

O.T. Link

Harnessing the
superpower
of the environment





It came from Mars

On Oct. 27, OT students in the interdisciplinary course, Special Topics Fashion Design: Fashion Collaboration at the Sam Fox School of Design and Visual Arts, had the opportunity to learn about a prototype MARS space suit that will be used in the next NASA-funded Hawaii Space Exploration Analog and Simulation mission. Michael Lye (right), a NASA coordinator from the Rhode Island School of Design, discussed the design and functionality challenges and solutions that were addressed for this prototype.

O.T. Link Contents

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Official publication of the Program in Occupational Therapy at Washington University School of Medicine

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 Washington University in St. Louis
SCHOOL OF MEDICINE
Occupational Therapy

From the Director



It's finally here—our Centennial year! Our facilities at 4444 Forest Park are decked out with OT Centennial visuals including a retrospective photo exhibit down our hallway showcasing students from each Program decade. If you are driving by our building, also take note of the street banners lining the sidewalk showing a modern image of OT on one side and a historical image on the other. We will have a double-sized booth at the American Occupational Therapy Association Conference & Expo in Salt Lake City in April, with special giveaways and more images showing our rich history. We have special alumni events planned leading up to our Centennial gala on October 6, 2018 (page 14). I am looking forward to seeing everyone at these various events throughout the year.

Our Centennial year started out with a celebration in honor of faculty member **Susy Stark, PhD, OTR/L, FAOTA**, who was promoted to associate professor with tenure, effective Jan. 1, 2018. Dr. Stark directs the Participation, Environment and Performance Laboratory, which promotes the participation of older adults with functional limitations through the provision of intensive, tailored home modification interventions designed to enhance the performance of daily activities in the home (page 4). Last year, she was awarded a five-year, \$1.35 million National Institutes of Health R01 grant to expand her interventional study, COMPASS, which looks at participation outcomes. We are proud that Dr. Stark and her work have reached this level of recognition.

Enabling people to participate fully in their lives and their community is the core of our profession. As educators, we want to give our students every tool possible to help them empower individuals in their practice. Clinical specialist **Duana Russell-Thomas, OTD, OTR/L**, is a certified trainer of the Chronic Disease Self-Management Program (CDSMP), a widely used community resource for people living with chronic diseases. Dr. Russell-Thomas offers this training to our students (page 8) so that they can self-manage their own health, be a resource to others or become certified to teach the course themselves.

We continue to search for ways that occupational therapy can have a stronger preventative role in health care. **Stephanie Stegman, MOT, OTR/L**, is a clinical specialist who is helping our Community Practice build a new model of occupational therapy care in the primary care setting (page 10). There, occupational therapists can evaluate behaviors, lifestyle routines, physical dysfunction and activity levels that could be barriers to patients effectively managing their medical conditions. We know as practitioners how beneficial a team-based approach to health care can be in minimizing and preventing hospital readmissions.

Our alumni serve their communities in all types of settings. Alumna Capt. Kate Baker, OTR/L, CHT, transitioned her career from the private sector and commissioned as an officer in the Air Force soon after graduating in 2010 (page 12). Capt. Baker is a certified hand therapist who is stationed at the Air Force Academy in Colorado Springs, where she delivers patient-centered rehabilitation services to enlisted personnel, retired military and their families. I know you will be as proud of her as I was after reading her story.

Please be sure to visit our Centennial website at ot100.wustl.edu to keep up to date on all our events, share a memory, upload a photograph or just reconnect with your classmates before our gala event. I am so excited to be a part of this historic time in our Program's existence. Won't you join us?

The best to you,

A handwritten signature in black ink that reads "M. Carolyn Baum". The signature is written in a cursive style and is followed by a horizontal line.

M. Carolyn Baum, PhD, OTR, FAOTA

*Elias Michael Director, Program in Occupational Therapy
Professor of Occupational Therapy, of Neurology and of Social Work*



Stark promoted with tenure

We are pleased to announce that at the Washington University in St. Louis Board of Trustees meeting on Dec. 1, **Susy Stark, PhD, OTR/L, FAOTA**, was promoted to associate professor with tenure, effective Jan. 1, 2018.



Susy Stark

Dr. Stark was one of the first U.S. clinician scientists to empirically demonstrate how home modifications significantly improve function among community-dwelling older adults with chronic conditions and that home modification interventions could be effectively delivered using innovative community-based models of care. In a Phase II clinical trial, she established the feasibility of home modifications and demonstrated a six-month delay in a high-risk, underserved population. Her lab was the first to identify preclinical Alzheimer's disease (AD) as a risk for falling.

In a prospective cohort study, she demonstrated that cognitively-healthy older adults with abnormal amyloid beta protein deposition in their brains (a biomarker of preclinical AD) have a higher risk of falling than older adults without the presence of the biomarker. This previously unknown risk for falls has significant implications for both understanding the clinical course of preclinical AD (previously assumed to be clinically silent) and the science of fall prevention. Her work has demonstrated the efficacy and effectiveness of compensation strategies to improve function and reduce the risk of falling in older adults with chronic neurologic conditions.

We are proud to have Dr. Stark on our faculty and congratulate her on this accomplishment.

