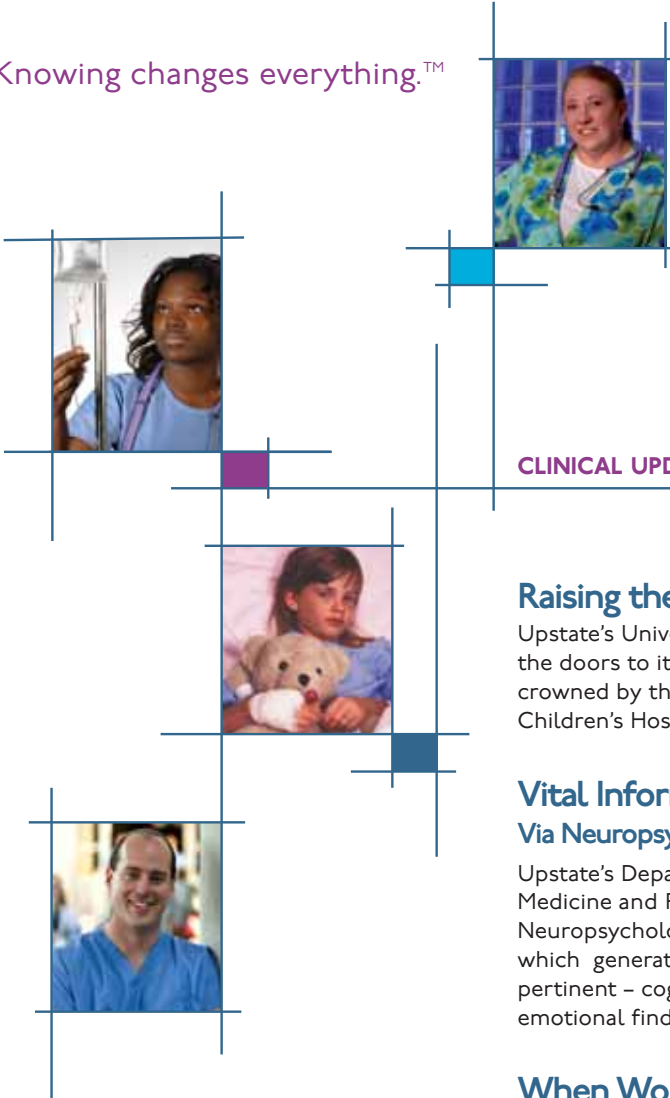


# UPSTATE

UNIVERSITY HOSPITAL

SYRACUSE, NEW YORK

Knowing changes everything.™



## CLINICAL UPDATE

July 2009

### Raising the Bar

Upstate's University Hospital is opening the doors to its \$147 million East Tower, crowned by the Upstate Golisano Children's Hospital.

*Page A2*

### Vital Information

#### Via Neuropsychological Assessment

Upstate's Department of Physical Medicine and Rehabilitation expands its Neuropsychological Assessment Program, which generates objective – and very pertinent – cognitive, behavioral and emotional findings.

*Page A4*

### When Work Works Against Us

Upstate's prevention-oriented occupational health team entrusted with workers in 26 counties.

*Page A6*

# UPSTATE

UNIVERSITY HOSPITAL



## University Hospital East Tower Sneak Peek

Overlooking the City of Syracuse – and looking out for the entire Central New York region – the \$147 million East Tower addition of Upstate’s University Hospital is near completion.

This summer, the eighth, ninth and 10th floors – neuroscience, cardiology and oncology – began admitting patients into 138

private rooms. This fall, the Upstate Golisano Children’s Hospital will open its 71 private rooms to pediatric patients and their families.

On September 12 and 13, the Children’s Hospital – the crown jewel of the East Tower – will be open to the community that rallied for this rare resource and

funded many of its extraordinary amenities, including its signature treehouse entrance.

A milestone on many levels, the East Tower addition will expand University Hospital’s capacity from 379 to 409 beds, increase patient volume by at least 2000 patients a year and generate 250 new jobs.

## Grand Opening Celebration:

Saturday, September 12  
and Sunday, September 13!



## The Best Views in Town

The new six-story East Tower addition features a palette of 43 colors “and some of the best views in town,” according to Paul Seale, the chief operating officer of University Hospital. “Each patient room is private, 240-square-feet in size and equipped with more power outlets than the average home.”

