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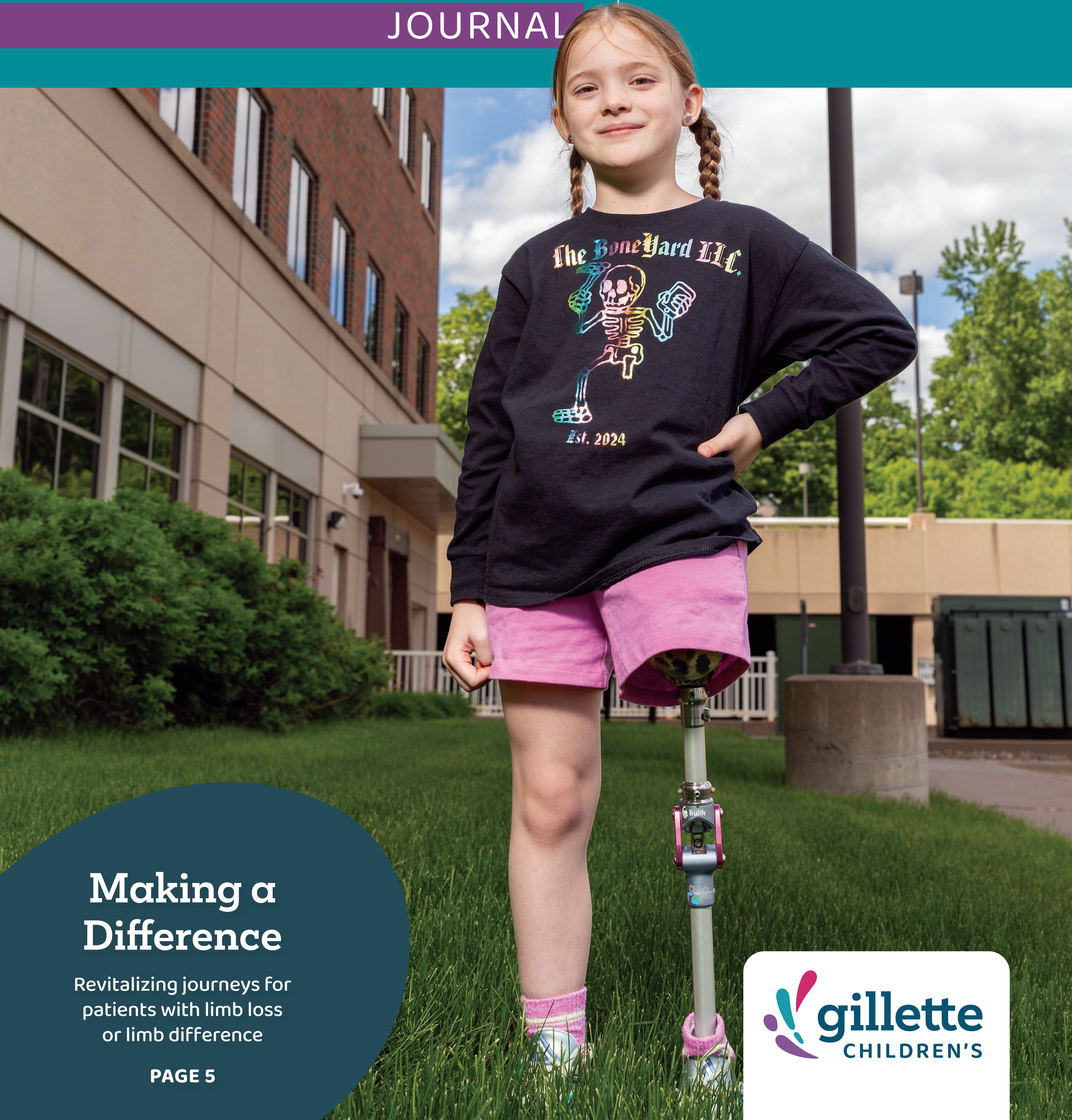
Partners in Care
JOURNAL

SUMMER 2025



Making a Difference

Revitalizing journeys for patients with limb loss or limb difference

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On the cover: Harper Melquist is ready for anything thanks to the superb prosthetic care she has received from Gillette Children's

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About Our Journal

Partners in Care is produced by the Marketing and Communications team in collaboration with our Provider Relations team. Issues are published quarterly. To subscribe to our monthly e-newsletter, visit **gillette.mn/pic.**

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gillette CHILDREN'S

Meet Our New Providers

Emad Abdou, DDS

Oral and Maxillofacial Surgeon

We're excited to welcome Oral and Maxillofacial surgeon, Emad Abdou, DDS, to our Craniofacial and Plastics team. "I'm happy to be part of the Gillette Craniofacial team," Dr. Abdou says. "This is one of the largest and busiest Craniofacial teams in Minnesota. Gillette has a highly trained, multidisciplinary team, and I'm very proud to be a part of the excellent care here."

Medical School: New York University School of Medicine, General Dentistry
Residency: Oral and Maxillofacial Surgery, University of Arizona College of Medicine
Fellowship: Oral and Maxillofacial Surgery, Royal Children's Hospital
Board Certification(s): American Board of Oral and Maxillofacial Surgery

Robert Dempsey, MD, FACS, FAAP

Pediatric Plastic Surgeon

Gillette Children's also welcomes pediatric plastic surgeon Robert Dempsey, MD, to the Craniofacial and Plastics team. Dr. Dempsey is extremely excited to be joining Gillette and their mission to improve the quality of patients' lives through an individualized, family-focused approach to treatment.

