Lance E. Trexler, PhD — This epoch in the history of BI-ISIG is exciting. BI-ISIG has been growing and changing in many positive ways, with more members and attendees at the Mid-Year and Annual Meetings. The BI-ISIG Task Forces are each pursuing important and relevant goals and objectives (see updated BI-ISIG website: ACRM.org/BrainInjury). The ACRM Cognitive Rehabilitation Manual, which was borne from the years of work and commitment from Dr. Keith Cicerone and his Cognitive Rehabilitation Task Force colleagues, and authored by Ed Haskins and colleagues, has now sold almost 600 copies to rehabilitation professionals from the United States, Canada, and Europe, as well as several Pacific Rim countries. Workshops have been provided in San Francisco, Nashville, and Vancouver, and future workshops are being scheduled for Los Angeles and Stockholm. Registration for the workshop to take place on April 24 and 25, 2013, in the two days prior to the Mid-Year Meeting in Baltimore, and sponsored by Johns Hopkins Medicine, already has 125 registrants and is growing.

Rehabilitation research has evolved enormously as evidenced by the growth in the Archives, but far too little of the knowledge generated by our research becomes implemented into practice and often many years later. The BI-ISIG is a unique blend of highly skilled researchers and clinicians, and therefore seems to be the perfect petri dish in which to develop, evaluate, and disseminate evidence-based treatment protocols. BI-ISIG research and knowledge transfer efforts can and should inform the Agency for Healthcare Research and Quality and the Institute of Medicine, ideally promoting a more timely synergy between rehabilitation research, policy, education and clinical practice. Certainly the work of the Cognitive Rehabilitation Task Force, but also that of the Disorders of Consciousness and Pediatrics Task Forces, and emerging initiatives within the Long-Term Issues Task Force, are addressing these goals. These efforts are extremely important in the context of expectations that future health care funding will be increasingly dependent upon the quality and outcome of service delivery.

The Mid-Year Meeting in Baltimore promises to be both a very well-attended and very intense experience. Please remember to engage our new Early Career and other
Continued from page 1

new members. The lunchtime presentation from the ACRM Lobbyists Bobby Silverstein and Peter Thomas Powers is a new addition to the meeting agenda that will provide an important perspective on future opportunities and challenges. I am very appreciative of all of the efforts of the Task Force Chairs to prepare for this meeting and especially grateful to our own Dr. Ron Seel for assuming leadership of the Mild TBI Task Force. I would like to note that the ACRM staff have all been terrific in supporting the BI-ISIG and our preparations for the MYM. And while Kay Fitzpatrick is no longer with ACRM, the BI-ISIG would like to thank her for all of her hard work and dedication to our efforts. We wish her all the best. The BI-ISIG Executive Committee members have also been fantastic — they are highly committed and engaged with the best of intentions. I am very appreciative and thankful to each of them.

I look forward to seeing you in Baltimore!

Lance Trexler, PhD. BI-ISIG Chair

Letter from the Editor

As the BI-ISIG continues to be in transition, so does its newsletter. The first newsletter for the group originally named the Head Injury Task Force was produced in 1986, with Moving Ahead being chosen newsletter title in 1989. The newsletter’s look has evolved over the years, most recently taking on ACRM “branding” changes under able graphic guidance from Signy Roberts. Decisions about newsletter content, however, have focused upon topics pertinent to the times.

Due to recent increases in newsletter production costs, the current issue is being sent out in e-print only. Although the current BI-ISIG membership may now favor e-publication only of our newsletter, others still want a hard-copy of Moving Ahead in hand to give to potential new BI-ISIG recruits. The choice that I will bring to you at the MYM (and on email), will be whether we move to e-publication only, or whether the newsletter could support its production costs by including (paid) tasteful “advertisements,” such as conferences and meeting announcements.

I continue to have the pleasure to work with BI-ISIG Media Committee members Michael Fraas and Mary Pat Murphy. Samantha Backhaus reluctantly left the committee due to many personal and professional demands, but I look forward to future collaborations and interactions with her.

It was a joy to honor Judy Reuter in Vancouver for her past extensive role in the BI-ISIG and the production of Moving Ahead. I wish her well as she assumes an office management position in an Indianapolis rehabilitation neuropsychology practice. I also salute Kay Fitzpatrick, former ACRM Missions Director, who guided our recent past issues to production. I will miss her and her forthright feedback, clarity, and organization. I wish her the best in the future.

Welcome to Jenny Richards in her new role, as well as to Terri Compos, and my great thanks to Signy Roberts, who has worked untold hours to put out this current issue of Moving Ahead.

