

# gillette

## Partners in Care

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## A Winning Spine Team

Learn how and when to refer to scoliosis experts

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On the cover: Gillette physical therapist Michelle Engberg guides Maggie through Physical Therapy Scoliosis-Specific Exercises.

## Medical Staff Leadership

Micah Niermann, MD  
Chief Medical Officer & Executive Vice President, Clinical Affairs  
Deborah Quanbeck, MD  
Associate Chief Medical Officer

## Medical Directors

Adult Medicine: Jill Gettings, MD  
Anesthesiology: Michael Angel, MD  
Greater Minnesota Clinics: Andrea Paulson, MD  
Integrated Care Services: Angela Sinner, DO  
Neurology: Nicole Williams Doonan, MD  
Neurosurgery, Craniofacial, Plastics, and ENT: Peter Kim, MD  
Orthopedics: Michael Healy, MD  
Pediatric Critical Care: Didi Mon-Sprehe, MD  
Pediatric Physical Medicine and Rehabilitation: Mark Gormley Jr., MD  
Pediatrics: Tori Bahr, MD  
Radiology: Anne Weisensee, MD  
Research: Jennifer Laine, MD  
Surgical Services: Kevin Walker, MD

## Institute Chairs

Cerebral Palsy Institute: Tom Novacheck, MD  
Spine Institute: Tenner Guillaume, MD

## 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](http://gillette.mn/pic).

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## Provider Relations Liaisons

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## Gillette Welcomes New Vice President

Gillette welcomes a new Vice President of Hospital Operations and Chief



Nurse Executive, **Katie Penson, MBA, RN, NEA-BC**. Previously, Penson served as Vice President of Critical Care Services at

Phoenix Children's.

"Katie brings to Gillette a strong operations and strategic-oriented lens to her nursing leadership style, along with effective team building skills," says **Paula Montgomery**, Executive Vice President for Administrative Affairs and

interim leader for Hospital Operations. "After conducting a national search, we know Katie will be an integral part of the Gillette leadership team, helping advance work critical to our mission."

"Throughout my career, I've remained steadfast in placing patients and their families at the heart of my work, focusing on collaboration among nurses and caregivers," Penson says. "My approach has always been centered on best practices, quality and safety, and most importantly, empathy for the unique circumstances each family faces. I look forward to bringing this focus to Gillette."

## Gillette Press Launches 'Epilepsy,' in Groundbreaking Healthcare Series

Gillette Children's Healthcare Press and Mac Keith Press are thrilled to announce the launch of "Epilepsy," the sixth book in the Gillette Children's Healthcare Series, a collection of nine books on childhood-acquired physical and neurological conditions. Each book provides a detailed medical explanation of a specific condition; its evidence-based, best-practice treatments; and the lived experience of families.

This practical guide explains not only the complexities of epilepsy but also details the evidence-based, best-practice treatments that help manage the condition. The writing of "Epilepsy" was led by Gillette Children's pediatric neurologist Charbel El Kosseifi, MD. All proceeds from the books in this series go to research at Gillette Children's.

The goal of the series is to empower families through a greater understanding of their condition and therefore help optimize outcomes for children, adolescents, and adults living with these childhood-acquired and largely lifelong conditions. Healthcare professionals, researchers, educators, students, and others will also benefit from reading books in this series.

Other titles in the series include: "Craniosynostosis," "Idiopathic Scoliosis," "Spastic Hemiplegia – Unilateral Cerebral Palsy," "Spastic Quadriplegia – Bilateral Cerebral Palsy" and "Spastic Diplegia – Bilateral Cerebral Palsy," second edition.

The remaining three titles in the series are scheduled for release in 2025/2026 and will cover Spina Bifida, Osteogenesis Imperfecta, and Scoliosis (non-idiopathic).



Scan the QR code to purchase online or explore other titles from Gillette Press.



## Meet Our Palliative Care Team

The Integrative and Palliative Care Team recently onboarded two new physicians, **Alberto Orioles, MD**, and **Rosemary Ramp, MD**, to expand integrative and palliative care services throughout Gillette.

