinks and feels. For those conditions that aren’t treatable, finding the reason for a condition and understanding what is going on can be very helpful for patients and their families as they face the future.

**What kinds of services are offered?**

The Center is an umbrella for the many brain-related services that Gaylord offers including neuropsychiatry, neuropsychology, psychology and the many support services including occupational, physical and speech therapy, audiology, nutrition and aquatic therapy. Whether a patient comes for psychotherapy with one of our psychologists, neuropsychological testing with a neuropsychologist, or for a behavioral and neurological assessment it’s all centered on maximizing brain function and health.
Why would a patient be referred to the Center for Brain Health?

Dr. Trettel | Our patients tend to fall into one of the following three categories:

1. **Individuals who’ve had concussions with long-drawn-out recoveries.**
   The goal is to identify why they aren’t following the expected recovery path. Often it has to do with the development of psychiatric symptoms. For example, a patient with a concussion might be struggling with anxiety because their thinking isn’t good. Post-concussion syndrome can also cause sensory and motor complaints such as ringing in the ears, balance problems, blurry or double vision, headaches and short-term memory problems that can result in emotional distress and depression. It can become a cycle of attributing every sensation to the concussion. Depression amplifies sensory symptoms so it becomes a self-reinforcing cycle that’s hard to break. These issues can really hinder progress so our concussion experts are the first stop for patients dealing with concussion recovery problems.

2. **Individuals who are experiencing cognitive decline as they move through midlife to late in life.**
   The goal is to determine if there is a neurodegenerative disorder that is starting to show symptoms or if it is a more complicated cognitive disorder. For example, a patient has a problem with his memory. But he also has obstructive sleep apnea, anemia, a mild anxiety disorder and a lot of stress at work. We focus on treating the things that are treatable to give him back some cognitive power. If these changes don’t help, then a diagnostic workup is done for a neurodegenerative disorder.

3. **Individuals who’ve suffered some sort of neurological insult.**
   Neurological insults can be ones that start at birth, such as cerebral palsy, an intellectual delay or disability, or an acquired brain injury such as a stroke, tumor, infection, or radiation damage to the brain. These issues can cause symptoms that are difficult to treat in terms of behavior, thinking and emotional processing. This group has been bounced around a lot and this is where neuropsychiatry comes into play by combining an understanding of medical treatment and psychological help.

Continued on page 8
Fifty-nine-year-old Jane Mezzatesta was enjoying a week-long vacation by the crystal blue waters of Saint Lucia when a seemingly innocuous incident changed the course of her trip—and her life. “I woke up one night with a sharp pain in my thigh. It felt like someone jabbed me with a syringe,” she explained. Jane turned on the light and threw back the covers to find a large black bug crawling away. “I went to sleep and really didn’t give it more thought,” she said. But days later, Jane—a usually energetic and adventurous spirit—began feeling rundown. “I didn’t want to do anything. It wasn’t like me at all,” she explained. As she grew weaker, Jane noticed that the area around the bite was becoming inflamed. She consulted a pair of vacationing doctors who concurred that it appeared to be a case of cellulitis. For Jane, a registered nurse with nearly four decades of experience, the diagnosis didn’t seem to fit her symptoms. “It did look like cellulitis, but that didn’t explain my exhaustion,” she said. “Something just didn’t click.” Jane’s instincts proved right. Within days she was unable to venture much past her own room. On the day of her departure, the grandmother of two was carried to the awaiting limo and wheeled onto the airplane. “I don’t recall much else,” she said. “Not the flight, not the luggage claim. The only thing I remember is telling the driver bringing us home to drop me off at Griffin Hospital instead.” Jane’s condition quickly deteriorated as she lay intubated and comatose in the ICU. Her physicians determined that the damage inflicted by necrotizing fasciitis (commonly referred to as flesh-eating bacteria) was too extensive to be treated locally and transferred her to the burn unit at Bridgeport Hospital.