Donna Langenbahn, PhD, Editor
Welcome and Announcements

Ron Seel, Chair
The Annual Meeting of the Brain Injury Interdisciplinary Special Interest Group (BI-ISIG) of the American Congress of Rehabilitation Medicine (ACRM) was convened in Vancouver, BC, Canada on October 11, 2012, at the Sheraton Wall Centre Hotel. BI-ISIG Chair Ron Seel welcomed attendees and asked new members to introduce themselves. Ron asked Preston Harley to explain the mission and history of the BI-ISIG, including the BI-ISIG's role as a driving force in defining TBI treatment standards, such as those endorsed by CARF.

Secretary's Report

Joshua Cantor, Secretary
Minutes of the 2012 Mid-year Business Meeting were distributed in copies of Moving Ahead for review by membership. The minutes were approved.

Task Force Updates and Meeting Plans

COGNITIVE REHABILITATION
Keith Cicerone & Donna Langenbahn, Co-Chairs
Donna described the paper on the effectiveness of cognitive rehabilitation in medical conditions that she and other CR TF members have authored. It has been e-published and will appear in an upcoming issue of Archives. The group will continue this review process with an update. Keith described other current activities, including: 1) the recently begun fourth systematic review of CR for TBI and stroke (2009-2013), 2) the training aspect of participating in the systematic reviews, 3) the second annual Cognitive Rehabilitation Manual training. Lance Trexler reported that he will co-chair (with Keith) a new ACRM Cognitive Rehabilitation Training Committee and that manual sales thus far have reached $35k.

COMMUNITY BASED TREATMENT
Nina Geier & Ann Marie McLaughlin, Co-chairs
Not represented.

DISORDERS OF CONSCIOUSNESS
Risa Nakase-Richardson & John Whyte, Co-Chairs
The task force has joined forces with other groups to expand membership including the VA emerging consciousness program and TBIMS DOC SIG to advocate for individuals with DOC and disseminate information to stakeholders, including the fact that

Continued on next page
20% of individuals with DOC have significant functional improvement. There will be an Archives special issue on DOC including research and commentary. John has created a letter that can be used by families and providers to advocate for coverage. There were twelve hours of programming on DOC issues at recent conferences.

**Girls and Woman with ABI**

Angela Colantonio, Chair

Angela reported that the group has a monthly conference call for information updates and planning. There is an emphasis on inclusion of early career members, and on knowledge translation and exchange. In presenting at NABIS, Angela proposed that every BI conference should have presentation on girls and women with BI. They have submitted for an Archives Supplement. They have a new publication in Brain Injury based on proceedings of the first task force meeting that sets out priority areas for research (e.g., violence, abuse, community integration, psychosocial issues, sexuality). They continue to build on the existing research infrastructure and to leverage funding from different agencies.

**Long-term Issues**

Tom Felicetti & Flora Hammond, Co-Chairs

Tom and Flora presented a brief history of the task force and recent activities, including: its focus on falls and the Falls Tip Sheet (endorsed by ACRM and to be published in Archives as a pull sheet), conference presentations, an upcoming book chapter (with some concerns that the book may not be published), a focus on aging with TBI, and kicking off a strategic plan on addressing aging and TBI as a chronic condition (to be published in Brain Injury Professional).

**Mild TBI**

Not represented.

**Pediatric/Adolescents**

Julie Haarbauer-Krupa, Chair

Ron Seel reporting

The Board of Governors supports tracks in Pediatric Rehabilitation being added to ACRM conference programs.

**Prognosis After TBI**

Rosette Biester & David Krych, Co-chairs (Doug Katz reporting)

Completed TBI information surveys for survivors and family members regarding the adequacy of information they received since BI. IRB approval has been obtained and 60 responses have been received to date. The TF will be focusing on dissemination of information from the survey.

**Other Business**

Tessa Hart presented information about a new ACRM product, educational consumer-oriented tear sheets for inclusion in all Archives issues. Members can consult the “Guide to Products” for information on how to submit a tear sheet or contact Tessa.
BI-ISIG Initiatives
Ron Seel
Ron spoke about membership value and efforts to increase it, including: adding continuing education credits and educational content, and making the BI-ISIG Early-Career friendly. The Executive Committee has worked to improve communication with TF leaders regarding conference organization (TF chairs have been very responsive). More money is available, so a partial scholarship has been provided (there are 8 awards for 2013 mid-year meeting). We have added a member reception to communicate with EC members (will begin in Vancouver, but it needs to be improved for next year).

Following the 2012 MYM, surveys were sent to attendees and non-attendees – results of the survey were presented. Satisfaction was high for attendees, and ACRM staff support was much appreciated. Attendees value face-to-face collaboration, friendship, and networking opportunities. The closing meeting was not very popular so dropping it will be seriously considered. Non-attendees generally did not attend because of scheduling conflicts, cost, and access. CE credits were desired, with an interest in research methods and knowledge translation content were preferred.

