NON-STOP CONTENT

- BRAIN INJURY
- SPINAL CORD INJURY
- STROKE
- NEURODEGENERATIVE DISEASES
- PAIN

SAVE UP TO 46%*
EXPIRES 28 SEPT

WALT DISNEY WORLD® RESORT

- 70+ Symposia & Lectures, 95 hours of Core Content
- 200+ Scientific Papers & Poster Presentations
- Continuing Education (CMEs/CEUs) in 9 Disciplines
- 16 In-Depth Instructional Courses

ACRM
90th Annual Conference
PROGRESS IN REHABILITATION RESEARCH
12 – 16 NOVEMBER 2013
WALT DISNEY WORLD® RESORT, FL, USA
In this 90th Anniversary Year of ACRM history, it is my great pleasure to invite you to the largest annual event in the world for interdisciplinary rehabilitation research — the ACRM Progress in Rehabilitation Research Conference.

**GET IN ON THE ACTION** — Dive into NON-STOP content for brain injury, stroke, spinal cord injury, neurodegenerative diseases, and pain. Earn Continuing Education credits in your choice of **NINE** disciplines. There is no better place to grow your professional network, learn and share with your peers, and nurture the kind of lifelong friendships that support your passion for IMPROVING LIVES.

**IT’S ALL ABOUT THE CONTENT** — With **70+** educational symposia and lectures, a full-day Early Career Development Course, **200+** scientific poster presentations, **16** in-depth Instructional Courses, a two-day Cognitive Rehabilitation Training, and more than **95** hours of core conference educational content, you’ll have TONS of information and inspiration to bring back to your team.

With all this to celebrate, Disney’s Contemporary Resort at Walt Disney World® Resort, Florida is the perfect venue. Enjoy fantastic nightly fireworks high above Cinderella’s iconic castle right next door. Extend your stay up to three days pre- and post-conference and enjoy the low, low ACRM room rate **ONLY $189** per night (regularly $350!). Plus, enjoy conference discounts on all theme park tickets, too.

**Early Bird rates are in effect through 28 September.**
REGISTER NOW at ACRM.org.

Tamara Bushnik, PhD, FACRM
ACRM President
Join ACRM
Learn how to join the dynamic, interdisciplinary rehabilitation community of ACRM. Visit ACRM.org/join or contact Jenny Richard, Director of Member Services and Community Relations at JRichard@ACRM.org.

PLEASE NOTE: courses, times and faculty are subject to change.

*Percentage off reflects Early Bird rate plus ACRM member savings

If you see anything in here that is wrong or does not make sense, please let us know and we’ll fix it for the online program and the final program.
CONFERENCE HEADQUARTERS HOTEL

Disney’s Contemporary Resort

It’s not just a theme park. Walt Disney World® Resort, Florida offers top-quality conference meeting space, modern conveniences and amenities, and exemplary service at a very competitive price. The ACRM conference headquarters hotel, Disney’s Contemporary Resort, adjoins the conference center with in-house business center. There is even free parking! It’s possible to have absolutely zero contact with Disney characters if you choose, but for the young at heart, Magic Kingdom® is only steps away.

It’s not just for kids. At Disney’s Contemporary Resort, modern art surrounds you as silent monorails cruise through the contemporary atrium lobby. Enjoy award-winning American cuisine with west coast flair and breathtaking views from high atop the hotel in the California Grill restaurant. If you prefer, choose casual dining at three additional onsite restaurants. Oversized guest rooms, complimentary Internet access, and accessible rooms and features for attendees with disabilities make Disney’s Contemporary Resort an attractive business venue.

It’s Disney World! Why not have a little fun? Magic Kingdom is within easy walking distance of the hotel and the complimentary Disney monorails, accessible from the lobby, will whisk you off to nearly any part of the park you choose. Extend your stay up to three days pre- and three days post-conference at the low conference rate (subject to availability). Conference discounts apply to theme park tickets too!

HOTEL DISCOUNT
ACRM-negotiated hotel rate is $189/night USD (regularly $350). Book your room online from the ACRM website or call +1.407.939.4686 and be sure to ask for the ACRM GROUP RATE.

GENERAL INFORMATION

DISNEY’S CONTEMPORARY RESORT
4600 North World Drive, Lake Buena Vista, Florida

BOOK HOTEL NOW! GO TO: ACRM.org/annualconference or CALL (407) 939-4686

TRANSPORTATION

Air Travel
Orlando International Airport (MCO) flight information, check-in, customs and immigration information are available at Orlandoairports.net.

Ground Transportation
Complimentary parking is available at the conference headquarters hotel for attendees arriving by car.

Complimentary transportation and luggage delivery to and from Orlando International Airport is provided by Disney’s Magical Express. Advance reservations required.

Taxi fare one-way between Orlando International Airport and Walt Disney World is approximately $60 USD.

MEDICAL EQUIPMENT REQUESTS
Rent mobility scooters (ECVs) and wheelchairs, oxygen, humidifiers, beds, lifts and more. Daily delivery to Disney World with advance reservations. CARE Medical Equipment: +1.800.741.2282, www.caremedicalequipment.com. Buena Vista Scooter Rentals: www.buenavistascooters.com, +1.866.484.4797 or +1.407.938.0349. Wheelchair rental locations are also available throughout Walt Disney World Resort.

KEY TO ACRM ACRONYMS
BI-ISIG = Brain Injury Interdisciplinary Special Interest Group 
SCI-ISIG = Spinal Cord Injury Interdisciplinary Special Interest Group 
Stroke ISIG = Stroke Interdisciplinary Special Interest Group
Continuing Education Credit for 9 Disciplines

STATEMENT OF NEED AND TARGET AUDIENCE
Interdisciplinary exchange, interaction, and cooperation are the cornerstones of optimal patient care. Educational opportunities that promote interprofessional learning and collaboration are needed to advance clinical and scientific research and its subsequent translation to clinical practice.

The ACRM 90th Annual Conference, Progress in Rehabilitation Research provides that opportunity by bringing together both researchers and clinicians working in the various fields of rehabilitation medicine, including physiatrists, physical therapists, occupational therapists, speech pathologists, psychologists, rehabilitation nurses, rehabilitation case managers, rehabilitation counselors, disability specialists, and other professionals.

LEARNING OBJECTIVES
After participating in this activity, learners will be able to:

• Identify current and future research in rehabilitation medicine.

• Discuss recent research findings and their potential impact on the clinical care of rehabilitation patients.

• Apply evidence-based knowledge and skills to enhancing patient care.

• Identify strengths and weaknesses in the evidence base for treatment approaches to rehabilitation medicine.

• Understand fundamental issues in ethics, cultural diversity, and evidence-based practice as applied to rehabilitation medicine.

Attendees may earn continuing education credits by participating in instructional courses, plenary sessions, symposia, and special networking opportunities. Continuing education will be provided for the following health professionals:

• Physician (ACCME)
• Nurse (ANCC)
• Case Manager (CCM)
• Rehabilitation Psychology
• Certified Rehab Counselors
• Occupational Therapy
• Physical Therapy
• Speech Pathologist (ASHA)
• Disability Management Specialist

ACRM aims to offer continuing education credits for everyone on the rehabilitation team. Health professionals may earn CE hours in a variety of topics for a single processing fee ($100).

ONLINE DELIVERY OF CME/CEU CERTIFICATES
Attendees can submit course evaluation forms and download certificates earned right from their own computer, 24/7. Certificates will be awarded only to those participants who attend the conference, and complete session evaluations online at http://acrm.cds.pesgce.com. Certificates must be claimed before 22 December 2013. The number of continuing education credits/contact hours/units awarded will be based on the number of conference hours attended and the requirements of the specific accrediting organizations.

Additional fee applies to receive CME/CEU credit (see registration form page 24).

ACRM’s Annual Conference provides an unprecedented opportunity to remain current on rehabilitation research advances and to meet authors, reviewers and editors of Archives.

—Allen W. Heinemann, PhD, FACRM, Co-Editor-in-Chief, Archives of Physical Medicine & Rehabilitation

www.ACRM.org
### Pre-Conference (Day 1 of 2) — Tuesday, November 12

**Early Career Development Course**

- **Session 1:** Introduction to Longitudinal Data Analysis — Part I
- **Session 2:** Early Integration of Vision into Stroke Rehab
- **Session 3:** Practical and Academic Perspectives on Rehabilitation of the Pain Patient: An Expert Panel
- **Session 4:** Affordable Care Act — Part I

- **Networking Break with Lunch (Included)**

**Instructional Courses**

- **Session 6:** Introduction to Longitudinal Data Analysis — Part II
- **Session 7:** Electrical Stimulation for Affected Limb Function after Stroke
- **Session 8:** Post-deployment Polytrauma
- **Session 9:** Affordable Care Act — Part II
- **Session 10:** Women’s Pelvic Health in Context of Physical Disability
- **Session 11:** Development of the NIH Toolbox for Neuro and Behavioral...

### Pre-Conference (Day 1 of 2) — Wednesday, November 13

**Session 1:** Cognitive Rehabilitation Training

**Session 2:** Early Career Development Course

- **Session 1:** Introduction to Longitudinal Data Analysis — Part I
- **Session 2:** Early Integration of Vision into Stroke Rehab
- **Session 3:** Practical and Academic Perspectives on Rehabilitation of the Pain Patient: An Expert Panel
- **Session 4:** Affordable Care Act — Part I

**Networking Break with Lunch (Included)**

**Instructional Courses**

- **Session 6:** Introduction to Longitudinal Data Analysis — Part II
- **Session 7:** Electrical Stimulation for Affected Limb Function after Stroke
- **Session 8:** Post-deployment Polytrauma
- **Session 9:** Affordable Care Act — Part II
- **Session 10:** Women’s Pelvic Health in Context of Physical Disability
- **Session 11:** Development of the NIH Toolbox for Neuro and Behavioral...