Program in Occupational Therapy "Centennial" faculty

Back row, left to right: Bobbi Pineda, PhD, OTR/L; Christine Berg, PhD, OTR/L, FAOTA; Ping Lieser, PhD; Jeanenne Dallas, MA, OTR/L, FAOTA; Stacy Smallfield, DrOT, OTR/L, BCG, FAOTA; M. Carolyn Baum, PhD, OTR, FAOTA; Steve Taff, PhD, OTR/L, FNAP, FAOTA; Vicki Kaskutas, OTD, OTR/L, FAOTA; Jessica Dashner, OTD, OTR/L; Regina Abel, PhD; and Lauren Milton, OTD, OTR/L.

Front row, left to right: Kathy Knipmann, OTD, MPH, EdM, OTR/L; Erin Foster, OTD, MSCI, OTR/L; Benjamin Philip, PhD; Kerri Morgan, PhD, OTR/L, ATP; Alex Wong, PhD, DPhil, BSOT; Monica Perlmutter, OTD, OTR/L, SCLV, FAOTA; and Peggy Barco, OTD, OTR/L, SCDCM, CDRS, FAOTA.

Not pictured: Allison King, MD, PhD, and Susy Stark, PhD, OTR/L, FAOTA.

Pineda to receive the 2018 AOTF A. Jean Ayers Award

Bobbi Pineda, PhD, OTR/L, was selected by the Board of Trustees of the American Occupational Therapy Foundation (AOTF) to receive the 2018 AOTF A. Jean Ayres Award. The award recognizes or supports individuals who are committed to the research-related development or testing of theory in occupational therapy with priority given to work in the area of sensory processing. The award is given in honor of A. Jean Ayres, PhD, OTR, whose concentration on developing theory in support of practice was of great significance to the profession of occupational therapy. Pineda will receive the award at the Annual Awards and Recognitions Ceremony on April 21, which is held in conjunction with the American Occupational Therapy Association Annual Conference & Expo in Salt Lake City, Utah.



Bobbi Pineda

Berg to receive 2018 Distinguished Faculty Award

Christine Berg, PhD, OTR/L, FAOTA, received a 2018 Distinguished Faculty Award at a faculty recognition event on Feb. 28. The Distinguished Faculty Recognition Awards were established in 2008 to recognize talented faculty at Washington University School of Medicine for outstanding achievements in clinical care, community service, research and teaching. Berg was honored for Distinguished Community Service, which recognizes faculty who enhance the quality of life in the community by contributing their personal time, effort, resources and expertise and/or by leveraging institutional resources and collaborations for the betterment of the community.



Christine Berg

Want more Program news?

Stay up to date on the latest Program news by visiting our website at ot.wustl.edu or connecting with us on Facebook, LinkedIn and Twitter.



Harnessing the **superpower** of the environment

BY STEPHANIE STEMMLER



Susy Stark, PhD, OTR/L, FAOTA (right), helps Elois Shannon (left) successfully transfer from her bed to her wheelchair. Home environments such as bedrooms often need to be modified to support aging in place safely.

Susy Stark, PhD, OTR/L, FAOTA, says her mission is “to develop evidence-based interventions designed to improve aging in place safely and promote the implementation of those interventions by occupational therapists (OTs).”

Translation — she wants to make the world a better place. Stark, an associate professor of occupational therapy, neurology and of social work, is director of the Participation, Environment and Performance Laboratory in the Program in Occupational Therapy at Washington University School of Medicine. An internationally recognized clinician and translational scientist, Stark has spent almost her entire career trying to harness what she calls a “superpower” in helping older adults live more independently in their homes and remain active in their communities.

“It’s so obvious once you start thinking this way,” she says. “It’s the environment. As I worked with patients and conducted research in the community, I could clearly see that if we could fix or modify aspects of a person’s environment, they could do what they wanted to do and remain as independent and engaged as possible. For them, a modified environment was their superpower for them to keep living how they wanted.”

Early in her career, Stark said, it was an unusual concept to focus on the environment and its impact on functional limitations and disabilities. “At first, we couldn’t imagine changing the environment to support performance,” she recalls. “But then came the Americans with Disabilities Act, the civil rights law passed in 1990 that prohibited

discrimination against people with disabilities. While that was exciting, buildings still were being constructed with steps, which impacted accessibility. It just didn’t make sense. I kept asking myself, ‘Why wasn’t everyone focused on the environment?’”

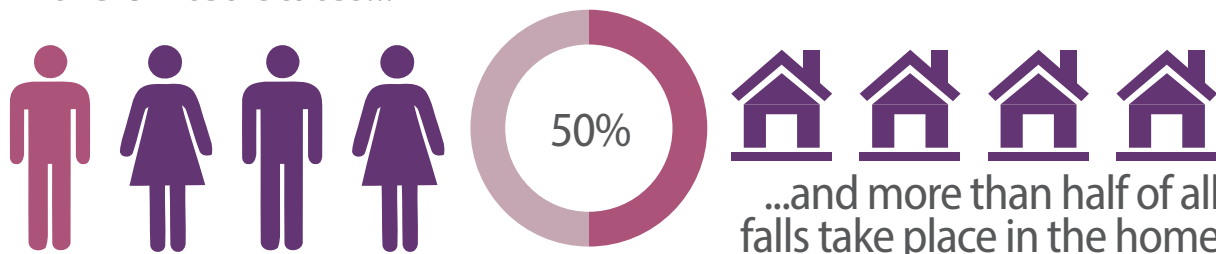
Stark said that question ultimately pushed her to pursue a doctorate in environment and behavior science from the University of Missouri. “My dissertation was on the environmental barriers and support in homes of people with disabilities, which made me realize that through informed practice, we could track outcomes and change practices worldwide, thereby enhancing the quality of life for many, many people.”

