Eighteen-year-old Gaylord patient Erika VanBuren was being wheeled back to her hospital room when she heard someone call out her name. “Erika … I want you to meet Sky.” It wasn’t the first time the teenager heard mention of Sky Vumback, nor would it be the last. Intrigued, she wheeled around to face a smiling girl her own age, leaning on a cane in the middle of the corridor.

Within seconds, the two launched into easy, excited conversation, bonding over a similarity shared by few others. There was much to discuss but Sky had to hurry to her outpatient therapy appointment. The girls quickly traded cell numbers with the promise to stay in touch.

**A Rare Condition**

Throughout the remainder of Erika’s four-week Gaylord stay, the new friends exchanged dozens of texts daily. Frequently peppered among the messages’ ubiquitous three-lettered terms such as “OMG” and “LOL” was another acronym understood by few: “AVM.”

Continued on page 8
No one has ever become poor by giving. Anne Frank

Dear Friends,

Let me first say a loud “Thank You” for your generous support! Each of the stories in Contributions is a result of your gifts. Without you there would be no specialty programs, no Special Needs Fund, no support groups, no Traurig House, no Erica, Sky, Chris C., Richard, Chris E. or Kim.

We are facing tumultuous times in health care and hospitals are particularly vulnerable. On a federal level, there are many uncertainties about how potential health insurance changes will play out and on the state level Connecticut’s hospitals may be forced to pay property taxes.

While we have faced uncertain times before, the only way that Gaylord can continue to care for the whole person is with the steadfast support of our donors. Specialty care comes at a price and in order to offer our patients the best hope for recovery, we need your ongoing support.

Our donors really do make a difference and because of you, Gaylord has the reputation for making the impossible – possible. Every gift helps and there are many ways to give including: a memorial gift; through a will; a gift of stock; from an IRA; an annual gift; setting up or donating to an endowment; or attending or sponsoring a special event.

If you would like to discuss the various opportunities to give, please contact me. I would love to hear from you.

Sincerely,

Tara Knapp, VP of Development, Marketing and PR
tknapp@gaylord.org
BEATING ALL ODDS:
From Vegetative State to Peer Mentor

“In When I was told [at the acute care hospital] that I'd never walk or talk again, I knew I’d prove them wrong. I was determined to get back to some semblance of what I was before.”

Richard Sills

Richard Sills, guided by a physical therapist, using the Myomo™ My Own Motion arm brace which helps restore movement to an arm that's been weakened by neuromuscular damage.

In 2006, Richard Sills was the busy sales manager of a heating- and plumbing-supply company and a self-described “gym rat.” Very little had ever sidelined the 46-year-old’s can-do attitude until a painful kidney stone put his life on pause for what he hoped would only be a few days.

But while he was in the hospital, Richard suffered a severe stroke. Doctors explained to his devastated wife that a brain bleed as massive as his would likely leave Richard in a persistent vegetative state. In a moment, the Sills family’s world was turned upside down.

“I was in really bad shape. Then I went to Gaylord … and there was hope,” he said. “I'm a glass-half-full kind of guy. When I was told [at the acute care hospital] that I'd never walk or talk again, I knew I'd prove them wrong. I was determined to get back to some semblance of what I was before. Gaylord had me 100% focused on meeting those goals.”

Today, Richard is back to working and has even returned to the gym. Every day he gratefully reflects on the Gaylord team members who influenced his recovery, from the therapist who helped him “feel normal and not sick,” to the outpatient physical therapist who walked arm-in-arm with Richard down countless corridors in preparation to walk his daughter down the aisle without a cane.

Becoming a Peer Mentor

“Everyone at Gaylord - even the person bringing my dinner - treated me like a person. That is why I give back there now.” Richard volunteers at Gaylord as a Peer Mentor, making one-on-one visits to encourage recovering stroke patients. “I tell them there is a light at the end of the tunnel. Sure, my life is different now, but I still can do a lot of the things I did before the stroke. You just keep going … you adapt … you can't let the stroke dictate your life.”

