

Against All Odds

"The disabled produce their own miracles." — Howard A. Rusk, M.D.

WHEN MARK RAGUCCI, D.O., clinical instructor of rehabilitation medicine at NYU's Rusk Institute, saw his patient Dorothy Bianco signing papers with her left hand in an illegible scrawl, his eyebrow went up. "I can't write with my right hand anymore," said Bianco, a 65-year-old stroke

victim with right-side paralysis. "Give it a try," he said. "Like this."

Dr. Ragucci used his left hand to remove his pen from his shirt pocket, carefully positioned it in his right hand, and began to write slowly, with a stiff sweep of his whole arm.

This was no mere exercise. Dr. Ragucci, 37, is a stroke victim himself, and relearning how to write — an essential task for a physician — was one of the toughest



challenges he faced. He now draws on his personal experience to inspire patients who have all but given up hope.

Today it seems hard to believe, but Dr. Ragucci's caregivers once had scant hope for his recovery. A long-time weightlifter, Dr. Ragucci had no history of heart trouble until 1999. During his medical internship in Chicago, he tore his aorta while pumping iron. He underwent emergency surgery to repair the valve, but a more complex procedure would soon be needed to replace it. The operation was performed in 2001, while Dr. Ragucci was a resident at Rusk. In the hours after surgery, he was kept unconscious and later placed in a medically induced coma to calm what appeared to be seizures.



▲ Dr. Mark Ragucci on rounds at Rusk, where he was a patient during his residency.

One month later, when he finally emerged from the coma, doctors determined that he had suffered one or more strokes that left his arms completely paralyzed. The medical term for the condition is brachial diplegia, aptly nicknamed "man-in-a-barrel" syndrome. Neurologists told Dr. Ragucci's family that he was unlikely to survive. "They could have pulled the plug," he says, recalling how upset he

was to be able to hear the grim prognosis but not respond.

But his family refused to give up. After about two weeks, to the amazement of doctors, Dr. Ragucci regained some ability to speak. He spent five weeks at Rusk as an inpatient, followed by many months of outpatient and at-home therapy. "At first, I could barely stand," he recalls. Once he could walk, Dr. Ragucci moved into his parents' house in Brooklyn, allowing his wife, Dr. Laura Prendergast, to finish her own residency in pediatrics.

He could not feed or dress himself, but his mother, Margaret, who also cared for his sister, born with cerebral palsy, pushed him hard to regain what he had lost. "One morning, my mother was dressing my sister, so she told me I had to put on my own shirt," he recalls. "I said 'I really can't.' She said, 'Don't tell me that! If you want to go back to work, you have to start now.' It took me 15 minutes, but I did get it on."

For 18 months, Dr. Ragucci performed physical and occupational therapy for six hours a day, seven days a week, under the watchful eye of Mrs. Ragucci. Except for fine motor skills — required to fasten buttons and the like — Dr. Ragucci's physical limitations are not obvious, though he acknowledges that "my days of bench-pressing 425 pounds are over."

"Having been used to regular rigorous exercise and knowing firsthand the benefits of physical therapy no doubt helped Dr. Ragucci to stay committed and remain optimistic," explains his friend and colleague Keith A. Siller, M.D., medical director of NYU's Comprehensive Stroke Care Center and assistant professor of neurology and psychiatry.

Dr. Ragucci returned to his residency in August 2003 and joined the faculty the following year. Without holding himself up as a role model, he quietly shares what he learned from his ordeal whenever patients get discouraged. "Without that inspiration," says Dorothy Bianco, "I don't know if I would have had the courage to even try."

"When I was in a coma," recalls Dr. Ragucci, "my family was told that someday I might be able to express my thoughts by blinking. I tell my own patients that recovery is at least 70 percent attitude." ●

Empowering Women with Disabilities

At NYU Hospital for Joint Diseases, a novel program for the handicapped puts a spring in their step.