Ron noted that we would like to increase attendance to 60 or 70 for the MYM. Suggestions from membership included: Web based content (all conference content is being taped to allow for access for attendees (at a very reduced rate) and non-attendees (at a higher rate); getting APA-approved CE credits, trying to get products to the membership directly without asking (e.g., tip sheets) in ways that are effective and not off-putting, a focus on increasing participation in TF activities of people who cannot attend the meeting (e.g., using gotomeeting.com; determining which activities are most amenable to this), adding CE credit (which is relevant to improving effectiveness of TFs). It was noted that adding CE credits may not be cost-effective and may not be consistent with the business focus of the meeting.

Recognition of Judy Reuter
Tamara Bushnik and Donna Langenbahn
Judy Reuter’s contributions to ACRM and the BI-ISIG were recognized and her work for the BI-ISIG was honored with words of recognition and a gift of an album of pictures from BI-ISIG and ACRM events.

Treasurer’s Report
Risa Nakase-Richardson, BI-ISIG Treasurer
The BI-ISIG has a proposed budget of $19,140 (revenue of $8,794 and in-kind contribution from ACRM of $10,346). It appears that BI-ISIG is operating at a net loss of $2627, although finances remain somewhat unclear (membership revenue is down slightly). It is unclear if ACRM has realized its investment in this or other ideas. The BI-ISIG may also consider a joint meeting with the Stroke SIG at the MYM if the goal is to grow the meeting. The EC will aim to improve communication to non-attendees about the benefits of the MYM in terms of learning and collaboration and building relationships.

Tamara Bushnik, Judy Reuter and Donna Langenbahn
in the Cognitive Rehabilitation Manual, so no revenue from the manual is in the budget.

ACRM President Announcements

Tamara Bushnik

Tamara expressed ACRM support for the BI-ISIG, its networking and TFs, and for its initiative with Early Career members (there also is an early career member on the ACRM BOG, and a focus on mentoring). She noted the BI-ISIG’s importance as the “model” ISIG. She invited attendees to give suggestions regarding ACRM to Lance or the BOG.

Early Career Report

Kristen Dams-O’Connor, Early Career Officer

Kristen noted that as a result of the EC position in the BI-ISIG, there now are also EC positions in the Stroke Networking Group, the SCI SIG, and the BOG. She noted that a proposal was approved by the BOG in May to extend the EC rates to within 5 years of ending training. Attendees were asked to encourage involvement of EC individuals in the BI-ISIG (e.g., go to poster sessions, ask people you work with to join).

Communications Report

Donna Langenbahn, Communications Officer

Donna reported that, in addition to the new look for Moving Ahead, there is now also a new BI-ISIG brochure. Both were done in collaboration with the ACRM office to have a more consistent “ACRM-like” look. The media committee continues to work on ways to update the website with information about TFs with a focus on attracting new members.

BI-ISIG Awards

The David Strauss was awarded to Erik Storholm of Mount Sinai. The Early Career poster award was awarded to Maria Kajankova.

Election Results

The new executive committee was elected by the membership includes:

Lance Trexler – Chair
Teresa Ashman – Awards Officer
Joshua Cantor – Chair Elect
Kristen Dams-O’Connor – Secretary
Risa Nakase-Richardson – Treasurer
Ron Seel – Past Chair
Andrew Dennison – Early Career Officer

Departing Executive Committee members, Joe Marcantuono, Awards Officer, and Preston Harley, Past Chair, were honored for their service.

Meeting Adjournment:

Motion to adjourn the meeting was made and seconded. The meeting was adjourned.

Respectfully submitted,
Joshua Cantor, PhD, BI-ISIG Secretary
BI-ISIG HISTORY

We are working to have a BI-ISIG history and a timeline of BI-ISIG events starting from 1977 available on the ACRM website. Given interest expressed in the early history of the BI-ISIG, especially amidst current political and economic times, the following article from Moving Ahead, 1990, Vol 4, Number 1 is being reprinted. The article, authored by Sheldon Berrol, MD, first Chair of the Head Injury Task Force, was entitled “The Tenth Anniversary: Reflections on the Evolution of the ACRM-ISIG.”

A group of professionals interested in the management of persons who had sustained brain injury met at the annual Santa Clara Valley Conference in 1977. The purpose of this meeting was to identify and discuss new programs, and to discuss their role in the continuum of care. It became clear that there was insufficient time to adequately address all the salient issues.

The attendees concluded that with the rapid changes occurring in the field, there was a need to meet on an ongoing basis to keep pace with the events in clinical practice and research. A second informal meeting took place at the ACRM, and a third meeting was held at the annual Medical College of Virginia Conference in Williamsburg.

