

# Treatment

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tric banana peel" that forces patients to use their impaired muscles.

"Right now there are small thrusts," Woollacott said. "But it will get much faster as they improve."

The EMS department's stroke treatment — called "forced use therapy" — is different from traditional stroke rehabilitation techniques that only require short physical therapy sessions, often for just one or two hours per day, Woollacott said.

Adomaitis' therapy sessions, when they begin Monday in a larger, more equipped room in Esslinger Lounge, will last six hours a day for two weeks.

"We're watching their behavior to see if they respond faster," Adomaitis said.

Recent studies have shown that a new direction in stroke therapy may be more effective. Longer durations of treatment, such as the forced use therapy approach, can cause the stroke-afflicted brain to reorganize itself for improved muscle performance.

"New parts of the brain literally start lighting up," Woollacott said. "And the beauty of that is that people continue to do this on



Kevin Calame Emerald  
Marge Worley tests out a new treatment for stroke patients Wednesday morning at Gerlinger Hall. She wears a harness during a balance test to avoid falling.

run you down," Christensen said laughing.

Prior to moving to Eugene a year ago, Christensen and his wife, Evie, worked with stroke support groups in California. Evie Christensen said it is difficult for her to just let her husband work through his problems, like dressing himself, when she wants to help him. When they should be giving their partners more responsibilities, spouses of stroke survivors often do too much, she said.

"We've seen caregivers cripple their spouses because they don't want to see them struggle," Evie Christensen said. "It's the hardest thing to watch him struggle. It just kills me."

Evie Christensen said she is extremely impressed with the University's treatment program and is glad her husband is participating.

"I'm very excited about Al being involved," Evie Christensen said.

Although many were interested in the treatment, including several stroke sufferers who lived outside of the state, EMS only selected two patients to participate in the pilot program. Adomaitis said four to six more patients will be treated this fall.

"It's been really wonderful to see how excited people are," Woollacott said. "Many people want to participate in the experiment in the future if this works."

Adomaitis and Woollacott both said they are excited about what

their new treatment can accomplish.

"My expectations are that people will be significantly better at getting around, not using a cane for example, and be able to use their impaired leg," Woollacott said.

Next January, after several sessions of therapy, Adomaitis said she hopes to begin her dissertation on the results of the treatment and would like to get her work published so there is more awareness about it.

Tom Weiskopf, vice president of communications for the National Stroke Association, said he is glad new studies are being conducted and wants more information about the new methods to be known.

"We're in support of any research and treatment that can reduce incidents and/or the impact of strokes," Weiskopf said.

The cost of physical therapy is high, and Woollacott said she is somewhat concerned about getting insurance companies, who only support some physical therapy, to approve the new treatments.

"Once you're 65 and on Medicare, you don't get the opportunity to have therapy," Evie Christensen said. "We're trying to make a plea that people need more therapy."

“We're watching their behavior to see if they respond faster.”

Laura Adomaitis  
physical therapist

their own."

Specifically, Adomaitis and Woollacott are attempting to reshape the brain so it can communicate with afflicted leg muscles, thus giving patients better balance.

"When they go out to the community, we want them to be safer and less likely to get hurt," Adomaitis said.

The fear of falling is one of the most traumatic fears for those who have suffered from a stroke, Woollacott said.

While walking through a hospital lobby one time, Christensen said, he fell because he was not aware that the floor had just been waxed.

"I still lose my balance, but this will help me a lot," he said.

Christensen said he is quickly fatigued by the therapy and knows that the next two weeks will be exhausting. He is, however, optimistic about the potential of the new treatment.

"These therapists know how to

# Senate

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even to frame a logical debate," Earl said. That is why he has appointed the subcommittee — "to bring clarity to the issues."

Earl said the subcommittee will "listen to the many voices in this complex public debate, including students, faculty, administration, trustees, alumni, licensees, donors and others."

Former Senate President Peter

Gilkey, who completed his eighth year of senate service Wednesday,

“These issues are so entangled that it has been difficult even to frame a logical debate.”

James Earl  
new University  
Senate president

said he was pleased at the role the

senate played in University decision making this year.

"Shared governance is alive and well," Gilkey said in his final speech as senate president.

He lauded accomplishments of the 1999-2000 Senate, including the Senate Budget Committee's Faculty White Paper, a comprehensive plan to bring faculty salaries up to par with national averages and the Statement of Community Values, a code approved by the senate as an outgrowth of the work the summer diversity interns did.

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