Medical School: University of Cincinnati College of Medicine
Residency: General Surgery, Plastic Surgery, University of Alabama Birmingham
Fellowship: Craniofacial Pediatric Plastic Surgery, Baylor College of Medicine
Board Certification(s): American Board of Plastic Surgery
Specialty: Cleft lip/palate and craniosynostosis

Laura Lewallen, MD

Pediatric Orthopedic Surgeon

Gillette Children's welcomes Laura Lewallen, MD, as the newest member of the Orthopedics team. Dr. Lewallen's wide experience in pediatric orthopedics informs her high-quality, patient-centered care for families needing acute or long-term orthopedic management.

Medical School: University of Minnesota
Residency: Orthopedic Surgery, Mayo Clinic
Fellowships: Pediatric Orthopedic Surgery, Johns Hopkins Hospital, Baltimore, MD; Shriner's Hospital for Children, Sacramento, CA; Texas Scottish Rite Hospital for Children, Dallas, TX
Board Certification(s): American Board of Orthopaedic Surgery
Specialty: Acute orthopedic injury, fracture, and trauma; upper extremity and hand conditions

Helena Molero, MD

Pediatric Sleep Medicine Physician

Gillette Children's adds great experience and more access to their Sleep Medicine program with the addition of Helena Molero, MD. Her sleep and pulmonology expertise will better serve patients with complex conditions that affect sleep.

Medical School: University of Minnesota Medical School
Residency: Children's Hospital of the University of Illinois at Chicago
Fellowship: Sleep Medicine, Minnesota Regional Sleep Disorder Center Hennepin County Medical Center; Pediatric Pulmonology, University of Chicago
Board Certification(s): American Board of Pediatrics, Pediatric Sleep Medicine; American Board of Pediatrics, Pediatric Pulmonology; American Board of Pediatrics, General Pediatrics
Specialty: Sleep disorders, including sleep apnea, hypersomnolence, and insomnia

Pediatric to Adult Healthcare Transition Initiative Expands

Beginning in November 2024, Gillette Children's launched the Pediatric to Adult Healthcare Transition (HCT) process as a pilot within the Spina Bifida Coordinated Adult and Pediatric Clinics. Since that time, HCT has expanded to the Gillette Children's Down Syndrome Clinic, and plans are in place to launch within the Complex Care Clinic by Fall 2025.

The team at Gillette aims to have all Gillette patients make a successful and efficient transition to managing their care as adults.

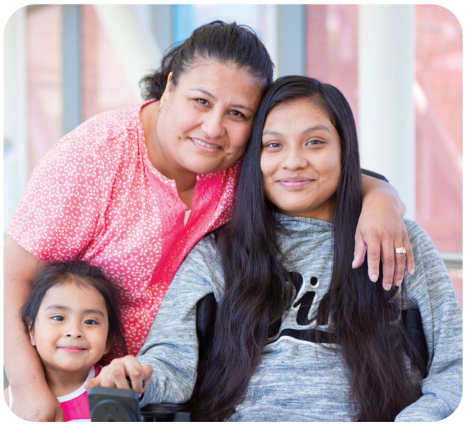
What is the Pediatric to Adult Healthcare Transition Initiative?

Gillette Children's continues its focus on Pediatric to Adult HCT by expanding HCT frameworks to different clinics. Ultimately, the goal is to develop and implement an evidence-based and evidence-informed pediatric to adult HCT process at Gillette Children's to provide a purposeful, planned move of youth and young adults with chronic physical and medical conditions from child- to adult-oriented healthcare.

What has the HCT Initiative accomplished since its launch?

Since launching this initiative in the coordinated clinic sessions of Spina Bifida Adult and Pediatric Clinics, operational accomplishments have included:

- Implementing in-person educational sessions for nursing staff who are the primary administrators of the transition readiness assessment (TRA). These sessions have been valuable in ensuring nursing partners can support providers who are educating patients regarding HCT.
- Automating the TRA within the Electronic Medical Record (EMR) to send annual assessments to patients to gauge their transition or self-management preparedness.
- Enhancing the existing Gillette EMR infrastructure surrounding the documentation of healthcare transition for patients across disciplines, including capturing and visualizing the results of the TRA globally and having these readily available to all clinicians.
- Developing a variety of patient and family resources to support successful transition.



What's next for HCT at Gillette?

Starting an HCT program from scratch means there's no shortage of opportunities to expand and enhance current efforts. The next areas of highest impact include using TRA data collection to help plan clinical intervention and further education resources; expanding into other specialties and clinics throughout Gillette Children's; and presenting, publishing, and sharing the clinical outcomes, tools, processes, and learning opportunities we have discovered during this vital work.

Collaborate with Us

Building transition readiness is essential for every patient and family and requires a team; it is not just the duty of one provider or clinician. Start preparing your pediatric patients to transition to adult care by sharing resources like those found at Gillette Children's Transition Services Page to help inform your patients about HCT.

