

THE WAITING ROOM

THIS WAY IN

Covering Adult Day Care

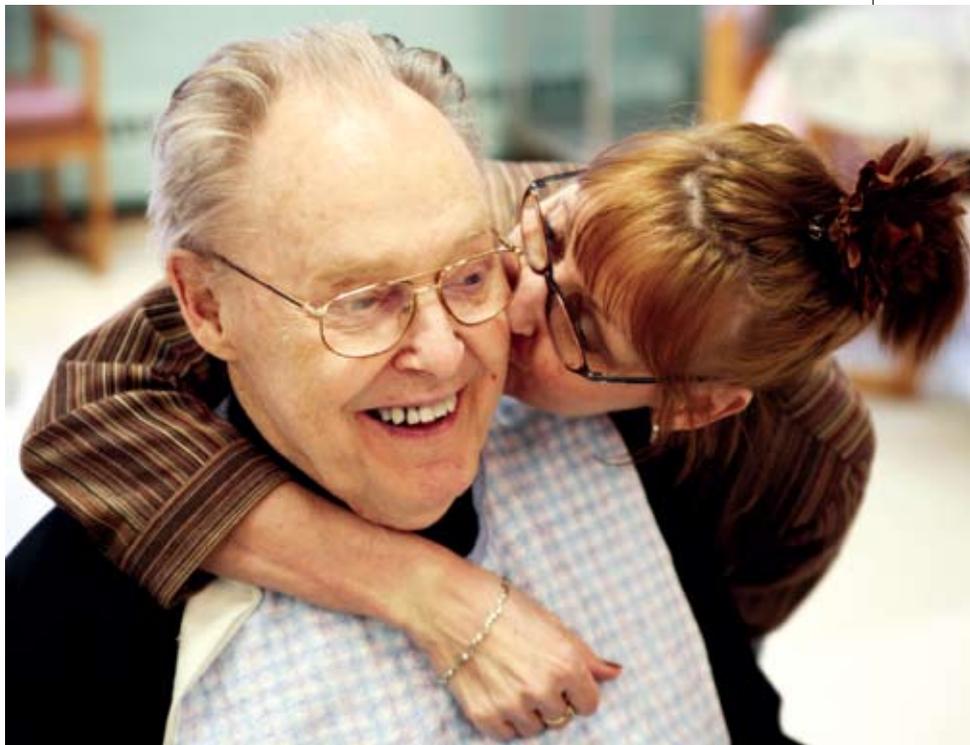
Earl, a 72-year-old man with Parkinson's disease, falls while trying to put the dishes away and breaks a hip. He enters the hospital, undergoes hip-replacement surgery, and recovers enough to return home with rehabilitation services. His 63-year-old wife, Sandra, is still working and wants to continue to work, but she's worried about leaving Earl home alone. Currently, their only options as Medicare beneficiaries are to receive skilled rehabilitation services at home (utilizing a Medicare Certified Home Health Agency) or move into a skilled nursing facility for rehab, according to Beth Meyer-Arnold, chair of the National Adult Day Services Association.

However, if the Medicare Adult Day Care Services Act (H.R. 3043) is passed, Earl and others with dementia or another disability who qualify for home health care would have the new option of living at home while receiving nursing services, therapy, meals, fellowship, learning, and recreation at a nearby adult day care center. Caregivers like Sandra could continue to work outside the home during the day, with an eight-hour respite from caregiving duties.

The Medicare Adult Day Care Services Act, introduced to the House of Representatives on June 25 by Congresswoman Linda Sánchez (D-CA), extends coverage to seniors, people with disabilities, and their families. Under the bill, Medicare would pay adult day care providers 98 percent of the rate for home health care.

Since caregivers who take unpaid leave to provide care and coordination of services typically lose an average of \$659,139 in wages, pension benefits, and Social Security benefits over a lifetime, says Rep. Sanchez, the bill helps protect income for family caregivers. Additionally, it does not add to the cost of Medicare, and it provides patients with more services and longer hours of care for a lower, all-inclusive rate.

Fifty-two percent of the people using adult day care center services nationwide have some cognitive impairment, says Meyer-Arnold. With so many neurology patients who would potentially benefit from H.R. 3043, it should come



as no surprise that the American Academy of Neurology (which publishes this magazine) backs the legislation. The Academy's Government Relations Committee and Academy President Dr. Griggs sent a letter to the House of Representatives in support of the bill, says Daniel C. Potts, M.D., a neurologist at Alabama Neurology and Sleep Medicine, P.C., assistant professor of neurology at the University of Alabama School of Medicine in Tuscaloosa, AL, and the 2008 Palatucci Advocacy Leadership Forum Advocate of the Year.