"We are incredibly fortunate to have Drs. Orioles and Ramp join our team; both of whom bring a great wealth of knowledge and compassion to Gillette and are each perfectly suited for our patient population," says **Todd Dalberg, DO**, pediatrician and lead palliative medicine physician on the team.



### Todd Dalberg, DO

Pediatrician and Palliative Medicine Physician

**Medical School:** University of New England College of Osteopathic Medicine, Biddeford, Maine

**Graduate Degree:** Master's of Clinical Research,

Oregon Health & Science University

**Residency:** Connecticut Children's Medical Center, Hartford, Connecticut

**Fellowship:** Pediatric Hematology and Oncology, Oregon Health & Science University, Portland, Oregon; Pediatric Palliative Hospice and Palliative Medicine, Akron Children's Hospital, Akron, Ohio

**Specialty:** Neuropalliative care of chronic, complex pain and acute, postoperative pain, as well as headaches, nutrition, anxiety



### Alberto Orioles, MD

Pediatrician and Palliative Medicine Physician

**Medical School:** University of Udine, Italy

**Residency:** Pediatrics, Louisiana State University

**Fellowship:** Hospice and Palliative Care,

University of Minnesota; Pediatric Critical Care Medicine, Children's Hospital of Philadelphia

**Board Certification(s):** Pediatric Critical Care, American Board of Pediatrics General Pediatrics, American Board of Pediatrics

**Specialty:** Neuropalliative care of children, adolescents, and young adults **ages 0–25** who have a life-limiting condition.



### Rosemary Ramp, MD

Pediatrician and Palliative Medicine Physician

**Medical School:** Joe R. and Teresa Lozano Long School of Medicine, San Antonio, TX

**Residency:** Internal Medicine-Pediatrics, University of Minnesota

**Fellowship:** Hospice and Palliative Care, University of Minnesota

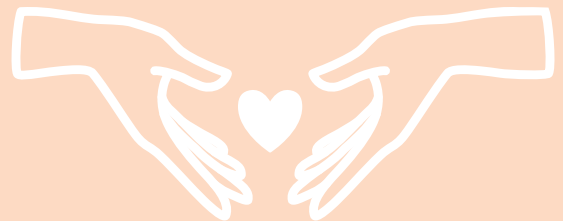
**Board Certification(s):** American Board of Pediatrics

**Specialty:** Neuropalliative care of children, adolescents, and adults **ages 0–40** who have a life-limiting condition.

With new additions to the team, Gillette looks forward to expanding its pain and palliative care capabilities in its clinic and research endeavors. This team will help families with care clarification/medical decision-making support, advanced care planning, and symptom management for chronic, complex pain, and other symptoms related to their illness, as well as for psychosocial needs around coping, grief, and family support.

### Our Palliative Care Team Helps Families with:

- Goals of care clarification/medical decision-making support
- Advanced care planning
- Symptom management for chronic, complex pain and other distressing symptoms related to their illness
- Psychosocial needs around coping, grief, family support



Learn more about how Gillette Children's Pain Research is helping kids with chronic pain.



## Epileptologist Joins Gillette



Gillette Children's is proud to welcome pediatric neurologist and epilepsy expert **Bryan Mendes, MD**, to Gillette. Dr. Mendes previously worked as a pediatric epileptologist at Minnesota Epilepsy Group. He is currently the medical director of Camp Oz, which is an epilepsy summer camp in Minnesota that provides 24-hour on-call service for campers during their stay.

Dr. Mendes says he uses his personal experience of having seizures as a child to help his patients live and thrive with epilepsy.

**Medical School:** University of Illinois Chicago

**Residency:** Pediatric Neurology, Cardinal Glennon Children's Hospital, St. Louis, MO

**Fellowship:** Children's Hospital of Colorado

**Specialty:** New-onset epilepsy and epilepsy in adolescence





## Gillette Children's Announces Launch of KidSights

A first-of-its-kind data consortium founded by Gillette Children's is closing the innovation gap

**G**illette Children's recently launched KidSights™, a groundbreaking initiative to bridge the innovation gap in pediatric specialty medicine. By leveraging the power of real-world data (RWD) in a secure, efficient, and collaborative manner, the KidSights data consortium aims to accelerate the development of commercial innovation for children's solutions.

