

Legacy Rehabilitation Institute of Oregon

*Since the beginning,
we have always focused on
ability, never on disability*



1948–1957

During World War II, health care in the United States underwent major changes. Rehabilitation became a national priority.

In July **1947**, a series of events began that led to the opening of Legacy Rehabilitation Institute of Oregon, first named Portland Rehabilitation Center. Arthur Jones, M.D., a local Portland physician, returned from service in World War II with experience as director of rehabilitation and physical medicine at Letterman General Hospital in San Francisco.

At the same time, a club for physically handicapped persons (the Chin Up Club) began to discuss creating a center where their 600 members, as well as other handicapped individuals, could meet and establish a craft school.

Mrs. Ruth Clark, together with Sigfrid Unander, Ernest J. Jaqua, M.D., Harry S. Dorman and Dr. Jones helped realize this dream by establishing the Rehabilitation Center of Portland, Inc. Mrs. Clark travelled across the country to research facilities similar to the new center. Since experienced staff was difficult to find in the U.S., therapy staff was recruited from England, Scotland and Scandinavia. Easter Seals contributed \$20,000 to the corporation to open the center.

In **1947**, Arthur Jones, M.D., a member of the original committee and a local physician, helped the center develop and served as part-time medical director.



In **1948**, the Portland Rehabilitation Center (the future Legacy Rehabilitation Institute of Oregon) opened on Nov. 19 in a former rooming house at 1535 S.W. 11th. Funding for the center



came from various sources, including the Oregon Society for Crippled Children and Adults.

Volunteer efforts helped gather donations from individuals and businesses. As the first rehabilitation center in Oregon, and one of only three on the West Coast, the center's mission was to provide new opportunities and alternatives for physically handicapped people. Major diagnoses treated were cerebral palsy, polio, stroke and spinal cord injuries.



Mayor-Elect Dorothy McCullough Lee was among visitors at the opening of Portland Rehabilitation Center.

In **1948** — Among equipment provided for treatment was this “whirlpool bath” displayed by Gordon Orput, president of the center, and Elaine Stowell, therapist.



In **1953**, the center moved into a larger building on S.W. 14th and Market Street because of the rapid growth of the program.



1958–1967

The Salk vaccine dramatically reduced the number of polio victims who once filled rehabilitation wards.

In **1958**, Portland Rehabilitation Center was renamed Rehabilitation Institute of Oregon (RIO) to represent the expansion of services throughout the state and region.



In **1958**, the Women's Guild was established and dedicated itself to raise funds to enhance patient care. They sponsored bridge and tea parties, casino nights and sports equipment auctions.



Mrs. Frederick (Jean) W. Young was named the first Guild president.

In **1961**, RIO moved to the medical building at N.W. 20th and Kearney Street to provide one of the nation's most effective rehabilitation centers with the addition of inpatient care. A consolidated staff provided a team approach to caring for both inpatients and outpatients.



The rehabilitation team was redesigned to include the patient, family, physician, nurse, occupational therapist, physical therapist, speech therapist and manual arts therapist. Hydrotherapy, psychology and vocational rehabilitation were part of the program.



Rehabilitation nurses would take patients out for fresh air.

In **1961**, Vernon E. Milkkelson, M.D., a specialist in physical medicine rehabilitation for the Veteran's Administration in Portland and Los Angeles, was appointed the first full-time medical director.



In **1965**, RIO almost closed due to lack of funding. However, RIO remained viable with additional donations from community organizations and services donated by physicians in the community.

In **1966**, RIO became affiliated with the Physicians and Surgeons Hospital (located just one block away) for laboratory, radiology and surgery services. At the same time, Medicare designated RIO as a general hospital rather than a convalescent facility, which began federal funding for inpatient rehabilitation.

In **1967**, Leland Cross, M.D., board-certified physical medicine and rehabilitation physician (physiatrist), was appointed medical director. He formed the medical group of physiatrists known today as Rehabilitation



Medicine Associates (RMA).

The average length of stay in the rehabilitation center for a quadriplegic person was 12 months and for a paraplegic was six months.

1968–1977

The social revolution of the 1960s paved the way for greater societal acceptance of the disabled in the 1970s.

In **1970**, John Halisey “Spike” Kennedy, M.D., was hired by Rehabilitation Medicine Associates as the second physiatrist working part-time for RIO and part-time for Good Samaritan Hospital.



In **1970**, Clair Siddall was named RIO administrator and then moved to the Good Samaritan Foundation in 1971, where he was a major supporter of RIO.



In **1971**, RIO became affiliated with Good Samaritan Hospital, improving access to medical specialists and clinical resources.

 The RIO icon that spells out the letters “rio” was designed and became the symbol for many years.