### Core Conference — Day 1

**Welcome Remarks / Plenary Session I**

- **Session 10:** Why We Need More Case Studies of Cognitive Rehabilitation
- **Session 95:** Population-Based Outcomes After Traumatic Brain Injury in the United States
- **Session 100:** Rehab Is Over, Now What? Innovative Outpatient Programs for Spinal Cord Injury
- **Session 83:** Optimizing Stroke Rehabilitation for Individuals with Cognitive Impairments
- **Session 69:** Evidence-Based Manage-ment of Spasticity in Activity-Based Restorative Therapy: Bench to Bedside Science
- **Session 68:** Best Practices In Cross-Border Collaboration in Rehabilitation Research
- **Session 59:** Effective Recognition and Management of Domestic Violence in the Disabled Population
- **Session 12:** Techniques to Improve Carry-Over of Clinical Improvements to Daily Activities

**Session 1:** SCI-SIG Business Meeting

**Session 2:** Early Career Networking Group — Physicians

**Session 3:** SCI-SIG Lunch Meeting with Speaker

### Core Conference — Day 2

**Welcome Remarks / Plenary Session II**

- **Session 1:** SCI-SIG Girls and Women with SCI Panel
- **Session 2:** SCI-SIG Annual Summit

**Concurrent Sessions**

- **Session 3:** SCI-SIG Women’s Summit
- **Session 4:** SCI-SIG Luncheon Meeting with Speaker

- **Session 5:** SCI-SIG Women’s Summit
- **Session 6:** SCI-SIG Luncheon Meeting with Speaker

- **Session 7:** SCI-SIG Girls and Women with SCI Panel
- **Session 8:** SCI-SIG Annual Summit

**Concurrent Sessions**

- **Session 9:** SCI-SIG Women’s Summit
- **Session 10:** SCI-SIG Luncheon Meeting with Speaker

- **Session 11:** SCI-SIG Girls and Women with SCI Panel
- **Session 12:** SCI-SIG Annual Summit

**Concurrent Sessions**

- **Session 13:** SCI-SIG Women’s Summit
- **Session 14:** SCI-SIG Luncheon Meeting with Speaker

- **Session 15:** SCI-SIG Girls and Women with SCI Panel
- **Session 16:** SCI-SIG Annual Summit

**Exhibitors Welcome Reception with Poster Viewing**

**Other Events**

- **Session 17:** SCI-SIG Girls and Women with SCI Panel
- **Session 18:** SCI-SIG Annual Summit

Please note this schedule is preliminary and subject to change. Please see the website for the latest information at www.ACRM.org.
### FRIDAY 15 NOVEMBER  CORE CONFERENCE — DAY 2

#### PRELIMINARY AT-A-GLANCE

<table>
<thead>
<tr>
<th>CONCURRENT SESSIONS</th>
<th>7:15 AM – 8:15 AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>#105 TBI Rehabilitation: Impact and Response to a Fragmented System</td>
<td></td>
</tr>
<tr>
<td>#115 Updated Clinical Practice Guidelines for Mild TBI and Persistent Symptoms</td>
<td></td>
</tr>
<tr>
<td>#96 The Role of Health Promotion in the Aging SCI Population</td>
<td></td>
</tr>
<tr>
<td>#157 The Value of Mixed Methods: Lessons Learned... Chronic Stroke</td>
<td></td>
</tr>
<tr>
<td>#154 The Dutch Parkinsonnet: Promoting Internet’s Neuronautical Rehabilitation Research Collaboration...</td>
<td></td>
</tr>
<tr>
<td>PAIN — World-Class Content on Pain Coming Soon</td>
<td></td>
</tr>
<tr>
<td>#150 Development of a Functional Status Quality Metric</td>
<td></td>
</tr>
<tr>
<td>#143 Better Together: A Team Work Approach to Supporting Health and Independence</td>
<td></td>
</tr>
<tr>
<td>#103 Neurotrophic Growth Markers as an Index of Brain Function in the CNS</td>
<td></td>
</tr>
</tbody>
</table>

#### CONCURRENT SESSIONS | 8:30 AM – 10:00 AM |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>#85 Co-Morbidities Associated with Lifetime Exposure / TBI</td>
<td></td>
</tr>
<tr>
<td>#131 Occupational TBI: Gender, Health and the Workplace</td>
<td></td>
</tr>
<tr>
<td>#112 Intensive, Interprofessional, Community-Based Intervention</td>
<td></td>
</tr>
<tr>
<td>#150 Regenerative Medicine: New Frontier In Rehab. Medicine</td>
<td></td>
</tr>
<tr>
<td>Oral Presentation of Scientific Papers</td>
<td></td>
</tr>
<tr>
<td>International Networking Group Business Meeting</td>
<td></td>
</tr>
<tr>
<td>#125 Implications of Hospital-to-Inpatient Rehab. Continuity</td>
<td></td>
</tr>
<tr>
<td>ACMR Meeting to be Determined</td>
<td></td>
</tr>
</tbody>
</table>

#### PLENARY SESSION I | 10:30 AM – 12:00 PM |
**SYMPOSIUM IN HONOR OF ROBERT C. WAGENAAR, PHD: 1957-2013**

#### LUNCH TIME |
| #79 Trends in Traumatic Brain Injury in the United States |
| #109 Outcome Prediction in Post-Traumatic Disorders of Consciousness... |
| Oral Presentation of Scientific Papers |
| STROKE-ISIG Business Meeting |
| #153 A Clinical Practice Guideline to Enhance Outcomes with Neurologic Inj.: Gait Recovery |
| PAIN — World-Class Content on Pain Coming Soon |
| Invited Symposium from Netherlands Neuroscience Society |
| #13 Safe Patient Handling Programs in Rehabilitation |
| #154 Novel Approaches to Clinical Practice Improvement |

#### CONCURRENT SESSIONS | 1:30 PM – 3:00 PM |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>#28 Head Injury Partner-ship Endeavor (HIEP): Systems of Care for ABI in U.S. Healthcare System</td>
<td></td>
</tr>
<tr>
<td>#98 Mild TBI: New Neuropsychiatric Perspectives</td>
<td></td>
</tr>
<tr>
<td>Oral Presentation of Scientific Papers</td>
<td></td>
</tr>
<tr>
<td>STROKE-ISIG Business Meeting</td>
<td></td>
</tr>
<tr>
<td>#153 A Clinical Practice Guideline to Enhance Outcomes with Neurologic Inj.: Gait Recovery</td>
<td></td>
</tr>
<tr>
<td>PAIN — World-Class Content on Pain Coming Soon</td>
<td></td>
</tr>
<tr>
<td>Invited Symposium from Netherlands Neuroscience Society</td>
<td></td>
</tr>
<tr>
<td>#13 Safe Patient Handling Programs in Rehabilitation</td>
<td></td>
</tr>
<tr>
<td>#154 Novel Approaches to Clinical Practice Improvement</td>
<td></td>
</tr>
</tbody>
</table>

#### CONCURRENT SESSIONS | 3:30 PM – 5:00 PM |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>#57 Development of Clinical Recommendations for Service Members’ Graded Return to...</td>
<td></td>
</tr>
<tr>
<td>#65 Measuring Morphology: An Introductory Guide to Studying Sleep Alter Brain Injury</td>
<td></td>
</tr>
<tr>
<td>Oral Presentation of Scientific Papers</td>
<td></td>
</tr>
<tr>
<td>STROKE — World-Class Content Coming Soon</td>
<td></td>
</tr>
<tr>
<td>#146 Cognitive Impairment in People With MS: Evaluation and Impact on Balance and Mobility</td>
<td></td>
</tr>
<tr>
<td>PAIN — World-Class Content on Pain Coming Soon</td>
<td></td>
</tr>
<tr>
<td>#147 Integration of Reconstructive Therapies to Improve Upper Limb Function</td>
<td></td>
</tr>
<tr>
<td>#71 Irritability and Aggression After TBI: New Findings and Clinical Implications</td>
<td></td>
</tr>
<tr>
<td>Outcome Measurements Networking Group Meeting</td>
<td></td>
</tr>
<tr>
<td>#101 Pressure Ulcer Prevention in Acute SCI: Current Findings and Recommendations</td>
<td></td>
</tr>
</tbody>
</table>

#### ACRM MEMBERSHIP MEETING | 5:00 PM – 6:30 PM |
**HENRY B. BETTS AWARDS GALA** |
7:00 PM – 11:00 PM |

### AFTER GALA PARTY |
8:30 PM – 11:00 PM |
Coffee with Archivists Editors

#### SATURDAY 16 NOVEMBER  CORE CONFERENCE — DAY 3 |

#### CONCURRENT SESSIONS | 8:30 – 10:00 |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>#57 Development of Clinical Recommendations for Service Members’ Graded Return to...</td>
<td></td>
</tr>
<tr>
<td>#65 Measuring Morphology: An Introductory Guide to Studying Sleep Alter Brain Injury</td>
<td></td>
</tr>
<tr>
<td>Oral Presentation of Scientific Papers</td>
<td></td>
</tr>
<tr>
<td>STROKE — World-Class Content Coming Soon</td>
<td></td>
</tr>
<tr>
<td>#146 Cognitive Impairment in People With MS: Evaluation and Impact on Balance and Mobility</td>
<td></td>
</tr>
<tr>
<td>PAIN — World-Class Content on Pain Coming Soon</td>
<td></td>
</tr>
<tr>
<td>#147 Integration of Reconstructive Therapies to Improve Upper Limb Function</td>
<td></td>
</tr>
<tr>
<td>#71 Irritability and Aggression After TBI: New Findings and Clinical Implications</td>
<td></td>
</tr>
<tr>
<td>Outcome Measurements Networking Group Meeting</td>
<td></td>
</tr>
<tr>
<td>#101 Pressure Ulcer Prevention in Acute SCI: Current Findings and Recommendations</td>
<td></td>
</tr>
</tbody>
</table>

### JOHN STANLEY COULTER AWARD LECTURE | 10:30 – 11:30 |

#### INSTRUCTIONAL COURSES | 11:30 AM – 3:30 PM (LUNCH INCLUDED) |
1. Cognitive Rehabilitation for Children: Past and Present |
2. Using Rehabilitation Measures to Generate Medicare G-Codes and Clinical Practice Guidelines |
3. Diagnosis, Serial Tracking, and Prognosis of the Severely BI Patient |
5. Med Rehabilitation Research NIH Infrastructure Network |

---

*Tentative. Please note this schedule is preliminary and subject to change. Please see the website for the latest [www.ACRM.org](http://www.acrm.org).*
TUE & WED, 12 – 13 NOVEMBER
8:00 AM – 5:00 PM

This two-day introductory workshop provides an extraordinary opportunity to learn evidence-based cognitive rehabilitation strategies from leading researchers and clinicians in the field.

Based on the ACRM publication, *Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice*, the course teaches evidence-based interventions for impairments of:

- Executive functions
- Memory
- Attention
- Hemispatial neglect
- Social communication

Never before have research outcomes been so accessible for use in everyday clinical practice.

Registration includes a printed copy of the Manual with reproducible worksheets and tools — a $150 value. What better way to bring the benefits of this high-caliber training back to your team?

**WHO SHOULD ATTEND?**

- Occupational therapists
- Speech-language therapists
- Neuropsychologists
- Rehabilitation professionals striving to deliver the latest evidence-based interventions in cognitive rehabilitation

**REGISTRATION INCLUDES**

- Two days of live training in Orlando, FL
- One printed copy of the ACRM Cognitive Rehabilitation Manual ($150 Value) including worksheets
- Six months access to previously recorded Cognitive Training sessions (audio synchronized with original slides; Vancouver 2012)
- Continental breakfast, light lunch and beverage each day
- Non-member registration includes 6-month ACRM Introductory Membership

**CONTINUING EDUCATION CREDITS**

CMEs/CEUs will be available to the following rehabilitation professionals:

- Speech Pathologists
- Disability Management Specialists
- Occupational Therapists
- Neuropsychologists
- Physicians
- RN/Rehab Nurses
- Rehabilitative Counselors
- Case Managers

**Course includes a printed copy of the Manual ($150 value) and includes clinical forms and worksheets**

**HURRY! Early Bird Rate ends 28 Sept**

**SAVE UP TO 50% OFF**

“I feel like this training gives me a game plan and a strategy to start developing my treatment plans. I know where to start with each of my patients and I feel more confident and assured that the treatment I’m providing is evidence-based.”

