

Rehabilitation OUTLOOK

Vol. 16, No.2, 2011



Excellence in the science of rehabilitation medicine through interdisciplinary collaboration

www.ACRM.org

Rehabilitation Outlook

Adam B. Warshowsky, PhD
Editor

Michael Jones PhD, Chair
Communications Committee

Highlights

Spinal Cord Injury SIG Task Force.....	3
BOG Candidates Announced	3
Focus on Finland	4
New Rehabilitation Instrument Database.....	5
Database at ACRM Mid-Year Meeting.....	5
Mid-Year Meeting Agenda at a Glance.....	7
Anticipating Atlanta: Plenary Speakers.....	8
Annual Conference Preconference Courses	10
Members In the News	11

From the President: Bylaw Amendments

Dear Fellow ACRM Members:

One of the charges for the Board of Governors this year is to begin to transition from a leadership model to a governance model. This is in keeping with most organizations in this country today. We now enjoy very capable leadership with Jon Lindberg as our CEO, to help us set the strategic direction and to handle the day-to-day activities regarding implementation of those strategies. Hence, one of the first steps in terms of making this transition is to evaluate the ACRM bylaws.



Gary Ulicny
CEO, Shepherd Center
President, ACRM

Our current bylaws have not been updated in a long time and reflect a fairly antiquated philosophy of governance. One of the major reasons for the lack of update is that our bylaws require a vote of the membership to make amendments or any changes. Because this involves a huge effort, previous Boards may have been understandably reluctant.

Below are the major changes the Board of Governors proposes to update and amend the current bylaws:

- As you know, one of our strategic goals is to more actively involve both students and those early in their careers. For this reason, the Board of Governors recommends one member-at-large Board position be reserved for someone from the Early Career membership category. The Early Career Committee will suggest candidates to the Nominating Committee who will recommend nominees for election by the ACRM membership.
- We propose changes in the bylaws language which moves away from management to governance. Under Authority and Responsibility, the language will be changed to indicate that the Congress shall be governed by a Board of Directors known as the Board of Governors. In addition, it outlines responsibility for the day-to-day activities and selection of a CEO.
- A change is proposed to empower the Board of Governors to appoint ad hoc members to the Board based on a majority vote of the Board.
- In the current bylaws, a vacancy of the Board of Governors is filled by an action of the Board. We propose vacancies be filled by a nomination by the President and the majority vote of the remaining members of the Board of Governors. We believe this will be a more specific process and allow us to fill vacant board positions very quickly.

continued on page 2

From the President: Bylaw Amendments

continued from page 1

- In order to streamline processes and limit the number of committee meetings, we propose combining the Executive and Finance Committee into one entity. This will allow leaders to meet a little less frequently and avoid redundancy. The only board member not on both committees is the President-Elect, who we propose to add as a voting member of the combined Executive and Finance Committee.
- We propose modifying the role and responsibility of the Treasurer. According to the current language, the Treasurer should be responsible for the actual day-to-day supervision of financial activities of the organization. In the governance model, the Treasurer's role should be to oversee and to report to the rest of the Board and work closely with the CEO on budget preparation, investments, etc.
- It is proposed that the role of the Executive Director/CEO be expanded to give him/her responsibility for all day-to-day operations and management of the organization. In the current bylaws, this responsibility is given to the President.
- Currently, vacancies on the Nominating Committee are filled by the actions of the Board. We propose the language be more specific, to indicate vacancies be filled by nomination of the President and a majority action of the Board of Governors.
- Since ACRM is now the sole owner of The Archives, we propose language be added to indicate that the strategic direction of The Archives of Physical Medicine and Rehabilitation is overseen and governed by the ACRM Board of Governors.

I don't think any of these changes will be surprising since this moves us closer to the process by which most not-for-profit organizations and associations are governed today. One of the most important changes, however, is to permit the Board of Governors to amend the bylaws based on a majority vote of the Board of Governors. In the current bylaws, any amendment to that document must be approved by a vote of the entire membership. The proposed change provides a much more streamlined option, so the Board of Governors could react more quickly to changes in the environment.