In 1979, after four consecutive informal meetings, each with a larger number of participants addressing an ever more substantial body of knowledge in both research and clinical areas, it was unanimously agreed that the time had come to formalize the group, and to ensure that this forum, which had proven so valuable to its membership, would continue. It was agreed that the multidisciplinary nature of the membership, a strength characteristic of the field of rehabilitation, should be enhanced and preserved. Accordingly, a request was made to Thomas Anderson, MD, president of the ACRM, an organization devoted to meeting interdisciplinary professional needs.

Dr. Anderson recognized the unique characteristics as well as the potential of this group, having had the opportunity to participate in several of its organizational meetings.

Dr. Anderson encouraged the application, facilitated its processing, and not only insured that an official meeting took place, but designated the group as the “Task Force on Head Injury Rehabilitation.” The task force was to meet and report annually at the AAPMR/ACRM annual Congress. The first official meeting took place at the Congress meeting in Honolulu in 1979.

By 1985, in keeping with the official designation, a slate of officers was presented by a nominating committee, and the election of officers took place. The following year, by-laws were established and voted upon by the membership.

Over the next several years, the task force addressed issues and made recommendations to a variety of federal, state, and community agencies looking at standards of care. The overwhelming majority of the early membership remained in clinical and research activities within the field of Head Injury Rehabilitation.

The continued growth of the Task Force, and ultimate acquisition of ISIG status within the Congress, assured the organization a permanent place in forging not only standard of care, but in identifying and initiating research, setting ethical standards, and establishing a leadership role in graduate education for a wide variety of health care professionals.

New BI-ISIG Members

The BI-ISIG welcomed 160 new members in 2012, hailing from over half of the US 50 states, several Canadian provinces, our new international member Sunnaas Rehabilitation in Norway, and other countries around the world. To see an entire listing of new BI-ISIG members, visit: ACRM.org/braininjury/newmembers.

TBI and Disability Resource

HealthNav is a free online resource for individuals, family members, caregivers, and healthcare providers with information about tailored and geographically defined services supporting people with cognitive disabilities with an emphasis on TBIs. It is unique in identifying healthcare and community service options according to rehabilitation stage, service accreditation/certification, evidence-based and promising practices, and care management. HealthNav is the result of a project by JBS Disability Services Center, under the guidance of Eileen Elias, MEd. An overview of this resource is available at http://www2.jbsinternational.com/imc/healthnav/healthnav.htm.
The Sheldon Berrol Memorial Chautauqua at the 2012 ACRM Annual Conference presented moderator Gary R. Ulicny, PhD conducting a conversation under the title “When Does Treatment End, and How Do We Decide?” that examined the personal, professional, and health system rationales behind decisions to continue or stop brain-injury treatment. Engaging with five stakeholder participants onstage, Dr. Ulicny posed difficult questions to Charles Wheeler, III, brain-injury survivor, currently completing a doctorate in rehabilitation counseling; Ryan Tisinger, the son of a brain-injury survivor and a community and web-based BTI advocate; Mark Bayley, MD, Medical Director of Toronto Rehabilitation Institute’s Neuro-Rehabilitation Program and BI rehabilitation researcher; Adam Seidner, MD, MPH, Medical Director of the Workers Compensation Division of Travelers Insurance; and Leslie Small, MS, VP of Clinical Operations for Paradigm’s Catastrophic Care Division.

In this year’s Chautauqua, Dr. Ulicny challenged the panel with patient scenarios such as: “suppose you have a 24-year-old TBI victim who has been in a minimally conscious state for two months; the team says he has no purposeful movement.” Dr. Bayley noted that the team’s systematic assessment of functioning should be taken seriously, yet Mr. Tisinger countered by saying that his mother had been in a coma for months and the team had “refused to see that she was trying to communicate” (she has since recovered from coma).

The panel wrestled with other difficult topics such as “medical necessity,” “cost effectiveness,” and “decision-making algorithms.” They identified issues as ethical, moral, practical or all of the above: “How do we serve humans and keep costs in mind?” noted Ms. Small, “To apply a formula to a particular case, we cannot do that.” Yet, the cost of overall care and treatment, is huge. She wondered if there are better models that help us move TBI survivors through a continuum. The panel weighed the needs of the “person sitting in front of you” against the fact that that if “we have to serve X number of people each year; we cannot do Rolls Royce service for everyone.” There was also opportunity for audience participation, and several audience members spoke up with comments and questions.

The Chautauqua has traditionally been a venue in which to address timely and sometimes controversial issues. Dr. Shelly Berrol, the honoree of this annual BI-ISIG sponsored event, did not shrink from the big questions in brain injury assessment, treatment, and advocacy, acting always with the foresight and integrity that won him respect and acclaim. Today, with increasing health care costs, in the face of decreasing health care benefits, the topic of the 2012 Chautauqua was both timely and controversial. There are no clear answers, but the conversation must continue.