Successful aging in place

Stark initially earned her master’s degree from the Program in Occupational Therapy in 1989. She served as an OT at Washington University (WashU), working with a wide variety of patients, including homeless individuals, mentally ill women, older adults after hip fracture, and kids with behavioral disorders. After leaving to obtain her doctorate, Stark returned to WashU to work with David Gray, PhD, a psychologist known internationally for his efforts to improve the lives of people with disabilities. Stark worked with Gray, who died in 2015, to develop a series of survey

1 in 4

older adults falls every year in the United States...



...and more than half of all falls take place in the home

Source: Centers for Disease Control and Prevention

Brittany Minor, OTD, OTR/L, (right), a member of the Participation, Environment and Performance Laboratory, shows Elois Shannon (left) how to use her new lift chair remote while Susy Stark, PhD, OTR/L, FAOTA, looks on.



instruments designed to assess physical environmental features and identify barriers that impact the participation of individuals with mobility impairments, low vision or hearing loss.

“It was eye-opening,” says Stark, who subsequently focused her own research on older adults, wondering if home modifications could positively influence functional ability and independence for seniors at risk for falling. The research was significant because in the U.S. alone, one in three older adults falls every year, with half of those falls taking place in the home.

Her research was among the first in the U.S. to empirically show that, yes, home modifications can significantly improve function, and subsequently, independence, among older adults with chronic conditions. Pushing those results directly

into the community, Stark collaborated with the Jewish Federation of St. Louis to establish the St. Louis Naturally Occurring Retirement Community (NORC) in 2004. The senior living community enables adults to more easily age in place and engage in community activities with the use of home modifications. NORC now has been a model community in St. Louis for more than 13 years.

The Participation, Environment and Performance Laboratory

In 2005, Stark established her Participation, Environment and Performance Laboratory (PEPL) with the sustaining support of the Program in Occupational Therapy. “It was difficult to start the lab, but the real challenge has been to sustain it with funding for the long-term,” she says. “That’s because, traditionally in

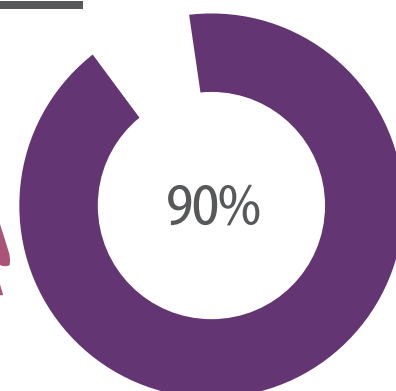
occupational therapy, we don’t ask basic research questions; instead, we ask a lot of applied questions.”

Initial funding came from a Career Development Grant from the Centers for Disease Control and Prevention and a pilot grant from the Barnes Hospital Foundation. In working with WashU mentors Ross Brownson, PhD, a leading expert in applied epidemiology and evidence-based public health, and neurologist John Morris, MD, director of the Section of Memory and Aging in the Department of Neurology, Stark went after a large grant from the National Institutes of Health (NIH).

“There were several OTs who received funding as basic scientists, but there were no OTs doing what I did, which was to look at the impact of interventions on

9 in 10

older adults do not have modifications in their homes to support aging in place safely...



...but **90%** intend to stay in their homes

Source: AARP®

functional living. I didn't really believe that the NIH could care about someone getting on and off a toilet," she says with a short laugh, "but through my mentors' and my work in multidisciplinary teams, I came to think of myself not as an OT working with other OTs, but instead, as an occupational therapist who should have a voice at the table."

She submitted her first R01 application for a study on how home modifications can reduce the risk of falling among older adults living independently. She says simply, "It didn't get any traction at the NIH. Rather than give up, however, I took a year to talk with my mentors and re-write the application. I then submitted it to the U.S. Department of Housing and Urban Development."

She secured more than \$724,000 in funding. As she gathered more evidence, she submitted more grant applications, securing an NIH R03 grant in 2014 for a pilot interventional study titled COMPASS: A Novel Transition Program to Reduce Disability after Stroke.

"We wanted to know if a pre-discharge visit to evaluate the home and then a series of home visits to address barriers in the home and community could help people re-engage in their valued activities such

as going to church or attending their daughter's basketball game," she says.

The pilot study looked at participation outcomes in 15 individuals. "It was so impactful," Stark says. With empirical preliminary data in hand, she applied for a larger grant and, in 2017, was awarded a five-year, \$1.35 million NIH R01 grant to expand her COMPASS study to include a randomized trial of 150 individuals.

All totaled, Stark's lab now has five grants, including a five-year, \$2.5 million grant from the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR) that is exploring an emerging occupational therapy issue—accelerated aging among middle-aged adults.

"There is an entire group of adults in the 55–64 age range who have lived with long-term disability from conditions such as cerebral palsy or spinal cord injury, and they are experiencing aging a decade or more ahead of schedule," Stark explains. "We found out about this issue by working with community agencies. We need to better understand the issues and test home modifications to see if any interventions work for this age group, which typically isn't accessing the health-care system in this earlier age range."

As she continues to advance her own research and find innovative funding

options, Stark has taken yet another step to increase those opportunities for other OTs. She now is a regular member of the NIH's Small Business: Psycho/Neuropathology, Life Span Development, and STEM Education Special Emphasis Panel actively reviewing grant applications. "The way it works is that you are judged by your peers in the grant application process, but there were no OT peers at the table to judge my work," she says. "I'm the only OT in the study section, and, so far, I've seen only a few occupational therapy grants come through."