Tori Bahr, MD, Recognized with Humanitarian Award

Tori Bahr, MD, complex care pediatrician, was recognized by the Minnesota Senate and House of Representatives, for receiving the 2024 Humanitarian Award presented by the Minnesota Medical Association and Copic Insurance.

The award is given to a physician who demonstrates meaningful work to improve health care in their local community and includes a $10,000 grant. The funds will be used to help Dr. Bahr continue her work at Gillette to create a sustainable and equitable healthcare transition process for medically complex patients from pediatric to adult care.

Dr. Bahr provides holistic, coordinated care to children and youth with medical complexity across Minnesota. As Medical Director of Pediatrics at Gillette Children's, she recognizes the challenges faced by her pediatric patients transitioning to adult care. With 70% of Minnesota youth not receiving necessary transition services (according to data from the 2022 National Survey of Children's Health), Dr. Bahr launched the Pediatric to Adult Healthcare Transition initiative at Gillette to improve the healthcare transition process for youth with medical complexity in Minnesota.

Her work in the community further addresses critical service gaps across pediatric and adult health systems, including:

- Organizing a roundtable discussion to address systemic barriers in transitions in collaboration with the Minnesota Rare Disease Advisory Council, the Minnesota Chapter of the American Academy of Pediatrics, and the Minnesota Department of Health.
- Partnering with the Minnesota Medical Association to secure funding from Copic Medical Foundation for a "Transitioning Youth with Medical Complexity to Adult Care" ECHO series, where she served as medical director.
- Co-leading a 15-month Health Care Transition Learning Collaborative with the National Alliance to Advance Adolescent Health, facilitating multiple sessions and summits.
- Contributing to medical education surrounding transition care, including developing a MedPeds Transition elective for the University of Minnesota Medical School.
- Organizing the Inpatient Twin Cities Transition Quality Improvement Collaborative with providers from multiple institutions to help young adults with medical complexity navigate their first hospitalization outside a children's hospital.

Improved Head Shape Treatment with Talee CRO

Gillette Children's began using Talee as a cranial remolding orthosis (CRO) in June 2025. According to the Gillette Orthotics, Prosthetics, and Seating (OPS) team, the Talee (rhymes with "Sally") produces excellent outcomes like Gillette's CranioCap®, but the two-stage, 3D printed design of the Talee allows for more precise control over the growth of the head and provides more ventilation to help reduce sweating and skin irritation.

Another benefit of Talee is the custom iPhone app and clinical software application that allows parents to see changes in their child's head shape over time. Families can select one of nine colors for their child's Talee.

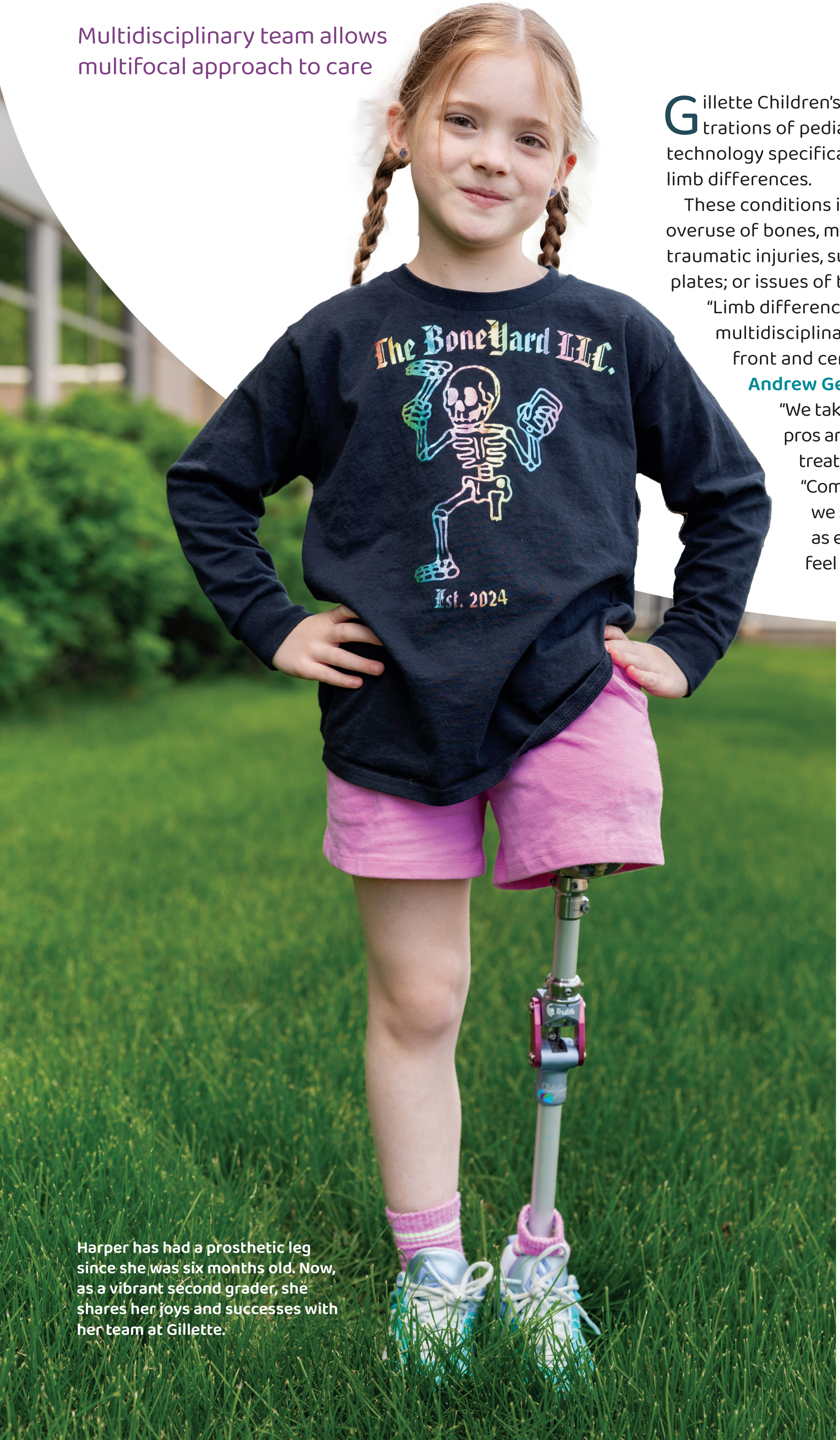
According to its website, Talee has quickly become the leading 3D printed cranial remolding orthosis globally for head shape deformities such as plagiocephaly and brachycephaly. Talee has been used to successfully treat over 25,000 infants.