Brain Injury Policy Points

In less than nine months key elements of the Patient Protection and Affordable Care Act of 2010 (ACA), known as “Obamacare,” will go into effect. The current article outlines some of the practical impact of this huge bill for individuals with disabilities, and especially for those living with brain injuries, with content excerpted from a web posting by Ford Vox on 3/26/13.1

As a first order of business, ACA supersedes the pre-existing illness clause of the 2008 Genetic Information Nondiscrimination Act, which allowed premium penalties for those with an already-diagnosed illness/disability. As of 2014, insurance rates may only be based on geography, smoking status, and policy-holder age, and plans must accept consumers regardless of pre-existing conditions. This change also may weaken the built-in work disincentive that forces individuals to choose between a job or needed healthcare coverage. The sense of self-worth in productive work, or giving to society and others, thus may become a more attainable goal for people with disabilities.

ACA dictates that coverage be made available without annual and lifetime caps. This change could give private insurance plans long-term exposure, as well as an investment in intensive early rehabilitation efforts to restore lost function and lay groundwork for future health. ACA further guarantees plan portability if one moves, and mandates that all important coverage terms and exclusions be set forth in an 8-page or less document.

A couple of caveats apply for ACA. As written, the bill meant for those with income below 138% of poverty line to qualify for expanded Medicaid, and for those up to 400% of poverty to qualify for assistance with plan premiums. With a Supreme Court ruling against mandated Medicaid expansion, some states may decline, albeit at risk of losing major federal economic incentives. Another concern entails embedded cost containments that will need to be monitored. However, new models, like bundled payments, could allow providers to use more effective treatment doses and intensities, calling for them to set treatment guidelines with a sense of responsibility and using data-driven evidence.

We hope that ACA can promote up-front rehabilitation interventions that may decrease larger long-term expenses, but still end the barriers that have prevented appropriate long-term healthcare for disabled millions.

Leadership Changes
Since the Annual Business Meeting, there have been changes in leadership in three of the BI-ISIG eight task forces; other task forces have taken on co-chairs in recent months:

**Dr. Thomas Felicetti** is stepping down as chair of the Long-Term Issues Task Force after one year and, we are sorry to note, is also retiring from ACRM and the BI-ISIG. In 2011, Tom left the position of Executive Director at Beechwood Rehabilitation in Langhorne, PA, following 21 years of service. Tom earned a degree in political science from Hunter College in NYC, where he was recently elected to their Hall of Fame, the highest honorary award given by his alma mater. Following Hunter graduation, he worked as a teacher in the NYC public schools, and then in private schools serving children and teens with developmental and learning disabilities, before taking on the leadership at Beechwood. A past BI-ISIG Chair (2004-2006) and designated a Fellow of ACRM in 2010, Tom has had a lifelong commitment and made many contributions to the field of rehabilitation. He assumed the chair of the LTITF several years ago from Stu Phillips, and then yielded the chair to Tina Trudel in 2001. Under Tina’s leadership, he and Mike Mozzoni were also pivotal in a major project disseminating more than 1800 surveys to individuals with TBI exploring the long-term effect on health and well-being. Many projects and presentations stemmed from the 312 usable completed surveys, including a special issue of JHTR edited by Tom and a special issue of Brain Injury Professional edited by Tina. Tom has also been a long-time member of the Cognitive Rehabilitation TF, and a co-author on its three EB reviews. Tom is now owner of “Tom Felicetti, Bookseller.” You can tweet him @ThomasFelicetti.

The LTITF will continue under the leadership of Flora Hammond, MD, and new Co-Chair, Kristen Dams-O’Connor, PhD.

**Dr. Joseph Marcantuono** left the position of Co-Chair of the Pediatric and Adolescent Task Force after one year. Until recently Supervisor of Psychology — Inpatient Services, at Rusk Institute of Rehabilitation Medicine, New York, and now Clinical Neuropsychologist at Bacharach Institute for Rehabilitation in Pomona, NJ, Joe had worked together with Co-Chair **Dr. Julie Haarbauer-Krupa** to plan and execute an exceptional pediatric education seminar for the ACRM 2011 annual meeting.

**Dr. Ronald Seel**, Director of Brain Injury Research at Shepherd Center, Atlanta, GA, has taken on the position of Chair of the Mild TBI Task Force, which has been in transition for a few months. Although still in the planning stage, potential goals/projects include educational reports and, if additive to the current literature, systematic reviews. In addition Ron hopes to explore and clarify levels of evidence in MTBI (e.g., the types of research and evidence required to establish a biomarker as a risk/prognosis factor for this chronic condition).