She says, "We all need to be able to clearly articulate a problem that our science is addressing and to clearly detail how to measure it. In this era of reduced funding, OTs need to set clear, measurable objectives. I believe the NIH is now shifting in their appreciation for public health issues such as falls and independence in the home because it makes economic sense to do that. We need to take advantage of this shift."

Teaching self-management

Program offered to students helps people manage chronic disease

BY MICHELE BERHORST

The Program in Occupational Therapy is committed to offering students a diverse range of education opportunities both in the classroom and out in the community. When clinical specialist **Duana Russell-Thomas, OTD, OTR/L**, became a certified trainer of the Chronic Disease Self-Management Program (CDSMP), the Program became able to offer that training to students. Originally developed by Stanford University researcher Kate Lorig, RN, DrPH, the CDSMP has evolved to become a widely used community resource for people living with chronic diseases.

Russell-Thomas was not familiar with the CDSMP when she took the training in 2010. “I was asked to participate as an OT [occupational therapy] interventionist in a research study on stroke rehabilitation and needed to be certified to teach the course to participants,” Russell-Thomas recalls. “I originally started running the program for that specific grant, but faculty started

sending students from their laboratories to receive the training because it fit in with their research as well. The next step was to start offering the CDSMP to all students so they could receive the training and be certified to teach it themselves if they wanted to.”

The CDSMP is typically taught in communities as a six-week program with two-and-a-half-hour sessions each week. Because of students’ academic schedules, Russell-Thomas teaches the program over the course of a week with longer sessions each day. The training is designed to help people with arthritis, diabetes, heart disease, lung disease and other chronic conditions learn to take control of their health. It is something Russell-Thomas is all too familiar with, as she started experiencing chronic pain herself in her early 30s.

“At the time, I didn’t have a clear diagnosis. I just felt pain throughout my entire body. Because I was learning

self-management, I started advocating for myself with providers,” Russell-Thomas shares. “Eventually, I was diagnosed with moderate levels of arthritis and sleep apnea with the symptoms of pre-diabetes. Self-management has enabled me to more effectively manage my chronic pain, and I want to empower others to do the same.”

In January, Russell-Thomas taught the course to more than 20 occupational therapy students who wanted to receive the training. Many of them were there because either they are living with a chronic condition or they have family members and loved ones who are. Lauren Lickwar, MSOT/S, MPH/S '19, took the training to help her self-manage her health and be a resource to others.

“I have a family and personal history with cancer, as well as a couple of mild health-related issues that I have to keep on top of. Everything we covered in the training was familiar to me, but the training delivered it in informative, concise and practical ways,”

Certified trainers **Rebecca Marvin (seated left)**, and **Duana Russell-Thomas, OTD, OTR/L (standing right)**, lead a discussion with students taking the CDSMP course.



Lickwar says. “The course and book lay out attainable guidelines for maintaining good self-care habits for me or anyone who needs help in the covered areas. Even though we may hear it a hundred times in our lives, we need to be reminded that we each have the agency to take care of ourselves.”

Russell-Thomas sees many advantages of offering this training to students because of how it relates to the curriculum. “The concept of self-management is not new to our curricula or the profession. Core elements of the CDSMP are found in our coursework, research and practice. By receiving the formal training, students can strengthen the skills learned in our curricula and take that with them on fieldwork and into the community,” Russell-Thomas says. “Also, just being aware if the CDSMP is available in their local communities enables them to direct clients to this valuable resource free of charge.”

Caitlin Strobel, OTD/S '18, has already used her CDSMP training to deliver the class to clients in the Program's student-run stroke clinic. The clinic offers free services for under-resourced clients to help increase safety and independence for people following a stroke. The classes, which were also open to the public, gave Strobel the experience of leading group sessions in a structured environment.

“It was an extremely rewarding experience to deliver the CDSMP to the survivors of stroke, brain injury and cancer that we see in the clinic. What I enjoyed most was getting to know the clients on a deeper level through the sharing of difficult experiences with disease, injuries, relationships and daily life challenges,” Strobel shares. “I received a lot of positive feedback on the program content and the opportunity clients had to connect with other individuals struggling with similar challenges.”

Providing CDSMP training is just one of many experiences the Program offers. “One of the greatest strengths of our educational philosophy is we encourage all of our students to start with themselves. Before they can maximize participation in someone else's life, they need to participate themselves,” Russell-Thomas says. “Because



Isabelle Laposha, OTD/S '19 (center), shares how chronic disease has impacted her family in the CDSMP course.

they receive this training and have this experience, they can use it to help their clients live healthier lives.”

Both Lickwar and Strobel see how valuable this training will be in their future practice.

“I'm in the joint degree program and will earn a Master of Public Health along with the MSOT. The CDSMP training is a good example of how both fields work together. Although the application of this workshop might be in response to the participants' current health conditions, applying it might deter or slow progression of a disease, support an individual's self-maintenance or prevent potential co-morbid conditions. I think it is an effective and tangible model on which to base some of my future work,” Lickwar says.

“I will use this training in my OT practice as an additional resource and asset to offer to my clients in each workplace, if possible. It is portable and easy to implement, which makes it feasible to carry with me into all settings and workplaces of my future practice. The CDSMP is a valuable tool that individuals from all backgrounds can benefit from to lead healthier lives as more independent managers of their own health and well-being,” Strobel says.