Gillette is the founding member of KidSights, with Holland Bloorview Kids Rehabilitation Hospital in Toronto, Canada, joining as the second member.

### Addressing a Critical Challenge

Pediatric healthcare innovation has long lagged behind advancements in adult medicine, leaving millions of vulnerable children without access to cutting-edge treatments and solutions. KidSights seeks to address this underinvestment by empowering healthcare organizations, industry innovators, and regulators to work together using aggregated, de-identified pediatric data. This initiative focuses on identifying unmet needs, fostering innovation, and driving faster commercialization of therapies tailored to children, particularly those requiring specialty care.

"In our long history of providing specialty care for children with complex conditions and rare diseases, we've consistently led and innovated clinical advancements that directly benefit the community we serve," says **Barbara Joers**, president and CEO of Gillette. "The launch of KidSights marks a transformative step forward in pediatric health. Gillette Children's looks forward to utilizing the data derived from KidSights to tackle enduring challenges and drive clinical advancements for the children who need them most."

"For far too long, pediatric disability health data have not been effectively aggregated and made widely accessible, which has led to a major innovation gap," says Julia Hanigsberg, president and CEO at Holland Bloorview. "The KidSights data consortium is a critical step in the right direction. By participating, Holland

Bloorview expects to close that gap and speed up the development of personalized therapies and interventions to improve outcomes for children and youth with disabilities, developmental differences, and rare genetic conditions within and beyond our walls."

### A Vision for Progress

KidSights uses a secure, privacy-enhancing technology platform to enable seamless collaboration and data sharing among members and clients using de-identified clinical data from electronic medical records (EMR) to:

- Enhance research and development efforts for complex and rare pediatric conditions.
- Identify critical gaps in pediatric care and prioritize high-need areas.
- Accelerate commercialization and clinical trials to bring therapies to market faster.

KidSights offers a host of benefits to its members and clients, including:

- Collaborative model: Like-minded healthcare organizations focused on caring for children with complex needs play an advisory role, shaping the future strategy and growth of KidSights; members can access the data to advance their research.
- Accelerated innovation: Streamlined access to data enables pharmaceutical, device, and early-stage companies to collaborate with regulators and prove the value of their solutions.
- Enhanced security: Advanced de-identification technology ensures compliance with the Health Insurance Portability and Accountability Act (HIPAA) and other privacy regulations, allowing data sharing without moving sensitive information across firewalls.



KidSights is a subsidiary of Gillette Children's. For more information about KidSights, please visit [kidsights.com](https://kidsights.com).

# Early Action for Developmental Delay

Multidisciplinary team clinic offers developmental evaluations

A child's brain is most adaptable during the first three years of life when it forms critical neural connections that shape learning, behavior, and health. We know early detection is essential to taking advantage of this neuroplasticity. Yet, "wait and see" is offered to soothe worried families, or accurate diagnosis is delayed due to a lack of timely access to the experts needed.

To better help families during the neuroplasticity window, Gillette Children's has developed a new developmental evaluation clinic. In a single appointment, the patient will see a team

of pediatric specialists — a pediatric neurologist, physiatrist, and occupational therapist. This allows for a collaborative evaluation and treatment plan or the peace of mind that comes if no follow-up care is needed.

