

Rehabilitation OUTLOOK

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Excellence in the science of rehabilitation medicine through interdisciplinary collaboration

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Rehabilitation Outlook

Adam B. Warshowsky, PhD
Editor

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Communications Committee

ACRM Policy Committee Update

Community Updates

By Marilyn Price Spivack, Wayne Gordon PhD, and Robert "Bobby" Silverstein, Principal, Powers, Pyles, Sutter & Verville PC

ACRM continues to assume a leadership role in expanding and improving disability and rehabilitation research in the federal government, particularly in regard to research related to health and function of people with disabilities and chronic conditions. The focus of our efforts include:

- National Center on Medical and Rehabilitation Research (NCMRR)
- National Institute on Disability and Rehabilitation Research (NIDRR)
- Center for Disease Control and Prevention (CDC)
- Interagency Committee on Disability Research (ICDR)
- Affordable Care Act implementation

In furtherance of our efforts to elevate NCMRR within NIH to independent status (either an independent center or institute), we met with Dr. Guttmacher, who was the acting director of NICHD at that time. In February, we helped prepare a comprehensive white paper for Dr. Collins, the NIH Director, justifying independent status, and then met with Dr. Collins and Dr. Guttmacher. The outcome of the meeting was a commitment to conduct a "landscape surveillance" of rehabilitation research at NIH, and the establishment of a "Blue Ribbon Panel" to review rehabilitation research at NIH.

With regard to NIDRR, we are working directly with the Acting Director, Sue Swenson, to ensure that NIDRR's long range plan includes a focus on health and function research as a separate domain from, but related to, employment. We expect that a drafted long range plan will be made public in the near future. We are also working with the Administration and Capitol Hill to:

- Ensure appropriate funding for disability and rehabilitation research
- Adopt positive changes to the research section (NIDRR) of the Rehabilitation Act and
- Name a permanent director of NIDRR who has the appropriate credentials and vision to move NIDRR forward toward a goal consistent with our expectations

With regard to CDC, we were instrumental in getting CDC to appoint a chief disability and health officer to coordinate CDC rehabilitation and disability

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Community Updates

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research, and to establish a CDC working group. The chief, Dr. Vince Campbell, has reported major successes at CDC in recognizing disability as a key demographic characteristic in surveillance efforts, and as a focus of research initiatives. He will be providing us with a summary of major accomplishments over the past year in the near term, which we will share with all members of ACRM.

With regard to ICDR, we were successful in securing report language directing ICDR to develop a comprehensive, interagency, government-wide strategic plan for disability and rehabilitation research. Initial work products related to this effort are in the clearance process. Also, in order to provide greater visibility and stature, the acting director of NIDRR (the chair of ICDR) is seriously considering taking administrative steps to move the day-to-day operation of ICDR (which is currently at NIDRR within the Department of Education) to an independent agency (the National Council on Disability).

We are also working on health care reform with federal agencies and contractors in order to ensure that rehabilitation is truly part of the

essential benefits package, and recognized as a medical intervention on par with other medical interventions. Additionally, efforts are being taken to ensure that research, including comparative effectiveness research, addresses the needs of persons with disabilities for rehabilitative services and devices.

NEW! Girls and Women BI-ISIG Task Force

We are excited to announce a new brain injury interest group focused on improving the health and quality of life for girls and women with TBI. The task force held its inaugural meeting on Saturday, April 31, 2011 in Chicago during the ACRM Mid-Year Meeting. The idea for this task force was developed from a workshop on women and TBI held prior to the ACRM-ASNR Annual Conference in Montreal last year. The workshop participants, including policy makers, funders, clinicians, researchers, consumers and advocates, developed an agenda to address key gaps in TBI research and practice most relevant to women and girls. Dr. Angela Colantonio, ACRM board member and task force leader, is thankful to all the persons/funders who inspired and supported this initiative. For more information about the Task Force, please contact Dr. Angela Colantonio (angela.colantonio@utoronto.ca). ■

Call for Guest Editors—Winter Archives of PM&R Supplement

WHO: Rehabilitation researchers or research groups

WHAT: Serve as guest editor(s) for 2012 Winter Supplement — classic collections of theme-based articles, up to 100 journal pages.