Targeted outreach

Russell-Thomas also leads the Regional Arthritis Center (RAC) for the Greater St. Louis Region, providing evidence-based programs like the CDSMP that support chronic disease management and prevention, to St. Louis City and 11 surrounding counties. The RACs receive funding from the Missouri Department of Health and Senior Services and the Department of Health and Human Services/Centers for Disease Control and Prevention to distribute the CDSMP and other programs to the community free of charge.

The role of OT in the primary care clinic

BY STEPHANIE STEMLER



Stephanie Stegman, MOT, OTR/L (left), discusses medication management with a client who takes more than five medications each day.

For almost 10 years, Stephanie Stegman, MOT, OTR/L, worked within a large academic medical center, handling everything from patient rehabilitative care to oversight of a growing occupational therapy service. At the same time, she also was a lecturer in the Program in Occupational Therapy at Washington University School of Medicine.

“**T**he problem, as we all know, is that health care has become very fragmented, and there is a definite need to better coordinate care,” she says. “In the years that I worked in the hospital setting, I saw continual readmissions. I came to the realization that we, as occupational therapists (OTs), can help minimize and prevent this. I decided to flip sides to fix it.”

By flipping sides, Stegman means she wants OTs to have a stronger role directly embedded into primary care practices—what she calls the front end of care, versus the back end in hospitals. It would enable OTs to have a stronger preventative role versus a more traditional reactionary role.

“We, as a profession, have talked about this for more than a decade,” she says. “But the changing landscape of health care delivery is putting more emphasis now on overall population health management and better ways to prevent hospital readmissions, reduce costs, and improve outcomes and patient compliance. That environment creates an opportunity to position our profession to better impact patient health.”

For years, the Program in Occupational Therapy has had a clinical community practice program, which provides functional risk assessments and interventional care plans for patients referred to the program. Referrals come from physicians as well as community or governmental agencies. OTs in the program have specialty certifications and work with patients of all ages in niche areas, such as pediatrics, geriatrics, neuromuscular, orthopedics or oncology. Stegman, however, is the first to focus solely on primary care.

“I would like to establish a new model of occupational therapy care in the primary care setting and compile evidence that this model works to enhance outcomes, reduce costs and improve patient experiences,” she says. “In this manner, primary care physicians will be able to see the true value of an OT in their clinics.”

She admits it’s an uphill battle. Primary care physicians typically have little space, if any, to allocate for OTs to provide services within the practice. But with Medicare providing incentives to reduce hospital readmissions nationwide, a growing number of studies is finding that hospitals are actively working with both primary care physicians and post-acute care providers to better coordinate care and patient follow-up in order to minimize the risk of readmission. It’s that focus on the role of primary care where Stegman knows OTs can make a difference.

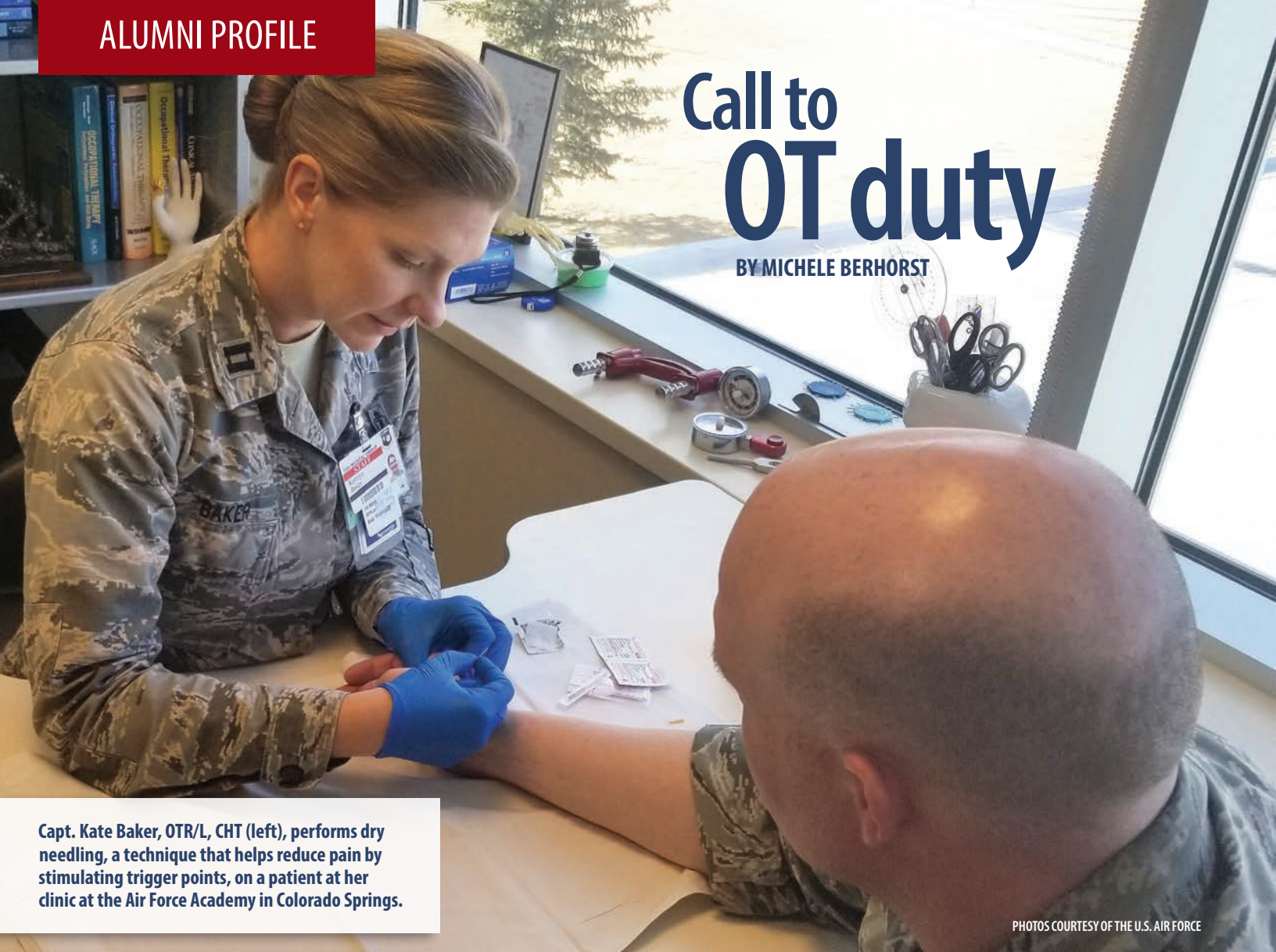
“We can identify the individual and environmental factors that can lead to functional decline and increase the risk of hospitalization,” she says. “In a primary care practice, we can evaluate behaviors, lifestyle routines, physical dysfunction and activity levels that could be barriers to patients effectively managing their medical conditions. Then, we can follow the patient into their home and see how specific interventions and modifications can remove or minimize those barriers in order to reduce the risk of functional decline and hospital admissions or readmissions.”