## The Power of Three

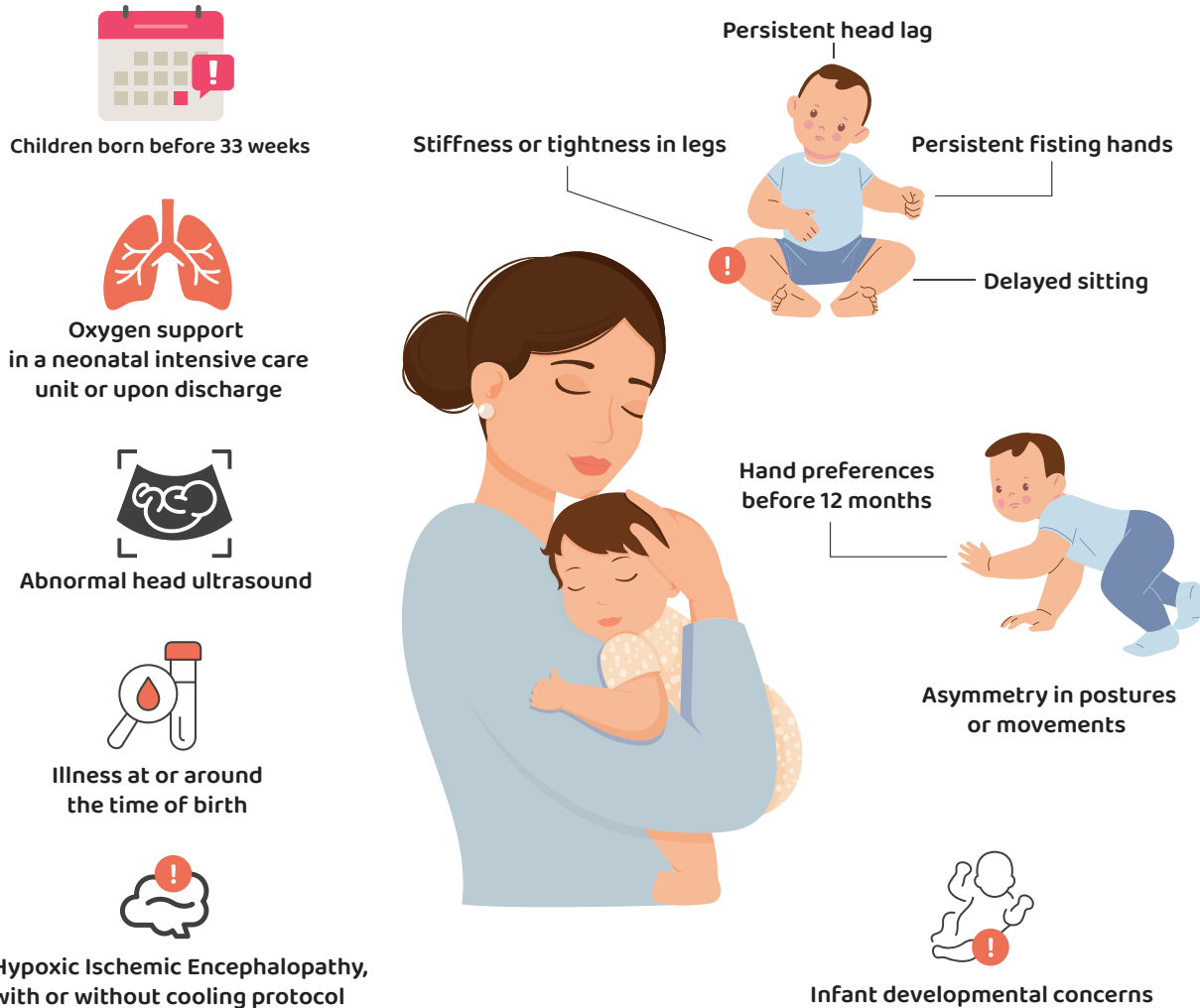
Gillette Children's Developmental Evaluation Clinic offers comprehensive developmental assessment for children from birth to age 17, specializing in infants and toddlers (ages 0-3).



A young patient receives expert, team-based care at Gillette's Developmental Evaluation Clinic, where early support can make a lifelong impact.

## Does Your Patient Need a Developmental Evaluation?

Developmental delay can affect any child, but our Gillette Children's neurodevelopmental experts often look for risk factors like:



If you think there might be a developmental delay, don't wait to act.  
Refer to the Gillette Developmental Evaluation Clinic for an in-depth evaluation of your patient.

### What to Expect at the Developmental Evaluation

During the single appointment, a pediatric neurologist, physiatrist (PM&R), and a physical (PT) or occupational (OT) therapist observe the patient.

Our evaluations use diagnostic tools like the General Movements Assessment (GMA) and Hammersmith Infant Neurological Exam (HINE), especially for infants and toddlers. For older children, we focus on ongoing motor and developmental opportunities to evaluate progress.

A treatment plan is then created alongside parents or caregivers with input from all three Gillette experts.

Refer a patient online:

[gillettechildrens.org/referral](https://gillettechildrens.org/referral)

Refer a patient by phone: **651-325-2200**

Please note this clinic does not assess behavioral delays.