Continued on page 9

ABI Peer Mentor Program

An acquired brain injury (ABI) is a life-altering event. Gaylord’s ABI Peer Mentor Program supports ABI patients, and their families, as they adjust to their medical condition, hospitalization and recovery by meeting with someone who has walked the same path.

Peer mentors are ABI patients who completed their inpatient program at least one year ago and are selected through the Peer Mentor Committee’s screening process. Mentors are formally trained and receive ongoing supervision and continuing education. Having successfully begun the journey toward a new life, Peer Mentors reinforce the importance of recovery and offer support to both patients and their families. Weekly visits are no longer than 15 minutes and patients can refuse mentoring or discontinue a session at any time.

Patients can be referred by staff or a family member, and are screened by a social worker to assess appropriateness based on the patient’s current status. In the early stages of recovery, a patient may be unable to interact, and family members may benefit from extra support by meeting with a Peer Mentor.
I’m Still Here:

Inspiring Teacher Battles Back with Grit and Courage

“I know that my husband at one point had to say goodbye [and] had to tell my children that I might not be here tomorrow. [But] here I am today. I’m going to rejoice in that and make the best of every single day.”

Kim Hardy

Kim Hardy had just received an agonizing phone call. Her older brother and only sibling, Scotty, was in a Florida hospital. He was in a coma after a brain aneurysm had burst on the last day of a family vacation. Kim flew to Florida to join the bedside vigil, but Scotty, age 39, died two weeks later. Heartbroken, Kim returned to Connecticut not knowing that Scotty’s death would soon fuel her own recovery.

A Virus Unleashed

An energetic, 38-year-old elementary school Spanish teacher and the mother of two young children, Kim and her husband, Ron, had been married for 16 years. Then, on August 16, 2015, just four months after losing Scotty, Kim felt terribly sick. It started with a high fever and by the next day she was having chest pains and difficultly breathing. Fearing a heart attack, she went to a local hospital and was later transferred to a larger hospital, where a heart attack was ruled out. But because of the fever, she was kept for observation.

Kim’s condition worsened and after she passed out in the bathroom, doctors determined that a virus was attacking her heart. Then, complications from a procedure caused a stroke. As the virus ravaged her body, she nearly died at least three times and Ron thought he would have to say good-bye. “When I eventually woke up, I realized that the whole left side of my body was paralyzed,” she said.

Further complications set in as blood clots formed in her legs, which couldn’t be treated with blood thinners due to the stroke. The clots caused so much damage that Kim’s right leg had to be amputated below the knee.

Not Giving Up

After 38 days at the acute care hospital, Kim arrived at Gaylord. With left side impairment from the stroke and her right leg gone below the knee, both sides of Kim’s body were compromised. Yet, she was determined to remain positive.

“I was alive and had my mind!” she said. “I could be dead – I could not have a brain – I could not speak – I could not walk. There were a lot of things that you can fill in there – but I CAN talk and walk and move. There wasn’t a time where I thought I’d give up. I thought, ‘I get to live. My brother didn’t get that choice. I am going to make the best of this!’”

The rehab team from Gaylord’s Stroke Specialty Program swung into action. Kim spent the next three months at Gaylord receiving intensive physical, occupational and speech therapy. Meanwhile, Ron converted their carport into a new, handicapped accessible bedroom and bathroom.

Continued on page 5
Once at home, Kim focused on adjusting to her new life. But her disabilities left her dependent on Ron for many daily activities. Simply taking a shower was a huge, time consuming effort.

Finding a Way
Kim’s weekly outpatient visits to Gaylord included meeting with Toni Nicolelli, OTR/L, for occupational therapy and Kristine Provost, MS, CCC/SLP, for speech therapy (see “Outpatient Speech Therapy”). Toni focused on making Kim’s daily living activities easier, and she knew that a shower-commode chair could provide the independence that Kim needed.

Toni and Kim tried to get the chair through insurance but the request was repeatedly denied. Toni then suggested applying to Gaylord’s Special Needs Fund, which helps meet needs that aren’t covered by insurance. Kim’s application was approved and after a lot of research, Toni found the right chair at a great price on Amazon. Kim was ecstatic – now she could shower and use the bathroom on her own (see “Special Needs Fund”).

