New Department Chair
New Visions
Greetings,

Although I joined the faculty in 2008 as vice chair for research and director of the PhD program in Physical Rehabilitation Science, served as acting department chair in 2009-2010, and held the role of interim chair since September of 2013, my official appointment as Department Chair occurred this February. At this time, we are moving into an exciting time of transition and growth and will kick off our strategic planning process this fall. We welcomed our largest current DPT class this year, with 65 students, our PhD and post-doctoral training programs continue to flourish, and we are gearing up for a milestone 60th anniversary in 2016!

With the departure of Dr. Larry Forrester, Dr. Jill Whitall again assumed the leadership role of Director of the PhD program in Physical Rehabilitation Science beginning July 1, 2015. Dr. Whitall brings extensive prior experience in directing the program in graduate education and training. We thank Dr. Forrester for his excellent leadership of the program and wish him continued success with his work at the VA Medical Center. Dr. Mary Rodgers is now the Director of External Affairs. Her past experience and connections in the rehabilitation community will greatly contribute to her success in this new role. Harshvardhan Singh, BPT, MS, PhD, is our newest post-doctoral fellow. He joins us from the Department of Kinesiology and Applied Physiology at the University of Delaware.

We are fortunate to have faculty scholars with a national reputation for research in rehabilitation science, teaching, community engagement, and health services supporting our DPT and PhD curriculums. Faculty, staff, volunteers, alumni, and friends make it possible for PTRS to provide excellent education and research.

To commemorate the longevity and success of our Department’s mission, we will celebrate PTRS’ 60th anniversary throughout all of 2016. Additionally, we are planning for the much needed renovation of PTRS’ sole lecture hall to provide a more conducive and technically advanced learning environment for PTRS students. I hope that you will consider joining me in this campaign and leaving your legacy for the next 60 years of PTRS and beyond!

As we look forward to our 60th anniversary year, our mission of education and community outreach remains steadfast, and we are grateful for the support of our alumni and friends like you.

I look forward to celebrating our achievements with you in 2016 – our alumni and friends are so very vital to our continued success.

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http://pt.maryland.edu PROFICIO FALL 2015 1
Over the past three years, PTRS faculty and students have been part of an inter-professional team from various University of Maryland, Baltimore (UMB) professional schools working on a sustainability project in the southern African country of Malawi that focused on research, educational, and cultural activities at the Kachere Rehabilitation Centre.

The purpose of the project was to investigate and collect data on how patients fare post-discharge from the Centre, particularly patients’ perceptions of their disabilities and barriers to community reintegration posed by their home environments. Our team also provides various training sessions—on topics such as functional outcome measures and neurological rehabilitation—to the Kachere staff.

This year’s team, led by Leslie Glickman, PT, PhD, PTRS Assistant Professor, consisted of Heidi Im, SPT, ’16, Heidi Hartz, a graduate student in the School of Social Work, and Kristen Emelio, an undergraduate student in the School of Nursing. This inter-professional opportunity provides for an extremely humbling experience, both for students and faculty. Below is a self-reflection from Heidi Im, SPT ’16:

They say Malawi is “the warm heart of Africa,” and after spending less than three weeks there, I believe it. I was incredibly fortunate to have been part of the 2015 Malawi Research Study, a continuation of last year’s research project. Our research involved interviewing patients who were discharged from Kachere Rehabilitation Centre with neurological deficits such as stroke, spinal cord injuries, tumors, and other neuropathologies. Furthermore, we sought to gather data to allow us to better understand the emotional perspectives of the patients by interviewing the patients themselves, as well as their guardians and caregivers.

Despite being challenged by an array of neurological disorders, including stroke and spinal cord injuries, many of the Malawian patients we met were among the most determined and resilient group of people that I’ve encountered. Unfortunately, I
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cannot provide the same positive reviews for the healthcare system, as it pertains to physical therapy.

In the States, despite legislation already in place regarding patient disability support, it’s seemingly difficult for some groups of people with disabilities to overcome physical obstacles, particularly when resources are limited. Being a Maryland native, Baltimore’s lack of resources for the disabled population had become very clear not long into my first year at UMB. However, my recent trip greatly opened my eyes to the realization that things could be much, much worse. I agree that Baltimore’s Circulator isn’t the most dependable form of public transportation, but at least it’s free. Imagine having to save money for months to be able to afford a single bus trip to the hospital that is located hours away. But, first, you have to walk for an hour to get to the bus stop. Additionally, I understand that public restrooms here in the States don’t have a reputation of being as clean as those in our homes, but I’d take that option any day over having to go outside and negotiate a dangerously slippery path strewn with uneven rocks to get to the bathroom located thirty feet away. That’s life for the vast majority of citizens of Malawi.

The issues observed in the Malawian healthcare system go beyond those related to politics and money. As in America, there is a great need to bridge the gap between inpatient rehabilitation care and the home setting. Malawi is greatly understaffed with healthcare professionals, and not many of them have the time to make home visits. As we found from our personal experiences, the lack of highway infrastructure and the challenging terrain made it incredibly difficult to travel from village to village to go to the patients ourselves. Consequently, we met patients who never leave their homes due to the difficulty of navigating outside of their immediate villages. However, I don’t want to leave you with the wrong picture—despite all of the challenges, progress is still very much in the making. We had the pleasure of meeting patients who move mountains to find both the time and resources to travel to other nearby towns for treatment. What’s their secret, we wondered? It turned out that it was the physical therapists who work at Kachere Rehabilitation Centre who give them both the confidence and motivation to keep pushing and keep going until they are who they used to be, before injury struck.

Throughout our time in Malawi, we visited and saw so much, ranging from tea plantations to game reserves, and other hospitals in the area. However, my most memorable tour took place in the Bangwe Factory. The factory—which specializes in weaving, embroidery, tie dye, and screen printing—employs over a hundred people with disabilities. It truly empowers people with disabilities and helps reshape their societal construct and the culture’s perception of the disabled. While the factory isn’t going to be the major factor in helping shape Malawi’s healthcare system, it makes me smile to think that it definitely helps.