"The American Academy of Neurology (AAN) realizes that this bill has the potential to provide great benefits to our patients and their caregivers at a time when the aging of the population looms as a huge challenge," explains Dr. Potts. "In addition, because this bill will create greater choice under Medicare, and will result in overall cost savings for the health care system by keeping patients in the home longer and giving caregivers the option to remain in the workplace, I think the AAN sees this as an important aspect of the overall health care reform effort."

The new bill will help keep patients in the home longer and give caregivers the option to keep working.

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Dr. Potts, who was responsible for bringing the bill to the AAN's attention, notes that the creation and support of adult day care has been his main advocacy goal since beginning his advocacy work for the AAN. "Since my experience as an Alzheimer's caregiver, I have been strongly motivated to take actions to improve the lives of dementia patients and their caregivers, and to create respite opportunities for caregivers as well," he says. "My father had a life-changing experience at Caring Days, a dementia day care center like the ones alluded to in the bill, in Tuscaloosa, AL. Its program of cognitive stimulation, including art and music therapy, helped stabilize my dad's condition, preserve human dignity and sense of self worth, and gave my mother respite."

Dr. Potts's father was a client at Caring Days Adult Daycare Center until about a year prior to his death in September 2007, where he created about 90 original watercolors in the center's art therapy program. (Visit the day care center at caringdays.org to view a collection of his art, titled *The Broken Jar*.)

In addition to the AAN, a handful of other associations—the National Adult Day Services Association, the National Council on Aging, and the Alzheimer's Foundation of America, among others—have endorsed the legislation crafted by Rep. Sanchez and the American Association of Homes and Services for the Aging.

LET YOUR VOICE BE HEARD

At press time, H.R. 3043 has six bipartisan cosponsors: Rep. Charles A. Gonzalez (D-TX), Rep. Sheila Jackson-Lee (D-TX), Rep. James P. McGovern (D - MA), Rep. Ron Paul (R - TX), Rep. Albio Sires (D-NJ), and Rep. Donald M. Payne (D-NJ).

Dr. Potts encourages patients and caregivers to contact their members of Congress and ask for them to cosponsor or support H.R. 3043, write letters of support to Ways and Means Chairman Rangel, and raise awareness in the community and among other patients for the bill. (See box, "Be an Advocate.")

Similar versions of this legislation have been introduced in prior sessions of Congress, notes Rep. Sanchez. But she says that she is hopeful that the major health care overhaul Congress is working on this year will be the "right time" for the adoption of the adult day care legislation.

The bill will not be in the House health reform bill and most likely will not be in the Senate health reform bill either. Instead, it will be offered as a stand-alone or attached to another health-related vehicle later in the year.

"I plan to continue to advocate for the bill's passage because it is good for patients, their families, and American taxpayers," says Rep. Sanchez. —*Elizabeth Stump*

BE AN ADVOCATE Visit the National Adult Day Services Association at nadsa.org/advocacy/default.asp for links to the bill and sample letters for e-mailing your representatives in Congress in support of H.R. 3043.

NEUROBICS

Sum Snap

Here's a puzzle that will have you juggling numbers in your head. The picture below shows numbers in circles. Your challenge is to find chains of numbers that add up to 10. Each number in the chain must connect to a neighboring number, moving one step horizontally, vertically, or diagonally. For instance, the gray line passes through four numbers 3–2–1–4, which add to 10.



NOW IT'S YOUR TURN.

- 1 How many different chains of two circles can you find that add to 10? For instance, can you find the chain 7–3?
- 2 How many chains of same-colored circles can you find that add up to 10? The chains can be any length. For instance, can you find the same-colored chain 5–3–2?
- 3 What is the longest chain you can find that adds to 10?
- 4 How many chains of three circles can you find that add up to 10? Count two chains as the same if they have the same circles, even if they are connected in a different order.