Stegman adds, “We are a core component of a team-based approach to health care. From primary care to inpatient, outpatient, rehabilitative and community settings, we have a role throughout the full care continuum.”



Call to OT duty

BY MICHELE BERHORST



Capt. Kate Baker, OTR/L, CHT (left), performs dry needling, a technique that helps reduce pain by stimulating trigger points, on a patient at her clinic at the Air Force Academy in Colorado Springs.

PHOTOS COURTESY OF THE U.S. AIR FORCE

When Airmen experience physical limitations, U.S. Air Force Occupational Therapists (OTs) do everything they can to help them return to duty. Alumna Capt. Kate Baker, OTR/L, CHT, transitioned her career from the private sector and commissioned as an officer in the Air Force in 2012, after graduating from the Program in Occupational Therapy with her master's degree in 2010. This past November, she returned to the Program to share her experiences and answer questions about a military occupational therapy career with first- and second-year students. It is something she is happy to do, "because someone once answered those same questions for me."

"While completing my undergraduate degree in liberal studies, I started working as a civilian for the U.S. Army as a receptionist. A co-worker was experiencing vision impairments, and the base hired an OT to assess her workspace. I was already thinking about a health-care career and became increasingly curious about occupational therapy," Baker remembers. "Nearby Scott Air Force Base had an OT, so I called and asked if I could come in and speak with him about the Air Force and occupational therapy. He agreed, and after our conversation, I knew I had found my calling. He is still a prominent mentor for me to this day."

She applied to Washington University and was accepted to the Program.

Baker felt an instant connection to her classmates who shared her passion for occupational therapy and helping others. She completed her fieldwork at Duke University Medical Center in Durham, N.C., and was hired soon after to work in the acute care, inpatient trauma and cardiothoracic rehabilitation units.

Duke is close in proximity to Fort Bragg, where Baker had several friends in the Army. They would share their experiences with her, and Baker started seriously thinking about commissioning. After talking to a medical recruiter, Baker decided to apply to the Air Force. She was commissioned and then completed basic training. Because of her

experience at Duke, she was sent to Travis Air Force Base, CA, to work in acute care and cardiothoracic rehabilitation. While there, Baker's career took another turn when a new hand surgeon was stationed at Travis and she started treating his surgical patients.

"Because of those cases, I became interested in hand therapy. I did some research and discovered a fellowship available to Air Force OTs to train at the Philadelphia Hand Center," Baker says. "I spent six months in their occupational therapy program, and then another year training as a physician extender. After passing my boards for certification in hand therapy, I was stationed at my current assignment at the Air Force Academy in Colorado Springs. I've been able to put my skills to good use here."

At the Academy, Baker works with cadets and active duty service members alongside an Air Force hand surgeon. Following surgery, which Baker sometimes observes, she evaluates and delivers patient-centered rehabilitation services. In her practice, Baker often treats patients with repetitive strain and acute injuries. If she keeps seeing the same injuries repeatedly, Baker may go into the workplace to evaluate the situation through an OT lens.

"At one point, I kept having admissions of patients with digital injuries that occurred when loading heavy pallets onto our aircrafts. When I went to the airstrip to observe daily operations, I saw what was happening. The guidelines state they should wear gloves when loading, which they did until they

got too hot," Baker recalls. "It wasn't anything they were doing on purpose; they had just gotten into the habit of taking their gloves off so they could move more quickly." Following her assessment and recommendations, changes were made that would help prevent the injuries from reoccurring.

Baker mostly treats young and healthy Airmen on active duty whose jobs require them to perform at a very high level. Through task analysis of their occupations, Baker learned about the unique jobs the Airmen perform in the line of duty. "I had a patient tell me that he was having trouble lifting his toolbox, so I started going down a path of the toolbox I was familiar with, which maybe weighs 30 pounds. After reviewing his job requirements, I discovered that he worked on C-5s, which are large military transport aircrafts. His toolbox weighs 120 pounds because of all the equipment he needs to work on the planes. That completely changed my approach," Baker says. "I tell new recruits how important it is for them to fully understand the job of the Airmen they are treating. If they aren't familiar, I tell them to do the research and find out what it entails. That is the first step toward formulating a successful rehabilitation approach."