— Zachary Bayer, MA, ACRM Cognitive Rehabilitation Training Attendee

**SAVE & BUY YOUR RECORDED SESSIONS NOW**
See page 23
INSTRUCTIONAL COURSES

Pre- and post-conference Instructional Courses are intensive half-day workshops designed to help you dig deep into topics of special interest. In addition to delivering outstanding educational value, these interactive courses provide opportunities for sharing and networking with your peers. See full details at ACRM.org. Continuing education credits are available in your choice of NINE disciplines and lunch is provided. Full-conference registration is not required to attend. See the registration form on page 25 for Instructional Course pricing.

WEDNESDAY, 13 NOVEMBER  Morning sessions:  8:00 AM – 12:00 PM

1 An Introduction to Longitudinal Data Analysis (Part I)
FACULTY:  Christopher R. Pretz, PhD, Craig Hospital / NDSC, Englewood, CO; Allan J. Kozlowski, PhD, Rehabilitation Institute of Chicago, Chicago, IL; Kristen Dams-O’Connor, PhD, Mount Sinai School of Medicine, New York, NY
DIAGNOSIS:  Diagnosis-independent or NA
FOCUS:  Research methods (e.g., measurement, research design analytic/statistical methods)

The maturation of longitudinal datasets in rehabilitation (e.g., the Spinal Cord Injury National Dataset and the TBI Model Systems National Dataset) presents exciting opportunities for rehabilitation researchers to comprehensively investigate the very questions that drive our field: How do rehabilitation outcomes unfold over time? A number of advanced statistical methodologies are available to accurately assess temporal change, but they are currently under-utilized among rehabilitation researchers. The goal of this course is to provide a thorough introduction to sophisticated analytic methods for longitudinal data analysis using continuous measures. With this knowledge, rehabilitation researchers will be advantageously positioned to explore a wide variety of hypotheses regarding temporal effects and rehabilitation outcomes. Topics to be discussed include but are not limited to hierarchical linear modeling, profile analysis, individual growth curve analysis, and linear/ non-linear modeling.

2 Early Integration of Vision into Stroke Rehabilitation
FACULTY:  Pamela Roberts, PhD, OTR/L, SCFES, FAOTA, CPHQ, Richard Riggs, MD, Cedars-Sinai Medical Center, Los Angeles, CA; John Ross (JR) Rizzo, MD, New York University Langone Medical Center, New York, NY; Kimberly Hreha, OTR/L, Kessler Institute for Rehabilitation, West Orange, NJ
DIAGNOSIS:  Stroke. Also applicable to brain injury.
FOCUS:  Clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)

Vision impairments occur frequently after stroke across a spectrum of domains and severities. It has been shown that as many as 87 percent of stroke patients will manifest some variation of oculomotor dysfunction (Ciuffreda, et al., 2007). While the sequelae can be extensive and potentially severely disabling, the clinical presentation can be subtle. The functional implications of visual system malfunction may limit recovery and progress during the standard rehabilitation continuum of care, and decrease overall quality of life (Papageorgiou, et al., 2007). If a simple foundation is provided for clinicians regarding visual dysfunction and it is matched with a basic and thorough screening assessment, accurate diagnoses will be generated, appropriate referrals will be made and superior clinical care will be provided.

This instructional course will focus on approaches to identifying visual impairments for implementation during clinical examination, and providing foundational knowledge and practical skills in visual system assessment.

See ACRM.org for complete listings of Instructional Courses including descriptions, learning objectives, and faculty.

3 Practical and Academic Perspectives on Rehabilitation of the Pain Patient: An Expert Panel
FACULTY:  Dennis C. Turk, PhD, University of Washington, Seattle, WA; Michael E. Clark, PhD, James A. Haley VA Hospital, Tampa, FL; Jessica Pullins, PhD, Peter Abaci, MD, Bay Area Pain & Wellness Center, Los Gatos, CA; Martin Grabois, MD, Baylor College of Medicine, Houston, TX; Virgil Wittmer, PhD, Brooks Rehabilitation, Jacksonville, FL; Lorraine Riche, Prospira PainCare, Mountain View, CA
DIAGNOSIS:  Pain Rehabilitation / Interdisciplinary
FOCUS:  Clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)

This course will assemble a collection of professionals both inside and outside of ACRM to begin the conversation on how to best advance the practice of rehabilitation for those suffering from pain. Chronic pain is one of the largest medical problems in our society. It is estimated that 116 million Americans have pain. It is the third leading cause of impairment costing the US economy between $560 and $635 billion annually. Direct treatment costs make up $261 to $300 billion with lost productivity resulting in a cost of $295 to $336 billion. The treatment of chronic pain accounts for 14 percent of Medicare spending at a dollar value of $65 billion. Topics include academic and practical approaches to treating the pain patient with an interdisciplinary team.

4 Affordable Care Act: A Road Map to Transformation in Rehabilitation Policy, Research, and Practice
MODERATOR:  Sue Ann Sisto, PT, MA, PhD, FACRM, Stony Brook University, Stony Brook, NY
FACULTY:  Deborah Backus, PT, PhD, Shepherd Center, Atlanta, GA; John Chae, MD, Case Western Reserve University, Cleveland, OH; Craig A. Lehmann, PhD, Stony Brook University, Stony Brook, NY; James H. Rimmer, PhD, University of Alabama at Birmingham, Birmingham, AL; Sue Ann Sisto, PT, MA, PhD, FACRM; Katherine J. Sullivan, PhD, PT, FAHA, Ostrow School of Dentistry, University of Southern California, Los Angeles, CA
DIAGNOSIS:  Diagnosis-independent or NA
FOCUS:  Health Policy discussion on people with disability

The opportunity to create pivotal change in the US health care system was launched in March 2010 when President Obama signed into law the Patient Protection and Affordable Care Act (ACA). The overarching aim of the public health agenda (Healthy People 2020) and the Centers for Medicare and Medicaid Innovation is to create transformation in the US health care system leading to accessible, affordable care for all Americans including people with disability. Due to advances in medicine and technology, people in the 21st century live longer with disability and multiple co-morbid health conditions or the natural consequences of aging. As a result, one in five people throughout the US and global communities live with functional disability due to physical, cognitive, or behavioral impairment. The ACA provides a catalyst for change in health policy and rehabilitation practice needed to ensure that children and adults with developmental, acquired, or degenerative disability receive timely, efficient, and evidence-based rehabilitation and family-centered care. This session provides an opportunity for rehabilitation scientists and professionals to engage in discussion on the future of rehabilitation in America.

www.ACRM.org
The use of virtual reality (VR) to improve learning of motor skills in children and adults with neurological impairments is a rapidly developing area of rehabilitation practice and research. VR systems utilize hardware and software to create interactive simulations that engage the user in realistic environments. Systems range from rehabilitation-specific technologies to off-the-shelf gaming consoles. VR systems in which players control games by means of full body movements are particularly attractive rehabilitation options because their use may harness principles of motor learning and neuroplasticity to optimally encourage skill transfer from rehabilitation to daily life activities. However, recent systematic reviews summarize positive but mostly short-term outcomes of VR interventions. As such, with the onus on clinicians to translate this evidence into practice, they face a number of challenges. Most clinicians are VR novices who may be overwhelmed by the diversity of VR system options and may be unsure as to how to integrate VR within therapy programs that improve functional, real-life skills.

This course will provide clinicians with knowledge and resources to (1) differentiate between attributes of and evidence for VR systems; (2) match VR system selection with client-centered goals; and (3) provide VR-based therapy that takes advantage of motor learning and neuroplastic principles by motivating clients to engage in task-oriented activities. We will use interactive methods to introduce a decision-making tool that can be used in clinical practice to match VR system capabilities with individual client goals. Attendees will participate in facilitated case discussions in order to integrate course material.

The ACRM conference has a solid track record of presenting cutting edge neurorehabilitation treatments by the investigators responsible for their development.”

—Mike Reding, MD, Director, Stroke Rehabilitation, Burke Rehabilitation Hospital, White Plains, NY
Post-Deployment Polytrauma: Identifying the Problem and How to Treat It

FACULTY: Rodney D. Vanderploeg, PhD, APPP-CN, Michael Clark, PhD, James A. Haley Veterans Hospital, Tampa, FL; Joel Scholten, MD, Washington DC VA Medical Center, Washington, DC; Greg J. Lamberty, PhD, ABPP, Minneapolis VA Health Care System and University of Minnesota School of Medicine, Minneapolis, MN; Nina A. Sayer, PhD, LP, HS&BD Center for Excellence, Minneapolis VAMC, and the Center for Chronic Disease Outcomes Research (CCDOR), University of Minnesota, Minneapolis, MN; Risa Nakase-Richardson, PhD, James A. Haley Veterans Hospital, Tampa, FL; Gregory K. Wolf, PhD, James VA Medical Center, Tampa, FL; Tracy Kretzmer, PhD, James A. Haley VA and University of South Florida, Tampa, FL; Bryan P. Merritt, Polytrauma Network Site and University of South Florida, Tampa, FL

DIAGNOSIS: Brain Injury, Military Polytrauma, Chronic Pain, PTSD, General Rehabilitation

FOCUS: Clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)

During our nation’s longest period of war, the US has faced many challenges in the assessment and treatment of veterans and active duty military populations with polytrauma including psychological and physical injury, in addition to mild traumatic brain injury (TBI). Traditional treatment approaches include delivery of care under rehabilitation medicine and/or mental health programming. Controversy exists whether treatment paradigms of single modality service delivery is the optimal model of care for this patient population with multiple co-morbidities each potentially requiring unique treatment. Further, the military experience may not be identical to civilian trauma, thus treatments evaluated with non-combat populations may not translate to efficacious care for military personnel. Currently, the VA has developed various models of single and multidisciplinary care to address the unique needs of military populations. The purpose of this program is to deliver an overview and conceptual model of Post-Deployment mild TBI Polytrauma with implications for treatment paradigms, followed by descriptions of four treatment programs and outcome data for single and interdisciplin ary care. Descriptions and outcome data for treatment programming include: (a) individually-based prolonged-exposure PTSD outpatient treatment for persons with TBI/PTSD, (b) inpatient interdisciplinary rehabilitation for psychological and physical injury, (c) outpatient interdisciplinary mental health and rehabilitation treatment, and (d) web-based educational intervention for persons with mild TBI and comorbidities. A final presentation highlighting the economic impact of chronic symptoms related to mild TBI within the VA will be presented followed by concluding remarks by experts in rehabilitation medicine, PTSD, chronic pain, sleep, somatization, and mild TBI.

Affordable Care Act: Healthy Life Expectancy for People with Disability

FACULTY: Deborah Backus, PT, PhD, Shepherd Center, Atlanta, GA; John Chae, MD, Case Western Reserve University, Cleveland, OH; Craig A. Lehmann, PhD, Sue Ann Sisto, PT, MA, PhD, FACRM, Stony Brook University, Stony Brook, NY; James H. Rimmer, PhD, University of Alabama at Birmingham, Birmingham, AL; Katherine J. Sullivan, PhD, PT, FAHA, Ostrow School of Dentistry, University of Southern California, Los Angeles, CA

DIAGNOSIS: Diagnosis-independent or NA

FOCUS: Health policy discussion on people with disability

According to the 2010 Global Burden of Disease report, the greatest challenge for the health service delivery system and the training of the interprofessional workforce will be the transition from a medical management model of episodic disease and injury to a technology-enhanced, biopsychosocial model of chronic health management for non-communicable diseases such as mental health and behavioral disorders, degenerative musculoskeletal and neuromuscular conditions, and chronic health diseases such as diabetes. Disability is the greatest challenge faced by the 21st Century. This session will demonstrate how public health concepts such as health promotion, disease and injury prevention, secondary health management, and healthy life expectancy incorporated into a reformed health service delivery and payment system are needed if children and adults with severe disability are to live a life with optimal health and wellness. Case studies in degenerative disease and acquired stroke-related brain injury will be used to illustrate that a chronic health management model focused on healthy life expectancy may be more effective than the current system of care delivery. The session will end with a discussion of the future of rehabilitation practice including the highest priorities for health policy reform if people with disability are to live a healthy life with optimal function.