Working as a substitute teacher in Wallingford, Kim continues with weekly outpatient occupational and speech therapy. She also regularly attends the Amputee Success Group at Gaylord. “It’s a lifeline for me, I don’t miss it,” she said. “They taught me that I own my prosthetic, it doesn’t own me. And that we can do everything everyone else does we may just need to find a different path. It’s fabulous!”

As for, Gaylord’s role in her recovery she said, “You guys helped me so much! Gaylord ROCKS!”
Outpatient Speech Therapy in Action:  
Can You Hear Me Now?

As the supervisor of six inpatient and four outpatient speech and language pathologists, Kristine (Kris) Provost, MS, CCC/SLP, also meets regularly with patients. In fact, Kris and Kim Hardy have been working together for about eight months.

The stroke affected Kim’s respiratory support and ability to produce a booming, clear voice. One goal was to strengthen her voice before returning to work, potentially full time, next fall. Kim is currently working as a substitute teacher and uses a portable microphone, loaned to her by Gaylord, to amplify her voice in the classroom.

But speech therapy isn’t just about voice. Kris is also helping Kim to use facial expressions to more accurately reflect her emotions. “Helping with affect [facial expression] is a nonlinguistic part of speech and language therapy called pragmatics,” Kris explained. “It also has to do with knowing when to speak so you aren’t interrupting, or being able to read someone’s intent not only from what they say.”

Kim’s stroke also caused mild apraxia, a motor speech disorder that disrupts messages from the brain to the mouth making it more difficult to say sounds correctly. “This affects Kim’s ability to coordinate turning her voice on and off,” Kris said. “Kim wants to be loud but the louder she gets the narrower her vocal range becomes. So, we are working on trying to find a balance between a voice that is powerful but still has inflection.”

“Kim has made great progress,” Kris said. “My goal, and her goal too, is to have enough range to use her voice functionally for a school day and engage those kids!”

The Role of Outpatient Speech Therapy

“From an outpatient perspective we do the speech and language skills that people characteristically think that speech and language pathologists do,” explained Kris. “But we also do a variety of things that many people aren’t aware of.” Outpatient speech therapy at Gaylord can include:

**Voice training including LSVT Loud.** LSVT Loud therapy helps individuals with Parkinson’s and other neurological conditions, to maintain voice strength, volume and clarity by using special vocal exercises.

**Pragmatics** is the nonlinguistic part of speech and language that deals with affect (the facial expression of emotion) and the ability to know when to speak or being able to read someone’s intent not strictly from what they are saying.

**Cognition** includes thinking skills and the ability to attend, focus, remember, reason, and self-monitor.

**Swallowing problems.** Gaylord is equipped to do modified barium swallows and fiber optic endoscopic evaluations of swallow or FEES. Vital Stimulation is another high tech tool used to help improve swallowing.

**Alternative and augmentative communication**, or ACC, for individuals who can’t use their voice to communicate verbally. Alternative communication modes and augmentative tools are identified including high tech electronic devices that are accessed by gaze.

To schedule an appointment or assessment: (203) 284-2888, option 1, and then option 1.
Young Father’s Recovery Moves Him to Give Back

Chris Cartland and his two daughters

Chris Cartland, age 34, was at home on the evening of June 11, 2015, when he began having a headache and felt dizzy and uncoordinated. A type 1 diabetic since the age of 5, Chris knew these were typical symptoms of low blood sugar so he did a blood test. But his blood sugar was fine. Just weeks earlier, his doctors had said he was in good health, so he wasn’t worried. “But over the next half hour, I lost my ability to speak,” Chris said. “My wife, Jennifer, thought we should go to the ER but I vigorously waved her off and pulled the stubborn husband card. The possibility of a stroke never crossed my mind.” Instead, he struggled up the stairs to bed. “I had no balance and no strength in my leg,” he explained. “My wife was adamant that I go to the hospital but I again said no.” The next morning Chris’ face was drooping and his right arm had limited motion. Jennifer called 911.