## Does Neuroplasticity Make a Difference in Occupational Therapy Outcomes?

A new pilot study looks at constraint induced movement therapy for infants

Gillette Children's recently launched a pilot study looking at Constraint Induced Movement Therapy (CIMT) and its effects on infants with hemiplegic cerebral palsy (CP). **Mark Gormley, MD**, physical medicine and rehabilitation physician, and **Kelli Moberg**, occupational therapist (OT), national expert in Infant CIMT, are hoping to prove that infants who complete CIMT make meaningful,



positive change in their functional abilities – even years later.

"At Gillette Children's, we've really wanted to focus on getting infants and toddlers into treatment as early as possible to take advantage of the amazing neuroplasticity of infant brains. The earlier a child can get diagnosed and begin treatment, the better their outcomes," says Dr. Gormley. "This study is just one of the ways we're making sure that we're setting up patients who have developmental conditions to have the best function and quality of life possible."

Gillette's new pilot study explores early occupational therapy and the power of neuroplasticity in infants with hemiplegic palsy. Scan the QR code to watch an appointment.



## What Is CIMT?

Constraint Induced Movement Therapy (CIMT) is an occupational therapy treatment modality to treat children who have neuromotor conditions that affect one side of their body. Some children who have neuromotor conditions avoid using two hands, instead using only their stronger hand. In CIMT, the patient wears a restraint on their stronger hand as their weaker hand is guided through various activities and exercises.

CIMT encourages infants and children to use their weaker hand, which helps them strengthen it. Following this, without the restraint, they learn with targeted two-handed training to use the weaker hand more skillfully, especially in two-handed, or bimanual, activities. Moberg says, "There are a lot of activities during our day where we use two hands – dressing, grooming, participating in school, play, and work. Our ultimate goal is to help the child use their weaker hand for the rest of their life as the best helper hand it can be."

## Looking at CIMT for Infants

It's well-published that CIMT is an effective treatment in children aged 2 and older. Moberg says, "There are not a lot of studies published on using CIMT in infants. However, results are showing this is the optimal time to initiate treatment."

The main phase of Dr. Gormley and Moberg's study involves 5 participants beginning treatment between 5 and 12 months old. Each participant wears a mitten on their stronger hand for 30 minutes a day, over the course of multiple weeks, up to at least 40 hours of wear time. Moberg and other OTs will work in the clinic to teach the caregivers how to help the babies use the weaker hand and then both hands together. Moberg also

guides the family on what activities to do each day at home during each stage of the process. Infants will also wear accelerometers on each wrist to measure movement both in clinic and at home. "One of the big questions I had was when the babies are at home, are they using their affected limb more?" says Dr. Gormley. "So, unique to our study design, we devised the use of an accelerometer for the infants to wear on both wrists before and after treatment."

*Children typically develop 90% of their hand skills by age 5.*

## Quantifying Progress in CIMT

To measure the relative success of CIMT in each infant, Moberg and Dr. Gormley will assess participants before infant CIMT starts, during infant CIMT, and at intervals after infant CIMT until the participant reaches age 4.

To measure clinical outcomes, Moberg uses the gold standard Assisting Hand Assessment family of assessments, including the Mini/Assisting Hand Assessment, Assisting Hand Assessment, and Hand Assessment for Infants as the primary outcome measures. These have been developed by renowned experts in Sweden and Australia. The Mini/Assisting Hand Assessment provides a hierarchy of children's hand skills that guide treatment. Participants in the study will work on skills in the clinic and at home.

As for the accelerometers, Dr. Gormley and Moberg create the equipment and think through the data. The team will use them to measure how much the babies are using their upper limbs on a day-to-day basis. After correcting for participant growth, the team will use the accelerometer data to compare the infants' use of their weaker and stronger hands, as well as the infants' weaker hand movement data over time.

## Preliminary Observations Spark Excitement for the Future

Though the pilot is following a small number of patients, preliminary observation seems to show great promise. Moberg says, "The infants' gains have been more robust than the older kids we have seen who have started at 24 months of age or older. It's showing we're having a much bigger impact by initiating treatment before they're 24 months of age than if we did later."