As part of her duties, Baker is responsible for decisions that could impact the safety of her patient and their flight mates.

"One thing OTs are asked to do in the military that they rarely do in a civilian position is apply work restrictions. If I don't think someone is safe to do their job, I have to initiate a profile process that removes them from full duty. This can keep them from being able to maintain flight status or even deploy, which in turn may affect their pay," Baker says. "This not only impacts the Airman, but also their team and overall mission readiness. It's a responsibility that weighs heavy on me because I have to make the right decision for everyone involved."



Ready to serve

As Element Chief, Occupational Therapy, Baker supervises the United States Air Force Academy OT Element (left to right): TSgt. Casey Berry, Capt. Kate Baker, SrA. April Reiff and SSgt. Hannah Eddings.

When describing her career to people who are interested in becoming an Air Force OT, Baker makes sure they understand both the opportunities and sacrifices of military service.

"As an OT on the outside, your main responsibility is to be an occupational therapist. That's your job title and it's what you do. When you are commissioned into military service, you are an officer first and your primary job is to lead your Airmen. Though important, being an OT comes second," Baker explains. "Also, there are only about 20 OTs in the Air Force, and we are spread out at medical facilities all over the world. Oftentimes you are the sole OT in the facility that you are assigned. It's important to be resourceful and build a network of colleagues that you can consult with, even if they are geographically separated from your location."

Baker is also honest about the commitments and sacrifices that come with a military career. "I want people to have realistic expectations going in. Moving is a part of what we do; you go where the Air Force needs you. That is a sacrifice you make, being flexible and accepting the unknown at times. You have the choice to make the most of every assignment, and you will grow from the experiences it brings. I have had the opportunity to do things I never thought I was capable of, and I'm a better person for it. It's not the right decision for everyone, but it was the right decision for me. I love what I do."



Centennial Celebration Weekend

October 5-6, 2018

The Program in Occupational Therapy is celebrating its 100th anniversary in 2018. We are looking forward to seeing you this year at the annual American Occupational Therapy Association Conference in Salt Lake City in April, at OT Scholarship Day in May or during our Centennial Celebration Weekend in October.

Whether you graduated a decade or half century ago, coming back together with your classmates has special significance. We have planned the weekend's activities so that our alumni have several opportunities to reconnect with one another, visit our Program and the School of Medicine campus, and to have some fun with your classmates, family and friends while you're here in St. Louis.

Below please find an overview of the weekend's events so that you can start making plans to join us. A formal invitation will be sent later this year. We invite you to relive memories and make new ones by joining in the festivities.

Friday, October 5

Student-led Tours of Facility

2:00 - 4:00 p.m.

Program in Occupational Therapy Lobby at 4444 Forest Park Avenue, School of Medicine Campus

Wine and Cheese Reception

4:30 - 6:00 p.m.

Program in Occupational Therapy Lobby at 4444 Forest Park Avenue, School of Medicine Campus

Dinners by the Decade

6:30 p.m.

To be held at various restaurant locations in the Central West End

Saturday, October 6

OT Reunion Brunch

10:30 a.m. - 12:00 p.m.

Keynote Address

12:15 - 1:00 p.m.

Faculty Poster Sessions and Desserts

1:15 - 2:30 p.m.

All of the above events will be held at the Eric P. Newman Education Center at 320 S Euclid Avenue, School of Medicine Campus

Centennial Gala

6:30 - 10:30 p.m.

Ritz-Carlton Hotel Clayton, MO



Coming to St. Louis?

The Program in Occupational Therapy has arranged with the following hotels to provide special group rates for our Centennial guests.

Ritz-Carlton Hotel

100 Carondelet Plaza
St. Louis, MO 63105

Deluxe Guest Rooms: \$189/night
(Washington University rate)

Parking: \$10/night

Reservations: Book your group rate for Washington University 100th Occupational Therapy Celebration or 1-800-960-7056 (mention the group name).

Reserve by: September 4, 2018

The Parkway

4550 Forest Park Ave.
St. Louis, MO 63108

King Rooms: \$143/night
(Washington University rate)

Parking: \$7/night

Reservations: 314-256-7777 (group number 8285) or <http://bit.ly/2zH0v8k>

Reserve by: September 9, 2018

Were you a member of the class of 1941? We have always been curious as to why they are holding musical instruments in their class photo (left). If you know the answer, please tell us!



The Carolyn Baum Centennial Challenge Update

To celebrate the Program in Occupational Therapy turning 100 years old in 2018, **Carolyn Baum, PhD, OTR, FAOTA**, the program's Elias Michael Executive Director, has created a scholarship challenge. All gifts to the Occupational Therapy Annual Fund will be matched by the \$100,000 Carolyn Baum Centennial Challenge, which runs through Dec. 31, 2018.

We would love to have 100% participation in the Carolyn Baum Centennial Challenge.