As a leader in the treatment of craniofacial conditions, Gillette Children's feels confident the Talee CRO is the most state-of-the-art treatment option to offer patients.

Learn more about plagiocephaly treatment at Gillette.

Comprehensive Care and Empowerment for Children Who Have Limb Loss or Limb Differences

Multidisciplinary team allows multifocal approach to care



Harper has had a prosthetic leg since she was six months old. Now, as a vibrant second grader, she shares her joys and successes with her team at Gillette.

Gillette Children's has one of the nation's highest concentrations of pediatric orthopedic surgeons — and the latest technology specifically designed to care for children who have limb differences.

These conditions include congenital disorders; disuse or overuse of bones, muscles, or joints caused by illness or disease; traumatic injuries, such as severe fractures that damage growth plates; or issues of the spine, shoulder, or hip.

"Limb differences at Gillette are approached with a multidisciplinary team. Patients and family goals are front and center," says pediatric orthopedic surgeon **Andrew Georgiadis, MD**.

"We take the time to explain the pros and cons of every available treatment," Georgiadis adds. "Communication is paramount, and we strive to make the experience as easy as possible for the family, so they never feel like they are navigating alone."

A complicated pregnancy, twin girls, and a pre-birth limb difference

The expertise and family-centered approach at Gillette is appreciated by parents like Katie and Eric Melquist from Lino Lakes, MN.

"We just love Gillette!" Katie proclaims. "We feel so lucky that we were connected with Gillette from day one of our daughter Harper needing care."

In 2018, Katie was 12 weeks pregnant with twins when she experienced the first complications of her pregnancy. Tests revealed bleeding and bruising in the placenta, and Katie's pregnancy was deemed to be high-risk.

For the next few months Katie had regular check-ups and ultrasounds to make sure things were progressing well. At 20 weeks Katie had an anatomy scan where doctors discovered the babies were sharing a placenta and had Twin-to-Twin Transfusion Syndrome (TTTS). This rare condition can pose risks such as an imbalance in blood flow between the twins. Tests also showed one of Harper's legs was not typically developing, and she was diagnosed with intrauterine amputation of the lower limb.

It was a tense time for the Melquist family, and Katie went into labor at 33 weeks. "The girls were born, and it really was a blur," Katie says. Immediately after birth, the twin girls were whisked away to the neonatal intensive care unit (NICU).

At three days old, Harper underwent a 9-hour procedure to have most of her left leg amputated and exploratory intestinal surgery.

"We basically lived in the NICU for a month," Katie recalls. "Doctors had to amputate Harper's leg high up in the femur. There was a lot happening with both girls."

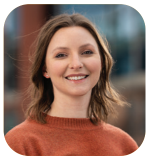
Gillette limb care and prosthetics for babies and children

After the stress of a complicated pregnancy and birth, the Melquist family appreciated the reassurance and care they found at Gillette.

"From the moment we walked in the door of Gillette we were impressed by how friendly and professional everyone is," Katie says. "Harper was just six months old when we first came to Gillette. She was evaluated by an orthopedic surgeon, seen by a physical therapist, and we met with the prosthetics team," Katie recalls.

"At six months of age Harper got an 'itty bitty' prosthetic leg and the physical therapy team worked with her so she could learn to crawl and move," Katie adds.

Expert limb difference care from infancy to adulthood



Gillette orthotics and prosthetic practitioner **Tara Wright** was part of Harper's care team from the beginning.

"Establishing care with the Prosthetics Clinic was an opportunity for Harper's parents to learn about the full range of care available at Gillette for children with limb differences," Wright says. "Our care includes surgical treatment, prostheses, and physical and occupational therapy."

As part of the multidisciplinary team, Wright's colleague and Gillette lead prosthetist, **Michelle Hall**, champions the holistic treatment plan approach of the Prosthetics Clinic as a unique benefit to patients.