**Current BI-ISIG Task Forces and Chairs**

**Cognitive Rehabilitation Task Force**  
CO-CHAIRS: Keith Cicerone & Donna Langenbahn

**Community-Based Treatment Task Force**  
CO-CHAIRS: Nina Geier & Ann Marie McLaughlin

**Disorders of Consciousness Task Force**  
CO-CHAIRS: John Whyte & Risa Nakase-Richardson

**Girls and Women with ABI Task Force**  
CO-CHAIRS: Angela Colantonio & Yelena Goldin-Lauretta

**Long-Term Issues Task Force**  
CO-CHAIRS: Flora Hammond & Kristen Dams-O’Connor

**Mild TBI Task Force**  
CHAIR: Ronald Seel

**Pediatric and Adolescent Task Force**  
CHAIR: Julie Haarbauer-Krupa

**Prognosis after TBI Task Force**  
CO-CHAIRS: Rosette Biester & David Krych

Please visit the ACRM website www.ACRM.org/acrm-communities/brain-injury for task force mission statements, current projects, and contact information.
BI-ISIG Members Receive Awards and Recognition at the 2012 Annual ACRM Conference

Among those recognized and receiving awards during the 2012 Annual Joint Conference of ACRM and ASNR were several BI-ISIG members. They are highlighted below.

Marcel Dijkers, PhD, FACRM was 2012 recipient of ACRM’s Gold Key Award. This award was established in 1932 to recognize individuals who have rendered extraordinary service to the rehabilitation cause. It is the highest ACRM honor. Dr. Dijkers is senior investigator in the Brain Injury Research Center of Mount Sinai. He has published over 60 articles and chapters on the social and functional consequences of SCI/TBI, the delivery of health services for these conditions, outcome measurement, and methodological and statistical issues in rehabilitation research. He was 2007-2008 ACRM President, and continues to lend his knowledge and experience for its betterment.

The Fellow of ACRM award is presented to individuals who contribute significantly to the field of rehabilitation and to ACRM. BI-ISIG member Jennifer Bogner, PhD was honored with this award: She is the Vice-Chair of Research and Academic Affairs and Associate Professor for the Department of Physical Medicine and Rehabilitation, The Ohio State University. She serves as the Associate Editor of the Journal of Head Trauma Rehabilitation, and her research interests include factors associated with long-term TBI outcomes, TBI self-regulation deficits (particularly related to substance-use disorders), and agitation in early TBI recovery. She is Co-PI of the Ohio Regional TBI Model System project, and a co-author of the Ohio State University TBI Identification Method (OSU TBI-ID), a standardized interview for eliciting lifetime history of TBI.

The 2012 Distinguished Member Award, honoring a member with significant contributions to the development and functioning of ACRM, went to Ronald Seel, PhD. Dr. Seel is Director of Brain Injury Research at Shepherd Center, Atlanta, GA. His research interests in TBI have been wide-ranging, including assessment of safety risk after TBI, pharmacological treatment of attention disorder in persons with TBI receiving acute rehabilitation, identification of recovery patterns in the first year after TBI, and factors that predict TBI post-acute rehabilitation outcomes.

The Elizabeth & Sidney Licht Award for Excellence in Scientific Writing recognizes a paper selected from those published in Archives of PM & R that makes significant empirical and theoretical contributions to rehabilitation medicine, with sound methodology and data analysis. The 2012 award went to Keith Cicerone and members of the BI-ISIG Cognitive Rehabilitation Task Force for the paper: “Evidence-based cognitive rehabilitation: Updated review of the literature from 2003 through 2008.” Other authors included Donna Langenbahn, Cynthia Braden, James Malec, Kathy Kalmar, Michael Fraas, Thomas Felicetti, Linda Laatsch, J. Preston Harley, Thomas Bergquist, Joanne Azulay, Joshua Cantor, and Teresa Ashman (Published in Archives of PM & R, December, 2011, Vol. 92, Issue 12, pp. 519-530).

Elizabeth Skidmore, PhD, OTR/L, was the 2012 recipient of ACRM’s Deborah L. Wilkerson Early Career Award in Rehabilitation, awarded to an ACRM member within ten years of completion of training who has made significant contributions to rehabilitation research. Ms. Skidmore is Associate Professor of both Occupational Therapy and Physical Medicine and Rehabilitation at the University of Pittsburgh.

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BI-ISIG News Briefs

News Briefs items are solicited by email from BI-ISIG members and consist of publications, projects, and professional acknowledgments in brain-injury related areas. Responses represent only a sample of BI-ISIG members’ many professional accomplishments, and their listing here is intended to inform other members about on-going research and other projects for the goal of promoting communication and collaboration.

Publications and Projects


David B. Arciniegas, MD, Senior Scientist and Medical Director for Brain Injury Research, TIRR Memorial Hermann, Baylor, TX, reports publications with colleagues of articles in Current Treatment Options in Neurology on treatment of post-TBI cognitive impairment and J Neurotrauma on hyperbaric oxygen treatment for blast-induced PCS and PTSD.