I hope this clarifies some of the directions that we are taking. If you have any questions or concerns, please contact me at gary_ulicny@shepherd.org or 404.350.7311.

Note that no changes are proposed to the current process of ACRM membership voting for the Board of Governors. In addition, nothing will affect the Board of Governor's strong commitment to involve members in Board committee activities. In the next several weeks, you will receive a ballot asking you to vote "yes" or "no" for permitting the Board to make amendments or changes to the bylaws based on a majority vote of the Board of Governors. Please take an opportunity to cast your ballot so we have a good understanding of your viewpoint on these issues. Thank you.

Sincerely,

Gary R. Ulicny, PhD

Gary R. Ulicny, PhD

President ACRM

Spinal Cord Injury SIG Task Forces: Help Advance SCI Rehabilitation and Research!

The Spinal Cord Injury Special Interest Group (SCI SIG) promotes opportunities for ACRM members to network with colleagues interested in advancing evidence-based rehabilitation for persons with spinal cord injury or disease, with the specific mission to advance the SCI rehabilitation field. To that end, several task forces formed to make meaningful contributions:

- Susie Charlifue leads the Caregiving and Social Support Task Force which is charged with identifying issues related to caregiver distress and benefit in SCI. This task force also summarizes and updates research findings regarding novel interventions used to improve caregiver outcomes. This group explores the ways social support systems contribute to immediate post-injury and long-term outcomes for people with SCI.
- Led by Ralph Marino, the Classification Task Force evaluates current classification systems for persons with SCI, describes the uses and limits of classification schemes, and identifies areas of future research to determine the reliability of exam components and the predictive validity of classification. The group will summarize existing literature in a course/workshop or review paper outlining the state of the science and controversies in classification of SCI.
- Therese Johnston and the FES task force seeks to promote high quality FES research and evidence-based clinical applications of FES for people with SCI. Education of clinicians and potential consumers is critical to meeting the goals of this task force.
- The Secondary Conditions, Medical Wellness, and Lifelong Learning Task Force, chaired by Jeanne Zanca, seeks to contribute to the conduct of high-quality research about the epidemiology, prevention, and treatment of secondary complications post-SCI, and to facilitate inter-disciplinary and inter-organizational collaboration among clinicians, researchers, and consumers interested in secondary complications of SCI.

Other Task Forces being developed include: Fitness and Wellness in SCI, Locomotion in SCI, and Disordered Movement and Neural Plasticity.

The SCI SIG looks forward to its first Mid-Year Meeting where the SCI SIG Board and task force committees will work on the products to best serve ACRM members and SCI rehabilitation field. If you are interested in being a part of this exciting effort, please contact Debbie Backus at Deborah_backus@shepherd.org. ■

Candidates for ACRM Board of Governors Announced

The ACRM Nomination Committee is pleased to present this slate of candidates.

Watch www.ACRM.org and the May issue of *Rehabilitation Outlook* for their platform statements.

Vice President

Doug Katz, MD, FACRM

Cindy Braden, MA, CCC-SLP,
CPHQ, FACRM

Secretary

Cindy Harrison-Felix, PhD

Mike Jones, PhD

Member-at-Large

Anne Deutsch, PhD

Joshua Cantor, PhD

Stephanie Kolakowsky-Hayner,
PhD

Claire Kalpakjian, PhD

Nominating Committee

Adam Warshowsky, PhD

Amy Shapiro Rosenbaum, PhD

Focus on Finland : Neuropsychological Rehabilitation

By Jaana Sarajuuri, Clinical Neuropsychologist, Director of the INSURE-program and Käpylä Sanna Koskinen, Clinical Neuropsychologist, Head of Unit, Rehabilitation Centre, Department of Clinical Neuropsychology and Psychology, Helsinki, Finland

The rehabilitation system in Finland has evolved over the last six decades, and is currently divided into five different administrative sectors and independent subsystems.