Another standard feature is a sleeper to accommodate family members. “Due to a shortage of medical specialists in outlying areas,” says Seale, “we are the safety net for all of Central New York. Half of our patients travel here from outside Onondaga County.”

Ninth floor nurses' station



Knowing changes everything.™

MD Direct: 800-544-1605 University Hospital's Physician-To-Physician Service

**A3**

## Neuropsychological Assessment Key to Appropriate Care

### Conditions Appropriate for Neuropsychological Assessment *Including but not limited to:*

- Traumatic brain injury (mild, moderate, and severe)
- Cerebrovascular disease (e.g., stroke, aneurysm rupture)
- Brain Tumors
- Dementia (e.g., Alzheimer's disease, frontal-temporal dementia)
- Demyelinating disease (e.g., multiple sclerosis)
- Movement disorders (e.g., Parkinson's disease)
- Developmental disorders (e.g., cerebral palsy)
- Infectious diseases (e.g., HIV)
- Toxic encephalopathy

A wide variety of biological conditions have cognitive, behavioral and emotional implications. Objective assessment of these brain-related deficits – the exclusive focus of Upstate's growing Neuropsychological Assessment Program through the Physical Medicine and Rehabilitation Department provides critical information for the physicians who diagnose, refer and treat these patients.

Upstate's four-year-old Neuropsychological Assessment Program is the largest in the region, with three full-time neuropsychologists on staff: Program Coordinator Dominic Carone PhD, ABPP-CN, Quintin Poore PhD and Lyndsey Bauer PhD.

### Comprehensive

To identify—and quantify – brain-related cognitive, emotional and behavioral functioning, Upstate's neuropsychologists employ standardized tests as well as comprehensive patient interviews and medical record reviews.

According to Dr. Carone, "The process is labor-intensive, but the objective information we provide is key to making appropriate patient referrals and treatment plans.

"To assist physicians with differential diagnoses, for instance, we can help determine if an elderly patient's memory impairment is caused by Alzheimer's disease, frontal temporal dementia or major depressive disorder," he explains.

"In addition to cognitive skills, we can assess emotional function, personality and even degrees of motivation and symptom validity – a crucial need in patients with suspected psychiatric overlay."

### Standard of Care

Neuropsychological assessment, which provides objective evidence of memory impairment, is required for an official diagnosis of Alzheimer's disease.

"Our assessments are also considered standard of care for a wide variety of other conditions," Dr. Carone reports. "We provide information that is not available from brain imaging or from general cognitive tools such as the MMSE, which may indicate impairment but not the cause of impairment. Our reports are very specific and comprehensive. They really help direct care."

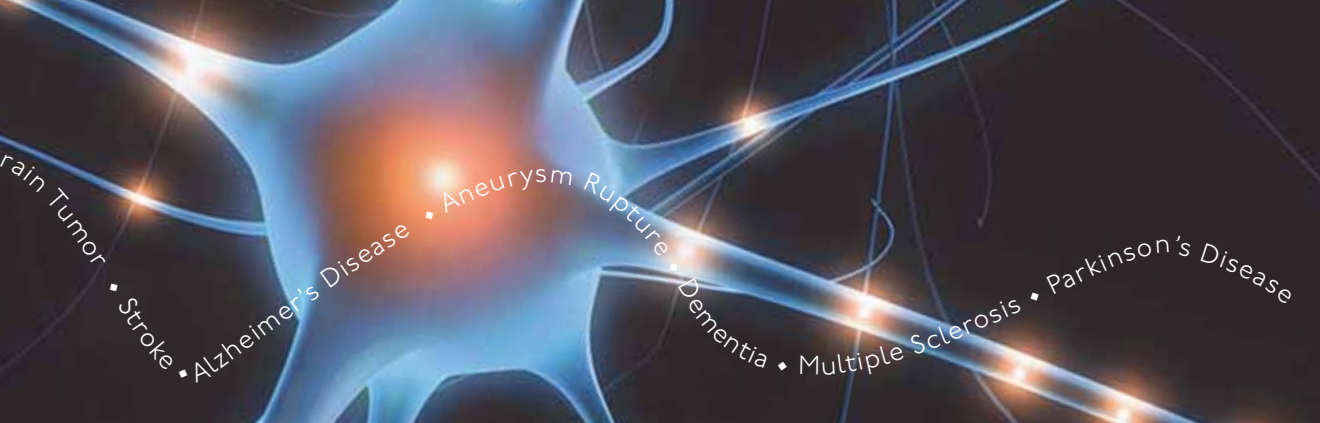
### Customized

To address specific referral questions or concerns, Dr. Carone says, "We select from a wide range of standardized tests that are empirically validated, efficient and generally repeatable."

