

MANHATTAN VOICE

VNSNY rehab therapists of the year treat patients like family all year long

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By Chandra Wilson

As the pandemic continues, home health care is magnified as an essential bridge from the hospital to home. Highly trained physical therapists and occupational therapists play a vital role in helping New Yorkers recover and regain stability following surgery, illness and many of the physical changes associated with aging.

At the [Visiting Nurse Service of New York](#) (VNSNY), highly trained physical therapists and occupational therapists work with patients daily to develop goals for treatment and coordinate with other medical providers—like doctors and nurses—to deliver a plan of care that meets their individual needs to help them get safely back on their feet.

Physical therapists (PTs) work on improving a patient's major motor function—things like walking, stair-climbing, and balance.

Occupational therapists (OTs) address the practical functions involved with activities of daily living. They may help a neurological patient learn to control their arm or leg after a stroke so they can dress themselves or show a hip replacement patient how to use a long-handled bath brush or work with a cardiac patient on conserving energy so they can prepare a meal without getting fatigued. They'll also teach patients how to compensate for cognitive or visual deficits. Occupational therapists help patients learn to survive in their home environment, which is essential to home care rehabilitation and aging in place.

This October, VNSNY is recognizing eight PTs and OTs as Rehabilitation Therapists of the Year. Nominated by their colleagues, and representing regions and roles across the organization, these therapists exemplify the outstanding work done by all of VNSNY's physical, occupational, and speech-language therapists and therapy assistants—all year long.

Lori Buonaguro, Physical Therapist, VNSNY Home Care, Bronx, said, "Things have changed pretty dramatically since I started with VNSNY in 1985! One thing that's never changed is my love for my work, and how important each and every one of my patients is to me. My approach with patients is very open and nonthreatening. It's important to be able to adapt, make the most of one's time, and make quick decisions. I come in with a good attitude, especially if a patient needs awhile to adjust. I ask them to give me – and rehab a chance! Almost all of the time, they not only want me to come back, but they don't want me to leave!

"Another thing I've learned is to respect my patients' decisions. I'll come in with a plan, goals, and recommendations, but I don't impose them. Sometimes even the patients themselves might not even really have the goals they think they have. As a young therapist, I had a bed-bound patient whose wish was to get into her wheelchair so she could get to the window and look outside. So we worked together and accomplished that. I later learned from a nurse that she'd gone right back into that bed and stayed there, because she loved having her husband take care of her. The result might not always be the one I would have hoped for, but it's not about me – it's about the patient, and respecting (and accepting) their needs and choices."

Michael Dolton, Physical Therapist, VNSNY Home Care, Manhattan, said, "One of the best things about working in home healthcare is the variety and the excitement. This is not a job in which you're going to have the same day again and again, and that energy really keeps me motivated. I've worked with pediatric patients, geriatric patients, sports injuries, strokes, Parkinson's. And the patients are the best—they're just so appreciative. Sometimes I run into my past clients in the street, and when they recognize me they'll call out things like 'Look, Mike! See? I'm using my cane correctly!' I kind of feel like the hall monitor, but they're awesome.

"Because I have limited time with each patient, I'm very goal-oriented. Every minute has to count. One thing I've learned is how great an ally our home health aides are. Roughly half of my clients have home attendants, and they really make things easier. I incorporate them as soon as I start on a case, because they know the patients so much better than I do. They know their habits, their personality, and what motivates them. The more I bring them into the plan of care, the better patients do. What makes my day is when my clients accomplish their goals, whatever those might be. When they're no longer trapped in their apartment; when they can climb stairs again; when they can go to the grocery store or to the senior center so they can see their friends again. That is fantastic."

Khaled Eleesily, Physical Therapist, VNSNY Home Care, Brooklyn, said, "I've been a physical therapist for 30 years, 21 of them with VNSNY, and it's a truly rewarding career. I enjoy helping people, seeing them make progress, and helping them improve their mindset. The patients I see are sometimes very depressed because of their limitations, so I always engage with them and encourage them. I'm also very realistic with them and give them a time frame and an idea as to what they can accomplish—but I make it clear that it will take work and patience. I compare my clients to athletes. Even strong, healthy athletes get illnesses and have accidents, and they might not be able to do what they used to do, but they take an active part in their rehabilitation. People who run marathons were not born as marathon runners; they have to train and to put in the time. I tell my patients that practice makes perfect—even if 'perfect' might be a bit different from what they were used to.

“Because I love what I do and care so much about my patients, it never feels like a hardship. I’ve never called out. I worked during all the storms, and I’m always happy to step in when another physical therapist is absent and help is needed. If I can help out, why not?”

Golda Ibale, Coordinator of Physical Therapy, VNSNY Home Care, Queens, said, “As a physical therapist coordinator, part of my responsibility is supervising the PT assistants who work with clients. I make the first visit to evaluate new clients (since PT assistants cannot evaluate), then I make a second visit to the client together with the PT assistant who’ll be treating them. After that, they go by themselves. At the end, I’m the one who discharges the patient.

“I always try to understand the patients we serve. I make a point of listening to what their specific concerns and problems are. I don’t just walk into a home and give them orders. Oftentimes when patients are resistant to therapy, it’s because they don’t understand why they’re being told to do something. When I explain to them why they’re in pain, and what the exercises or medications are for, then they understand. And once they’re informed, they take an active part in their treatment.