WHEN: Due Dates: Proposals May 7, 2011
Manuscripts May 1, 2012
Final edits October 1, 2012
Publication December 2012

WHERE: Download Request for Proposals at www.Archives-PMR.org (see yellow button)

WHY: Gain career-enhancing visibility and create broad impact with clinical and research professionals in multiple disciplines. *Archives* is the most highly cited journal in rehabilitation, with 11,000+ subscribers, online access and a worldwide reputation for excellence.

CONTACT: Michael L. Jones, PhD, Chair, ACRM Communications Committee,
mike_jones@shepherd.org or 404-350-7595

In Memoriam, Dr. Theodore M. Cole

Dr. Theodore M. Cole, past president of ACRM, emeritus professor of Physical Medicine and Rehabilitation and former PM&R department chair at the University of Michigan Medical School, passed away peacefully on Saturday, March 26th, 2011 after a brief illness. He was 79 years old.

Dr. Cole served two terms as president of ACRM, in 1993 and 1998. He had a productive career as a teacher, researcher and administrator, and was a true builder of the field of Physiatry, Physical Medicine and Rehabilitation.

Dr. Cole received his MD degree in 1959 from the Medical School at Tufts University in Boston, Massachusetts. He served his internship and residency in internal medicine, and a fellowship in arthritis and rheumatic diseases, at Tufts—New England Medical Center in Boston before completing a fellowship in physical medicine and rehabilitation at the University of Minnesota in 1965.

From 1965 through 1977, Dr. Cole was on the faculty at the University of Minnesota where he rose to professor in 1974 and was project director of the Minnesota Regional Spinal Cord Injury Center from 1974 through 1977. Dr. Cole became a pioneer in the field of sexuality and disability, and in 1976-77 was co-interim director of the Program in Human Sexuality. He was also named professor and chair of the Department of Physical Medicine and Rehabilitation at the University of Michigan Medical School in 1977.

Dr. Cole put great emphasis on establishing a research base in Physiatry, recognizing that it could not survive as a field without a foundation in science and scholarly pursuit, and he attained a national and international reputation in medical rehabilitation. He was a founder of the American Spinal Injury Association and the second ACRM president to serve two terms.

His crowning achievement was most likely his work on the Council of the National Institute of Child Health and Human Development, National Institutes of Health. His commitment to medical and behavioral research was demonstrated by the role he played as a key advisor to the National Institutes of Health in the establishment of the National Center of Medical Rehabilitation Research where he helped set medical rehabilitation research policy for the next generation. The work of this center is vital to the national development of the field of physiatry, as well as the multi-disciplinary field of rehabilitation.

Dr. Cole was a respected pioneer in our field, and he is renowned for his service to ACRM and the medical rehabilitation field. He will be greatly missed by many physical medicine and rehabilitation colleagues across the country. ■

Two Votes in May

Election of ACRM Officers

On May 16, a unique link to the 2011–2012 ACRM Board of Governors and the ACRM Nominating Committee election survey was emailed to each ACRM member. If you did not receive yours, please check your spam folder for the subject line, "Vote for ACRM Officers" or contact Judy Reuter for assistance, jreuter@acrm.org. The survey is open through Thursday, June 30. Election results will be announced in mid-July. Turn to page 6 for candidate statements and please remember to vote!

By-Laws Amendment Vote

The ACRM Board of Governors (BOG) is asking the membership to approve an important by-laws amendment that would allow the membership-elected BOG to modify the by-laws with a majority vote of the board.

The current requirement of a vote from the entire membership asks you, the members, to make decisions on issues with which you may not be familiar and assigns ACRM the nearly impossible task of educating the entire membership on every issue. The board believes this change is critical in allowing them to respond quickly to the changing environment.

A unique link to this important survey was emailed to all members this month. If you did not receive yours, please check your spam folder for the subject line, "Vote for ACRM By-laws Amendment" or contact Judy Reuter, jreuter@acrm.org for assistance. For more information about the amendment, contact Gary Ulicny, gary_ulicny@shepherd.org, or review the president's letter in the March issue of *Rehabilitation Outlook* at ACRM.org. ■

Congratulations to FACRM Honorees

Thomas Felicetti and Donna Langenbahn were honored as the 2010 Fellows of ACRM in recognition of their significant contributions to the field of medical rehabilitation and to the ACRM. Awards were presented by FACRM chair, Mark Sherer, at the Henry B. Betts Awards Gala during the ACRM-ASNR Annual Conference in Montreal, October 2010.