Teresa Ashman, PhD, Associate Director of Psychology--Research, Rusk Rehabilitation, NYU Langone Medical Center, NY, NY, reports several publications with and by Rusk colleagues (Hilary Bertisch, Tamara Bushnik, Robert Gordon, Steven Flanagan, Donna Langenbahn, Joseph Rath) and with others on: inpatient pain management, self-reported TBI in torture victims (JHTR), imaging correlates of PCS and mTBI ([J Neurotrauma and Radiology]), and identification/treatment of TBI and co-occurring psychiatric symptoms in veterans seeking services (Community Ment Health J).

Thomas Bergquist, MD, reports publications with colleagues in Psychol Serv on the effectiveness of telehealth intervention for caregivers and survivors, in Brain Injury on both impact on functional outcomes of client-centered goal achievement and impact of pre-treatment strategy use on activity limitations, and with BI-ISIG colleagues Jenny Bogner, John Corrigan, L. Davis, Marcel Dijkers, R Hanks, Angelle Sander, Ron Seel, & Mark Sherer on pre-TBI predictors of life satisfaction (Archives).

Yelena Bogdanova, PhD, Principal Investigator, RR&D, Psychology Research, VA Boston Healthcare System, Boston, MA, is first author on a publication in Neuropsychol Rev on recovery and rehabilitation in blast TBI. She is PI on two ongoing RCTs evaluating efficacy of cognitive rehabilitation and multi-modal rehabilitation programs in TBI.

Margaret Brown, PhD, Director of Dissemination, Brain Injury Research Center, Mount Sinai School of Medicine, NY, NY, reports several publications with and by Mount Sinai colleagues (Joshua Cantor, Kristen Dams-O’Connor, Marcel Dijkers, Wayne Gordon, Brian Greenwald [no longer at MSSM], Shinakee Gumbar, Charli Hirshson) and also in collaboration with other colleagues: pre-TBI predictors of life satisfaction and growth-curve models to evaluate rehabilitation change (Archives), visual impairments after TBI (Brain Injury), feasibility of computerized brain CR after TBI (J Rehabil Res Dev), and reviews of mild TBI, TBI in sports, and CTE (Rehabil Res Practice).

Foti Constantintidou, PhD, Department of Psychology, University of Cyprus. Nicosia, Cyprus, reports articles with colleagues in Brain Injury, Epilepsy Behav, and Folia-Phoniatrica et Logopaedica on SLP-neuropsychology collaborations, psychosocial adjustment in patients with epilepsy, and age/education impact on executive functioning. She is investigating neuromaging correlates of cognitive tasks in long-term TBI, as well as pathological aging in MCI and AD.

Deirdre R. Dawson, PhD, OT Reg, Senior Scientist, Rotman Research Institute, University of Toronto, Toronto, ON, reports articles with colleagues in Brain Injury, Can J Occup Ther, and Aust J Occup Ther on telerehabilitation in TBI-related executive dysfunction, post-TBI (by assault) community integration, and assessment of EF after stroke.


James F. Malec, Ph.D., Research Director, PM&R, Rehabilitation Hospital of Indiana, Indianapolis, IN, reports several publications with local (Flora Hammond, BJ Hufford, J Keen, MK Williams) and national colleagues (Tamara Bushnick, Joshua Cantor, Keith Cicerone, Kristen Dams-O’Connor, Marcel Dijkers, Wayne Gordon, Cyndy Harrison-Felix, Chari Hirshson, Stephanie Kolakowsky-Hayner, Gale Whiteneck, Jerry Wright, and Nathan Zasler) on sleep disturbance and fatigue following TBI, relational impact of irritability post-TBI, post-TBI life expectancy and mortality, TBI and aging, behavior contracts to increase adherence in inpatient BI rehabilitation, and CVA/TBI comparability on the MPAI.

Farooq Rathore, MBBS, Assistant Professor, Department of Rehabilitation Medicine, Combined Military Hospital and Medical College, Lahore Cantt, Pakistan, reports a project to investigate QOL and secondary complications in community dwelling chronic stroke survivors in Pakistan.

Mark Sherer, Ph.D., Senior Scientist and Director of Research, TIRR Memorial Hermann, Baylor, TX, and colleagues have participated with other BI-ISIG colleagues in several studies published in Archives: colleagues are Tom Bergquist, LC Davis, Flora Hammond, Steve Macchiocchi, Kacey Maestas, Jim Malec, Risa Nakase-Richardson, Monique Pappadis, Angelle Sander, and Ron Seel in projects on caregiver/family functioning, predictors of life satisfaction, sexual functioning following TBI, prediction power for rehab outcome by post-traumatic confusional state, and general prediction models in neurorehabilitation.

Douglas Weeks, PhD, Senior Research Investigator, St. Luke’s Rehabilitation Institute, Spokane, WA, reports a project to validate the Modified Mini-Mental State Examination (3MS) with TBI patients receiving inpatient rehabilitation services to be published in Archives.

