

10 Weeks Post Op



She loves to jump and play hopscotch in rehab at ChildServe during her physical therapy sessions.

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She has been inpatient for so long, that she has learned how to take her own vitals every day.

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July 3<sup>rd</sup>  
Going Home!!  
3 Months Post Op



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12 Months Post Op

**UCLA Newsroom** ABOUT UCLA FOR JOURNALISTS MASTHEAD Search UCLA Newsroom

SCIENCE + TECHNOLOGY  
HEALTH + BEHAVIOR  
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STUDENTS + CAMPUS  
UNIVERSITY NEWS

HEALTH + BEHAVIOR  
**Study looks at major advances in pediatric epilepsy surgery at UCLA over two decades**  
Amy Albin | May 10, 2010

By the age of 5, Rachel, who lives on a farm near a small town in Iowa, had been struggling with seizures brought on by intractable epilepsy for nearly three years.

During these episodes, her body would jerk and shake and then go limp. Her legs would turn blue; her breathing would become shallow and her eyes would move rapidly back and forth. Afterward, she couldn't walk, was temporarily disoriented and confused, and suffered short-term memory loss.

As Rachel's seizures became worse and she continued to lose strength on her left side, imaging tests showed that her brain's right hemisphere was atrophying. Seizure medications failed to work, and her parents felt like they were losing her — both cognitively and physically.

Ultimately, Rachel underwent a dramatic surgery at UCLA called a cerebral hemispherectomy, in which half of her brain was removed in the hopes of stopping the seizures and improving her cognitive development.

**More Health + Behavior**  
Protein that activates immune response harms body's ability to fight HIV

**With \$8.6 million grant from NIH, UCLA-led consortium will map the heart's nervous system**

**Study provides roadmap to more personalized cancer treatment**

<http://newsroom.ucla.edu/releases/study-finds-brain-surgery-for-158609>

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### 13 Months Post Op



Benik Soft hand splint  
Neoprene sports band for glasses

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### Astronaut Training <sup>6</sup>

#### Astronaut Training

Astronaut training is a sensory integrative protocol that is specifically designed to stimulate and integrate the vestibular, auditory and visual systems. The protocol should only be implemented by a trained clinician with fundamental understanding in sensory integration. It can then be carried out by a parent/caregiver or member of the classroom staff, once trained.

"The vestibular system teams up with the auditory and visual systems to perform many important tasks by helping us understand the three-dimensional space, or spatial envelope, that surrounds us wherever we go. Through the proper functioning of our vestibular-auditory-visual triad, the sights and sounds of our world become meaningful and entice us to move, explore, and engage with objects, people, and events.

The vestibular system provides a perception of orientation in space that must be activated by the musculo-skeletal system. It is our internal guidance instrument working to tie the body's senses, such as proprioception and touch, together with the visual and auditory senses. Each component of the vestibular-auditory-visual triad makes a unique contribution to our ability to be meaningfully occupied while maintaining our orientation in space under all conditions.

The dynamic interaction between the members of the vestibular-auditory-visual triad provides the backdrop for virtually everything we do, and thus determines much about the quality of our lives."

(Astronaut Training: A Sound Activated Vestibular-Visual Protocol for Moving, Looking and Listening; Kavar, Frick & Frick, 2005)

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### 13 Months Post Op



Using weak arm. Sensory  
incentive petting dog.

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### 14 Months Post Op



Bioness: FDA Approved Medical Device for Foot Drop. Demo Left Leg.



Bioness: Wireless Hand Rehabilitation System. Approved by FDA. Demo Left Arm.

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### 16 Months Post Op



Dance lessons

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### 20 months post op



Putting on coat with one hand first during therapy sessions, then at home. Learning how to zip coat.

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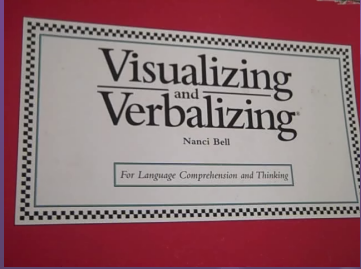
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22 Months Post Op



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22 Months Post Op



Brushing teeth with one hand.

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22 Months Post Op



Reading a book and flash cards.

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### 22 Months Post Op



Doing a math worksheet and spelling words.

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### 23 Months Post Op



Learning how to walk up and down stairs during therapy sessions, then at home.

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### Posthemispherectomy hydrocephalus: Results of a comprehensive, multiinstitutional review <sup>7</sup>

**Epilepsia**  
Official Journal of the International League Against Epilepsy

**Full Length Original Research**  
**Posthemispherectomy hydrocephalus: Results of a comprehensive, multiinstitutional review**  
Sean M. Lew, Anne E. Matthews, Adam L. Hartman, Neil Hatanhall, on behalf of the Post-Hemispherectomy Hydrocephalus Workgroup

First published: 25 October 2012 | [Full Article History](#)  
DOI: 10.1111/j.1528-1159.2012.03656.x

Cited by: 16 articles | [View citation](#)

Address correspondence to Sean M. Lew, Department of Neurosurgery, Medical College of Wisconsin, 800 N. 52nd St, Suite 310, Milwaukee, WI 53226, U.S.A. E-mail: slow@mcw.edu