The team is very excited to be able to see infants identified as at risk or diagnosed with hemiplegic CP and start treatment early. Dr. Gormley says, "We're going to make a much bigger change if we can incorporate this type of treatment very, very early on in the care of a child. It's clear that the earlier you intervene, the more change you can make."

After the pilot concludes, the hope is to expand the study to a larger, multicenter trial.

## Why study infants at Gillette?

Dr. Gormley says Gillette is perfectly set up to run the CIMT pilot study for a few reasons. "First, we have the Developmental Evaluation Clinic, which diagnoses delays in physical developmental milestones in infants as young as a few weeks old. That means we have a great opportunity to impact the long-term functional abilities of these babies because we're getting them treatment that much earlier." Dr. Gormley continues, "Additionally, Kelli Moberg is a national expert in CIMT in infants. Very few people have the experience and insights that she does, which is a great benefit for this study, but also for our Gillette families."



To learn more about Gillette Children's early diagnosis clinic, see page 5.

To refer a patient for physical, occupational, or speech therapy, visit [gillettechildrens.org/referral](https://gillettechildrens.org/referral).



# Prosthetics Care, All in One Place

Comprehensive, multidisciplinary care for limb loss and difference

**G**illette Children's Prosthetics Clinic is designed to provide collaborative care for individuals with limb loss or limb difference. The clinic team includes orthopedists, physiatrists, physical therapists, nurses, and prosthetists for a patient-centered team approach.

During the visit, Gillette's team provides a comprehensive same-day physical evaluation, coordinates further care as needed, and collaborates with individuals and their families to establish a treatment plan.

"A multidisciplinary care team brings together, in one clinic visit, expertise from a variety of medical professionals who collectively offer a comprehensive assessment and treatment plan," notes **Mark Gormley Jr., MD**, Gillette's Medical Director for Physical Medicine and Rehabilitation. "This unique approach maximizes the functional potential of a patient with limb loss or difference."



## Prosthetics Care for All Stages of Life

In addition to its collaborative approach, the clinic is unique in its ability to provide specialized care for individuals from infancy through adolescence and adulthood. Pediatric Rehabilitation Medicine Physician

**Matthew Severson, MD**, underscores how that expertise across all stages of life benefits those served by the clinic: "We value building long-term relationships with patients and their families. Whether we're helping a young person make the most of their childhood or helping an adult meet the evolving demands of day-to-day life, our team's expertise is equipped to care for a wide variety of prosthetic needs." Gillette's providers



understand the evolving needs of growing bodies and minds, providing customized solutions across an individual's lifespan to increase function, mobility, and quality of life.

## Meeting Social and Emotional Needs of Patients and Families

The clinic supports patients in navigating the physical, social, and emotional needs related to limb loss or difference. Psychologists, social workers, recreational therapists, and occupational therapists are incorporated into the patient's care team as needed.

"We provide compassionate, family-centered care that addresses not only our patient's medical needs but also the emotional and social challenges," shares Pediatric Orthopedic Surgeon **Emmalynn Sigrist, DO**. "By offering support and connections to peer networks, we help children and families navigate their journey with confidence."



Gillette was also the first hospital in Minnesota and the only pediatric hospital in the Midwest to partner with the Amputee Coalition. This partnership connects our patients with a national network of peers, offering education, support, and advocacy.

## Pursuing Innovation in Prosthetics Care

Gillette's team leads multidisciplinary and multicentered research focused on improving care for individuals with limb

A young Gillette patient moves with custom prosthetic limbs designed to support his growth, mobility, and independence.



loss or difference. Gillette has published articles to guide physicians in providing care to children using prostheses and inform them of the latest innovations. Much of the research, however, is focused on outcome measures that can be used to assess and improve the care provided through the clinic, ensuring that new discoveries are implemented.

Prosthetist-Orthotist

**Michelle Hall, MS, CPO, FAAOP(D)**, explains what sets prosthetic research at Gillette apart: "We

are studying outcome measures for children with limb loss or difference to optimize the care that we provide. Through collaborations with other professionals across the U.S., we hope to establish a minimum set of measures that may be used to provide holistic care in these multidisciplinary clinic teams."