“Every patient is different. Even the same patient can react very differently to a right-knee replacement versus a left-knee replacement. When I do have challenges, it’s usually with family members who think they know better and argue about the plan of care. It’s frustrating, because my role is to help people regain independence and restore function. I almost never have problems with my clients themselves—they are usually very receptive and eager to progress!”

Teresa Martus, Occupational Therapist, VNSNY Home Care, Staten Island, said, “I’ve been an occupational therapist since 2000, and I’ve been at VNSNY for three years. Most of the patients in my area are dealing with geriatric, cardiovascular, or orthopedic issues. I see my role as that of a problem solver whose mission is to improve their quality of life. I ask them about their life before the hospitalization, incident, or illness that they’re recovering from, what it is that they’d like to work on, and what I can do to make things easier on them and their family and/or caregivers. It’s really about easing the burden.

“I visit patients in six different zip codes—that’s lots of patients, and lots of driving! Most of my patients ask for visits between 11 am and 1 pm—usually because they sleep a little later, then have visitors or other plans in the afternoons. I always try to show my patients that they’re being heard and that I empathize with them. My greatest rewards are the simple pleasures—helping someone reach the point where they can get in and out of the shower on their own or seeing how something as simple as a tub chair or moving a refrigerator just a few inches to clear a pathway for them can make a significant difference in someone’s life. Even regaining that little bit of independence is a gift.”

Catherine Ngai, Physical Therapist and Clinical Care Manager, VNSNY Care360° Solutions, said, “I’ve been a physical therapist for more than 23 years and have worked in utilization management since 2006. Until the start of the pandemic, I was also treating patients in the field on a part-time basis to maintain my hands-on skills. I joined VNSNY two years ago as a Clinical Care Manager for Care360° Solutions, which involves care management and reviewing for authorizations for care. I collaborate closely with VNSNY Home Care clinicians, our clinical field and branch managers, and colleagues in my department to coordinate care and achieve the best possible outcome for our patients. My experience as a PT has been invaluable in this role, and I do a lot of the consults for our rehab requests.

“Our objective is always to create a care plan grounded on best practices, basing our approach on medical appropriateness and evidence-based practices. We review the entire case, making sure that members also have the social or community support that they need. Maybe they need help with food delivery, transportation, or getting their medication. A great day for me is when I’m able to work together with my teammates on an effective treatment plan that is medically appropriate, evidence-based, and, at the end of the day, results in a happy patient.”

Erica Riedel, Physical Therapist — VNSNY Home Care, Nassau County, said, “From a very early age, I always felt the need to stick up for people and be an advocate. I never knew how I was going to apply that in my life until I started in home care. Becoming a lawyer could have led me down another path, but I became a physical therapist because I was interested in the field. I started out working primarily in outpatient orthopedic facilities, but as soon as I joined VNSNY 11 years ago

and started treating patients in their homes, I realized that this was another grass-roots way of being an advocate for people.

"I take my job very personally—I treat my patients like they're family. I feel a lot of empathy for them, particularly those who don't have anybody helping them, and I feel compelled to step in, even if it goes a little beyond my job description. If somebody doesn't have the cognitive ability to call their doctor to make sure their prescriptions are in, or make an appointment for their next step in therapy, and they have nobody there to help them, then our clinicians will do it. It's not my job to make sure a patient has had lunch—but if I need to, I'll make sure they've eaten before we start our exercises. I know my scope of practice and I'm not going to cross the border with that, but on a humanity level I'll definitely go that extra mile to be there for that person."

Clifford Scott, Physical Therapist, VNSNY Home Care, Westchester, said, "I've been a physical therapist with VNSNY for 23 years, starting out in Manhattan, then moving to the South Bronx and now Westchester, so I've had a lot of experience and covered a lot of territory. Whenever I greet a new patient, I always make sure they understand that I'm here to help them become as safe and independent as possible and encourage their progress and return to the community. This facilitates a good connection and supports comfort and confidence, which in turn makes a patient more likely to take an active part in their rehabilitation.

"It's important to be understanding. Many of my patients have orthopedic issues, often with additional comorbidities, whether that involves hips or knees or back surgery. Some may be resistant to accepting the fact that their situation has changed. Occasionally, a patient may be somewhat anxious or reluctant—not agreeing with recommendations for durable medical equipment, or not complying with their regimens.

"I help them understand that it's about little skills and small goals that add up to a big difference. Their personal goals and priorities also inform a lot of what I do.

"Last Sunday I was working with a new patient, and the first thing he told me was that he had a doctor's appointment the following day and he was worried that he wouldn't be able to get in the car. So, I told him, 'Well, we're going to practice that.' Sure enough, we spent the session, with his wife, getting in and out of the car until he could do it comfortably. It might seem like a small thing, but it was a big achievement. Of course, the biggest rewards for me are when a patient gains safety and greater independence, and perhaps is even discharged to outpatient therapy—another step in the grand rehabilitation process!"

To learn more about rehabilitation therapy, or how VNSNY home health care can support your well-being, visit www.VNSNY.org or call [1-800-675-0391](tel:1-800-675-0391).