“My hands and feet were becoming cyanotic. In other words, my body was routing most of my blood to my core in an effort to preserve my main organs,” she explained. The resulting lack of circulation to her extremities ravaged her limbs. With all options exhausted, Jane’s doctors decided to amputate her right leg above the knee. Days later, they amputated her left arm followed by her remaining leg below the knee. Although her right arm was spared, she did undergo surgery to partially remove the damaged portion of her fingertips. As Jane slowly became cognizant of the new reality before her, the enormity of the situation hit hard. “I’m a nurse,” she explained softly. “I am the caregiver. I’m not supposed to be on this end of things.” Six weeks after arriving back in the States, Jane was transferred to Gaylord where she was met by many smiling faces including Rebecca, a physical therapist, and Marcie, an occupational therapist. Learning how to rescript her life wouldn’t be an easy task, they told her, but the two promised that together they would accomplish it as a team.

Jane spent hours each day working on her strength and stamina, learning how to use a wheelchair, and regaining the fine motor skills in her hand. Her occupational therapist left “no stone unturned” in showing her how to perform activities of daily living such as bathing and cooking.

“Gaylord doesn’t just provide great rehab, they also specialize in helping you cope with the emotional aspects as well.” Jane Mezzatesta

“Hope and Rehabilitation at Gaylord Hospital

Continued on page 9

Gaylord doesn’t just provide great rehab, they also specialize in helping you cope with the emotional aspects as well.” Jane Mezzatesta

Jane with her therapists Marcie Brassard, OT, top; and Rebecca Kania, PT, below

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Communities of Caring

The Abbey of Regina Laudis sits amid 400 acres of rolling farmland in the Litchfield Hills. Carefully tended perennial gardens overflow with fragrance and expansive vegetable gardens help support the Benedictine community of 37 women. The community’s commitment to manual work and scholarship is directed by the motto “Let praise never cease!” And the concept of “pray and work” infuses every aspect of the women’s lives. During the past nine years, two members of Regina Laudis have been patients at Gaylord.

Dodging The Surgeon’s Knife

In 2007, Sister (Sr.) Debbora Joseph Buck was enduring debilitating back pain. Hoping that surgery might offer relief, she consulted a physician at Yale. At the time she was 69 years old, and the surgeon said an operation would require putting two metal rods down the length of her spine and a year of recovery. “He said he wouldn’t touch me because it was a terrible surgery, but if I got to a point where it was completely unbearable he would do it,” Sr. Debbora Joseph explained. “I cried, but he didn’t leave me hanging. He referred me to Gaylord and got me an appointment.”

Sr. Debbora Joseph quickly began receiving outpatient physical therapy three times a week for about three months. “Gaylord was one of the most comprehensive hospitals I’d ever been in,” she said. About half of her therapy was spent strengthening in the gym and the other half in the pool. She loved the pool’s soothing warm water and enjoyed watching people from surrounding communities participate in aquatic therapy classes.

The physical and aquatic therapy made a huge difference in relieving her pain and Sr. Debbora Joseph was able to return to the life of the abbey. “Gaylord got me operative again,” she explained. Now 78, she said that while the therapy helped her avoid surgery, it wasn’t a permanent cure. The structural issues in her back weren’t going to change. “Over time, some of it has gotten worse,” she said. “But it doesn’t mean that I can’t garden in the summer! The garden is my exercise and bending over actually helps my back feel better.”

Sr. Debbora Joseph credits Gaylord with saving a whole section of her life. Without the therapy she received she doubts she could have continued functioning. “I was in chronic pain before I came to Gaylord. With all of that pain in your body what can your movements be?” she explained. “I’ve done nothing but talk up Gaylord ever since. Really, it is an amazing place. The people who get to go there are very blessed.”

No Small Miracles

On a late fall afternoon in November of 2014, Sister (Sr.) Margaret Georgina Patton was returning to the abbey after visiting a friend. She was driving a pickup truck with her cat, Natasha, tucked in a carrying crate beside her. Just 10 minutes from Regina Laudis, Sr. Margaret Georgina’s vehicle was T-boned by a large truck that slammed into the driver’s side.

The accident occurred just before 5 p.m., a time when the nuns are usually at church. A woman who saw the accident called the abbey and Sr. Debbora Joseph answered the phone, “Having someone around at that hour was unusual,” Sr. Margaret Georgina explained. Two nuns were quickly dispatched to the accident and Sr. Margaret Georgina remembers one of them looking down at her and saying, “We’re here!”