Medical rehabilitation is intended for persons who have an illness or injury resulting in a medical or functional impairment that complicates daily living.

Vocational rehabilitation is aimed at people entering or already in the work force, whose work capacity has deteriorated or is at risk of deteriorating over the next few years.

Educational rehabilitation refers to the special arrangements for upbringing and education needed for persons with disabilities.

Social rehabilitation helps people integrate more efficiently into communities by facilitating services for housing, transportation, social security, and general participation.

Adaptation Training is a specialized social rehabilitation approach that was developed in Finland in the 1960s by legislative decree. The purpose of adaptation training is to lessen the impact of an illness or injury on mental, physical and social functioning, and work capacity with the goal of enabling individuals to lead as full a life as possible. Adaptation training emphasizes group activities and some activities involve family members.

The funding of rehabilitation is the responsibility of several administrative sectors in Finland. The primary health care system finances medical rehabilitation through local taxes, as well as central government transfers to local government. KELA, the Social Insurance Institution of Finland, provides rehabilitation for those whose work capacity is impaired by illness or injury, or are at risk to deteriorate, and also provides rehabilitation services for those with severe disabilities under the age of 65.

Rehabilitation is funded by the insurance system in case of accidents, motor liability and earnings-related pension insurance. The Insurance Rehabilitation Association of Finland (VKK)

assists insurance and pension companies with vocational rehabilitation, and also assists with the practical implementation and standardization of rehabilitation services. The quality of the rehabilitation system in Finland has been evaluated to be above average compared to that of other countries. However, the system sometimes appears fragmented to practitioners because the responsibility for providing rehabilitation services is shared among a number of organizations.

Neuropsychological Rehabilitation

Beginning in the era of World War II, neuropsychological rehabilitation has a long tradition in Finland. In the late 1960s, university hospital clinics in Helsinki and Turku established positions for clinical neuropsychologists. The Finnish tradition is characterized by close interaction between both the Eastern (e.g., A. R. Luria) and Western approaches (e.g., Ben-Yishay, Christensen, Lezak, Prigatano).

Ritva Laaksonen, Finland's first clinical neuropsychologist, continues to influence the field through the development of neuropsychotherapy, which combines neurorehabilitation and psychotherapy. The Finnish Neuropsychological Society was founded in 1979 and organized a four-year training program in Neuropsychology. Since 1997, training has been offered through post-graduate university programs.

Today neuropsychological rehabilitation is carried out in hospitals and clinics, private rehabilitation centres, and private practices. In 2008, the number of neuropsychologists involved in rehabilitation was approximately 300 for the Finnish population of 5.3M.

References

- Kaipio, M.-L., Sarajuuri, J., & Koskinen, S. (2000). INSURE program and modifications in Finland. In A.-L. Christensen & B. Uzzell (Eds.), *International handbook of neuropsychological rehabilitation* (pp. 247–258). New York: Kluwer Academic/Plenum.
- Sarajuuri, J. M., Kaipio, M.-L., Koskinen, S. K., Niemelä, M. R., Servo, A. R., & Vilkki, J. S. (2005). Outcome of a comprehensive neurorehabilitation program for patients with traumatic brain injury. *Archives of Physical Medicine and Rehabilitation*, 86, 2296–2302.
- Tolonen A. (2007) Neuropsychological rehabilitation in Finland. *Acta Neuropsychologica*, 5, 261-263.

New Rehabilitation Instrument Database Helps Clinicians Measure and Monitor Patient Outcomes

Have you ever searched for an instrument to assess patient performance? Have you wondered what patient-reported outcome instrument was sufficiently reliable, valid and sensitive to help monitor a patient's status and plan treatment?

With funding from the National Institute on Disability and Rehabilitation Research, the Rehabilitation Research and Training Center on Improving Measures of Medical Rehabilitation Outcomes developed the Rehabilitation Measures Database (RMD), www.rehabmeasures.org, to meet these needs.