**Want more information on our latest prosthetics publications? Contact our provider relations liaisons at 651-325-2200 or [providerrelations@gillettechildrens.com](mailto:providerrelations@gillettechildrens.com).**

# A Winning Spine Team

Learn how and when to refer to scoliosis experts

With a highly collaborative team and support from the organization, Gillette Children's Spine Institute can offer services that expertly manage routine care as well as rare and complex spine conditions and injuries.

## Spine Conditions Seen at Gillette Children's

- Back Pain
- Bulging Disc
- Coccyx/Tail Bone Pain
- Disc Degeneration
- Disc Herniation (Slipped Disc)
- Kyphosis
- Lordosis with XRs
- Neck Pain (Cervical Spine Issues)
- Revision Spinal Fusion
- Scheuermann's Disease
- Scoliosis (Congenital, Idiopathic, Neuromuscular)
- Spine Fractures/Spine Trauma
- Spine issues related to Skeletal Dysplasia
- Spine issues related to Spina Bifida
- Spine issues related to Spinal Cord Injury
- Spine Tumor
- Spondylolysis/Spondylolisthesis



## Identifying Scoliosis

Scoliosis is one of the most common pediatric spine conditions you may encounter in your day-to-day practice. When you suspect your patient may need a pediatric spine specialist for their scoliosis, there are some easy signs and symptoms you can look for.

## Understanding Scoliosis Treatments

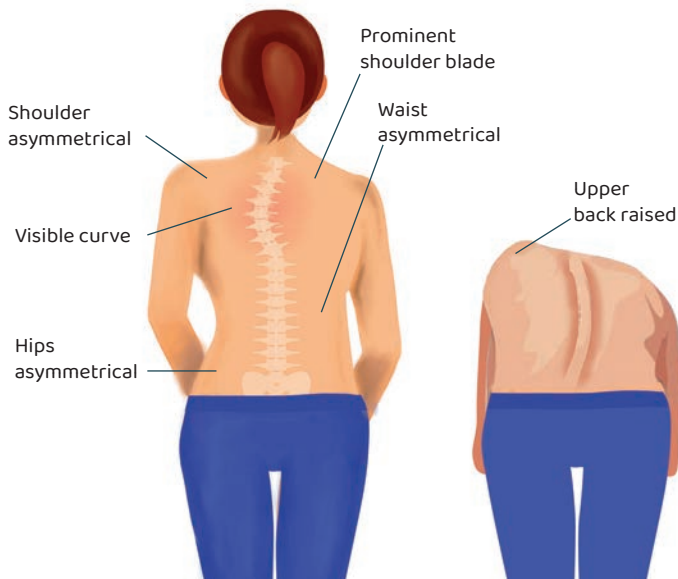
The degree of curvature and skeletal maturity of the patient are important considerations when recommending treatment for scoliosis symptoms.

Degree of Curve	Course of Action
<10°	Observe clinically over time
10-20°	Periodic X-rays
20-45°	TLSO or Nighttime bracing
>45°	Surgical intervention; fusions at any skeletal maturity
Any curvature	SCHROTH (scoliosis-specific exercises)
Further evaluations needed to qualify	VBT (vertebral body tethering); skeletally immature

## Care Team

**Abigail Anderson, PA-C**  
**Amy Jo Beebe, MA, APRN, CPNP**  
**Elizabeth Davin, PA-C**  
**Mostafa El Darawy, MD**  
**Tenner Guillaume, MD**  
**Danielle Harding, PA-C**  
**Dan Miller, MD**

**Kyle Miller, MD**  
**Megan Moffatt, MS, APRN, CPNP**  
**Kelsey Mork, PA**  
**Joseph Perra, MD**  
**Laura Tillman, DNP, APRN, CPNP**  
**Walter Truong, MD**



### How to Screen:

Adam's Forward Bend test at every well child check:

- If >7° rotation, PA and lateral full spine X-rays recommended
- If curve on X-ray <10°, may observe clinically
- If curve on X-ray 10°-15°, repeat X-rays in six months

### When to Refer:

- X-ray shows curve >15°
- Repeat X-ray shows increase in curve
- X-ray shows abnormal spine anatomy

Gillette providers are available to consult or to co-manage with a primary care provider at any point in a patient's curve progression.