While she doesn’t remember anything about the accident itself, Sr. Margaret Georgina does recall being at St. Mary’s Hospital in Waterbury. She suffered nine fractures all on the left side of her body and because all of the bones broke in place she didn’t require surgery or any casts. “I was very fortunate!”

“I felt like part of the healing was being in a climate of mutual support - even among the caregivers.” Sr. Margaret Georgina

Continued on page 11
aspects of an insult with the behavioral manifestations. This population is about 50 percent of my practice. By the time I see these patients they are distressed and their support system is often stressed.

**What is a neuropsychiatrist?**

Dr. Trettel | Neurology is an anatomically based discipline that involves taking a careful medical history, performing a very detailed neurologic exam and trying to understand where in the nervous system the person has a problem or lesion. A lesion can range from a tumor to a stroke to a traumatic brain injury.

The field of psychiatry is invested in mental operations and processes. It isn’t easy to pinpoint where in the brain personality or memory is generated. Psychiatry has tended to focus on treating with talk therapy and psychoanalysis or psychotherapy and more recently with medication.

Neuropsychiatry is the marriage of these two disciplines. A neuropsychiatrist is a medical doctor with extensive education in both neurology and psychiatry. I spend a lot of time doing a thorough physical exam and a mental state exam trying to understand where in the brain there are problems and dysfunction. Then, I think about anatomy and the underlying physiology and medications I can use to target those specific areas.

**What kinds of tests does a neuropsychiatrist do?**

Dr. Trettel | I do a complete neurologic and psychiatric history that goes all the way back to birth. A lot of neurologic disorders have caused problems with learning and development for a long time, so it is important to get a handle on that. I will do a complete neurologic exam that generally focuses on higher functions like thinking, memory, language and visual-spatial skills. If I need more extensive neuropsychological testing I will refer the patient to one of our neuropsychologists. Sometimes I will order other medical tests such as bloodwork, a PET or CT scan, or even genetic testing depending on the information I need.

**What is neuropsychology?**

Dr. Bullard | Neuropsychologists hone in on the relationship between the brain and behavior. We look at how your emotions impact your cognitive functioning and see what you’re cognitive strengths and weaknesses are. Neuropsychologists have a PhD and do an expanded version of cognitive testing that can take as long as six hours. We don’t prescribe medication.

**What can neuropsychological testing reveal?**

Dr. Bullard | Neuropsychological testing reveals specific patterns in cognitive ability, memory, attention, visual-spatial ability, and so forth. How someone performs on the tests will result in a pattern of strengths and weaknesses. For example, an Alzheimer’s pattern looks different from a depression pattern or the pattern of someone with a concussion or vascular issues. These patterns can help me determine what kind of cognitive issues someone is dealing with and how it impacts their ability to function. With a concussion I am able to compare performance on these tests against age norms so I have a baseline. I can then retest in a few months to see where a patient stands – have they made progress or gotten worse? Or are we seeing new deficits or improvements in specific areas? All this information helps me to diagnose and create a treatment plan that is very specific to the patient.

**What is the age range of patients treated at the Center?**

Dr. Trettel sees patients that are at least 15 years old. Dr. Bullard sees patients as young as age 8 but she is qualified to see patients as young as 4 years old. On the other end of the spectrum patients at the CBH are seen well into their 90s.

**How can I contact the Center for Brain Health?**

For questions or more information about the Center for Brain Health or our Center for Concussion Care call: (203) 741-3413.

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**Guacamole**

*A great way to start the festivities and help keep your brain sharp*

**Ingredients**

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Ripe avocados, peeled and chopped in a food processor</td>
<td>5</td>
</tr>
<tr>
<td>1 Red onion, finely diced</td>
<td>1</td>
</tr>
<tr>
<td>1 Jalapeño pepper, stemmed, seeds removed, and minced</td>
<td>1</td>
</tr>
<tr>
<td>2 tbsp Chopped fresh garlic</td>
<td>2</td>
</tr>
<tr>
<td>3 Limes, juiced</td>
<td>3</td>
</tr>
<tr>
<td>1/2 tsp Ground coriander</td>
<td>1/2</td>
</tr>
<tr>
<td>1/2 tsp Chili powder</td>
<td>1/2</td>
</tr>
<tr>
<td>1/2 tsp Ground cumin</td>
<td>1/2</td>
</tr>
<tr>
<td>Salt &amp; pepper to taste</td>
<td>Salt &amp; pepper to taste</td>
</tr>
</tbody>
</table>

**Directions**

Combine all ingredients in a bowl. Mix gently but thoroughly and serve with your favorite chip, cracker or vegetable, or as a condiment.