Women’s Pelvic Health in the Context of Physical Disability: An Interdisciplinary Team Approach

FACULTY: Margaret A. Nosek, PhD, Center for Research on Women with Disabilities (CROWD), Baylor College of Medicine, Houston, TX; Sophie G. Fletcher, MD, Weil Cornell College of Medicine and Methodist Hospital, Houston, TX; Terri Ann Patricia Samuels, MD, MS, Cynthia L. Peacock, MD, Baylor College of Medicine, Houston, TX; Cindy B. Ivanhoe, MD, Mens Neurorehabilitation, Houston, TX

DIAGNOSIS: Brain Injury, Spinal Cord Injury, Stroke, Neurodegenerative disorder (e.g., MS, Parkinson’s disease)

FOCUS: Clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)

Disorders of pelvic health affect a vast majority of women with disabilities. Bowel, bladder, reproductive health and sexual dysfunction are documented in greater than 70 percent of women with neurologic abnormalities such as spinal cord injury, MS, stroke, traumatic brain injury (TBI), and poliomyelitis. Newer studies are describing a high prevalence in other populations of women with physical disabilities such as joint and connective tissue diseases (JCTD) and cerebral palsy. Dysfunction of the pelvic viscera and pelvic floor musculature relate to underlying neurological disease, immobility, medications, and a combination thereof. Urinary incontinence, chronic constipation, fecal incontinence, urinary tract infections, pelvic pain, menstrual problems, and sexual dysfunction are a source of considerable ongoing physical and psychosocial secondary conditions. Muscles and viscera of the pelvis receive common innervation from the lumbosacral plexus and share limited real estate in the small female pelvis, resulting in overlapping disorders. Therefore, optimal care for disabled women complaining of dysfunction in one pelvic organ system necessitates screening for symptoms in the others. Given the complexity and multifactorial nature of pelvic health conditions in women with disabilities, an interdisciplinary approach to diagnosis and treatment is essential. The aims of this ACRM instructional course are to: (1) describe the components of pelvic health disorders in women with disabilities, (2) outline strategies for screening and diagnosis, and (3) present an interdisciplinary approach to prevention and treatment.
WEDNESDAY, 13 NOVEMBER

Afternoon sessions (continued): 1:00 PM – 5:00 PM

11 Development of the NIH Toolbox for Neurological and Behavioral Functioning: Implications for Rehabilitation Research and Practice

FACULTY: David S. Tulsby, PhD, University of Michigan, Ann Arbor, MI; Richard Gershon, PhD, Feinberg School of Medicine, Northwestern University, Chicago, IL; Allen W. Heinemann, PhD, ABPP (RP), FACRM, Feinberg School of Medicine, Northwestern University and Rehabilitation Institute of Chicago, Chicago, IL; Susan Magasi, PhD, University of Illinois at Chicago, Chicago, IL

DIAGNOSIS: Diagnosis independent (Covering four areas of functioning — cognition, motor, sensory, emotion). With some data from TBI, SCI, and stroke.

The NIH Toolbox was developed as part of the NIH Blueprint for Neuroscience Research. The Toolbox provides short assessments covering a wide range of functioning in four domains: cognition, emotion, motor, and sensory functioning. Each domain includes multiple tests providing standardized scores. The Toolbox includes a normative sample representative of the U.S. population (3 – 85 years). The Toolbox has been translated and extensively tested in Spanish. This workshop will provide learners with an overview of the NIH Toolbox and demonstrations of the tests. The session will focus heavily on the cognitive and motor domains, including background to the development and demonstrations of the tests, and the validation and standardization results.

The Toolbox is designed to provide measures that are easily administered by researchers that are outside the traditional domain area so that data can be collected across a wide spectrum of functioning. The workshop will also describe the tests in other domains. Some domain areas have been developed using state-of-the-art measurement techniques including item response theory (IRT) and computer adaptive testing (CAT), and the workshop will demonstrate how CAT is used to reduce administration times and still provide reliable estimates. Finally, we will discuss accommodations to the standardized administration for use in individuals with disabilities. The Toolbox is being validated in individuals with traumatic brain injury, stroke, and spinal cord injury. The workshop will discuss the relevance of the Toolbox to the rehabilitation professional, review the validation efforts, and discuss the implications for rehabilitation research and clinical practice.

SATURDAY, 16 NOVEMBER

Mid-day sessions: 11:30 AM – 3:30 PM

12 Cognitive Rehabilitation for Children: Past and Present

COURSE DIRECTOR: Julie Haarbaueer-Krupa, PhD, Centers for Disease Control and Prevention (CDC), Atlanta, GA

FACULTY: Joseph T. Marcantonio, PhD, NYU Medical Center-Rusk Rehabilitation, New York, NY; Cynthia Beaulieu, PhD, ABPP-Cn, Brooks Rehabilitation Hospital, Jacksonville, FL; McKay Moore Sohllberg, PhD, University of Oregon, Eugene, OR; Bonnie Todis, PhD, Deborah Jean Ettel, PhD, Center on Brain Injury Research and Training (CBIRT), Western Oregon University, Eugene, OR; Adam Politz, MS, CCC-SLP, Seattle Children’s Hospital and University of Washington, Seattle, WA; Lyn S. Turkstra, PhD, University of Wisconsin, Madison, WI; Gillian Hotz, PhD, KiDZ Neuroscience Center and University of Miami Miller School of Medicine, Miami, FL.

DIAGNOSIS: Brain Injury

FOCUS: Pediatrics clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)

Children with traumatic brain injuries are unique in that they encounter two models of service for their care: Medical and educational. With length of stay in the medical setting limited, schools have become the long-term rehabilitation providers. Service delivery for cognitive rehabilitation in children is unclear in the current models. Topics covered include history and theoretical foundation, current delivery models in the medical setting, scientific evidence, applicability of the ACRM Cognitive Rehabilitation Manual, computerized programs in the community, research on models for children and the role of the school. A moderator facilitated discussion with panel and audience members will be offered.

13 Medical Rehabilitation Research NIH Infrastructure Network

FACULTY: Kenneth Ottenbacher, PhD, OTR, University of Texas Medical Branch, Galveston, TX; Ralph Nitted, PhD, National Center for Medical Rehabilitation Research (NIH), Bethesda, MD; Alan Jette, PhD, PT, Boston University, Boston, MA; Scott Delp, PhD, Stanford University, Stanford, CA; Richard Greenwald, PhD, Simbex, Lebanon, NH; Eric P. Hoffman, PhD, George Washington University School of Medicine and Health Sciences, Washington, DC; Richard Lieber, PhD, University of California, San Diego, La Jolla, CA; Yasin Daher, PhD, Rehabilitation Institute of Chicago, Chicago, IL; James Graham, PhD, University of Texas Medical Branch, Galveston, TX

DIAGNOSIS: Diagnosis-independent or NA

FOCUS: N/A

The purpose of this Instructional Course is to introduce attendees to the resources and collaborative research opportunities available through the Medical Rehabilitation Research Infrastructure Network. The Network includes seven NIH funded rehabilitation research centers that provide rehabilitation investigators with access to infrastructure, expertise, technologies, and other resources necessary to improve individual and departmental research programs. The Network is funded by the National Center for Medical Rehabilitation Research (NCMRR) in the Eunice Shriver Kennedy National Institute of Child Health and Human Development (NICHD), the National Institute for Neurological Disorders and Stroke (NINDS), and the National Institute of Biomedical Imaging and Bioengineering (NIBIB).

The objectives of the Network are to enhance the capability of rehabilitation investigators to study mechanisms of functional recovery, develop therapeutic strategies, better measure patient outcomes, and use population-level data to answer rehabilitation-related questions. These objectives are consistent with the Network’s goal of advancing rehabilitation research designed to improve the lives of people with disabilities and chronic medical conditions. Resources and opportunities to participate vary by site, but all seven centers include the following services and programs: education and training, assistance with core services, visiting scholars program, and pilot-grant funding.

14 Brain Injury Coping Skills (BICS) Workshop: An Intervention for Survivors of Brain Injury and Caregivers

FACULTY: Samantha Backhaus, PhD, Summer Ibarra, Rehabilitation Hospital of Indiana, Indianapolis, IN

DIAGNOSIS: Brain Injury

FOCUS: Clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)

The Brain Injury Coping Skills Group (BICS) is a 20-week, Cognitive – Behavioral Treatment (CBT) intervention for individuals with brain injury (BI) and their caregivers. This is a small group intervention (although it can be applied via various modalities) in which individuals are provided psychoeducation, group support, and stress management skills to deal with their injury. Modules include information about the healthy
brain, effects of brain injury, caregiver coping strategies, expectations for recovery, effects of alcohol and BI, returning to work and driving, dealing with challenges after BI, signs and symptoms of depression specific to BI, and stress management skills utilizing Beck and Ellis’s models of cognitive restructuring. This intervention is typically provided in an outpatient setting by rehabilitation professionals trained in brain injury as well as cognitive-behavioral techniques. It can be provided by psychologists, rehabilitation therapists, or other rehabilitation professionals that understand BI, making it multidisciplinary in nature. Randomized-controlled studies have shown that participants of this treatment make significant improvements in self-efficacy, maintain the emotional benefits at follow-up, and show improvements in anger control and emotional disinhibition when compared to controls, and even compared to those who receive standard support groups. Participants in this workshop can expect to learn about the components of this intervention, as well as receive a clinical framework for utilizing common neurobehavioral and cognitive-behavioral interventions cited in literature. Workshop participants are expected to already have knowledge of brain injury and its effects.