"Our team of prosthetists is used to working with people throughout childhood and adulthood," Hall says. "This gives us a unique opportunity to understand how children with limb differences grow and change throughout their lifetime. We creatively address their needs — whether that is learning to walk as a toddler, playing their first instrument or sport as an adolescent, or preparing for college or the workplace in their teens and adulthood."

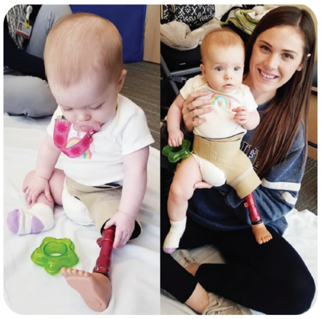
Prosthetics and limb care on the child's terms

Hall and Wright say it's important for children who have limb differences to get care as soon as possible so they can reach developmental milestones such as sitting, crawling, and standing.

Wright recalls Harper's early prostheses were used for therapeutic activities and required a lot of assistance from her parents. The prosthetists and therapists at Gillette are experts in helping reluctant children become engaged with the important work of learning to be independent.

"On days that Harper did not want to participate, she would wiggle her little limb out of the prosthesis," Wright says. "So, from the beginning, we were operating on Harper's terms."

With the support of her parents and the Gillette team guiding her care, Harper worked hard to become more independent and active. Now, at 7 years old, Harper enjoys impressing her Gillette care team and pushing what she can do physically.



"I'll never forget the day Harper walked into Gillette without her walker," Wright recalls. "She now pirouettes through the office. Thanks to the support of Harper's parents, the care team at Gillette, and recent legislation expanding coverage for prostheses, Harper is limited only by her imagination. In fact, we are just beginning to work on a running prosthesis for her," Wright says.

Harper's mom is grateful for the care and expertise her daughter has received at Gillette across orthopedic, therapy, and prosthetic services. "We might be facing some additional surgery so her prosthetic leg can fit better as she grows into a teenager," Katie says. "We know the team at Gillette has a great plan for Harper and will be there for her into the future."

Prenatal Limb Difference Care at Gillette

Some congenital limb differences are first detected during a prenatal ultrasound. For instance, 80 percent of clubfeet can be diagnosed through ultrasound by 24 weeks. This early imaging gives expectant parents a chance to learn about treatment options for their child's limb difference and plan ahead before their child is born.

Gillette Pediatric Orthopedic experts offer prenatal consults for limb differences detected during ultrasound like:

- Clubfoot
- Dactylies
- Fibular hemimelia
- Congenital short femur
- Proximal focal femoral deficiency
- Tibial hemimelia
- Upper and lower extremity congenital amputation
- Other limb deficiency/aplasia

Learn more about prenatal consults at Gillette:
gillettechildrens.org/ortho

Gillette is an Amputee Coalition Hospital Partner. The Amputee Coalition is the nation's leading nonprofit organization dedicated to empowering people affected by limb loss or limb difference to achieve their full potential. Gillette has the distinction of being the only pediatric center in the five-state area surrounding Minnesota to have this partnership.

Harper and her mom, Katie, are more than pleased with the youngster's growth and progress.

About 1 in 1,900 babies is born with a congenital limb difference, which can range from minor finger or toe abnormalities like syndactyly or polydactyly to more significant limb differences like congenital amputation.

Partnerships Strengthen Gillette's Down Syndrome Clinic Care

Calling on regional resources to enhance care

A partnership with the Down Syndrome Association of Minnesota (DSAMn) as well as strong collaboration with other programs at Gillette Children's makes the Gillette Down Syndrome Clinic stand out when it comes to helping children and families navigate the health challenges that often come with this condition.

Down syndrome is a genetic condition that occurs when a child is born with an extra copy of chromosome 21, and is the most common chromosomal condition in the United States. It occurs in about 1 of every 700 babies.

Gillette is a regional leader in complex pediatric care and offers a family-centered approach and early intervention programs for children who have Down syndrome.

What makes Down syndrome care at Gillette Children's different?