In **1971**, Dr. “Spike” Kennedy was appointed director of physical medicine and rehabilitation for Good Samaritan Hospital.

John Stanwood, M.D., was hired as a physiatrist at Rehabilitation Medicine Associates and developed the Cancer Rehabilitation Program at Good Samaritan Hospital.

In **1971**, RIO’s first van was purchased with funds raised by what is now the RIO Guild (formerly the Woman’s Guild). The van was used to take patients on therapeutic outings, to help them transition back into the community.



In **1976**, Dr. Kennedy was appointed chief of physical medicine and rehabilitation at Good Samaritan Hospital.

In **1976**, Gary Ward, M.D., joined Rehabilitation Medicine Associates.



Achieving maximum wheelchair management means being able to maneuver curbs. Charles Hexom, a recent high school graduate, learned a safe way to manage curbs from his physical therapist.

In **1976**, the RIO Guild opened The Cellar Gift Shop in a daylight basement (hence the name) across the street from RIO.



Governor Tom McCall, longtime supporter of RIO, purchased “Tahoe at Timberline” tickets from a RIO Guild volunteer.

RIO and Good Samaritan Hospital continued to grow to meet the increasing demands for rehabilitation services.

The average length of stay in the rehabilitation center for a quadriplegic person was six months and for a paraplegic was three months.

1978–1987 Public campaigns promoting car safety and seat belt use reduced the number and severity of head and spinal cord injuries.

In **1980**, Gary Ward, M.D., became medical director of RIO and worked with “Spike” Kennedy, M.D., to coordinate the expansion of rehabilitation services at both RIO and Good Samaritan Hospital.



Treatment shifted to the interdisciplinary model where team members treated the patient together and shared plans daily.



In **1980**, RIO became the first facility in Oregon to receive a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF).

Major diagnoses groups at RIO were spinal cord injury, brain injury, multiple trauma, stroke and amputees.

In **1980**, the State of Oregon Spinal Cord Injury Fund was developed by Dr. Kennedy, Dr. Ward, Sue Sakai and Zadel Cogan, with the help of then state Senator Vera Katz.

In **1980**, Sherri Seitsinger, a former RIO patient and Miss Wheelchair Oregon, served as the statewide ambassador for RIO.



In **1981**, Eva Hansen, R.N., retired after 10 years as the head nurse of RIO.

In **1982**, Marie Valleroy, M.D., joined Rehabilitation Medicine Associates.



In **1984**, rehabilitation nursing became a nationally certified specialty — Certified Rehabilitation Registered Nurse (CRRN).



In **1985**, RIO moved to the Good Samaritan Hospital campus, with the nursing unit in the hospital and therapy services in the Neurological Sciences Center Building across the skybridge.

Fundraising by the RIO Guild continued through sports equipment auctions, “Tahoe in Town” casino nights and The Cellar Gift Shop. Funds helped purchase a new van and therapy equipment and supported recreational therapy.



In **1986**, RIO opened a new outpatient program called Community Re-Entry Services (CRS) near the campus of Portland Community College, Sylvania. The program helped brain-injured individuals transition to the workforce and community.

The RIO Rockets, a track team of former RIO patients, was formed and competed regionally and nationally.



The average length of stay for a quadriplegic person was four to six months and for a paraplegic was two to three months.

1988–1997 The American Disabilities Act of 1990 was passed, making huge strides for the rights of the disabled.

In **1988**, RIO became the Level 1 trauma rehabilitation center for Oregon and Southwest Washington.

In **1989**, Good Samaritan Hospital merged with Emanuel, Holladay Park, Meridian Park and Mount Hood hospitals and the Visiting Nurse Association, forming Legacy Health System. Legacy Rehabilitation Services was formed to merge all Legacy rehabilitation, including RIO at Good Samaritan and the Emanuel Rehabilitation Center.



Good Samaritan Hospital

In **1989**, Franklin Wong, M.D., was recruited to join Rehabilitation Medicine Associates as a future rehabilitation medical director.



In **1990**, the American Disabilities Act was passed, the most important social legislation to date for disability and integration into society.

In **1992**, “Spike” Kennedy, M.D., retired after 22 years, and Dr. Wong became medical director of Legacy Rehabilitation Services.



In **1992**, Joan Black resigned as nurse manager of Legacy RIO and Legacy Emanuel Rehabilitation Center after 11 years.

In **1992**, Patti Hallowell, CRRN, became nurse manager of Legacy RIO and Legacy Emanuel Rehabilitation Center.



In **1993**, the Legacy Emanuel Rehabilitation Center inpatient unit moved to Legacy RIO at Legacy Good Samaritan Hospital.

In **1995**, Legacy RIO became the first rehabilitation center in Oregon to provide services for persons who are ventilator-dependent.