“SHIMMY, LADIES, SHIMMY!” cheers the belly-dancing instructor, her classroom filled with sunlight and Middle Eastern melodies. Her students, wearing beaded hip scarves, swivel their hips, twirl their torsos, and work up a sweat without ever leaving their chairs. None of them smiles more joyfully than Angela D’Arezzo.

A few years after emigrating to America from a small village near Naples, she was diagnosed with limb-girdle muscular dystrophy. As a youngster she loved the tarantella, but now she does her locomotion from a motorized wheelchair, having gradually lost mobility over the years. Even so, she hasn’t let that paralyze her in any sense. “When the music gets hot,” she says, “I’m usually on the dance floor.”

D’Arezzo attends the weekly belly-dancing class at — of all places — NYU Hospital for Joint Diseases. It’s one of several fitness and wellness classes offered by the Initiative for Women with Disabilities’ Elly and Steve Hammerman Health and Wellness Center. This comprehensive, multidisciplinary center, the only one of its kind in the tristate area, provides primary medical care, as well as gynecological and wellness services for women with physical disabilities. According to the U.S. Census Bureau, 7.8 percent of women between the ages of 16 and 64 have a physical disability, and 34.1 percent of those 65 or older.

A decade ago, during the center’s first year, it caught the attention of Eleanor (Elly) and Stephen Hammerman, whose granddaughter is treated for cerebral palsy at the hospital. “They realized that as she approached her teenage years, it would be difficult to find a gynecologist with accessible facilities,” explains Samantha Dunham, M.D., assistant professor of obstetrics and gynecology. (The team also includes a dietician, physical therapist, and social worker.) The Ham-

mermans became champions, funding a program that offers holistic therapies ranging from meditation to martial arts.

Under its director, Judith Goldberg, who has a mobility impairment due to brittle-bones disease, the Initiative for Women with Disabilities tends to the medical, psychosocial, and physical needs of women with disabilities, some 7,000 of whom have taken advantage of its services to date. Goldberg notes that belly dancing is a great workout for women with disabilities. “It not only improves a woman’s balance, stability, breathing, and upper-body strength,” she explains, “but boosts her self-esteem because it makes her feel sensual.” Adds Suann Polverari, the instructor, “It’s one hour when these women can forget all about their problems and feel good in their bodies.”

When the program began, it had simple goals. Women patients were asking about pap smears and birth control, and doctors

▼ Angela D’Arezzo (right) at her weekly bellydancing class with her instructor.



realized that they had few options for gynecological care. Many of the women used wheelchairs or scooters, and had difficulty climbing onto a traditional exam table.

Beyond the physical barriers in most doctors’ offices, there are also psychological ones. “Contraception for these women is often overlooked because people don’t think of them as sexually active,” says Dr. Dunham. “But they have relationships, and they have the same needs as women who aren’t disabled.”

When a patient comes to the center for a routine gynecology checkup, she can easily maneuver her wheelchair through its spa-

“When the music gets hot,” says Angela, “I’m usually on the dance floor.”

rious rooms. She can use a hydraulic lift to transfer from her chair to the exam table, or simply slide onto the adjustable table. A specially trained nurse assistant helps with undressing. If the patient lacks the muscular strength to hold up her legs, they are supported by large, padded footrests.

The combination of specialized equipment and understanding care, says Dr. Dunham, makes it much more likely that these women will properly maintain their gynecological health and, because of early screening, less likely that breast cancer, cervical cancer, and sexually transmitted diseases will go undetected. “Going to the gynecologist can be uncomfortable,” she explains. “But it’s doubly uncomfortable for these women if the support isn’t there.” Angela D’Arezzo also visits the program’s cheery office for yoga, acupuncture, massage, and haircuts. She sees it as a place that empowers women with disabilities — and bolsters her own fighting spirit. “I’ve learned to keep adjusting to changes,” she says, “because *la vita e’ bella* and has to go on.” ●

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