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# The Recovery Of Matthew, A Success Story

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# The Recovery of Matthew

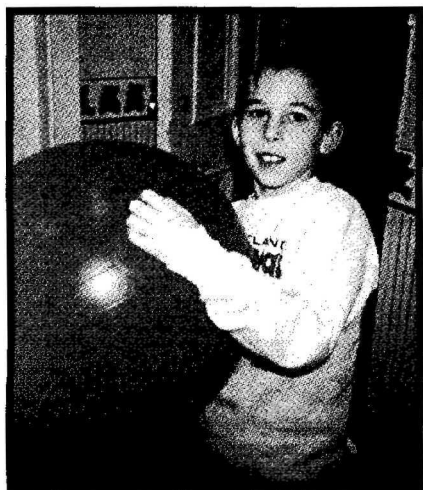


In the fall of 1994, 11-year-old Matthew experienced a traumatic brain injury. Two years later, he is a consistent honor roll student. This is the story of how occupational therapy helped Matt heal and move on to life as a regular kid.

**By Kathryn M. Loukas, MS, OTR/L**

**M**atthew was a very bright 11-year-old with a prize-winning personality when the car he was riding in with his mother and brother was struck by a drunk driver. His mother was killed. His brother suffered internal injuries requiring many surgeries and removal of some internal organs. Matthew sprawled on the rural Maine road with an open head injury that later required a right frontal craniectomy and debridement of the brain and dura. He was brought to Maine Medical Center where he remained for seven weeks while prayers and support poured from his home town, the small Maine community of Windham.

When Matthew finally revived, he was immediately more alert than expected. Hope really soared when he was given his first standardized test in speech and language and he scored at an age equivalency of 18 years. But Matt was not back to normal: He had left-sided hemiparesis primarily in the upper extremity, left visual neglect, some visual-spatial difficulties and organizational deficits. This was compounded by the psychological



Matthew Pascarella, 10, at Maine Medical Center just prior to discharge, October 1994.

stress of losing a devoted mother and returning home to a family trying to deal with both the physical and emotional crises caused by the accident.

## Transition to school-based therapy

The key to Matthew's success in transitioning back into the community was the commitment to his recovery by everyone involved. Our present health care system provides minimum hospitalization and medical care, making a patient's smooth transition to the community of paramount importance. Matt's acute care therapist at the medical center, **Marie Hodge, OTR/L**, was a member of Matt's community in Windham. She contacted the Windham Public Schools and me, a Windham Public School OT very early on so that Matt's therapy would continue smoothly once he left the medical center.

Everyone involved with Matt at school was encouraged to visit him in the hospital. His classroom teacher had just completed a volunteer training program at the Center for Grieving Children in Portland, and was well-prepared to deal with the effects of loss and grief that would manifest themselves throughout the school year. The Windham School System special education director, principal, special education teacher, and others all agreed to make Matt's recovery a high priority and were involved in planning and facilitating his return to school.

An environment of care and support was created and nurtured within the school. Matt had taken to wearing a baseball cap to hide his scar and skull depression. The first day he returned to school, all the kids in his classroom wore baseball caps so that he would fit right in. Matt brought a different child from his classroom to therapy with him every week, and in this way the children were involved and inter-

ested in his recovery. They discussed things with Matt and were encouraged to ask questions. Both Matt's classroom teacher and special education teacher accompanied him to therapy at various times so that they could understand and follow through with recommendations.

Not surprisingly, a number of students from Matt's school showed interest in occupational therapy as a career, with the result that I was asked to the Middle School career day the following year.

## Methods of therapy

Matt had no speech difficulties following the accident and was discharged from physical therapy within two months. However, for the first six months following the injury, he received traditional occupational therapy three times a week at school. Outpatient rehabilitative services had been strongly recommended, but were not feasible logistically due to the rural nature of the community and the crisis that Matt and his family still faced. Therapy included NDT, self-care, and functional approaches. Activities included car washing, building bird houses, and Project Magic. Swimming and cross-country skiing were also attempted. The time in therapy proved helpful emotionally, as Matt asked many questions about brain injury and he and his therapist talked often about loss and the future.