Hope and Rehabilitation, continued

After several months of therapy and multiple fittings, Jane was ready to trial her prosthetic legs. She described how the entire gym was filled with Gaylord staff as she prepared to take her first steps with a rolling walker.

“I didn’t mind the interruptions at all,” she reflected. “It actually kept me motivated because I knew that someday that was going to be me. Someday I will interrupt someone’s gym time when I come back and walk throughout this whole hospital all by myself.”

Last October, one day before her discharge, Jane accomplished the lofty goal she set for herself when she arrived at Gaylord only five months prior.

“I took ten steps on my own without a walker or a cane. It was like a rebirth,” she said.

Today, Jane continues her therapy at home where she works hard toward accomplishing her next goal: returning to the career she loves so deeply.

“I took ten steps on my own without a walker or a cane. It was like a rebirth,” she said.

Top: A celebration of Jane’s progress

Bottom: Leaving Gaylord after five months

Throughout her Gaylord stay, the telemetry nurse’s intense longing to be on the other side of the stethoscope never lessened. Jane found some comfort in “hanging out” by the nurses’ station, a place she said “felt like home.”

“Gaylord doesn’t just provide great rehab, they also specialize in helping you cope with the emotional aspects as well,” she explained.

Jane especially appreciated the visits she received from clinical staff who would often stop by her room to discuss various medical topics.

“We’d have a good talk ... and for those few minutes I wasn’t in a wheelchair or in a hospital bed. I was my old self again. It was a good feeling. I would tear up a little after they left because they made me so happy.”

Jane said that evidence of what she termed the “Gaylord effect” was also apparent on the beaming faces of the discharged patients who often dropped by to visit their former care staff.

She recalled several instances when the therapist she was working with in the gym suddenly stopped their work to greet and embrace a former patient.

“Right now I’m focused on doing as much as I can for myself so I can get back to caring for others. Obviously there are things I won’t be able to do anymore, but I know I’ll find a new way to help just as Gaylord helped me,” she said.

“Until then, I’ll just keep working on it – one step at a time.”
“Somehow she knows which patients can really use the interaction or one-on-one quiet downtime,” Heather said. “She gravitates towards them and will put her head in their lap. Some patients completely change their demeanor altogether after a visit. It’s amazing to witness,” she said.

Each morning Hancort and her trusty companion make the rounds to patients who have specifically requested a visit and others who have been deemed to be most in need of a boost in morale or motivation.

“Most visits last about fifteen minutes, but can go as long as a half hour depending on what the patient needs,” she said.

The rest of Galya’s day is equally busy as she is often found assisting patients in the gyms or in therapy sessions elsewhere on campus.

“Therapists can incorporate fine and gross motor skills into a session with her,” she said.

“From retrieving objects to turning on the lights or shutting a door, patients recovering from strokes, spinal cord, and brain injuries have the opportunity to interact. Sometimes a therapist will use her to motivate a patient to walk farther.”

Animal-assisted therapy has been scientifically proven to provide numerous benefits including promoting the healing process, increasing patient optimism and positive outlook, and lessening pain and depression.

Hancort says she’s seen the results first hand. She remembered one patient who refused to get out of bed each morning to begin therapy.

“We had Galya go into her room to pick up the patient’s shoes and bring them to her. The patient said, ‘How can I say no to this face?’”

She recalled another situation with a traumatic brain injury patient who wouldn’t leave her bed.

“Her family told us that she loved dogs so we decided to use Galya as motivation. Every morning Galya goes in to her room to wake her up. The patient loves to spend quiet time brushing Galya before getting up and walking her. All of her therapies are geared around the dog. She even cooks with her in occupational therapy … Galya assists by opening drawers and the refrigerator!”