This puzzle is based on Sum Snap, a computer game made by FitBrains. Like other brain fitness companies, FitBrains offers games that exercise different parts of your brain, just like a gym offers machines that exercise different parts of your body. To play Sum Snap and other brain exercise games, visit FitBrains.com. —*Scott Kim*

SEE ANSWERS ON P. 14

OUR KIND OF GUY

Puzzlemaster Scott Kim: “Escher of the Alphabet”



If there's one thing that gets Scott Kim, Ph.D., out of bed in the morning, it's the chance to tackle a new mental challenge. And for more than two decades, Kim has channeled this passion into an award-winning career creating visual-thinking puzzles for computer games, the Web,

mobile devices, magazines, and toys.

Kim, who designs his puzzles as “brain exercise” and entertainment for the average consumer and for young students, recently embarked upon one of his latest projects: to create puzzles for patients with neurologic disorders. *Neurology Now's* May/June 2009 issue premiered Kim's work designed specifically for the magazine in the Neurobics section, page 9.

Kim has long believed that puzzles can help boost brain power, and research is on his side: several studies, including one published in the August 2009 issue of the journal *Neurology*, show that cognitive activities like puzzles delay memory decline. (Check out Resource Central on page 37 for more information on puzzles for cognitive health.)

Born in 1955, Kim later attended Stanford University and received a BA in music in 1977 and a self-designed Ph.D. in Computers and Graphic Design in 1988. During those two decades his interest in computer games grew, although it wasn't until he first played Tetris in the late 1980s that he decided to become a computer-game designer. “Tetris took a classic geometric puzzle and adapted it brilliantly to make a highly original computer game—the first computer puzzle game. I thought, that's the type of game I want to make.”

Since becoming a full-time independent game designer in

1990, Kim has been on a roll, designing thousands of puzzles for *Games* and *Discover* magazines, for the computer, and for the Web, including puzzles for hit Web games like *Bejeweled*, *Collapse*, *Cubis*, and *Poppit*. The author of three books, *Inversions*, *The NewMedia Puzzle Workout*, and *Math Dance*, Kim is currently working on a fourth—although for the first time, this book will have a neuroscience bent. Called *Brain Candy*, it is the result of collaboration with neuroscientist Richard Restak, M.D., clinical professor of neurology at George Washington Hospital University School of Medicine and Health Sciences. Dr. Restak has written over a dozen popular books about the brain.

Brain Candy is unique because it combines information on the brain with puzzles that apply to certain brain functions. “It's like an exercise video that both demonstrates exercises for you to do, and explains why they are good for you,” Kim says.

He describes his puzzles as “in the spirit of Tetris and M.C. Escher—visually stimulating, thought provoking, broadly appealing, and highly original.” Given his attraction to Escher's work, it is natural that he considers the greatest compliment paid to him to be when science fiction writer Isaac Asimov called him the “Escher of the Alphabet.”

In the world of puzzles, there's something for everyone, Kim says.

“If you find puzzles intimidating, start with easy ones. Once you solve one puzzle, you'll find yourself itching to try more. Look for books with puzzles that range from easy to hard. If you just don't like puzzles, look for ones that suit your interests. Like mystery stories? Look for mystery puzzles. Like art? Try jigsaw puzzles. If you find puzzles a waste of time, think of them as mental exercise, like jogging or doing yoga. Puzzles aren't just fun, they're good for you too. Your brain will thank you.”

To play more games, visit scottkim.com and shufflebrain.com. —Elizabeth Stump

NEUROBICS ANSWERS CONTINUED FROM P. 13

1. There are five chains of two circles that add up to 10.



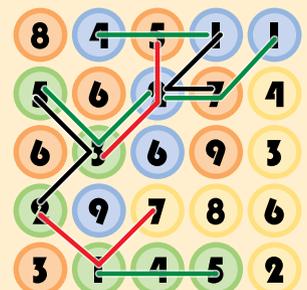
2. There are four chains made of same-colored circles that add up to 10.



3. The longest chain that adds up to 10 has six circles.



4. There are eight chains of three circles that add up to 10.



COURTESY SCOTT KIM



QUICK TIPS

Multiple Sclerosis

It's all in the details: the reaching, grabbing, and picking up. Having lived with multiple sclerosis (MS) since 1979, I've learned a lot about losses, both large—like walking, driving a car, or dressing myself—and small. And it's the small losses that sadden me the most: the difficulty picking up a piece of paper on the floor or getting out a roll of toilet paper from under the sink. Over the years, I've learned to use devices that give me back (some of) my independence, but my reachers top the list. Before I was diagnosed with MS, I had no idea there were so many reachers to help people with mobility limitations. Here are some tips to help you get a grip. (I have no financial relationship with any of these companies.)