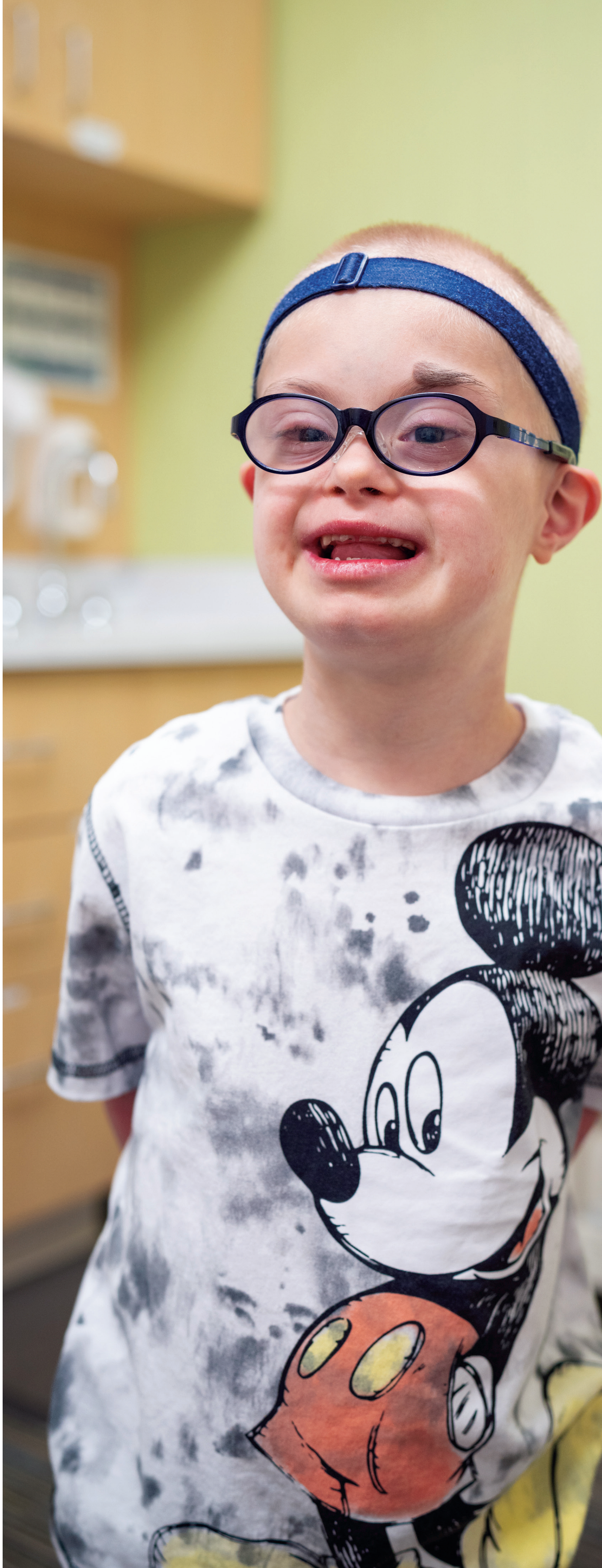
"We hope our clinic helps create a space for our Down syndrome families to feel heard and find community," says Gillette complex care pediatrician, **Uyen Truong, MD**.

She adds Gillette's partnership with the Down Syndrome Association of Minnesota brings many benefits and connections to families. "It's a way for families to connect with each other and provide them with additional access to things that are not necessarily medical," Dr. Truong says.

"There have been many iterations of Down syndrome clinics throughout the years in Minnesota, but they have collapsed as they were built upon a wonderful, single provider without a focus on sustainability," says internal medicine and complex care pediatrician, **Tori Bahr, MD**. "The Gillette clinic is a collaboration among four providers bringing different perspectives and knowledge to the table."

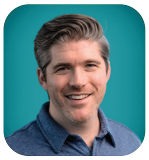
Dr. Bahr adds, "It is an absolute privilege to collaborate with my brilliant co-providers, Dr. Truong, Dr. Peter Ladner, our nurse practitioner, Heidi Davis, APRN, CPNP, and nurse care manager, Kristine Herman, RN, all of whom inspire me daily and make me a better doctor. Using the latest Down syndrome research and dreaming together about how we can make the clinic even more effective for patients is very exciting."

Another difference at Gillette is the fact that comprehensive Down syndrome care spans a variety of care settings, such as urgent care in the Gillette Quick Care clinic, outpatient specialty care, inpatient hospitalizations, surgery, dentistry, audiology, imaging, and sedated services.



Peter Collins was seen by APP Heidi Davis at the Phalen Clinic in St. Paul, Minnesota.

What should families expect during a visit to the Gillette Down Syndrome Clinic?



Internal medicine and complex care pediatrician **Peter Ladner, MD**, says families should expect in-depth conversations when they come to the Gillette Down Syndrome Clinic. "The clinic is structured to provide ample support, and families will meet with a dedicated nurse care manager," Dr. Ladner says.

Some of the initial conversation topics during a clinic visit might include a child's nutrition, development, common musculoskeletal issues, endocrine disorders (such as thyroid disease screening), hearing concerns, and sleep-related issues such as sleep apnea.

Dr. Truong adds "We will assess a child from head to toe."

Tallulah Reed gets prepped for a sleep study at Gillette Children's Down Syndrome Clinic.

Why are primary care providers so important to the Gillette Down Syndrome team?

The Gillette Down Syndrome Clinic team also prioritizes building strong relationships with primary care providers. Dr. Bahr says building a solid team for children is critical. "We want to help primary care providers and be that team where they can bounce ideas off of us and feel they can reach out when they need assistance with coordinating care such as a sedated blood draw," Dr. Bahr says.

The Gillette team encourages families and primary care providers to reach out early in a child's life so relationships can be established and care plans created for each child's unique situation.

The Gillette Down Syndrome Clinic team can also help families and primary care providers with the transition from pediatric to adult healthcare.

"Medicine is more fun when we do it as a team," Dr. Bahr says. "We couldn't do this clinic without our primary care partners."

Ellory Listberger and parents meet with Dr. Uyen Truong for their Down Syndrome Clinic appointment.

Learn more about Gillette Children's Down Syndrome Clinic at **gillette.mn/ds-care**

Down Syndrome and Sleep Apnea

Pediatric obstructive sleep apnea (OSA) is a sleep disorder affecting children where the muscles of the throat relax too much during sleep, which causes the airway to become partially or fully blocked. A blocked airway causes you to stop breathing—this pause in breathing is known as apnea. These pauses in breathing can happen several times a night, and often cause snoring, restless sleep, or gasping for air. Sleep apnea causes lower oxygen levels in the body, which can lead to long-term health issues such as high blood pressure and an increased risk of heart disease. Children who have sleep apnea often feel tired during the day, even if they get enough sleep. Gillette Children's offers hypoglossal nerve stimulation as a treatment for sleep apnea in Down syndrome patients ages 13 and older.