Testing revealed that Chris had suffered a stroke in the left pontine portion (the pons) of his brain, impairing function on his right side. The pons is the lowest part of the brain stem that connects to the top of the spinal cord. This area contains nerve bundles that transmit movement and sensory messages between the brain and body and is involved in hearing, taste, balance and the regulation of breathing and deep sleep.

Young Stroke Program

When Chris heard the diagnosis, he panicked. The father of two young daughters, he was worried about his ability to support his family. His next emotion was anger, which he harnessed to fuel his recovery. Just four days after the stroke, Chris was transferred to Gaylord for rehab in the Young Stroke Program.

The Young Stroke Program is part of Gaylord’s CARF accredited Stroke Specialty Program and is based on the patient’s level of function at the time of the stroke, rather than age. The program is fast paced and gears therapy toward activities to help patients return to their pre-stroke role as a primary caregiver, student, or employee.

As first, Chris was irritated that his body responded as if it had a mind of its own. In physical therapy, he worked hard at

Why does CARF Matter?

Stroke patients Kim Hardy, Chris Cartland, and Richard Sills were all treated in Gaylord’s CARF accredited Stroke Specialty Program. In 2014, Gaylord became the only facility in Connecticut to receive accreditation from the independent Commission on Accreditation of Rehabilitation Facilities (CARF) in three specific areas of expertise: Comprehensive Inpatient Rehabilitation Programs, Spinal Cord System of Care, and Stroke Specialty Program.

What is CARF?

CARF is an “international, not-for-profit organization that promotes quality rehabilitation services by establishing standards for quality and surveying those organizations to assure the standards are being met.” Accreditation is based on a rigorous process of evaluation that ensures a program meets the highest standards with a focus on the unique needs of each patient served and consistent monitoring of the results of services.

What is a Stroke Specialty Program?

A key component of a Stroke Specialty Program is the partnership between patients, their family or support system and the provider. The program must offer services that focus on preventing stroke, minimizing impairment, reducing activity limitations and maximizing quality of life and participation. The program must also:

- Recognize the needs and individuality of patients and their support systems and the importance of ongoing medical management.
- Provide ongoing access to information about services and resources available to enhance each patient’s life in their family, community, and life role.
- Assist patients in taking responsibility for managing their health by encouraging the use of appropriate healthcare services, and supporting patients’ lifelong efforts to gain and maintain their health and improve quality of life.

There is significant evidence that accreditation programs improve the process of care and clinical outcomes. This means that CARF accreditation assures prospective and current Gaylord patients a higher standard of care and better outcomes, important factors to consider when choosing the best place to recover.

Continued on page 9
An AVM, or arteriovenous malformation, is a dangerous tangle of abnormal blood vessels in the brain that can be deadly, if it ruptures. In Erika's case the symptoms started slowly over four years. “Sometimes I'd get a headache and my hand would get weak at the same time. I didn't think about it much until this summer when my face started feeling weak, too,” she said.

Erika’s mom, Kristi, was reassured that a hospital close to home offered the high-quality intensive rehabilitation her daughter would require. It was the final piece of the complex plan to make Erika well again. For Kristi, Erika’s AVM was as unstable and dangerous as a ticking time bomb and her daughter’s surgery and recovery couldn’t come soon enough.

AVM BFFs (Best Friends Forever)
An hour after first meeting in the hallway, Sky located Erika’s hospital room on her way out after therapy. To their delight the two “laughed like crazy at everything from how difficult it is to go to the bathroom after brain surgery to not being able to find the call button when you need a drink” before moving on to “normal talk about Netflix and stuff.”

Their connection was instant and real … the kind often forged between survivors of a very rare condition. Erika explained, “When I first came to Gaylord, I couldn't make any voluntary movements on the left side of my body and I had a hard time talking. So meeting Sky gave me hope … it really showed me the kind of recovery I could make.”

Sky frequently visited Erika after her outpatient therapy appointments. Sometimes they’d just sit and talk. Other times, they would go in search of Galya – Gaylord’s working facility dog – and lavish her with pats and hugs. They often commiserated via text about the challenges of their therapy sessions and encouraged each other to push through.