As Matt regained his strength and began to improve the motor control of his left upper-extremity, he was referred to **Patricia Bitterman, OTR/L**, for biofeedback therapy to enhance his school-based work. Because of his intelligence and continued commitment to improving his left upper-extremity function, he was an excellent candidate for biofeedback therapy. Biofeedback assisted Matt with his postural control, relaxation of the shoulder, and movement of the left upper-extremity. Bitterman and I communicated regularly so that these techniques could be effectively carried over into Matt's school and home setting. Matt's school therapy then shifted to more inclusive work. I found industrial technology and home economics great areas to incorporate therapeutic techniques.

## Occupational therapy:

### A success

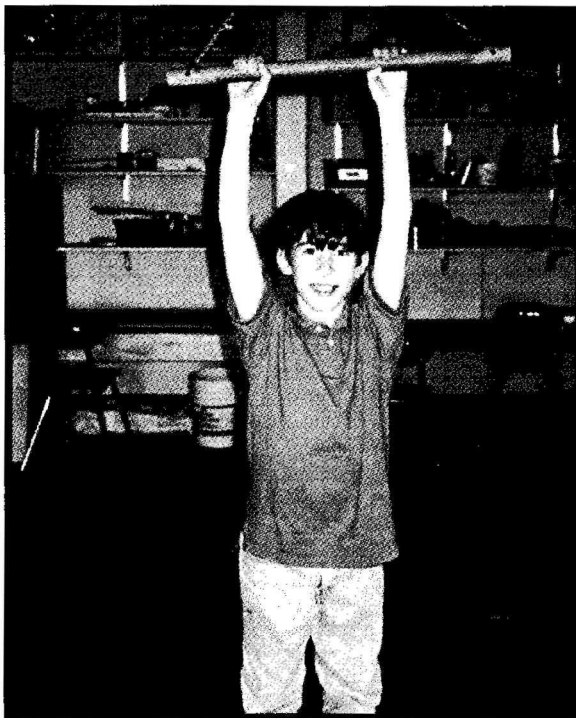
Matthew has had two years of trials and victories led by three OTs in acute care, in the school system, and in outpatient biofeedback. The beauty of Matthew's story was his ability to return to school seven weeks after the accident, within a community committed to his recovery.

It was the OTs who educated teachers, family, and Matt himself about the journey into life following brain injury. Occupational therapy worked in traditional, inclusive, and consultative models to rehabilitate Matt's arm, assist in classroom modifications to compensate for organizational and visual-spatial deficits, and took an active role in the psychosocial needs of a child dealing with a tremendous sense of loss. In addition, as the school-based therapist, I have followed Matt for two and a half years providing consistency, emotional support, family communication, and information to Matt's new schools and teachers about brain injury and his unique strengths and needs.

## Matt's triumph

Despite great personal losses, Matt has an angel on his shoulder. His recovery has amazed every professional involved with him. Matt was spared any kind of social effects as a result of his injury and remains a popular young man with an outstanding sense of humor. Some cognitive deficits do appear in areas of executive functioning, but with support, he continues to do well academically.

At the end of last year Matt received the sixth grade award as an outstanding science student and has been on the honor roll consistently. Another great achievement was his completion of the "high ropes course" during a middle school adventure week last autumn.



Photos courtesy of Kathryn Loukas

**Gross motor activities such as swinging from a trapeze and "donkey kicks" provide important sensory and weight-bearing input to Matt's left upper-extremity.**

Happily, Matt's family has recovered. His brother is healthy again and his father remarried—to a woman devoted to the recovery of this family. Matt participates in a school counseling group for children who have lost a family member and after two years has decreased his OT time to a maintenance level of one time per month in both school and biofeedback models. OTs continue to provide consultations weekly regarding adaptation in the classroom and to help teachers and the family understand Matthew's continued needs and great accomplishments. —*Kathryn Loukas is the Maine representative to AOTA's Representative Assembly and a full-time school-based therapist.*

The author would like to thank the many people at the Windham Public Schools who have supported and been touched by Matthew's recovery. This article is dedicated to the memory of Ursula Pascarella and the continued life of Matt, Dave, Tom, and Sue Pascarella. **OT**