15 Using Rehabilitation Measures to Generate Medicare G-Codes and Guide Clinical Interventions

FACULTY: Craig A. Velozo, PhD, OTR/L, North Florida/South Georgia Veterans Health System and University of Florida, Gainesville, FL; Ickyppyo Hong, MSOT, Rehabilitation Science Doctoral Program, University of Florida, Gainesville, FL; Pey-Shan Wen, PhD, OTR/L, Florida International University, Miami, FL; Michelle Woodbury, PhD, OTR/L, Ralph Johnson VA Medical Center and Medical University of South Carolina, Charleston, SC; Sergio Romero, PhD, North Florida/South Georgia Veterans Health System and University of Florida, Gainesville, FL; Sherrilene Classen, PhD, MPH, OTR/L, FAOTA, University of Florida, Gainesville, FL

DIAGNOSIS: Brain Injury, Stroke, Neurodegenerative disorder (e.g., MS, Parkinson’s disease), Elderly

FOCUS: Elderly Clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)

Outcome measures are needed to meet Medicare’s G-codes outpatient reporting requirements. While inpatient outcome measures, such as the FIM, address Medicare reporting requirements it is limited in providing information for treatment planning and goal-setting. The purpose of this course is to show how Item Response Theory (IRT)-based measures can meet Medicare reporting requirements and also provide therapists with valuable information for treatment planning goal setting. The instructional course will consist of six presentations: (1) the IRT underlying the generation of short forms, G-codes and keyform generation, (2) the generation of ICF Activity Measure short forms that can be used to generate G-codes, (3) demonstration of how keyform outputs can be generated using the Computer Adaptive Measure of Functional Cognition for traumatic brain injury, (4) demonstration of how the Fugl-Meyer Assessment for Upper Extremity (UE) can be used to generate treatment plans for individuals recovering from UE deficits after stroke, (5) demonstration of how IRT models provide insights into rehabilitation measurement precision, and (6) an overview of the Fitness-to-Drive Screening measure and demonstration of how national organizations are using this tool to enable family members and clinicians with driving decisions for the elderly. Finally, all presenters will respond to questions. Upon completion of this course, participants will learn how outcome measures can be designed to meet both Medicare requirements and inform daily clinical practice.

16 Diagnosis, Serial Tracking, and Prognosis of the Severely Brain Injured Patient: A Skill Building Course

FACULTY: John Whyte, MD, PhD, Moss Rehabilitation Research Institute, Elkins Park, PA; Joe Giacino, PhD, Spaulding Rehabilitation Hospital, Boston, MA; Douglas Katz, MD, Boston University School of Medicine, Boston, MA; Braintree Rehabilitation Hospital, Braintree, MA; Risa Nakase-Richardson, PhD, James A. Haley Veterans Hospital, Tampa, FL; Brian D. Greenwald, MD, JFK Medical Center; Edison, NJ; Kathleen Kalmar, PhD, JFK Johnson Rehabilitation Institute, Edison, NJ

DIAGNOSIS: Brain Injury

FOCUS: Clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)

Optimistic outcomes exist for severely brain injured patients with persistent disorders of consciousness. Increasing evidence supports early rehabilitation intervention and chronic management in the post-acute stages of recovery. However, few programs exist that have the necessary expertise for accurate diagnosis, serial tracking, and prognostication to discuss with family and other providers. Currently, no established guidelines exist for acute and chronic management. Further, formal education for assessment-related management of this patient group typically only exists within fellowship training that is not readily accessible to professional audiences. Clinicians building skills in DOC assessment must learn to apply published group data to individual cases which may be challenging. The purpose of this course is to provide beginner and intermediate content in the accurate assessment, serial tracking, and prognostication for individual patients with severe brain injury. The application of these skills to clinical management, long-term care planning, and ethical decision-making will also be discussed. Course presenters will provide (1) an update on the status of rehabilitation guidelines for persons with DOC, (2) an overview of standardized and individualized approaches to accurate diagnosis and serial tracking (including detailed emphasis on administration of neurobehavioral measures (i.e., Coma Recovery Scale-Revised, Quantitative Individualized Behavioral Assessment), and (3) small-group, in-depth discussion of cases to further refine assessment concepts, prognostication, family feedback, and long-term care planning. The course will conclude with comments by a senior panel of DOC providers reiterating important concepts presented in skill building and clinical implementation for clinicians working with this patient group.
The ACRM Early Career Networking Group sponsors this full-day program comprised of didactic presentation, panel discussion networking opportunities, and small group discussion focused on early career development. Learn tips for career advancement, various career pathways, grant writing, research funding and more.

WHO SHOULD ATTEND?
The course is open to anyone, and is specifically targeting an audience of early-career researchers, clinician scientists, and clinicians interested in starting a research agenda. Attendees range from graduate students nearing the completion of their degree, to postdoctoral scholars and junior faculty.

As a clinician in the field for less than three years, this event opened my eyes to the research being done to advance the field and gave me a deeper understanding of where we come from in terms of becoming evidence-based in rehab. I appreciated the early career focus as well as the continued emphasis on interdisciplinary work.

— Christina Lighthill, MOT, OTR

PROGRAM OVERVIEW
Even if you have previously attended the Early Career Development Course, you will benefit by attending again. The course program changes every year, based on the needs expressed by previous course participants.

MORNING — The day begins with inspiring speakers and career advice straight from the experts.
- Keynote speaker and panel discussion on career-pathing
- Presentations by funding agency representatives (tentative)
- How to leverage your attendance at science conferences to benefit your career

LUNCH — A casual lunch with networking opportunities

AFTERNOON — Led by mid-career and senior rehabilitation scientists, the afternoon program is comprised of the ever-popular breakout sessions. Participants choose the ones most relevant to their needs and interests. Sessions may address topics such as:
- Translating research into evidence-based practice
- Guidance for success on the tenure track
- Grant writing tips
- Funding mechanisms for early-career investigators
- How to set up and manage your research lab
- And more

“Participating in the Early Career course at the ACRM annual conference CONNECTED me with unique MENTORING OPPORTUNITIES in various disciplines of rehabilitation, which have continued to promote my development as a clinician and scientist.”

— Saurabha Bhatnagar, MD, PM&R Chief-Resident, Wayne State University/Oakwood

“REGISTER NOW! +1.703.435.5335 or visit ACRM.org

SAVE UP TO 46%* OFF THROUGH 27 SEPT

REGISTRATION DEADLINE:
THROUGH 27 SEPT

SAVE 46%* OFF THROUGH 27 SEPT

90TH ANNUAL ACRM CONFERENCE

NOVEMBER 12 – 16, 2013 // ORLANDO, FLORIDA
Networking is an essential part of leveraging your conference attendance for maximum advantage. These special opportunities will help you get started.

More programming information will unfold as the Conference draws near. Receive the latest news in your inbox — sign-up at ACRM.org/2013-Program.

THE BEST OF THE BEST: AWARD WINNER PRESENTATIONS

DEBORAH L. WILKERSON EARLY CAREER AWARD LECTURE
Thursday 1 PM

NIDRR-SPONSORED ARRT YOUNG INVESTIGATORS PANEL
Saturday 8 – 10 AM

JOHN STANLEY COULTER AWARD LECTURE
Saturday 10:30 – 11:30 AM

AWARDS PRESENTATION RECEPTIONS

EXHIBITORS WELCOME RECEPTION AND POSTER VIEWING WITH AUTHORS
Thursday 5 – 7 PM > Unwind, relax, greet old friends and make meaningful new connections

HENRY B. BETTS AWARDS GALA (ticketed event)
Friday 7 – 11 PM > More inspiring than the Oscars, ACRM honors award recipients at this annual awards dinner. Stay for the After Gala Party which is included in this ticket.

AFTER GALA PARTY (ticketed event)
Friday 8:30 – 11 PM > Join in on the interdisciplinary celebrating and casual networking without the dinner. Watch for fun details as they emerge on ACRM.org.

MEETINGS

ACRM Membership Meeting
Friday 5 – 6:30 PM > Open to all attendees, the ACRM Membership Meeting takes you behind-the-scenes at ACRM — hear about current and upcoming activities, opportunities and plans for 2014. Witness the passing of the presidential necklace from current president Tamara Bushnik, PhD, FACRM (2011 – 2013) to president-elect, Sue Ann Sisto, PT, PhD, FACRM (2013 – 2015) and hear her first membership address.

ACRM Groups and Committees
Many of the ACRM Interdisciplinary Special Interest Groups, Networking Groups, committees and task forces will meet during the annual conference. Please watch ACRM.org and your inbox for details as schedules and locations are determined.

ACRM ISIG, networking group, task force and committee meetings are being scheduled. Visit ACRM.org/2013-program for the latest information and Sign-Up for email updates

LUNCH WITH A PURPOSE
Nourish your career with these great opportunities for peer-to-peer learning and networking.

SCI-ISIG Luncheon with Speaker: The Role of Research in Reimbursement (ticketed event)
Thursday 12 – 1:30 PM > JENNIFER FRENCH, MBA, the executive director for Neurotech Network, will moderate a panel of experts to discuss The Role of Research in Reimbursement, followed by open audience discussion.

PANELISTS INCLUDE:

KIM ANDERSON-ERISMAN, PHD, Research Associate Professor and Director of Education, Miami Project

SCOTT SIMCOX, PhD Candidate, Chief Technology Officer, Restorative Therapies

MARY SCHMIDT-READ, PT, DPT, MS, SCI Program Director and Coordinator of Research, Director of NeuroRecovery Network, Magee Rehabilitation

Out of pocket costs and third party reimbursement drive access to rehabilitation services, equipment and technology for persons with spinal cord injury. Financial impact is a key consideration in the decision process. How can the research community impact clinical practice, clinical services, and financial access? This panel discussion will focus on novel ways to work with third party payers to gain financial access to essential services and equipment. It will also focus on how to use current research within the reimbursement process with consumer, clinical and industry perspectives. The session will also highlight examples of how this is accomplished. Open discussion with attendees will lead into how to foster relationships between clinicians and researchers to impact future outcomes to guide reimbursement decision-making toward the spinal cord injury population.

Brucker International Luncheon with Speaker: International Partnering in Research (ticketed event)
Friday 12 – 1:30 PM > Featured Speaker: KATHRYN M. MCPHERSON, RN, RM, DIP HV, BA (HONS), PHD, professor of rehabilitation and Laura Fergusson Chair for the School of Rehabilitation and Occupation Studies and the director of the Person Centred Rehabilitation Centre in the Health and Rehabilitation Research Centre (HRRC) at AUT University in Auckland, New Zealand.

International partnering in research offers a wide ranging set of opportunities and challenges in applying for funding, doing the work, and translating findings. This presentation will examine these issues through the eyes of one researcher (and one research team), based in New Zealand. Despite successful international collaborative funding applications in Europe, Asia, UK, North America and Australia, not all have been straightforward, and robust structures to manage the complexity are clearly vital. Establishing good relationships, truly respecting the knowledge, expertise and cultural perspectives of others doesn’t just happen. But when it does — it can be exciting and transformative.

REGISTER NOW!
+1.703.435.5335 or visit ACRM.org

www.ACRM.org
THURSDAY, 14 NOVEMBER

The Intersection of Technology and Neurorehabilitation

This plenary session features three internationally known speakers on advances in technology related to neurorehabilitation. The session will specifically address advances in brain computer interfaces, advances in rehabilitation robotics, and the role of multichannel EEG monitoring in assessing neuroplasticity.

FACULTY

JENNIFER FRENCH, MBA, executive director for Neurotech Network, will moderate the panel discussion and the following period for questions and answers.

MICHAEL BONINGER, MD, will present on advances in brain computer interfaces and rehabilitation robotics. Brain computer interface (BCI) technology holds great promise for providing control to prosthetic/robotic limbs and function electrical stimulation (FES) systems. In addition, by directly recording brain signal, BCI holds promise as a tool for rehabilitation of significant acquired brain injury, such as stroke. Recent success in rapidly achieving a high degree of freedom control using two different technologies, electrocorticography and single unit microelectrode, will be presented and discussed in a neurorehabilitative context.