Thomas C. Felicetti, PhD, FACRM, is the executive



director of Beechwood Rehabilitation Services/Wood Services, in Langhorne, Pennsylvania, a post-acute inpatient and outpatient brain injury treatment

facility. Dr. Felicetti has a long, prolific history working in the field of brain injury rehabilitation and providing human services.

His first experience came in 1969 when he worked as a Peace Corps volunteer in Somalia, Africa, teaching English to local people. As a teacher and houseparent at Hampshire Country School, he spent the next 10 years teaching and mentoring bright, but emotionally disturbed children. He was director of a school for cognitively challenged children and two different brain injury treatment facilities prior to serving nearly 20 years in his current position at Beechwood Rehab Services. Dr. Felicetti feels that his approach to brain injury rehabilitation was shaped in part by the diversity of his prior experiences.

He published numerous academic articles in scientific journals, book chapters, and non-academic articles as well. Dr. Felicetti also engaged in important research with ACRM colleagues, such as the recently published meta-analysis of evidence-based cognitive rehabilitation.

Dr. Felicetti joined ACRM 20 years ago, and served as chair of the BI-ISIG from 2004–2006, chair of the BI-ISIG Nominating Committee from 2006–2008, led the BI-ISIG Long-Term Issues Task Force from 2000–2003, and served on the BI-ISIG Cognitive Rehabilitation Task Force.

Donna M. Langenbahn, PhD, FACRM, is the



associate director of Psychology, Outpatient Service, at the Rusk Institute of Rehabilitation Medicine, NYU Langone Medical Center. She began her work

at Rusk in 1983, where she was influenced by some of the founders of cognitive rehabilitation for brain injury.

She is proud of her involvement in the development of a cognitive training program for brain injury, the first of its kind. Since 1991, this grant-funded research has focused on the development of a program that combines training in emotional regulation and reasoning skills for adults with ABI, with the goal of enhancing problem solving.

Recent awards include the ACRM Distinguished Member Award in 2007, and the John G. Gianutsos Award for Special Educational Contributions from NYULMC in 2009 and 2010. Over the past 30 years, Dr. Langenbahn has authored a number of publications and presented at numerous conferences, both nationally and internationally.

Most recently, she worked with a team of ACRM BI-ISIG colleagues on their third evidence-based review of cognitive rehabilitation, published in the *Archives of Physical Medicine & Rehabilitation*. This work gave her an appreciation for the importance and implications of evidence-based treatment. Dr. Langenbahn became a member of ACRM in 1992 and currently serves on the Communications Committee and BI-ISIG. She also serves as editor of *Moving Ahead*, the BI-ISIG newsletter, and participates in the BI-ISIG Cognitive Rehabilitation Task Force. ■

Nominations for 2011 Fellow of ACRM accepted through June 1. Visit ACRM.org.

RehabCareers

NEW! ACRM Online Career Center Coming Soon!

Watch your inbox and ACRM.org for updates and announcements. This easy-to-use interactive job board, **RehabCareers**, puts qualified candidates and rehab career opportunities just a few clicks away!

ACRM partnered with the National Healthcare Career Network to provide you access to the largest database of rehabilitation-specific resumes and job postings.

Employers

Make **RehabCareers** Your One-Stop-Shop

- Post jobs online
- Search qualified candidates by specific criteria
- Create online resume agent to email qualified candidates daily
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- Free service
- Access to employers and jobs in rehabilitation
- Browse & save job postings by your criteria
- Create search agent email alert of jobs matching your criteria

Employers: Watch for special introductory rate offer.
For more details: [Cindy Robinson, crobinson@acrm.org](mailto:crobinson@acrm.org).