Typical areas of evaluation include memory, concentration, language, logic, sensory, visual-spatial, executive and motor skills, as well as behavioral, psychosocial and emotional function.

The Upstate program serves a diverse patient population, beginning with children as young as 5





## OBJECTIVE ♦ COMPREHENSIVE ♦ INFORMATIVE

years. “Children, for example, have strokes, and they may have problems with memory,” Dr. Carone explains. “It’s important for teachers to understand their cognitive status.

“Our testing can differentiate between the ability to make memories and retrieve memories. If the problem is retrieval, we may recommend that teachers build cues into testing and use multiple choice to help the child access stored information.”

### Elsewhere at Upstate

The Neuropsychological Assessment Program does not provide assessment for the sole purpose of identifying Attention Deficit Disorder, according to Dr. Carone. “Upstate’s Psychiatry Department has a specialized program for this diagnosis.” ([www.upstate.edu/u/psych/psychclinics/adhd.php](http://www.upstate.edu/u/psych/psychclinics/adhd.php))

Autism evaluations are likewise referred to another specialty program at Upstate: the Developmental Evaluation Center. ([www.upstate.edu.gch/services/autism](http://www.upstate.edu.gch/services/autism))

For more information about the Neuropsychological Assessment Program, please contact Deborah Abreu at 315-464-2320 or go to [www.upstate.edu/npsychpmr](http://www.upstate.edu/npsychpmr)

Downloadable referral forms are located in the Provider Information section of the website.



One of the few board-certified neuropsychologists in Central New York, **Dominic A. Carone PhD, ABPP-CN**, is coordinator of Upstate’s Neuropsychological Assessment Program and assistant professor in its Department of Physical Medicine and Rehabilitation. A graduate of LeMoyne College, he earned his doctorate at Nova Southeastern University and completed an internship in neuropsychology at the University of Oklahoma Health Sciences Center and a two-year fellowship in neuropsychology at the SUNY Buffalo School of Medicine. While there, he also worked as a researcher in Dr. Robert Zivadinov’s world-renowned Buffalo Neuroimaging Analysis Center. He has published more than 15 research articles in journals such as *Neuroimage* and *Brain Injury*. Dr. Carone was named the 2007 Psychologist of the Year by the Central New York Psychological Association and is the current president of the New York State Association of Neuropsychology.



**Lyndsey Bauer PhD**, the most recent addition to Upstate’s Neuropsychological Assessment Program staff, recently completed a neuropsychology fellowship at Brown University. She specializes in dementia evaluations and mild cognitive impairment in the elderly.

**Quintin E. Poore PhD**, who joined Upstate in 2007, earned his PhD in clinical psychology from Wayne State University in Detroit and completed a neuropsychology residency at the Rehabilitation Institute of Michigan and internship at University Hospital in London, Ontario. His research has been published in peer-reviewed neuropsychological and neurological literature.

Knowing changes everything.™

# When Work Works Against Us

## Upstate's occupational health team entrusted with workers in 26 counties

With a bleak economy – and once-secure jobs in jeopardy – today's workers might be reluctant to red flag questionable working conditions. Yet the tide of workers seeking treatment for occupation-related illness and injury is rising, not retreating.

"They have no choice but to seek help. The gravity of their illness has reached the point where many can no longer work," explains Michael Lax MD, MPH, professor of family medicine and medical director of the Occupational Health Clinical Center (OHCC) at Upstate Medical University.

### Tip of Iceberg

In 2008, Upstate's OHCC diagnosed or treated more than 1,400 patients for respiratory, musculoskeletal and other work-related illness and injuries. "And that's just the tip of the iceberg," notes Dr. Lax. "In New York State, 5,000 to 6,000 people a year are dying, and 30,000 are sick with work-related cancers and lung disease. Occupational illness is generally under-reported and under-recognized yet is estimated to be the fourth most frequent cause of death in New York State."

Not surprising, Dr. Lax says, when you consider that we spend one-third of our lives at the workplace – "an environment we often don't control."