RMD is a web-based, searchable database of assessment instruments designed to help clinicians and researchers select appropriate measures for screening, monitoring patient progress, and assessing outcomes in rehabilitation. This database allows clinicians and researchers to search for instruments using a word search or specific characteristics of an instrument, such as area of assessment, diagnosis, length of test and cost. The search function returns relevant results and provides the user with the ability to refine the search.

The instruments listed in the database are described with specific details regarding their reliability, validity, mode of administration, cost and equipment required. Additionally, information to support the user in interpreting the results, such as minimal detectable change scores, cut-offs and normative values, are included. A sample copy of the instrument is also provided when available.

More than 55 instruments that can be used to assess individuals with stroke and spinal cord injury are currently indexed in the RMD. The Department of Education, National Institute on Disability and Rehabilitation Research provided funding for development of the website and instrument summaries for stroke, spinal cord injury and brain injury patients.

The database is undergoing beta-testing, and will launch by April 2011. Over the next few years, the database will grow substantially to incorporate instruments that assess other diagnoses, including neurological and musculoskeletal conditions. ■

Rehabilitation Measures Database Demo at ACRM Mid-Year Meeting

Information about the development, utility and vision of the RMD will be presented at the ACRM Mid-Year Meeting in Chicago on April 29, 2011. During this three-hour session, participants will learn how to access and use the online database, and participate in a discussion about editorial review and expansion of the RMD. Visit www.ACRM.org to learn more and register.



Allen W. Heinemann, PhD, ABPP (RP),
FACRM
Professor, Physical Medicine and
Rehabilitation, Feinberg School of
Medicine, Northwestern University
Director, Center for Rehabilitation
Outcomes Research, Rehabilitation
Institute of Chicago



Jennifer Moore, PT, DHS, NCS
Clinical Research Coordinator
Manager, Internal Staff Development
Rehabilitation Institute of Chicago

Everyone welcome!
After daily work sessions, enjoy the heart of the business and theatre districts, trendy restaurants and art galleries. Plus, scenic views of the Chicago River just steps from fabulous shopping on Michigan Avenue.

Save the Date

ACRM Mid Year Meeting

Where ACRM Special Interest & Networking Groups Come Together!

COME TOGETHER

April 28 to May 1, 2011
Westin Chicago River North

Brain Injury
Interdisciplinary Special
Interest Group
Outcome
Measurement
Networking Group
Spinal Cord Injury
Special Interest Group
Stroke Networking
Group

Mid Year Meeting Agenda at a Glance

Thursday April 28

- 7:30 AM–5:00 PM Registration
- 8:00 AM–5:00 PM SCI-SIG Meeting
- 12:00 PM–1:00 PM SCI-SIG Working Lunch
- 7:00 PM–9:00 PM Stroke Networking Group Dinner

Friday April 29

- 7:30 AM–5:00 PM Registration
- 9:00 AM–12:00 PM Introducing an On-Line Outcomes Measurement Database for Clinicians and Researchers with Dr. Allen Heinemann
- 9:00 AM–12:00 PM Stroke Networking Group
- 11:30 AM–1:00 PM BI-ISIG Executive Committee Lunch Meeting
- 1:00 PM–5:00 PM BI-ISIG Meeting General Session
- 2:30 PM–6:00 PM BI-ISIG Breakouts (4)
- 6:30 PM–9:00 PM BI-ISIG Dinner (Off site)

Saturday April 30

- 7:30 AM–1:00 PM Hospitality
- 7:30 AM–4:00 PM BI-ISIG Meeting
- 8:30 AM–2:00 PM BI-ISIG Breakouts (4)
- 2:30 PM–3:00 PM BI-ISIG Wrap Up Meeting
- 3:30 PM–4:30 PM BI-ISIG Executive Committee Meeting
- 7:30 AM–1:00 PM Archives Editorial Board Executive Committee
- 1:00 PM–6:00 PM Archives Editorial Board Meeting
- 6:30 PM–9:30 PM Editorial Board Happy Hour & Dinner
- 6:30 PM–9:00 PM ACRM BOG Dinner with Chicago Flare