Only weeks after their first meeting, a WFSB camera crew returned to Gaylord to follow up on Sky’s story and document the friendship that had occurred. “We didn't plan it but we both showed up that day wearing the same boots and vest!” laughed Sky.

At the end of taping, Erika was discharged from Gaylord. She hugged Sky goodbye, knowing that in three days she would be flying back to Michigan to resume her studies. Sky has also since returned to school at Three Rivers College where she recently earned an A-plus on an eight-page paper. “I almost cried,” she said proudly. “I couldn't believe it. I couldn't read or write for a year and now this!”

Despite a full regimen of school and outpatient therapy, Sky and Erika still keep in touch via text and look forward to seeing each other during the summer. “It's a bond like nothing else,” Sky smiled. “We'll always be there for each other.”
Young Stroke,
continued from page 7

getting his right arm to swing naturally and retraining his gait. The occupational therapy games were frustrating. One game entailed putting pegs in holes and taking them out as quickly as possible. “When I first got to Gaylord, I couldn’t grip the pegs, so I gave up. I was so angry,” he said. “Finally, I did it several times with my OT Heidi. Then each time I got faster. I had fantastic therapists, including Stephanie in Speech, Heidi in OT, and Greg in PT. They are my rock stars!”

Giving Back

Chris progressed so well that he was transferred from inpatient to outpatient therapy after only two weeks. “I had the best possible recovery. I am about 98% back to normal,” he said. “As much grief as this caused me, it also helped me re-evaluate the things that were most important to me.”

Grateful for his care at Gaylord, Chris wanted to give back so he initiated a charitable giving foundation through his employer, Kaman Specialty Bearings and Engineered Products, a division of Kaman Corporation. The foundation has since donated to Gaylord and his division is now a sponsor of the Gaylord Gauntlet, where Chris volunteered last year. “I realize I was pretty lucky on the severity and placement of my stroke and I am thankful for the awesome care I got at Gaylord.”

Beating All Odds

continued from page 3

In the two years since becoming involved in the Peer Mentor program, Richard has repeatedly witnessed the power that his words have to positively influence patients’ outlooks. “People always said that I had a story to tell and I briefly thought about writing a book after I came home from the hospital. But since I started volunteering, I realized that I really do have something that should be told.”

With the help of his niece, Richard is currently writing a book about his journey over the last decade. He hopes that by sharing the details of his illness, recovery and his pursuit to find a new normal, he can inspire more stroke patients than ever.

“Everything happens for a reason,” he said. “Maybe it’s because the man upstairs doesn’t give anyone more than he can handle. I think I can handle it. If I can help someone get through their troubles, then this project has all been worth it.”

Chris Cartland (center) at the 2016 Gaylord Gauntlet

Leaving a Legacy Through Your Estate

Your gifts change lives today and tomorrow. 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 Erika and Sky 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 contact Doug Nelson Major/Planned Giving Officer, (203) 284-2867, email: dnelson@gaylord.org.
“Gaylord’s slogan is Think Possible and this is true when it comes to rehabbing from an amputation. The sky is the limit! It’s about what you want to get out of life and we are here to help. If you want to run a 5k race or you want to get back to skiing, we think ‘if there is a will then there is a way!’”

Physical Therapist, Lexi Sammartino

On a beautiful winter evening in January of 2016, 54-year-old Chris Evans was taking a leisurely motorcycle ride from his job in New Haven to his home in Meriden. Suddenly, a car appeared “where I knew it shouldn’t be,” Chris said. “It was going to hit me and I screamed ‘No!’ at the top of my lungs.” The car plowed into Chris throwing him and the motorcycle 70 feet. Bleeding profusely, he woke up in excruciating pain with the motorcycle headlights shining in his eyes. “I was overcome by a sense of peace, and I thought it would be easy to die,” he said. But then a man was by his side, holding his hand and telling him to hang on.

Rushed by ambulance to Yale-New Haven hospital, Chris had devastating injuries to his left leg, a broken left shoulder and a concussion. His lower leg had to be amputated. But the surgeon was able to save Chris’ knee, making it much easier for him to eventually use a prosthetic.