## Maggie's Journey with PSSE

Gillette physical therapists and physical therapy scoliosis-specific exercise bring scoliosis help



Maggie works with Gillette physical therapist, Michelle Engberg, using PSSE techniques to build strength, improve posture, and take an active role in managing her scoliosis.

Maggie Anderson's journey with Physical Therapy Scoliosis-Specific Exercises (PSSE) began during a routine physical in 2019. Her pediatrician suggested she get a scoliosis evaluation at Gillette because she saw a slight curve in Maggie's spine. After imaging, X-rays revealed she had four curves in her spine.

"When I first saw that X-ray of my spine I was flabbergasted. To me, my spine looked really messed up," Maggie recalls.

At the time, Maggie played volleyball in school and was very committed to athletics. She and her mother were concerned her scoliosis diagnosis would have an impact on Maggie's athletic activity. Maggie was determined to do everything she needed to do to keep active, so she jumped at the chance to work with the Gillette physical therapy experts to strengthen her muscles and improve her chances of stopping her spinal curve from progressing.

### What Is PSSE?

PSSE is a conservative treatment for scoliosis. It uses exercises customized to each person to reduce the symptoms of scoliosis. Two Gillette physical therapists, **Michelle Engberg** and **Katie Wilkins**, have undergone extensive training to become experts in PSSE.

"One of the benefits of getting PSSE and working with a physical therapist is that we can help improve the flexibility of the spines that are stiff," **Michelle Engberg, PT**, says. "This can help with posture and make bracing easier. For spines that are already flexible, PSSE can strengthen and teach stabilization in the best position possible for that spine."

Experts from the Gillette Spine Institute can determine if

PSSE is an appropriate treatment for patients who are 10 years of age and older, have adolescent idiopathic scoliosis, and have a spinal curve approximately 20 degrees or greater.

"The goal of our exercises is to de-rotate, elongate, and stabilize the spine in a three-dimensional plane," **Katie Wilkins, PT**, says. "Every exercise we do with a patient is aimed at setting them up for best positioning. This PSSE therapy can help with things like an elevated shoulder, a trunk that is slightly shifted, or issues with the hip," Wilkins adds.

Maggie and her mother appreciate the care from the Gillette physical therapy team and the Spine Institute. She credits the great support and care she receives from Engberg and Wilkins as one of the main factors in her embracing scoliosis and seeing it as part of her journey in life.

"Michelle and Katie knew how to support me when I was at my most vulnerable," Maggie says. "They answered all my questions, and it became a relationship beyond physical therapy."

### About Gillette Children's Spine Institute

The Gillette Children's Spine Institute is known for its extensive research and its commitment to providing multidisciplinary, personalized spine care options. Our experts are happy to work with families and referring providers to offer comprehensive spine evaluations and customized treatment plans.



SPRING 2025

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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](mailto:providerrelations@gillettechildrens.com)

Unsubscribe From Gillette Partners in Care Journal at [gillette.mn/remove](http://gillette.mn/remove).

## To refer a patient



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



Refer online at  
[gillettechildrens.org/referral](http://gillettechildrens.org/referral)

GILL-55676



Internal: 010605

200 University Ave E  
St. Paul, MN 55101

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SPECIALTY  
HEALTHCARE

# gillette

Partners in Care

## Conference

## Save the Date!

### Gillette Partners in Care Annual Fall Conference

Connecting Primary and Specialty Care in the Treatment of Complex Pediatrics

Thursday, September 25, 2025, 7:00 a.m. – noon, online

- **Topics** Coming Soon!

**Description:** The 2025 Gillette Children's Partners in Care Conference is designed for primary care physicians and other medical professionals who care for and treat complex pediatric patients.

The conference enhances communication and collaboration between specialty and primary care by providing a forum for you to learn from and ask questions of various Gillette specialists.

This is a VIRTUAL and FREE conference.

**CME Credits Available:** 5.0 AMA PRA Category 1 Credits™  
**Questions?** Please contact: [CME@gillettechildrens.com](mailto:CME@gillettechildrens.com)