Sunday May 1

- 7:30 AM–5:00 PM Hospitality
- 7:00 AM–12:00 PM Archives Editorial Board Meeting
- 8:00 AM–8:30 AM ACRM BOG Breakfast
- 8:30 AM–6:00 PM ACRM BOG Meeting
- 12:00 PM–1:00 PM ACRM BOG Lunch
- 6:30 PM–9:00 PM ACRM BOG Dinner

Monday May 2

- 7:30 AM–12:00 PM Hospitality
- 7:30 AM–1:00 PM ACRM BOG Meeting



Enjoy the Westin Chicago River North

The Westin Chicago River North offers a full spectrum of services and refined accommodations with magnificent views of the Chicago River.

This AAA Four Diamond Award winning hotel is located in the heart of the business and theatre districts surrounded by trendy restaurants and art galleries.

Take advantage of fabulous shopping on Michigan Avenue and Millenium Park or get a workout on the hotel's state-of-the-art cardiovascular equipment with personal audio/TV monitors. Come enjoy the luxury of this premium hotel and all that Chicago has to offer.

Visit www.ACRM.org to book your room at the discounted member rate.

atlas

ACRM-ASNR Annual Conference

Progress in Rehabilitation Research

October 11–15, 2011 | Hyatt Regency Atlanta



education
research
networking
recognition

Save the Date for Preconference Courses: Wednesday, October 12

(Preliminary details subject to change)

Watch www.ACRM.org this spring for complete conference details.

Assessing the Quality & Applicability of Systematic Reviews using a Systematic Approach

8:00 am to 5:30 pm

Course Director: Marcel P. J. M. Dijkers PhD

Faculty: Tamara Bushnik PhD, Allen Heinemann PhD, Alexander Libin PhD, Mark Sherer PhD

Clinicians, researchers and policy makers, who more and more are forced to rely on systematic reviews because of the ever-increasing professional literature, will finish the course with a better understanding of systematic reviews, and a tool to help them critically evaluate any reviews they may think of applying in their work.

Utilizing a combination of lectures and workgroups, this course will:

- Describe the process of creating systematic reviews.
- Present and review a checklist and accompanying manual to help evaluate the applicability and quality of systematic reviews (including meta-analyses).
- Explain the reasons for various elements.

- Practice using the checklist by evaluating a rehabilitation-relevant systematic reviews.

The course will not deal with the actual translation of systematic review results to practice, other than addressing the questions: is this review applicable to my question, does it address the problem, population, etc. that I deal with.

At conclusion, learners will be able to:

- Describe the importance of systematic reviews in contemporary clinical care, research and program administration.
- Elucidate the steps in a systematic review, and the pitfalls in each step that reviewers and potential users (readers) need to be aware of.
- Explain the nature of the components of the checklist and why they are important elements.
- Use the checklist, applying it to a published systematic review.

NIH R24 Infrastructure Networks: Providing Resources for Rehabilitation Research

8:00 am to 5:30 pm

Course Director: Kenneth J. Ottenbacher PhD, OTR

Faculty: Jonathan Bean MD; Paolo Bonato PhD; Roger Fielding PhD; James E. Graham PhD, DC; Stephen Haley PhD, PT; Alan M. Jette PhD, MPH, PT; Amol Karmarkar PhD, OTR; Chantele Singleton MS

This course provides resources for rehabilitation researchers in two areas: selecting appropriate outcome measures for clinical research and conducting research using large datasets. These topics are presented in a full-day course with two complimentary, but distinct, components. Participants may attend either or both sessions.

The morning session explores opportunities and identifies the skills necessary to conduct outcomes research using large administrative or research databases. At conclusion, learners will be able to:

- Describe the purpose and mission of the NIH 24 Infrastructure Network Program.
- Identify the services available through the R24 Infrastructure Networks/Centers focused on outcome research.
- Learn how to apply for pilot funding, training opportunities, and visiting scientist positions.
- Understand basic issues and challenges in conducting outcome research using secondary analysis of large datasets.