Dr. Boninger is professor and chair in the Department of Physical Medicine and Rehabilitation at the University of Pittsburgh, School of Medicine and director of the UPMC Rehabilitation Institute. He is a physician researcher for the Department of Veterans Affairs (VA) and the medical director of the Human Engineering Research Laboratories, a VA Rehabilitation Research and Development Center of Excellence. Dr. Boninger has an extensive publication record of over 200 published papers spanning 18 years in the area of spinal cord injury and assistive technology. He also has extensive experience and publications related to teaching research. Dr. Boninger holds four US patents and is the winner of numerous awards, including his induction into the Institute of Medicine in 2013. His students have also won more than 45 national awards.

MICHAEL GOLDFARB, PHD, will discuss emerging exoskeleton technology; experience with the use of that technology as an assistive device for non-ambulatory people; and nascent experience and preliminary results with use of the exoskeleton as a therapeutic intervention for gait retraining following stroke.

Dr. Goldfarb is H. Fort Flowers Chair in mechanical engineering, professor of mechanical engineering and a professor of physical medicine and rehabilitation at Vanderbilt University. He is also the director of the Center for Intelligent Mechatronics at Vanderbilt University. The lab focuses on the design and control of electromechanical devices, with a particular emphasis on the emerging field of rehabilitation robotics. Current projects include a powered, multi-degree-of-freedom prosthetic arm, a powered exoskeleton for gait restoration in spinal-cord injured victims and stroke rehabilitation, and a powered transfemoral prosthesis that enhances mobility and reduces falls for lower-limb amputees.

FRANS C.T. VAN DER HELM, MSC, PHD, will present on the role of multichannel EEG monitoring in assessing neuroplasticity.

Dr. van der Helm is professor in Biomechatronics and Bio-robotics, Delft University of Technology, and also adjunct-professor at the University of Twente, University Leiden, Northwestern University (Chicago) and Case Western Reserve University (Cleveland). He is Principal Investigator in the TREND research consortium (2004-2011), investigating Complex Regional Pain Syndrome as a neurological disorder, the NeuroSiPE (System Identification and Parameter Estimation in Neurophysiological systems) program and H-Haptics (Human centered Haptics) program. In 2012 he received an ERC grant for a research project ‘4D EEG,’ improving temporal and spatial resolution of EEG source localization. He has published over 150 papers in international journals on topics such as biomechanics of the upper and lower extremity, neuromuscular control, eye biomechanics, pelvic floor biomechanics, human motion control, and posture stability.
FRIDAY, 14 NOVEMBER

Symposium in Honor of Robert C. Wagenaar, PhD: 1957 – 2013

The rehabilitation community lost a talented and much-beloved colleague with the passing of Dr. Robert C. Wagenaar on 13 February 2013. Dr. Wagenaar was a well-respected scientist, thoughtful mentor, and a cherished friend to many of his colleagues. A skilled scientist, highly regarded for his work in dynamical systems theory, he studied gait patterns in patients with stroke and Parkinson’s disease, and investigated rehabilitation interventions to modify abnormal movement patterns. He was the essence of a translational research scientist, transforming theory to clinical practice in rehabilitation. Dr. Wagenaar was also a devoted educator and mentor to many graduate students, post-doctoral students, and junior colleagues. His mentees have emerged as leaders in their own areas of work. At ACRM, Dr. Wagenaar served as co-chair of the Program Committee from 2010 until his death and was instrumental in dramatically improving the caliber of scientific presentations at the annual meeting. This symposium is presented in his honor in recognition of the many contributions he made to our lives and work.

The distinguished faculty for this course is comprised of researchers who share the honor of having worked and collaborated with Dr. Wagenaar. They will discuss their own work as it relates to him and his role as colleague, mentor, and friend.

INTRODUCTION — DOUGLAS I. KATZ, MD, is a professor of neurology at the Boston University School of Medicine and attending neurologist at Boston Medical Center in Massachusetts. He is also medical director of the Brain Injury Program, and vice president of medical staff at Braintree Rehabilitation Hospital. Dr. Katz currently serves as vice president on the ACRM Board of Governors.

UNDERSTANDING DYNAMICS OF MOTOR RECOVERY AFTER STROKE — GERT KWAKKELE, PHD, is chair of neurorehabilitation at the Vrije University Medical Center in Amsterdam, Netherlands. His chairmanship is dedicated to translational research in the field of neurorehabilitation with special interest in stroke, Parkinson’s disease and multiple sclerosis. Professor Kwakkel is president of the Dutch Society of NeuroRehabilitation.

A HOME-BASED EXERCISE PROGRAM TO MAXIMIZE POST-HIP FRACTURE REHABILITATION — ALAN JETTE, PhD, is director of the Health and Disabilities Research Institute, and a professor and acting chair of the health policy and management department at the Boston University School of Public Health, and adjunct professor at the MGH Institute of Health Professions in Massachusetts.

THE DYNAMICS OF HUMAN GAIT IN EVERYDAY LIFE: WALKING ACCORDING TO DR. WAGENAAR — DANIEL K. WHITE, PT, ScD, is a research assistant professor in the department of physical therapy and athletic training at Boston University in Boston, and adjunct scientist at the Human Nutrition Research Center on Aging at Tufts University Medical Center in Boston, Massachusetts. Dr. White’s primary research interest is the disablement process of older adults with musculoskeletal pathology, with focus on factors associated with physical activity and functional limitation in older adults, and people with knee osteoarthritis.
EDUCATIONAL SYMPOSIA

With special emphasis on interdisciplinary content, Progress in Rehabilitation Research offers more than **70 SYMPOSIA** and lectures for a total of **98 HOURS** of educational content for brain injury, spinal cord injury, stroke, neurodegenerative diseases, and pain, as well as symposia not specific to a single diagnosis. Find detailed descriptions — more than 20,000 words — at ACRM.org/2013-program.

“The ACRM Conference is not to be missed by those involved with all aspects of clinical rehabilitation advances and the impact of research on today’s and tomorrow’s outcomes.”

— Marilyn Price Spivack, Spaulding Rehabilitation Network, Boston, MA; Co-Founder of the BIAA

### Symposia Titles for TRAUMATIC BRAIN INJURY

- Population-Based Outcomes after Traumatic Brain Injury in the US
- Rehabilitation of Individuals with Traumatic Brain Injury: Impact to a Fragmented System
- Effects of Endogenous Reproductive Hormones Fluctuations in TBI Short-Term Recovery
- Children and Youth with Acquired Brain Injury: Transition Challenges and Outcomes
- Co-Morbidities Associated with Lifetime Exposure to Traumatic Brain Injury
- Trends in Traumatic Brain Injury in the United States
- Outcome Prediction in Post-Traumatic Disorders of Consciousness
- Updated Clinical Practice Guidelines for Mild Traumatic Brain Injury and Persistent Symptoms
- Occupational Traumatic Brain Injury: Gender, Health and the Workplace
- Why We Need More Case Studies of Cognitive Rehabilitation
- Head Injury Partnership Endeavor (HIPE): Systems of Care for ABI in a Universal System
- Mild TBI: New Neuropsychiatric Perspectives
- Educate, Train, Treat, Track: Bringing State-of-the-Art Care to Our Military with TBI
- Clinical Recommendations for Service Members’ Graded Return to Activity after Concussion
- Measuring Morpheus: An Introductory Guide to Studying Sleep after Brain Injury
- Irritability and Aggression after Traumatic Brain Injury: New Findings and Clinical Implications
- Cognitive Impairment in People with MS: Evaluation and Impact on Balance and Mobility

### Why We Need More Case Studies of Cognitive Rehabilitation

**LEAD PRESENTER:** Keith D. Cicerone, PhD, Director of Neuropsychology and Rehabilitation Psychology, JFK-Johnson Rehabilitation Institute and New Jersey Neuroscience Institute, JFK Medical Center, Edison, NJ

The demonstration of clinical effectiveness remains a priority for rehabilitation research, and this typically relies on the use of group-based, controlled trials. However, single-subject intervention research still plays a critical role in the process of clinical research and can make an elegant contribution to the process of knowledge translation and using research to guide clinical practice. Furthermore, single-subject intervention research supports a scientist-practitioner model and elevates the quality of evidence-based practice. This symposium will explore the use of single-subject intervention research as a means of translating research into clinical practice.
The majority of attention and resources have been principally directed toward saving lives and the early days post-injury, yet not enough has been done to improve the long-term quality of lives that we save. We must adjust our lenses, and focus on the long-term medical and psychosocial issues faced by individuals with brain injury. We must teach about brain injury to all healthcare providers, develop clinical protocols for brain injury and navigate the realities of healthcare legislation and policy so as to best advocate for not only the individuals who have a brain injury, but for the millions who will eventually develop this problem. At the 2013 Chautauqua, we will discuss the implications of caring for brain injury within a chronic disease management framework though a moderated panel discussion. Representatives from the diverse worlds of policy maker, insurance provider, and consumer will share their perspectives on this emerging issue of managing brain injury as a chronic condition.

**MODERATOR:** FLORA HAMMOND, MD is a board certified physiatrist and Professor and Chair of the Department of Physical Medicine and Rehabilitation at Indiana School of Medicine; Chief of Medical Affairs and Brain Injury Medical Director at the Rehabilitation Hospital of Indiana; Medical Director at St. Vincent Acute Rehabilitation Unit; and Medical Director for NeuroRestorative in Indiana. She is currently Project Director of the Indiana Traumatic Brain Injury Model System. Dr. Hammond is an experienced researcher who has conducted numerous studies on the long-term issues confronting individuals with brain injury and the effectiveness of treatment strategies to improve outcomes.

**PANELISTS**

**DR. TOM TATLOCK** was an adult psychiatrist in Appleton, WI from 1978 until 2000. In 1999, he sustained a “mild” traumatic brain injury when he fell off a ladder and had to retire. He has firsthand, experiential knowledge that brain injury is a chronic condition. Because he is well known in the area as a volunteer advocate for people who have sustained a TBI, many individuals and/or their family members have contacted him to share their experiences or to ask for information. His own experiences and their stories have inspired him to make numerous presentations to physicians, other professionals, and various groups in an effort to teach them about TBI and its sequelae. Dr. Tatlock will share with us his perspectives on TBI as a chronic condition. His points of view are those of a person who has sustained a TBI, who has been a physician, and who is actively working to educate others.

**DR. JOHN T. HINTON** serves as the Senior Medical Director for ADVANTAGE Health Solutions in Indianapolis, IN. In this role he manages the admission and extension requests for the Traumatic Brain Injury Program for Indiana Medicaid and supports other Medicaid and Medicare programs. He has participated on the Policy Working Group of the Galveston Brain Injury Conference and serves on the Board of the Indiana HRSA TBI Implementation Grant. Besides his administrative roles, Dr. Hinton continues to see patients in a hospital affiliated clinic.