Meet the Candidates for the 2011–2012 Board of Governors & Nominating Committee

Vice President

Cynthia Ann Braden, MA, CCC, CPHQ



I am honored to be nominated for Vice President of the American Congress of Rehabilitation Medicine. During my six years on the Board as an at-large member, I also served as the chair of the Membership Committee to recruit and retain members for the ACRM, and was

involved with revising the By-Laws and Policies and Procedures Manual of the organization.

I attended my first ACRM conference in 1979 and was present for the inaugural meeting of the Head Injury Task Force. This dynamic group evolved into the Brain Injury Interdisciplinary Special Interest Group. I was among the co-authors of four articles published by the BI-ISIG on guidelines for cognitive rehabilitation (*Neurorehabilitation*, 1992) and the three evidence-based cognitive rehabilitation articles published in *Archives of PM&R* in 2000, 2005 and 2011. These publications, spanning a 19 year period, showcase the remarkable interdisciplinary effort of the rehabilitation professionals involved and an amazing commitment to the mission and goals of ACRM.

Following graduation from the University of Denver with a bachelor's and master's degree in speech/language pathology, I started and have continued my professional career at Craig Hospital in Englewood, CO, focusing on traumatic brain injury and spinal cord injury rehabilitation. For the past 9 years I have held the position of Director of Quality Management and have been a Certified Professional in Healthcare Quality since 2004.

As part of the Craig Hospital TBI Model System of care, I was a principal investigator for a randomized control trial which showed treatment efficacy of a social communication skills group. I am currently investigating the efficacy of a health and wellness treatment group for persons with TBI with a randomized control trial.

I truly enjoyed my two terms as a member-at-large on the ACRM Board. My strengths include extensive clinical and administrative experience in rehabilitation and a historical perspective on ACRM activities. I am committed to the mission of ACRM to promote multidisciplinary rehabilitation research and its application to clinical practice, enhancing the lives of

persons with a disability. As Vice President, I would apply my background, experience and skills to help ACRM continue to grow as a premier international interdisciplinary organization focused on rehabilitation research. If elected, I would strongly support the continued efforts to recruit interdisciplinary early career and international professionals interested in rehabilitation research to strengthen the organization for the future.

Douglas I. Katz, MD, FACRM, FAAN



I am honored to be nominated for Vice President of the ACRM. I have been on the Board of Governors since 2008 and a member of ACRM and the BI-ISIG for 23 years. The ACRM has been of particular importance to me as a neurologist who subspecializes in

neurorehabilitation and behavioral neurology. I have had the opportunity to actively participate in a variety of ACRM activities over the years, including, the Program Committee, Clinical Practice Committee, BI-ISIG taskforces, presenting at the Annual Conference and reviewing for the Archives.

I have recently been on the Board of Directors of the American Society of Neurorehabilitation and have been actively working on improving the collaboration between the ACRM and ASNR in the joint educational conference and other areas. I am interested in other ways the two organizations might enhance each other's mission. I am also interested in enhancing collaboration of ACRM with other organizations and expanding membership to other groups presently underrepresented in the ACRM.

I have dedicated my professional life to the care and rehabilitation of people with brain injury and other neurological disorders. I have been working as a clinician, researcher and in an administrative capacity at Braintree Rehabilitation Hospital in Massachusetts for over 25 years where I am medical director of the Brain Injury Program. I continue to chair the annual Braintree Neurorehabilitation Conference.

I am associate professor of Neurology at Boston University where I teach in the School of Medicine and am a full-time member of the BU academic neurology practice. As part of my role as an educator, I have trained a number of neurorehabilitation physician specialists over the years.

My publications include numerous papers, chapters, abstracts and two books, and my research interests span several areas of neurorehabilitation, including TBI neuropathologic and clinical correlations, predictors of cognitive and motor recovery, disorders of consciousness, pharmacologic treatments of cognitive disorders and rehabilitation of patients with Parkinson's Disease.

I have served on the Board of the Brain Injury Association of America and was honored with the Sheldon Berrol MD Clinical Service Award from the BIAA in 2001. I was also honored with a lifetime achievement award in 2010 from MAB (Massachusetts Association for the Blind) Community Services, the oldest agency for persons with disabilities in the US. I have played an active role in rehabilitation issues for a number of national organizations, editorial boards and advisory boards including the American Academy of Neurology (previous chair, Rehabilitation/ Neural Repair Section), TBI Clinical Trials Network of the NICHD/NIH and the Defense and Veterans Brain Injury Center. I have been a grant reviewer for NIDRR, Department of Veterans Affairs and other funders.