Hancort said that the beloved Lab has been so well-received by patients that there is almost a waiting list of individuals awaiting a Galya encounter.

“When patients interact with her, it takes their minds out of the hospital setting for a minute. You can’t help but smile when you’re with her!”

If you would like to donate to the Facility Dog Program, please go to www.gaylord.org/dog

Galya, continued from page 1

Galya brings a shoe to nineteen-year-old former brain injury patient Skylar Vumback

Skylar and her mom Marilee share a quiet moment with Galya
Communities of Caring, continued

Broken bones begin to regrow as soon as they break, which is why they sometimes need surgery or have to be broken again to heal properly,” she explained. “My bones stayed in place so they immediately started to heal correctly.” And although Natasha, the cat, was quite shaken up she wasn’t hurt.

Sr. Margaret Georgina stayed at St. Mary’s for several days and then was admitted to Gaylord for rehab. “I don’t remember when my therapy schedule started after I arrived, but I think it was pretty quick,” she said reflecting on the time. “I have strong memories from Gaylord that I’ve taken with me. One vignette, of which there were many, was seeing other patients much worse off than I was. It helped me to get my act together!”

One particular experience made a big impression on her. Another patient, who also had therapy in the gym, was seriously hurt in a car accident and could barely move her feet. But with encouragement from her therapists the woman began to improve. “A few days before I left another woman was wheeled in to the gym and she was crying her eyes out. She was desperate,” recalled Sr. Margaret Georgina. “She came to where we did our therapy and the woman who could hardly move her feet said very quietly ‘It gets better.’ That really moved me. She was so down herself but she could still offer hope to another patient.”

Sr. Margaret Georgina said that encouragement and humor from her therapists and seeing other patients support each other didn’t seem unusual. But what did surprise her was the staff-to-staff encouragement she saw happening all around her. “I felt like part of the healing was being in a climate of mutual support - even among the caregivers. I think that is unusual,” she said. At the abbey the women place a high value on being honest with each other. “At Gaylord the stakes are high,” she explained. “Staff must be straight, honest and direct with patients and with each other if patients are ever going to recover. I guess because I live in community there was something in me that resonated with the community atmosphere at Gaylord.”

Sr. Margaret Georgina was at Gaylord for a month. “I so enjoyed that 90 degree pool!” she said. After being discharged she used the exercises she’d learned at Gaylord in the abbey’s small therapy pool. Only 15 months after the accident, she has no residual physical issues and she has stepped into new responsibilities at the abbey. The motto of the Abbey of Regina Laudis is “Let praise never cease!” which, according to Sister Margaret Georgina, means translating whatever comes your way into praise.

You can make future stories possible

By completing the simple, yet powerful act of including Gaylord in your estate plans you will make it possible for our community of caring to exist, helping people like Jane Mezzatesta when they need it. When you let us know of your plans, you will become a member of The David Lyman Society, a group whose members are committed to ensuring a healthy future for generations to come.

To help you with your plans, we offer sample language for the many ways you can contribute. Just visit http://gaylord.plannedgiving.org/

Or please feel free to contact Tara Knapp, Vice President, Development, at 203-284-2838, or tknapp@gaylord.org with any questions. You can let us know you have made a gift to Gaylord in your estate plan by returning the enclosed envelope.
Put the Fun in Fundraising!
Come to one or all of these upcoming events!

FRIDAY
May 6, 2016
GAYLORD WINE TASTING
GAYLORD HOSPITAL
WALLINGFORD, CT
Buy your tickets now
Visit: www.gaylord.org/wine
To Benefit: The Elizabeth Birney Gagliani Fund for MS & TBI at Gaylord

MONDAY
June 6, 2016
GAYLORD GOLF CLASSIC
FARMS COUNTRY CLUB
WALLINGFORD, CT
Sign up your foursome today!
Visit: www.gaylord.org/golf
To Benefit: Sports Association

SATURDAY
June 25, 2016
GAYLORD GAUNTLET 5K
OBSTACLE COURSE
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