Complex Movement Disorders Clinic Referral Guide

When and whom to refer

Gillette Children's Complex Movement Disorders (CMD) Clinic is dedicated to treating patients diagnosed with a movement disorder secondary to a complex health condition. Staffed by our experts in pediatric neurology, neurosurgery, and physiatry and rehabilitation medicine, we work collaboratively across specialties to provide specialized, high-quality care to children affected by complex movement disorders such as dystonia, chorea, and tardive syndromes that are caused by an underlying condition.

Gillette's CMD Clinic offers innovative treatments such as deep brain stimulation (DBS) and intrathecal baclofen pump placement to help provide optimal function to young patients.

Identifying a complex movement disorder

If your patient has cerebral palsy, a brain injury, epilepsy, a metabolic disorder, or had birth complications, they may also be affected by a complex movement disorder. Signs to look for include:

- Difficulty walking or running
- Sleep disorders
- Depression, anxiety, and social isolation
- Difficulty swallowing, chewing, or eating
- Limited fine motor skills

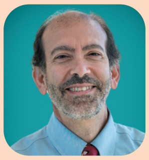
Patients who can benefit from a Complex Movement Disorders Clinic referral

Individuals ages 0–26 with a complex health condition such as cerebral palsy, traumatic brain injury, metabolic disorders, certain genetic disorders, or epilepsy, with either a diagnosis or suspicion of an accompanying movement disorder, or patients who have a previous CMD diagnosis and are no longer responding to current treatment can benefit from the specialized services offered by the Complex Movement Disorders Clinic at Gillette.

Meet the Complex Movement Disorders Clinic Team

Our experts in complex movement disorders include:

Timothy Feyma, MD
Neurologist
Medical School: University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin
Residency: Pediatrics, Penn State Hershey Medical Center, Hershey, Pennsylvania and Pediatric Neurology, University of Washington, Seattle, Washington
Fellowship: Pediatric Neurology, University of Washington, Seattle, Washington
Specialty: Neurological care for complex movement disorders caused by cerebral palsy, epilepsy, or genetic conditions



Mark Gormley, Jr., MD
Rehabilitation Medicine Physician
Medical School: University of Louisville, Louisville, Kentucky
Residency: Physical Medicine and Rehabilitation, Tufts Affiliated Hospitals, Boston, Massachusetts
Fellowship: Department of Physical Medicine and Rehabilitation
Specialty: Complex movement disorders caused by neuromuscular disorders, neurotrauma, spina bifida, or spinal cord injury

Patrick Graupman, MD
Neurosurgeon and Craniofacial Plastic Surgeon
Medical School: University of Minnesota School of Medicine, Minneapolis, Minnesota
Residency: Neurosurgery, University of Minnesota School of Medicine
Fellowship: Pediatric Neurosurgery, University of Colorado Children's Hospital, Denver, Colorado
Specialty: Neurosurgical care for complex movement disorders caused by epilepsy, hydrocephalus, or spina bifida

Cathleen Rock, APRN, CPNP
Undergraduate: Bachelor of Science in Nursing, Bethel University, St. Paul, Minnesota
Graduate Degree: Master of Science in Nursing, University of Minnesota
Certificate: Disability Policy and Services
Specialty: Neurological care for complex movement disorders caused by unique brain development, cerebral palsy, or genetic conditions.

A Measure of Control for Hazel

Cerebral palsy patient makes gains with deep brain stimulation

Ten-year-old Hazel Kim, a patient at Gillette Children's Complex Movement Disorders Clinic, displayed incredible resilience right from birth. "She came into the world under traumatic circumstances — born via emergency C-section after her heartbeat was lost during delivery," shares Hazel's mom, Lindsay. The Kims were informed that Hazel would likely be diagnosed with cerebral palsy as a result of her complicated birth. "From that moment on," Lindsay says, "we made a promise to ourselves — and to Hazel — that we would do everything in our power to help her live life to the fullest."

> *"DBS has given Hazel the chance to gain more control over her movements and engage more fully with the world around her."*
>
> *Lindsay, Hazel's mom*