### Worker Advocate

"We advocate for the worker," explains Dr. Lax. "We address illnesses that usually result from chronic exposure or trauma. Our typical patient is the steel mill worker with lung disease or the auto plant assembly worker with a repetitive motion injury."

"But hazards exist in all occupations," Dr. Lax warns. "Teachers, office workers and health-care workers are at risk. The federal Occupational Safety and Health Administration (OSHA) actually lists nursing homes as one of the most hazardous work places, because of the repetitive strain of transferring patients."

At OHCC, most medical conditions fall into three categories: musculoskeletal, respiratory and hearing loss. "Officially, we are diagnostic," reports Dr. Lax, "but we often treat patients or refer them to other specialists, especially for treatment of musculoskeletal problems."

Occupational health is actually a hopeful area of medicine, according to Dr. Lax. "These con-

*Michael Lax MD, MPH,  
Professor of Family Medicine  
Medical Director  
Occupational Health Clinical Center  
Upstate Medical University*



# UPSTATE

UNIVERSITY HOSPITAL

ditions are caused by man-made conditions, so they can be prevented through modifications. We generally try to work with the employer, offering services such as ergonomic and indoor air assessments.

## Medical Education

As a residency site for internal medicine, the OHCC provides much-needed exposure for occupational health issues. "Residents often come in with the expectation that patients are trying to fool us," Dr. Lax reports. "More often, these patients are frustrated by their conditions and eager to know, 'When will I be able to return to work?'"

## Questionable Origin

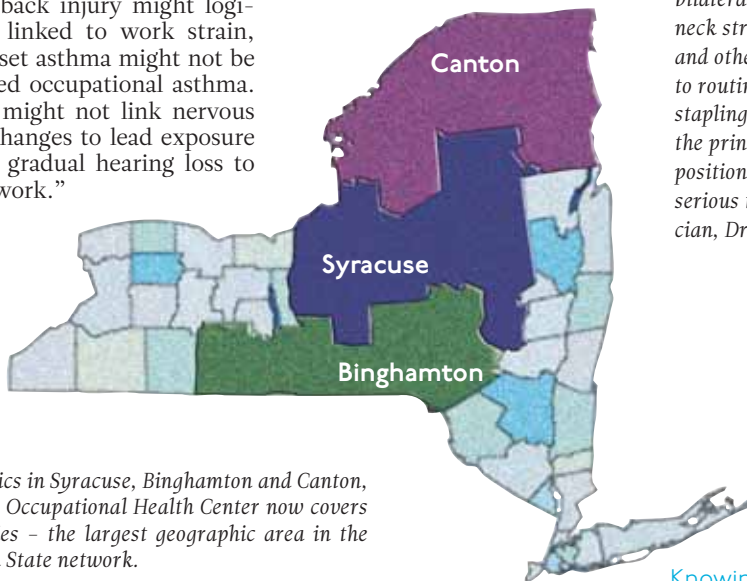
According to Dr. Lax, "The origin of occupational disease may not be obvious, even to physicians. While a back injury might logically be linked to work strain, adult-onset asthma might not be considered occupational asthma. Workers might not link nervous system changes to lead exposure or relate gradual hearing loss to noise at work."

As a medical specialty, occupational health requires versatility – since clinicians must also be comfortable in the workplace, in the courtroom and in the policy arena. "I like that a patient comes in with an individual problem, and we can explore the larger issue of prevention and impact on policy," notes Dr. Lax, whose research was recently cited in a *New York Times* investigation into Workers' Compensation. "Every patient potentially represents a sentinel health event."

For more information, please call **315-432-8899** (outside Syracuse: 800-432-9590) or visit **[www.upstate.edu/cnyohcc](http://www.upstate.edu/cnyohcc)**



*For the past 15 years, patient Brenda Earl has been treated by Upstate's occupational health experts for bilateral carpal tunnel syndrome, neck strain, shoulder impingement and other disabling problems related to routine clerical duties, such as stapling and retrieving forms from the printer. "Over time, awkward positions and forceful motions take a serious toll," reports Earl's physician, Dr. Michael Lax.*



*With clinics in Syracuse, Binghamton and Canton, Upstate's Occupational Health Center now covers 26 counties – the largest geographic area in the New York State network.*

Knowing changes everything.™