The afternoon session explores optimizing selection of outcome measures in rehabilitation clinical research using a case-based approach. At conclusion, learner will be able to:

Discuss advances in rehabilitation outcomes measures from three distinct approaches: patient-reported outcomes, performance-based measures, and instrumented outcome measures.

Understand critical considerations in selecting outcome measures: capturing dimensions impacted by the intervention; responsiveness to the effects of the intervention; established validity in the targeted population; and feasibility.

Given real-life clinical research problems presented in case studies, be able to select and justify the appropriate type and combination of outcome measures from the three measurement approaches.

Quality Measures for Rehabilitation: Policy, Provider and Patient Perspectives

8:00 am to 5:30 pm

Course Director: Anne Deutsch RN, PhD, CRRN

Faculty: Helen Burstin MD, MPH; Gerben DeJong PhD; Barbara Gage PhD; Allen W. Heinemann PhD; Kwang-Youn Kim PhD; Holly DeMark Neumann MPP; Kenneth J. Ottenbacher PhD; Suzanne Snyder MBA, PT

The US offers advanced health care services; however, the care is not always accessible, effective, safe, and efficient. In calling for a strong response to improve the quality of health care, the Institute of Medicine noted that the only way to know if health care quality is improving is to document performance using standardized measures of quality.

The course will begin with a review of the key characteristics of a quality measure, including the review criteria (importance, scientific acceptability, usability and feasibility) used by the National Quality Forum. The second segment will include a review of the current status of quality measures from several perspectives. The third segment of the course will focus on data collection and data analysis challenges. This will include presentations focused on several case-mix adjustment approaches, identification of clinically important differences in patient outcomes and challenges in defining adverse events occurring in inpatient rehabilitation programs. The final segment of the course will include a panel of researchers who will discuss possible future policy changes that would affect rehabilitation care and potential research opportunities related to these changes.

At conclusion, learners will be able to:

- Describe the characteristics of a quality measure appropriate for public reporting and pay-for-performance activities.
- Describe the current status of quality measure development
- Describe data analysis challenges when developing quality measures
- Identify future research opportunities associated with quality measurement efforts.

continued on page 10

Save the Date for Preconference Courses

continued from page 9

Non-Invasive Brain Stimulation: Current Applications in the Neurorehabilitation of Patients After Stroke

1:30 pm to 5:30 pm

Course Directors: Cathrin M. Buetefisch MD, PhD; Leonardo G. Cohen MD

This course covers the following topics:

- Neurophysiological measures after injury to the motor cortex and its projections.
- TMS protocols, their merits and their pitfalls.
- Two competing hemispheres? TMS protocols for measurement and modulation of interhemispheric inhibition.
- Enhancing motor recovery after stroke: rTMS vs tDCS.
- rTMS and tDCS in the treatment of Aphasia.
- rTMS protocols in the evaluation and treatment of Neglect.
- Future directions of non-invasive cortical stimulation in restorative neurology.

Spinal Cord Injury: New Directions in Assessment, Repair & Rehabilitation

8:00 am to 5:30 pm

Offsite Location (transport provided): Shepherd Center, the nation's largest spinal cord injury and brain injury hospital

Course Directors: Keith Tansey MD, PhD; Deborah Backus PT, PhD

This course covers the following topics:

- Restorative Neurology in SCI
- Stem Cells in Spinal Cord Injury: Where Do We Stand?
- Neurophysiological Assessment in SCI: Conduction and Processing
- Augmenting Recovery in SCI: Stimulating Plasticity and Function
- Rehabilitation Research in SCI
- Measurement and Management of the Upper Extremity in SCI
- SCI Rehab Across the Ages: Pediatrics, Adolescents and Geriatrics
- SCI Rehabilitation Potential for the Future

Anticipating Atlanta: Outstanding Plenary Speakers

Anticipation is blossoming for *Progress in Rehabilitation Research*, the ACRM-ANSR Annual Conference, slated for October 11–15 at the Hyatt Regency Atlanta.