A Big Goal
Two weeks later, Chris was transferred to Gaylord for rehab. His therapy included physical and occupational therapy that focused on balancing and walking, as well as learning how to accomplish daily tasks. Athletic by nature, Chris set goals to speed his recovery and when he heard about the Gaylord Gauntlet in June, he was determined to participate.

Discharged from inpatient care in early March, Chris received outpatient physical therapy through the end of May. There, his therapy focused on honing his skills with and without his prosthetic. His outpatient physical therapists, Lexi Sammartino and Erika Ozdemirer, were also Gauntlet participants and each year they formed a team to run the 5k course. When Chris told them about his goal, they asked him to join their Gauntlet team. “We geared Chris’ therapy so we could get him as ready as possible,” Lexi explained. “We needed to make sure he could jump and do high level activity.”

Lexi and Bobby, a clinical intern, ran the Gauntlet with Chris, and Erika, who was pregnant, joined them just before the finish line. “I was utterly exhausted and elated! It was a grand moment and a real accomplishment. I felt a lot more myself and I’d hit another goal. It gave me confidence on so many levels,” said Chris about the Gauntlet. “I felt so loved and supported because people genuinely helped me train for that moment and they were literally there for me every step of the way!”

Amputee Success Group
Chris also faithfully attends the monthly Amputee Success Group, where he says the support and sense of community have been central to his recovery. The support group meets monthly at Gaylord and is run by Lexi and fellow Physical Therapist, Lori Vickers, and has a mix of seasoned and new amputees.

With the goal of participating in the Madison Triathlon in September, Chris started training for the half-mile ocean swim in the Gaylord pool. “I’ve already got the biking and running skills down,” he said. “Running the Gauntlet showed me that I might not be whole bodied but I am ABLE bodied!”
Giving Update:

**A Change for the Better, The Traurig Challenge**

Thank you to everyone who supported this project! We’ve met the challenge of raising $60,000, which has been matched dollar for dollar for a total of $120,000 to renovate Traurig. The new floors and bathrooms are currently being installed (see photos) and Traurig is looking much more welcoming and up-to-date.

**Additional Need of $15,000**

If you have tackled any home improvement project you know that new needs always arise. Traurig House is no different! An additional $30,000 is needed with $15,000 already secured. We now need $15,000 to reach our new goal. These additional changes will ensure that Traurig is fully equipped to serve our brain injury and stroke patients for years to come:

- Installing solid surface floors, rather than carpeting, to increase durability and infection control
- Replacing the dining room table and purchasing ten new chairs
- Adding more seating to the living room
- Changing the bedroom furniture and desks, based on feedback
- Upgrading Internet wiring, routers and Wi-Fi making it easier for patients to use computers and tablets to work on cognitive skills

To donate use the enclosed envelope or give online at: [www.gaylord.org/traurigchallenge](http://www.gaylord.org/traurigchallenge)
Donors are the difference!
Current Giving Projects

New Chapel Construction
Need: $200,000
Project: Creating a chapel in the hospital for use by patients, family members, hospital staff and the community at large. It will be housed in an attractive space on the hospital's lower level next to a glassed-in atrium with plants and abundant natural light and will welcome people of all faiths.
Donate:
www.gaylord.org/chapel

Lyman & Hooker Renovation Project
Need: $1.5 million
Project: Renovating the Lyman and Hooker wings, built in the 1950s and 1970s respectively, to reflect Gaylord's world-class care. The project includes upgrades to fixtures, finishes and other improvements.
Donate:
www.gaylord.org/lymanhooker

New Guest Cottages
Need: $500,000
Project: Building four new fully furnished guest units, in a one story building on the Gaylord campus, to make it easier for families to be on site and offer patients important support while at Gaylord.
Donate:
www.gaylord.org/cottages

IN THIS ISSUE
- A Bond Like No Other
- Beating All Odds
- I’m Still Here
- Young Stroke
- Reclaiming Life
- Giving Update: Traurig