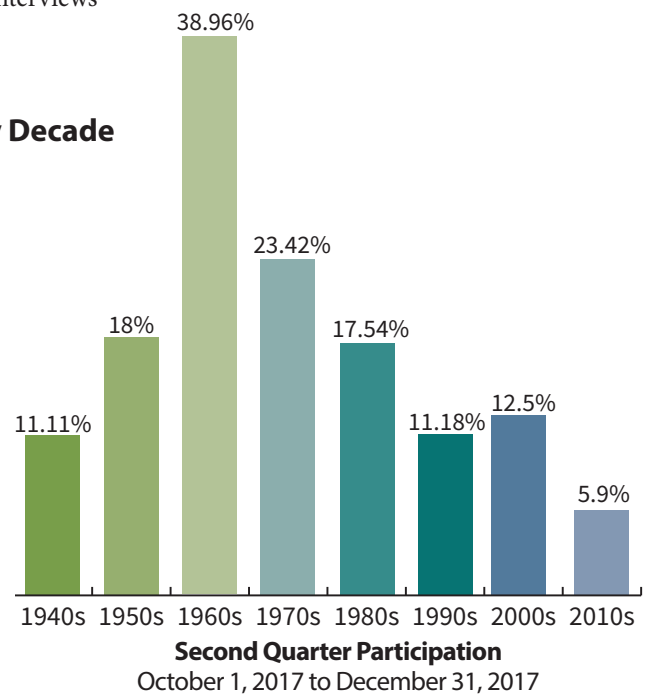
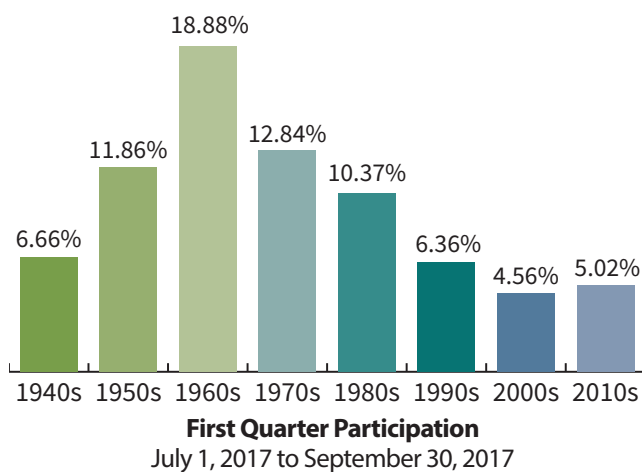
The chart below shows the percentages of solicitable OT alumni by decade who made a gift between July 1 and September 30, 2017 and October 1 to December 31, 2017. Currently, the 1960s alums are in the lead, with 1970s alums in second place and 1950s alums in third.

When you make a minimum gift of \$100 to the Occupational Therapy Annual Fund, you will receive a centennial keepsake book reflecting on the Program's first 100 years (1918-2018) through photos, interviews

and stories. The commemorative book will be published in 2018 in time for the gala.

Visit alumni.wustl.edu/Baum to make a gift online. If you have any questions about the Baum Centennial Challenge, please contact Patrick Delhougne in Medical Alumni and Development at 314-935-9680 or p.delhougne@wustl.edu.

Class Participation by Decade



What is it like being a part of the Centennial Class of 2018?



“I am thrilled to be a part of the Centennial class of WashU OT. I love knowing the rich history of the program and how it has thrived and grown alongside our ever-changing profession. It is an honor to celebrate this amazing milestone that WashU OT has reached.”

– Anna Sherman, MSOT/S '18



“Occupational Therapy as a whole celebrated its centennial last year, and this year, WashU OT is celebrating its hundredth year. The program has been around for basically as long as occupational therapy itself—I'm really proud to participate in and contribute to a program that has been a leader in our field since its inception.”

– Arun Selvaratnam, MSOT/S '18

Student happenings



Students fabricated various types of hand splints for the Sensorimotor Interventions course on Sept. 28.



On Oct. 11, 20 students were inducted into Pi Theta Epsilon, the national honor society for occupational therapy students.



Students presented their systematic review posters on clinical topics as part of the Fundamentals of Evidence-Based Practice course on Dec. 4.



Students brought their novel ideas for cognitive intervention in various organizations to the START Tank (like "Shark Tank") before a panel of judges to decide whether or not to invest in their concepts on Dec. 6. The fun and interactive activity was for the Cognitive Interventions course.



Members of our student-run stroke clinic pose for an end-of-semester photo after seeing their clients for the last time before break on Dec. 6.



Stress relief

Community partner CHAMP Assistance Dogs brought certified therapy dogs by on Dec. 15 for our students to relieve end of semester stress. Christopher Gonzalez, MSOT/S '19, visits with Izik after completing his finals.

Washington University School of Medicine
Program in Occupational Therapy
4444 Forest Park Ave., CB 8505
St. Louis, MO 63108-2212

 Washington
University in St. Louis
SCHOOL OF MEDICINE

Occupational Therapy



Tweets we love
@WUSTLOT

Emily Sherman, OTD/S '19, attended @AOTAInc #HillDay on 9/25 in DC with @ajlamb1216 and @R_Dargatz_OTD to advocate for OT. #wusm #wustl

Upcoming events



April 19-22, 2018

**AOTA Annual Conference
& Expo**

Salt Lake City, Utah
Salt Palace Convention Center
www.aota.org/conference.aspx

You are invited to the Program in Occupational Therapy Alumni Reception. More information coming soon.



May 4, 2018

OT Scholarship Day

Eric P. Newman Educational Center
(EPNEC)
320 S. Euclid Ave.
St. Louis, MO 63110

*Registration information to come
at ot.wustl.edu*



May 18, 2018

Commencement

The Program in Occupational Therapy Commencement Ceremony will be held in Graham Chapel at 1:00 p.m. on May 18, 2018.

The Program in Occupational Therapy is accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association (AOTA), located at 4720 Montgomery Lane, Suite 200, Bethesda, MD 20814-3449. ACOTE's telephone number, c/o AOTA, is (301) 652-AOTA and its web address is www.acoteonline.org.