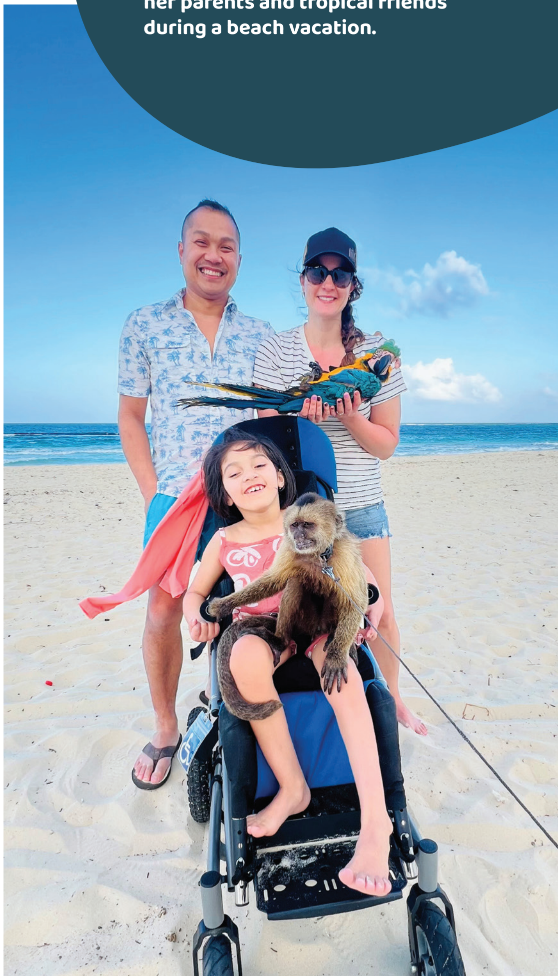
Hazel was ultimately diagnosed with quadriplegic cerebral palsy with mixed tone. After an initial appointment with **Marshall Taniguchi, MD**, physical medicine and rehabilitation physician, he encouraged the Kims to have Hazel evaluated by the experts at Gillette's Complex Movement Disorders Clinic, where they met pediatric neurosurgeon **Patrick Graupman, MD**, and pediatric neurologist **Timothy Feyma, MD**. That's when everything changed, says Lindsay. "We started a transformative journey — including the decision to pursue a deep brain stimulation (DBS) implant. DBS has given [Hazel] the chance to gain more control over her movements and engage more fully with the world around her."

DBS involves the percutaneous implantation of a neurostimulator in the abdomen or chest connected to a flexible lead implanted in the brain. The neurostimulator delivers continuous low-voltage electrical impulses to targeted areas of the brain that block or change the abnormally functioning neurons that cause uncontrolled movement, bringing relief to the patient. It is an excellent tool for managing complex movement disorders caused by an underlying condition — in Hazel's case, uncontrolled movement related to her primary diagnosis of cerebral palsy. DBS is both adjustable and reversible.

Trusting Hazel and her family to participate in the care planning and adherence has never been a concern, says Timothy Feyma, MD. "Hazel is superb," says Dr. Feyma. "We can give meds to assist with movements, but we can't give meds that create motivation. Hazel is unique in her drive to utilize the specialty treatments we can offer to improve her functional and communication skills."

While Dr. Feyma credits Hazel's spunk with her continued success, he also cites the supportive environment her family provides. "[Hazel's] family and caregivers accompany her everywhere to help facilitate her drive and growth. Hazel and her 'home team' are the greatest allies in our efforts to help her clinically," he says. "It takes a large village with different focuses of expertise to help Hazel. Focused treatments still require work on the home front to really see success for an individual."

Two years into Hazel's DBS journey, "We've seen meaningful, though gradual, change in her daily life," Lindsay says. Hazel can now cross her arms at midline when upset — a powerful and universally understood sign of frustration that helps Hazel communicate in ways she couldn't before. "We've also seen improvements in her trunk control, her ability to wrap her arms around people and objects, reduced oral secretions, and increased babbling." According to Lindsay, Hazel remains cognitively on track with her fourth-grade peers. As for handling the day to day, Lindsay says, "We live in the present and continue to strive for her bright future!"



Hazel has benefited greatly from implantation of a DBS device, which helps her improve motor control—and enjoy a visit with her parents and tropical friends during a beach vacation.

SUMMER 2025

gillette Partners in Care JOURNAL

Partners in Care Journal is a publication of Gillette Children's.

The team at Gillette Children's knows that expertise regarding complex conditions is almost as rare as the conditions themselves. We strive to share our knowledge with providers across the world to positively impact patient care for generations to come. That's why we partner with you at every stage of your referral journey.

We respond daily to comments and questions submitted via email at **providerrelations@gillettechildrens.com**

Unsubscribe from Gillette Partners in Care Journal at gillette.mn/remove.

To refer a patient

☎ Call 651-325-2200
855-325-2200 (toll-free)

Refer online at
gillettechildrens.org/referral

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2025

gillette Partners in Care Conference

Connecting Primary and Specialty Care in the Treatment of Complex Pediatrics

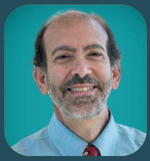
Date: Thursday, September 25
Time: 7 a.m.–12 noon CDT
Location: Virtual

Register by September 21!
The 2025 Gillette Children's Partners in Care Conference is virtual and free, designed for primary care physicians and other medical professionals that care for and treat complex pediatric patients. The conference is designed to enhance communication and collaboration between specialty and primary care.

Agenda (subject to change):

7:00 a.m.
Down Syndrome
Tori Bahr, MD, Pediatrics

8:00 a.m.
Palliative Care and Nutrition
Rosemary Ramp, MD, Pediatrics



9:00 a.m.
Motor Delay, Cerebral Palsy, Therapies, and When to Refer
Mark Gormley MD, Pediatric PM&R

10:00 a.m.
Neuromuscular Conditions and Gene Therapy
Randal Richardson, MD, Neurology

11:00 a.m.
Hip Dysplasia in the Infant to Young Adolescent
Allison Dittmer, MD, Orthopaedics

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Questions? Contact **CME@gillettechildrens.com**