In **1996**, Legacy RIO entered into a contract to provide inpatient rehabilitation care for the Kaiser Health System in the region.

In **1997**, Jennifer Lawlor, M.D., joined Rehabilitation Medicine Associates.

In **1997**, with the support of Marie Valteroy, M.D., and Teresia Hazen, Legacy RIO horticultural therapist, The Franz R. Stenzel, M.D., and Kathryn Stenzel Healing Garden was established at Legacy Good Samaritan. The garden became a nationally recognized healing garden for rehabilitation, recovery and restoration.



The average length of stay for a quadriplegic person was two months and for a paraplegic was one month.

1998–2007 Rehabilitation centers developed new treatments for the wounded survivors from the Afghanistan and Iraq wars.

In **1998**, Legacy RIO celebrated its 50th anniversary with guests, former patients, staff



and John Hockenberry, correspondent for Dateline NBC and author of the book "Moving Violations."

In **1998**, in honor of the 50th anniversary, Good Samaritan Foundation purchased a new van. The van was used for patient outings, which were funded by Legacy RIO Guild volunteers.

In **1998**, Joan Black, R.N., became director of Legacy Rehabilitation and Cancer Services.

In **2001**, Pam Kilmurray became director of Legacy Rehabilitation, Cancer, Hospice and Stroke Services after the retirement of Joan Black.

In **2001**, all Legacy RIO services were consolidated to the fifth and sixth floors of the main Legacy Good Samaritan Hospital building.

In **2002**, Medicare implemented the Prospective Payment System for inpatient rehabilitation facilities.

In **2003**, Gary Ward, M.D.; Daria Gray, speech pathologist; and Pete Boudreau, occupational therapist, co-authored the "Glossary of Stroke Terms," a booklet to help stroke victims and families understand the stroke medical terminology.

In **2003**, pet therapy was established at Legacy RIO. Under the direction of the rehabilitation team, animal-assisted therapy promoted physical movement,

emotional well-being, cognitive awareness and social improvement for people with disabilities.



Between **2004** and **2005**, the Legacy RIO nursing unit was remodeled. Good Samaritan Foundation donated \$90,000 for ceiling-mounted, patient-lift systems for patient and staff safety.



In **2005**, Dr. Ward became medical director of Legacy Rehabilitation Services after the resignation of Franklin Wong, M.D. Marie Valleroy, M.D., became associate medical director of Legacy RIO.

In **2005**, Good Samaritan Foundation donated Lite Gait, a revolutionary training device that fully supports the patient to regain their essential mobility functions of weight-bearing, posture, balance and walking.



The average length of stay for a quadriplegic person was four weeks and for a paraplegic was three weeks. This average became the standard length of stay for the future.

2008–2012 Rehabilitation care continues to advance with the help of rapidly expanding technologies, telemedicine and robotics.

In **2008**, Legacy RIO incorporated the popular Nintendo Wii for biofeedback therapy to improve concentration, hand-eye coordination, strength, balance and reconditioning. Funding was provided by the Legacy RIO Guild.



In **2008**, Jeanne Button, M.D., joined Rehabilitation Medicine Associates.



In **2008**, the Legacy RIO Guild celebrated 50 years of financial support for recreational therapy outings, social activities and equipment for patients without funding.



In **2010**, Legacy RIO entered into a collaboration with Oregon Health & Science University to provide inpatient rehabilitation for OHSU patients at Legacy RIO.

In **2010**, the foundation purchased a Functional Electrical Stimulation (FES) bike. The FES bike provides electrical stimulation to the upper and lower extremities, which reverses muscle atrophy from lack of use, reduces spasticity, range of motion and improves circulatory responses.



In **2010**, Legacy RIO expanded from 33 to 36 beds to increase the number of single rooms available to patients.

In **2010**, Jennifer Lawlor, M.D., became associate medical director of Legacy RIO.



In **2010**, Good Samaritan Foundation purchased Legacy RIO's first car to complement its van. These are used for community training and by the Legacy RIO therapists for car transfer skills and wheelchair management.



In **2011**, the Legacy RIO Guild purchased iPads to provide an interactive training and educational device for patient therapy.



In **2012**, Patti Hallowell, CRRN, program manager, retired after 38 years.

In **2012**, Gary Ward, M.D., medical director, retired after 36 years.

In **2012**, Dr. Lawlor became medical director for Legacy Rehabilitation Services.

In **2012**, Dr. Button became associate medical director of Legacy RIO.

Patient and family teaching is the foundation of rehabilitation. Rehabilitation nurses educate the patient and family about their condition while reinforcing the skills they have learned in therapy.



For the last 20 years, Legacy RIO has participated in the national database Uniform Data System to compare its outcomes to other facilities in the United States. Legacy RIO continues to lead both regionally and nationally with the number of patients discharged back into the community.