**PETER W. THOMAS,** Principal, Powers Pyles Sutter & Verville, PC  (not pictured)
Symposia Titles for

STROKE
• The Value of Mixed Methods for Intervention Research in Individuals with Chronic Stroke
• Intensive, Interprofessional, Community-Based Intervention Program for Persons Post-Stroke
• Invited Symposium from Netherlands Neuroscience Society
• Stroke ISIG Special Topics — Translating Research into Clinical Practice: Rehabilitation Robotics after Stroke
• Optimizing Stroke Rehabilitation for Individuals with Cognitive Impairments

NEURODEGENERATIVE DISEASES
• Dutch ParkinsonNet: Promoting International Neurorehabilitation Research Collaboration
• Evidence-Based Management of Spasticity in Activity-Based Restorative Therapy: Bench to Bedside Science
• Integrating Physical Wellness Approaches into Lives Effected by Neurodegenerative Diseases
• Integration of Reconstructive Therapies to Improve Upper Limb Function
• A Clinical Practice Guideline to Enhance Outcomes after Neurologic Injury: Gait Recovery
• Neurodegenerative Effects of Epilepsy: Cognitive and Psychosocial Sequelae and Recommendations for Rehabilitation Research and Practice

Evidence-Based Management of Spasticity in Activity-Based Restorative Therapy: Bench to Bedside Science

LEAD PRESENTER: Cristina Sadowsky, MD, Medical Director, International Center for Spinal Cord Injury at Kennedy Krieger, Assistant Professor Physical Medicine and Rehabilitation, Johns Hopkins School of Medicine, Baltimore, MD

The presence of spasticity has a major impact on an individual's functional skills, therapeutic progress, quality of life, and perhaps regeneration and neurological recovery. Conventional interventions involve the use of medications which can have a dampening effect on the nervous system. Drawing from current evidence and the outcomes from our research laboratories, we will demonstrate that spasticity reducing medications inhibit mechanisms for regeneration, including new cell birth, survival and maturation.

Optimizing Stroke Rehabilitation for Individuals with Cognitive Impairments

LEAD PRESENTER: Elizabeth Skidmore, PhD, OTR/L, Associate Professor of Occupational Therapy, University of Pittsburgh School of Health and Rehabilitation Sciences, Pittsburgh, PA

One-third to one-half of acute strokes result in newly acquired impairments in basic (i.e., attention, memory), and higher order cognitive functions (i.e., fluency, flexibility, inhibition). Alone, or in combination, these impairments disrupt independence with daily activities, and are associated with significant long-term disability, falls, and morbidity. Individuals with stroke-related cognitive impairments have prolonged hospitalization and often require institutionalization, accounting for a substantial portion of stroke-related health care costs. These facts beg the question, "What can we do to improve rehabilitation outcomes for individuals with stroke-related cognitive impairments?" This symposium will review theoretical models and scientific evidence designed to begin to address this question.

See symposia descriptions at ACRM.org/2013-program

TOO MUCH CONTENT TO PRINT!
Detailed descriptions online: ACRM.org/2013-program
**Symposia Titles for Core Conferences Symposia**

**Spinal Cord Injury**
- Rehab is Over, Now What? Innovative Outpatient Programs for Spinal Cord Injury
- New Developments in the SCI-QOL/SCI-FI Measurement System
- Locomotor Training in Pediatric SCI: Considerations for Training and Outcomes Measurement
- Promoting Health & Fitness for People with SCI Transitioning into the Community
- Health Promotion in the Aging SCI Population: Transition from Clinical Practice to Community
- Lifestyle Redesign® for Pressure Ulcer Prevention in Spinal Cord Injury
- Pressure Ulcer Prevention in Acute Spinal Cord Injury: Current Findings and Recommendations
- Inducing Plasticity in Sensorimotor Systems to Enhance Neurorehabilitation after SCI

**New Developments in the SCI-QOL/SCI-FI Measurement System**

**Lead Presenter:** Pamela Kisala, MA, Senior Research Associate, Center for Rehabilitation Outcomes & Assessment Research, Department of Physical Medicine & Rehabilitation, University of Michigan Medical School, Ann Arbor, MI

The Spinal Cord Injury Quality of Life (SCI-QOL)/Spinal Cord Injury Functional Index (SCI-FI) measurement system is comprised of 22 item banks across the areas of Emotional Health, Physical-Medical Health, Social Participation (SCI-QOL) and Physical Function (SCI-FI) which are specifically targeted to individuals with SCI. This symposium will describe new advances and modifications emerging, and will provide data demonstrating the construct validity, clinical utility, and responsiveness to change of the SCI-QOL and SCI-FI instruments.

**New Pain Content:**
- Rehabilitation of the Pain Patient
- Complex Regional Pain Syndrome: Diagnosis and Treatment
- The Importance of Measuring Clinical Outcomes for Pain Management
- Innovative Delivery of Pain Self-Management Programs
- Pain Management and Rehabilitation: The Great Divide
- Update on Spinal Cord Injury Pain
- Interprofessional Pain Education for Collaborative Patient Centered Care
- A Grand Unifying Theory of Chronic Pain: Etiology, Perpetuation, and Recovery
- Interdisciplinary Outpatient and Inpatient Pain Rehabilitation

**Register Now!**

+1.703.435.5335 or visit ACRM.org

www.ACRM.org
I have attended the ACRM Conference for many years. It is a significant opportunity for professional collaboration and for adding to the knowledge base of the field.

—Thomas Felicetti, PhD, Beechwood Rehabilitation Services

Symposia Titles

**NOT SPECIFIC TO DIAGNOSIS**

- Techniques to Improve Carry-over of Clinical Improvements to Daily Activities
- Best Practices in Cross-Border Collaboration in Rehabilitation Research
- Effective Recognition and Management of Domestic Violence in the Disabled Population
- Balancing Change in Health Policy and Clinical Practice in Ireland, Sweden and USA
- Novel Concepts in the Treatment of Disabilities Associated with Chronic Conditions
- Electrical Stimulation from Basic Science to Clinical Practice: Is it Evidence-Based?
- Safe Patient Handling Programs in Rehabilitation
- Neurotrophic Growth Markers as an Index of Brain Function in the CNS
- Development of a Functional Status Quality Metric
- Better Together: A Team Approach to Supporting Health and Independence
- Novel Approaches to Clinical Practice Improvement
- Understanding On-road Safety in Elderly Drivers: Different Perspectives
- Regenerative Medicine: New Frontier in Rehabilitation Medicine
- Implications of Hospital-to-Inpatient Rehabilitation Continuity

**MEET THE LEAD PRESENTER**

**Best Practices In Cross-Border Collaboration in Rehabilitation Research**

**LEAD PRESENTER:** Koen Putman, PhD, lecturer in Health Services Research, co-chair of the Interuniversity Centre for Health Economics Research, Vrije Universiteit, Brussel, Belgium

Development and implementation of international clinical trials and research collaboratives are essential in this age of globalization. Cross-border collaboration strengthens the validity and value of the science, averts duplication, achieves economies of scale, and reduces the cost of acquiring new knowledge. This moderated panel will describe their experiences with international collaboration including lessons learned, advantages, disadvantages, opportunities, barriers, challenges, and best practice suggestions. Open discussion will be encouraged to develop recommendations for cross-border collaboration.

**REGISTRATION AVAILABLE NOW!**

**REGISTER NOW!**

+1.703.435.5335
or visit ACRM.org

**Pre-purchase recorded sessions NOW & SAVE!**

**Much More**

online including details on every session...

ACRM.org

**FEATURING**

**Core Conferences Symposiums**

Symposia Titles

**90th Annual ACRM Conference**

November 12 – 16, 2013 // Orlando, Florida
Online registration at www.ACRM.org
Registration Date ____________________

**COMMUNITY FORUMS**
NON-MEMBER REGISTRATION INCLUDES 6-MONTH INTRODUCTORY ACRM MEMBERSHIP. PLEASE SELECT THE ACRM GROUPS BELOW THAT ARE MOST RELEVANT TO YOU, SO WE MAY INTRODUCE YOU TO OPPORTUNITIES AND BENEFITS AVAILABLE:

- Brain Injury Interdisciplinary Special Interest Group (BI-ISIG)
- Spinal Cord Injury Interdisciplinary Special Interest Group (SCI-ISIG)
- Stroke Interdisciplinary Special Interest Group (STROKE-ISIG)
- Military / Veterans Affairs Networking Group
- Neurodegenerative Diseases Networking Group
- Outcomes Measurement Networking Group
- Pediatric Networking Group
- Pain Group

**ATTENDEE TYPE**
- Rehabilitation Professional
- Military/VA Rehabilitation Providers
- Speaker (Instructional)
- Speaker (Symposia)
- Speaker (Other) Paper/Poster Presenter
- Early Career (first 5 years following post-graduate studies)
- Resident / Student / Fellow (Enrolled in an accredited school of medicine or approved graduate or undergraduate program or fellowship in a medical rehabilitation discipline.)
- Sponsor
- Exhibitor
- Emeritus
- Consumer

REGISTRATION INCLUDES access to ALL of the general sessions, plenary sessions and symposia Thursday, Friday and Saturday, 14 – 16 November.

### CONFERENCE REGISTRATION
PLEASE CHECK ONE

<table>
<thead>
<tr>
<th></th>
<th>EARLY BIRD</th>
<th>REGULAR</th>
<th>ON-SITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>THROUGH 27 SEPT</td>
<td>$695</td>
<td>$895</td>
<td>$1,095</td>
</tr>
<tr>
<td>28 SEPT – 8 NOV</td>
<td></td>
<td>$1,095</td>
<td>$1,295</td>
</tr>
<tr>
<td>9 – 16 NOV</td>
<td></td>
<td></td>
<td>$495</td>
</tr>
</tbody>
</table>

**ACRM MEMBER**

**NON-MEMBER** purchase includes 6-month introductory ACRM membership with a subscription to Archives of Physical Medicine and Rehabilitation.

**STUDENT / RESIDENT / FELLOW**: Enrolled in an accredited school of medicine or approved graduate or undergraduate program or fellowship in a medical rehabilitation discipline. Current ID required at registration check-in.

**EARLY CAREER**: First five years following post-graduate studies.


MILITARY/ VA SPECIAL: Military/VA providers who are ACRM members pay ONLY $495. Non-member Military/VA providers pay just $595* and receive a 6-month introductory ACRM Membership, including a subscription to the scientific journal, Archives of Physical Medicine and Rehabilitation. ID required at registration check-in.
WATCH ACRM.ORG FOR DETAILS. You may return to registration at any time to add optional events AND retain the same discount level you enjoyed when you initially registered.

### Conference Options

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Early Bird</th>
<th>Regular</th>
<th>On-Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>EARLY CAREER DEVELOPMENT COURSE</td>
<td>$145</td>
<td>$245</td>
<td>$295</td>
</tr>
<tr>
<td>THROUGH 27 SEPT</td>
<td>28 SEPT – 8 NOV</td>
<td>9 – 16 NOV</td>
<td></td>
</tr>
<tr>
<td>SCI-ISIG LUNCHEON WITH SPEAKER</td>
<td>$75</td>
<td>$95</td>
<td>$95</td>
</tr>
<tr>
<td>EARLY CAREER</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BRUCKER INTERNATIONAL LUNCHEON WITH SPEAKER</td>
<td>$75</td>
<td>$95</td>
<td>$95</td>
</tr>
<tr>
<td>SHELDON BERROL MEMORIAL CHAUTAUQUA LECTURE</td>
<td>INCLUDED</td>
<td>INCLUDED</td>
<td>INCLUDED</td>
</tr>
<tr>
<td>ACRM BI-ISIG SUMMIT MEETING</td>
<td>INCLUDED</td>
<td>INCLUDED</td>
<td>INCLUDED</td>
</tr>
<tr>
<td>HENRY B. BETTS AWARDS GALA</td>
<td>$100</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>GUEST TO AWARDS GALA</td>
<td>$100</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>AFTER GALA PARTY</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>GUEST TO AFTER GALA PARTY</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>CONTINUING EDUCATION CREDITS</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
</tr>
</tbody>
</table>

One processing fee covers all Continuing Education Credits earned.