1 Try the products before you buy them to make sure you can use them independently. Often, home health stores, hospitals/clinics with occupational therapy (OT) departments, and Independent Living Centers have reachers (and other devices) for you to try. You'll find an **Independent Living Center** in your area at ilusa.com/links/ilcenters.htm.

2 My favorite and the most versatile reachers are from **TeleStik™** because they're lightweight (2.3 oz to 5.4 oz), fit easily into a fanny pack or purse, and pick up everything under a pound without any squeezing or gripping. The **TeleMag™/TeleHook™** (magnet/hook combination) and the **UltraStik™** extend your reach up to 34 inches. The adhesive disk on the **UltraStik™** is good for 2,000 pickups, then may be washed and reused. (Available

from Cougar Mountain Marketing Corporation, 877-299-2982; telestik.com. Cost: \$16-\$30.)

3 The **Easy Grabber** is made of a hard plastic, 18"-24" long, lightweight, and easy to use. I found mine at a pet store in the tropical fish section. (You can find them at Amazon.com. Cost: \$3-\$4.)

4 The **Locking EZ Reacher** is used to pick up an object and lock it in place—handy when the object is larger and I need both hands to balance the weight. Once I have the object where I want it, I release the lever to free the reacher's gripping arms. These reachers come in various lengths and there's even a folding model I use when I travel. (Available from Dynamic Living Inc., 888-940-0605; Dynamic-Living.com. Cost: \$20-\$25.)

5 The **Omnigrip™ Reachers** adjust to any of four up/down and axial positions to achieve the best angle for use whether I'm sitting, standing, or lying down. A magnet on the jaw picks up needles and nails; a unique locking mechanism allows a continuous hold on an item without applying pressure on the trigger. The trigger requires a bare minimum of hand strength to operate and a removable wrist support adds balance and control when I need it. (Available from Maddak, Inc., 973-628-7600; maddak.com. Cost: \$60-80.)

6 The **Gopher™ Reacher** has flexible rubber suction cups on the end to provide a gentle grip with more cushioning for delicate objects. It also offers a trigger-lock handle and folds for easy storage. (Available from Aids for Arthritis, 800-654-0707; aidsforarthritis.com. Cost: \$10.)

7 The **Alliget™** is lighted, with a pointed tip for finding things in darkened spaces. It's compact size and folding handle makes it perfect to slip into a desk or backpack. (Available from Consafeco LLC; 215-337-4264; Alliget.com. Cost: \$20.)

For more tips, visit, MakingLifeEasier.com. —*Shelley Peterman Schwarz*

NEUROLOGY NEWS

Small Head Size

Infants whose head sizes are smaller than 97 percent of children, a condition called microcephaly, are at risk of developing neurologic and cognitive disorders, according to a new guideline by the American Academy of Neurology (AAN). Published in *Neurology* in September 2009, the guideline recommends early screening for microcephaly, while acknowledging that many children with small head size develop normally.

Microcephaly usually occurs when the brain fails to grow at a normal rate. As a result, the infant's skull fails to expand normally. Some causes of the condition include genetic abnormalities, malnutrition, and infections such as rubella or chickenpox during pregnancy. It affects 25,000 infants in the U.S. each year. Though it is not a disease, microcephaly may be a signpost of conditions such as epilepsy, cerebral palsy, mental retardation, and eye and ear disorders.

“Strong evidence shows that children with microcephaly are at risk for developmental delay and learning disorders. It is vital for doctors to recognize



microcephaly and check the child for these associated problems, which often require special treatments that should be started as soon as possible,” says lead guideline author Stephen Ashwal, M.D, a child neurologist at Loma Linda University School of Medicine in Loma Linda, CA. Parents are advised to see a doctor even if small head size runs in the family, because of these related risks.

The results of genetic testing and brain scans such as an MRI and CT scan can determine the cause of microcephaly and provide doctors with accurate advice for parents. While there is no specific treatment for microcephaly, the related disorders can be managed with treatment.

To view a video demonstrating how a doctor measures a child's head circumference for microcephaly, visit the AAN's YouTube channel at youtube.com/AANChannel. —*Sean Chung*

GRIPPER: SHELLEY PETERMAN SCHWARZ; MICROCEPHALY: ALLISON STILLWELL