Nathan Zasler, MD, CEO & Medical Director, Tree of Life Services, Concusson Care Center of Virginia, Richmond, VA, reports articles published in NeuroRehabil on community-based rehabilitation and the use of sodium amobarbital, in JHTR on assessment of sexuality following TBI, in Brain Injury Prof on the “iWalk” program for gait training, and in Clin Neurol Neurosurg on ICFDH domains covered by TBI assessment instruments. Nate also reports projects on: PTHA with Israeli colleagues, music therapy and TBI on ICFDH domains covered by TBI assessment instruments. Nate also reports on the “iWalk” program for gait training, and in Clin Neurol Neurosurg on ICFDH domains covered by TBI assessment instruments. Nate also reports projects on: PTHA with Israeli colleagues, music therapy and TBI on ICFDH domains covered by TBI assessment instruments. Nate also reports on the “iWalk” program for gait training, and in Clin Neurol Neurosurg on ICFDH domains covered by TBI assessment instruments. Nate also reports projects on: PTHA with Israeli colleagues, music therapy and TBI on ICFDH domains covered by TBI assessment instruments. Nate also reports on the “iWalk” program for gait training, and in Clin Neurol Neurosurg on ICFDH domains covered by TBI assessment instruments. Nate also reports projects on: PTHA with Israeli colleagues, music therapy and TBI on ICFDH domains covered by TBI assessment instruments. Nate also reports on the “iWalk” program for gait training, and in Clin Neurol Neurosurg on ICFDH domains covered by TBI assessment instruments. Nate also reports projects on: PTHA with Israeli colleagues, music therapy and TBI on ICFDH domains covered by TBI assessment instruments. Nate also reports on the “iWalk” program for gait training, and in Clin Neurol Neurosurg on ICFDH domains covered by TBI assessment instruments. Nate also reports projects on: PTHA with Israeli colleagues, music therapy and TBI on ICFDH domains covered by TBI assessment instruments.

Acknowledgements and Awards

David B. Arciniegas, MD, was named Beth K. and Stuart C. Yudofsky Chair in Brain Injury Medicine in the Menninger Department of Psychiatry and Behavioral Sciences at the Baylor College of Medicine in September 2012.

Foti Constantintidou, PhD was nominated for the Woman Scientist of the Year award by the Madame Figaro Cyprus.

Doug Katz, MD was named recipient of the 2012 Kenneth Viste, Jr. MD Award and Memorial Lecture, from the American Society of Neurorehabilitation.

Jim Malec, PhD was named the recipient of the 2012 Sheldon Berrol, MD Clinical Service Award of the Brain Injury Association of America.

Drew A. Nagele, PsyD, Executive Director, Beechwood Rehabilitation Services, Langhorne, PA, is pleased to announce that they have received CARF accreditation.

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Her research interests are in the neurological underpinnings of acquired disability and the influence of cognitive impairment and mood disorders on recovery after ABI. Her presentation was entitled: “Closing the Gap: Early Intervention for Cognitive Disability after Stroke”

ACRM Mitchell Rosenthal Memorial Lecturers were BI-ISIG member James Malec, PhD and Catherine A. Mateer, PhD. They presented on: “Reconceptualizing Brain Injury Rehabilitation in the Future: A Peek Over the Horizon”

BI-ISIG AWARDS

9th Annual BI-ISIG David Strauss, PhD Memorial Award

The Strauss Award, created in 2004 in honor of David Strauss, PhD, honors this long-term BI-ISIG member, nationally recognized for his humanistic interests, vision, and teaching in post-acute TBI topics. This award is given to the primary author of a poster presentation at the annual conference judged as best reflecting Dr. Strauss’s areas of interest.

Eric Storholm, MA won the 2012 award for the poster: “Depression as a mediator of the relation between behavioral disinhibition and substance abuse among individuals with traumatic brain injury (TBI).” Eric was an extern at Mount Sinai School of Medicine, New York, and is pursuing a doctoral degree in counseling at the NYU Steinhardt School. In addition to a certificate of recognition, he will receive a complimentary registration for the 2013 ACRM Annual Conference. His co-authors are Nora Goudsmit, & Kristen Dams-O’Connor.

The winner of the BI-ISIG-sponsored Early Career Poster Award was Maria Kajankova, MA for the poster entitled: “Self-perception and identity development among TBI survivors according to stage of development at injury.” Maria was an extern at the Mount Sinai School of Medicine and is currently a pre-doctoral intern at the Rusk Institute of Rehabilitation Medicine, both in New York. Her co-authors were Nora Goudsmit, Eric Storholm, & Kristen Dams-O’Connor. Ms. Kajankova will receive a certificate of award and a complimentary registration to the 2014 ACRM Annual Conference.

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