**Select all CME/CEU you would like to receive:**

- ACCME (Physicians)
- ANCC (Nurses/Rehab Nurse)
- CEU-ASHA (Speech Pathologists)
- CEU-CMD (Disability Mgt. Specialists)
- APA Div 22 Accreditation (Psychologists)
- ACCME Non-Physician CME (Occupational Therapists)
- ACCME Non-Physician CME (Physical Therapists)
- CEU-CRC (Rehabilitative Counselor)
- CEU-CCMC (Case Managers)

### Cognitive Rehabilitation Training

**TWO DAYS OF INSTRUCTION**

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Early Bird</th>
<th>Regular</th>
<th>On-Site</th>
</tr>
</thead>
<tbody>
<tr>
<td>LUNCH INCLUDED (2 DAYS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACRM MEMBER</td>
<td>$395</td>
<td>$595</td>
<td>$695</td>
</tr>
<tr>
<td>NON-MEMBER</td>
<td>$495</td>
<td>$695</td>
<td>$795</td>
</tr>
<tr>
<td>STUDENT / RESIDENT / FELLOW</td>
<td>$295</td>
<td>$495</td>
<td>$595</td>
</tr>
<tr>
<td>EARLY CAREER</td>
<td>$295</td>
<td>$495</td>
<td>$595</td>
</tr>
</tbody>
</table>

**Registration for Cognitive Rehabilitation Training includes:** Two days of live training in Orlando, FL; one printed copy of the ACRM Cognitive Rehabilitation Manual ($150 value); Continuing Education credit; six months of access to previously recorded Cognitive Rehabilitation Training (Vancouver 2012) including the live audio recording synchronized with the original slides; continental breakfast and light lunch and beverage each day.

- **NON-MEMBER** purchase includes 6-month introductory ACRM membership with a subscription to *Archives of Physical Medicine and Rehabilitation*.

- **STUDENT / RESIDENT / FELLOW**: Enrolled in an accredited school of medicine or approved graduate or undergraduate program or fellowship in a medical rehabilitation discipline. Current ID required at registration check-in.

- **EARLY CAREER**: First five years following post-graduate studies.

**Register Now!**

+1.703.435.5335 or visit ACRM.org
CONFERENCE ADD-ONS (CONTINUED)

INSTRUCTIONAL COURSES

ENHANCE YOUR EXPERIENCE and make the most of your travel time and expense by taking in these optional info-packed courses held the day before and the day after the three core days of the Conference.

WEDNESDAY 13 NOVEMBER

MORNING COURSES
8:00 AM – 12:00 PM

☐ 1) An Introduction to Longitudinal Data Analysis (Part I)

☐ 2) Early Integration of Vision into Stroke Rehabilitation

☐ 3) Practical and Academic Perspectives on Rehabilitation of the Pain Patient: An Expert Panel

☐ 4) Affordable Care Act: A Road Map to Transformation in Rehabilitation Policy, Research, and Practice

☐ 5) Virtual Reality Systems in Neurorehabilitation: Clinical Decision Making and Motor Learning Applications

AFTERNOON COURSES
1:00 PM – 5:00 PM

☐ 6) An Introduction to Longitudinal Data Analysis (Part II)

☐ 7) Electrical Stimulation for Affected Limb Function after Stroke: Theory, Evidence, and Clinical Application

☐ 8) Post-Deployment Polytrauma: What’s the Problem and How Should We Treat It?

☐ 9) Affordable Care Act: Healthy Life Expectancy for People with Disability

☐ 10) Women’s Pelvic Health in the Context of Physical Disability: An Interdisciplinary Team Approach

☐ 11) Development of the NIH Toolbox for Neurological and Behavioral Functioning: Implications for Rehabilitation Research and Practice

SATURDAY 16 NOVEMBER

MID-DAY COURSES
11:30 AM – 3:30 PM

☐ 12) Cognitive Rehabilitation in Children: Past and Present

☐ 13) Medical Rehabilitation Research NIH Infrastructure Network

☐ 14) Brain Injury Coping Skills (BICS) Workshop: An Intervention for Survivors of Brain Injury and Caregivers

☐ 15) Using Rehabilitation Measures to Generate Medicare G-Codes and Guide Clinical Interventions

☐ 16) Diagnosis, Serial Tracking, and Prognosis of the Severely Brain Injured Patient: A Skill Building Course

ONE LUNCH INCLUDED
per attendee per day with Instructional Course Registration

<table>
<thead>
<tr>
<th>ONE COURSE</th>
<th>TWO COURSES</th>
<th>THREE COURSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>145</td>
<td>245</td>
<td>345</td>
</tr>
<tr>
<td>195</td>
<td>295</td>
<td>395</td>
</tr>
<tr>
<td>95</td>
<td>145</td>
<td>195</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INSTRUCTIONAL COURSES SUBTOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
</tr>
</tbody>
</table>

INSTRUCTIONS FOR ADDITIONAL REGISTRATIONS

Please check for scheduling course conflicts when signing up for any pre-conference events/courses (including the Early Career Development Course, Instructional Courses and Cognitive Rehabilitation Training) to ensure you can attend all scheduled courses.

REGISTRATION FORM


REGISTRATION FEES

ATTENDING ACRM MEMBER

<table>
<thead>
<tr>
<th></th>
<th>EARLY BIRD</th>
<th>REGULAR</th>
<th>ON-SITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>THROUGH 27 SEPT</td>
<td>$295</td>
<td>$495</td>
<td>$595</td>
</tr>
<tr>
<td>28 SEPT – 8 NOV</td>
<td>$395</td>
<td>$595</td>
<td>$695</td>
</tr>
</tbody>
</table>

NON-ATTENDING ACRM MEMBER

<table>
<thead>
<tr>
<th></th>
<th>EARLY BIRD</th>
<th>REGULAR</th>
<th>ON-SITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>THROUGH 27 SEPT</td>
<td>$495</td>
<td>$695</td>
<td>$795</td>
</tr>
<tr>
<td>28 SEPT – 8 NOV</td>
<td>$595</td>
<td>$795</td>
<td>$895</td>
</tr>
</tbody>
</table>

NON-ATTENDING NON-MEMBER

<table>
<thead>
<tr>
<th></th>
<th>EARLY BIRD</th>
<th>REGULAR</th>
<th>ON-SITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>THROUGH 27 SEPT</td>
<td>$595</td>
<td>$795</td>
<td>$895</td>
</tr>
<tr>
<td>28 SEPT – 8 NOV</td>
<td>$695</td>
<td>$895</td>
<td>$995</td>
</tr>
</tbody>
</table>

Continuing Education credit is not available for recorded Conference sessions.

NON-MEMBER purchase includes a 6-month introductory ACRM membership with a subscription to Archives of Physical Medicine and Rehabilitation.
PROMO CODE:___________

PAYMENT

$_______ TOTAL AMOUNT in USD

< The sum of fees from your selections on the previous pages.

Type of Payment Enclosed

☐ Check/Money Order (US Funds Only)  Check #__________
  Make check payable to: ACRM

☐ Credit Card (fill out information below)
  ☐ MasterCard  ☐ Visa  ☐ American Express  ☐ Discover

Credit Card #:__________________________________________________
Expiration Date:__________________  Security Code:_______________
Print name as it appears on card:__________________________________
Cardholder’s Signature: _________________________________________

PLEASE NOTE If credit card is declined you will be notified and asked for an alternative payment method. A $20 USD charge will be applied for returned checks and/or rebilling of a credit card.

PLEASE CHECK!

☐ I have read and agree to the Cancellation and the Photo Release Policies

CANCELLATION POLICY

> Registration cancellations/substitution requests, must be submitted in writing to bbuscema@ACRM.org and/or sbarrah@ACRM.org.

> All cancellations and substitutions for the conference will be charged a fee of $195 USD or 50 percent of registration paid, whichever is greater.

> ACRM members who cancel will receive an automatic 6-month extension to their ACRM membership.

> Non-members who cancel will receive a 6-month ACRM membership with a subscription to the journal, Archives of Physical Medicine & Rehabilitation, which will be effective upon cancellation.

> A fee of $195 will be charged for all cancellations prior to 30 August. The balance paid will be refunded. Non-members retain their 6-month ACRM membership and members receive a 6-month extension. Late cancellations between 31 August and 8 November will be charged $195 or 50 percent of registration paid, whichever is greater. No cancellations will be accepted after 8 November 2013.

> For substitutions, the original registrant will be charged a substitution fee of $195 USD and receive a 6-month ACRM membership.

PHOTO RELEASE POLICY

> Registration and attendance at or participation in the ACRM 90th Annual Conference, Progress in Rehabilitation Research, constitutes an agreement by the registrant to the use and distribution (both now and in the future) of the registrant or attendee’s image or voice in photographs, videotapes, electronic reproductions and audio files of such events and activities to illustrate and promote the conference experience.

Online registration at: www.ACRM.org

For questions related to the status of registrations, please contact MemberServices@ACRM.org or phone: +1.703.574.5845

FAX to: +1.866.692.1619 OR
MAIL to: PO BOX 759272, Baltimore MD 21275-9272 OR
EMAIL to: MemberServices@ACRM.org
COMMUNITY GROUPS WILL BE EXHIBITING AT ACRM CENTRAL

BRAIN INJURY INTERDISCIPLINARY SPECIAL INTEREST GROUP
SPINAL CORD INJURY INTERDISCIPLINARY SPECIAL INTEREST GROUP
STROKE INTERDISCIPLINARY SPECIAL INTEREST GROUP
OUTCOMES MEASUREMENT NETWORKING GROUP
EARLY CAREER NETWORKING GROUP
HEALTH POLICY NETWORKING GROUP
PEDiATRIC REHABILITATION NETWORKING GROUP
PAIN GROUP
INTERNATIONAL NETWORKING GROUP
NEURODEGENERATIVE DISEASES NETWORKING GROUP
military / veterans AFFAIRS NETWORKING GROUP

REGiStER noW! +1.703.435.5335 or visit ACRM.org

www.ACRM.org
Restoring quality of life.
Advancing physical medicine and rehabilitation

Consistently ranked as one of America’s top programs, Johns Hopkins Physical Medicine and Rehabilitation is at the forefront of patient care. By partnering with patients, their families, and their primary care providers and conducting research and clinical trials, we are changing the landscape of Physiatry and providing customized, coordinated care designed to deliver the best possible outcomes.

DISCOVER WHAT’S POSSIBLE.

The Johns Hopkins Hospital’s Department of Physical Medicine and Rehabilitation is among the top specialties ranked nationally by US News & World Report 2012.

For information, call 410-614-4030 or visit hopkinsmedicine.org/pmr