**Summary**  
**Purpose:** Hemispherectomy surgery for medically intractable epilepsy is known to cause hydrocephalus in a subset of patients. Existing data regarding the incidence of, and risk factors for, developing posthemispherectomy hydrocephalus have been limited by the relatively small number of cases performed by any single center. Our goal was to better understand this phenomenon and to identify risk factors that may predispose patients to developing hydrocephalus after hemispherectomy surgery.  
**Methods:** Fifteen pediatric epilepsy centers participated in this study. A retrospective chart review was performed on all available patients who had hemispherectomy surgery. Data collected included surgical techniques, etiology of seizures, prior brain surgery, symptoms and signs of hydrocephalus, timing of shunt placements, and basal ganglia findings.  
**Key Findings:** Data were collected from 736 patients who underwent hemispherectomy surgery between 1986 and 2011. Delayed patients had excessive shunt hydrocephalus and were

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## Endoscopic Third Ventriculostomy <sup>8</sup>

Imaging Shows Brain Changes After Space Travel | In Defense of Physician-Assisted Dying | Prescribing a Drug to Treat Depression

Neurosurgical Focus

### Endoscopic Third Ventriculostomy

George I. Jallo, M.D.; Karl F. Kothbauer, M.D.; I. Rick Abbott, M.D.

Disclosures  
Neurosurg Focus. 2005;19(6)

Print | Email

References | **Technique**

#### Patient Selection

A patient is considered a candidate for third ventriculostomy if he or she demonstrates symptoms and signs of hydrocephalus and anatomical features amenable to a successful procedure. The patient's anatomy is delineated using preoperative MR imaging and deemed appropriate for the procedure if enlarged lateral and third ventricles are seen in conjunction with a normal-sized or small fourth ventricle. In addition, a midsagittal section should demonstrate adequate space between the BA and the cistus under the floor of the third ventricle to allow for a safe ventriculostomy. The third ventricle should be sufficiently enlarged to allow safe, limited movement of the endoscope without injury to the lateral walls of the ventricle.

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## Asymptomatic Hydrocephalus

Study Description: BRAIN W/MO CONTRAST

7:02:31.3  
716.00/715.00  
01/17/16 18:00  
216020  
Enc  
New

5 cm

50 mm

A.3

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## 2<sup>nd</sup> Brain Surgery – January 2016

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## How Much Therapy is Enough?

the brain recovery project.  
CHILDHOOD EPILEPSY SURGERY FOUNDATION

Home > About Us > Therapy > School > Rehabilitation > Research > Technology > Blog

### Rehabilitation

Home > About Us > Therapy > School > Rehabilitation > Research > Technology > Blog

Rehabilitation

Learn more about effective therapies here.

How Much Therapy is Enough?

Why massive amounts of repetition, not just number of sessions, are required for neuroplasticity...

Learn more

Massive amounts of repetition, not just number of sessions are required for neuroplasticity.”<sup>9</sup>

“The evidence across animal and human literature suggests that the number is in the **hundreds** for upper extremity work and in the **thousands** for gait steps.”<sup>9</sup>

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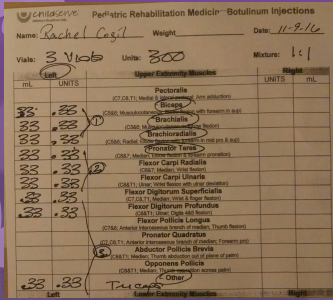
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## Botox for Spasticity




**Pediatric Rehabilitation Medicine - Botulinum Injections**

Name: Rachel Casil Weight: \_\_\_\_\_ Date: 11-9-16

Vitals: 3 110 60 Urine: 300 Mixture: 1:1

ML	UNITS	Upper Extremity Muscles	Lower	UNITS	ML
0.8	80	Biceps Brachii			
0.8	80	Brachioradialis			
0.8	80	Flexor Carpi Radialis			
0.8	80	Flexor Carpi Ulnaris			
0.8	80	Flexor Digitorum Superficialis			
0.8	80	Flexor Digitorum Profundus			
0.8	80	Flexor Pollicis Longus			
0.8	80	Other			



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## Talent in Iowa Miss Amazing Pageant



Feb. 2013: 4 years post op



Feb. 2017: 8 years post op

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Therapy replaced with:  
4-H, Student Council, Dance, Bowling,  
Basketball, Soccer and Cheer



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### The Brain Recovery Project Current and Completed Research <sup>10</sup>

- o **CURRENT RESEARCH**
  - o [Robotics-Assisted Therapy In A Camp-Like Environment](#)
  - o [Higher Cognitive Function In Adults After Childhood Hemispherectomy](#)
  - o [Central Auditory Processing After Hemispherectomy](#)
- o **COMPLETED RESEARCH**
  - o [Hand-Arm Bimanual Intensive Training](#)
  - o [Complex Syntax In The Isolated Right Hemisphere: Receptive Grammatical Abilities After Cerebral Hemispherectomy](#)
  - o [When left-hemisphere reading is compromised: Comparing reading ability in participants after left cerebral hemispherectomy and participants with developmental dyslexia](#)
  - o [Structural Changes Following Hemispherectomy: Voxel-Based Morphometry Analysis](#)
  - o [Resting State Analyses Of Reading Circuitry In The Isolated Right Hemisphere](#)
  - o [Neural Basis Of Reading In An English-Spanish Bilingual After Left Cerebral Hemispherectomy](#)

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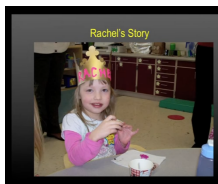
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### Tedx by Dr. Gary Mathern "What you can do with Half a Brain" <sup>11</sup>



[https://www.youtube.com/watch?v=MrKijBx\\_hAw&feature=youtu.be%3E](https://www.youtube.com/watch?v=MrKijBx_hAw&feature=youtu.be%3E) Starting at 6:26.

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