The Program Committee has confirmed two outstanding plenary speakers: David W. Wright, MD and Donald Stein, PhD.

Dr. Wright is the project leader for ProTECT[®], a Phase II clinical trial exploring the neuro-protective properties of progesterone on the brain following traumatic brain injury (TBI). He is also assistant professor of emergency medicine and director of Emergency Neurosciences at Emory University School of Medicine.

Dr. Stein is a physiological psychologist, Asa G. Candler professor of emergency medicine at Emory School of Medicine and director of the Brain Research Laboratory at Emory. He is credited with discovering the neuro-protective effects of progesterone, and has since embarked on studies to investigate the use of progesterone in treatment following TBI.

Drs. Wright and Stein have collaborated on studies investigating the helpful effects of progesterone in the aftermath of TBI. Dr. Stein will be lecturing on the science leading up to the ProTECT[®] studies and Dr. Wright will be speaking about the ProTECT[®] studies currently being conducted.

Watch www.ACRM.org for more details as they become available. ■

ACRM eNews

Members

In the News

Are You Receiving ACRM eNews?

In January, we relaunched the popular ACRM eNews every other Friday! March editions were emailed 3/11 and 3/25. If you did not receive those emails, please ask your IT department to check your institution's spam filters utilized to prevent junk mail to your inbox. When a sending server is blocked, it is known as being 'blacklisted.'

To ensure you receive ACRM email, please:

1. Check your junk/spam folder. If you find email from ACRM, please unblock these emails and return them to your inbox.
2. In your email software, add the following email extension to the "safe sender" list: [fromlabel]@mail.vresp.com.
3. Ask your IT department to 'whitelist' the following email extension and IP addresses on your institution's server:
 - 'From' address: [fromlabel]@mail.vresp.com
 - 74.116.89.0/24
 - 209.66.113.0/24
 - 206.57.6.0/24
 - 74.116.91.0/24

Still need help? We can provide more detailed technical instructions for your IT team. Simply email Michelle Poskaitis, CMO, at mposkaitis@acrm.org. ■

We want to celebrate the impact your work is making on rehabilitation research and medicine around the world. When you are featured or quoted in national, regional or local media, please tell us! Look for this column in future issues of *Rehabilitation Outlook* to share in the achievements of colleagues.

Here's how to share your news:

- Email news@acrm.org with the publication name, date, website and edition.
- Add news@acrm.org to your institution's press release distribution list.
- If you were published online or appear in a video, please include a link.
- If you appeared on TV include show name and air date.
- Always include your name, credentials, title, institution! ■

www.ARCHIVES-PMR.org

The Best Journal in Rehabilitation Just Got Better!

Archives of Physical Medicine & Rehabilitation.

Improved electronic table of contents

Increased readability and ease of navigation

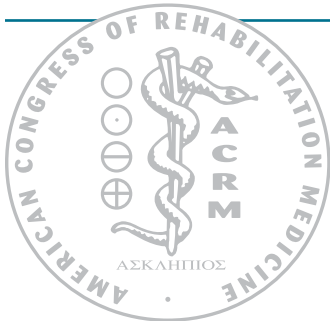
News Alerts for articles published online ahead of print

Visit www.Archives-PMR.org



American Congress of
Rehabilitation Medicine
PO Box 35138
Philadelphia, PA 19128-0138
www.ACRM.org

Rehabilitation OUTLOOK



Excellence in the science
of rehabilitation medicine
through interdisciplinary
collaboration

www.ACRM.org

Vol. 16, No.2, 2011

Inside:

From the President: Bylaw Amendments	1
Spinal Cord Injury SIG Task Force	3
BOG Candidates Announced.....	3
Neuropsychological Rehabilitation in Finland.....	4
New Rehabilitation Instrument Database	5
Mid-Year Meeting Agenda at a Glance.....	7
Annual Conference Preconference Courses.....	8
Anticipating Atlanta: Plenary Speakers.....	10
Members In the News	11