I am excited about the opportunity to become Vice President to continue in a leadership role in advancing the mission of the ACRM, promoting rehabilitation research and improving clinical practice. I have seen the ACRM transform over the years into a stronger, more focused organization and, I believe, we have reached a point where the ACRM can grow even more in membership, breadth of interests, and international impact. I hope to bring my experience as a clinician, researcher, educator and administrator, and my roles with other national and international rehabilitation organizations to help lead ACRM to these higher goals.

Secretary

Cindy Harrison-Felix, PhD



I am honored to be nominated for Secretary of the ACRM Board. I have been a member of ACRM since 2000, but have attended and presented at many ACRM meetings over the years since 1985. I am also a member of the Brain Injury Interdisciplinary Special Interest Group. Last year I joined the Early Career Course Committee and served as a mentor for the 2010 course, which I enjoyed very much. Last year my co-authors and I received the ACRM Elizabeth & Sidney Licht Award for Excellence in Scientific Writing for a paper titled, "Mortality After Discharge from Acute

Care Hospitalization with Traumatic Brain Injury: a Population-based Study." In 2008, I was especially honored to receive the ACRM Deborah L. Wilkerson Early Career Award for Rehabilitation Research.

I received my doctoral degree in Clinical Sciences from the University of Colorado, Denver in 2003. I am currently an assistant clinical professor in the Department of Physical Medicine and Rehabilitation at the University of Colorado, Denver.

I have worked in the field of rehabilitation research for most of my career, first at the Rehabilitation Institute of Michigan for 20 years and now at Craig Hospital since 1999, primarily in spinal cord injury and traumatic brain injury research. I am currently the assistant director of research at Craig Hospital, and the director of the Traumatic Brain Injury Model Systems National Data and Statistical Center funded by the National Institute on Disability and Rehabilitation Research. My primary areas of research interest are traumatic brain injury, disability, rehabilitation clinical trials, and survival studies.

I believe that the ACRM is a vital organization bringing together rehabilitation clinicians and researchers to work toward a common focus, to assist individuals with disabling conditions live as independent and full a life as possible. I believe if I am elected as Secretary, I can help to further the purpose and mission of the ACRM.

Michael Jones, PhD



I am pleased and honored to accept the nomination as Secretary of ACRM. Although active in the disability field for 35 years, I am a relative newcomer to ACRM. I had a casual relationship with ACRM for many years, occasionally attending the annual meeting to present a research paper or participate in a symposium. But it was not until Marcel Dijkers' term as president that I made a personal commitment to give something back to the organization as a contributing member. In his first "message from the president," Marcel made a plea to members to get involved and identified several opportunities for members to help with some of the "heavy lifting" that is required to advance the mission of a professional association. I contacted Marcel and offered to take on the responsibility of editing *Rehab Outlook*, one of the opportunities he identified. That led to membership on the Communications Committee and the position of chair for the past two years. During this time, our committee has assisted with ACRM's product

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branding efforts, transition to twice-annual ACRM Supplements to the *Archives*, and other efforts to enhance visibility of the organization. I have also served on the Program Committee for the past two years and as a member of the SCI-SIG.

At this point, I have accomplished most of my own professional goals and Shepherd Center's research program has reached a steady state of growth and maturity. So I have the time and energy to devote to ACRM. The success of ACRM in fulfilling its mission requires a solid foundation not only financially but organizationally. Colleagues will attest to the fact that organizing is one of my strengths. One of my primary goals as Secretary will be to update ACRM's by-laws and policies and procedures to reflect current practices of the organization and its committees and networking groups. I will also strive to establish processes to ensure these foundation documents remain current, providing necessary direction and consistency for the organization moving forward. I look forward to the opportunity to continue my service to ACRM and, through the organization, to the broader disability community.

Member-at-Large

Anne Deutsch, PhD



I am honored to be nominated for the position of Member-at-Large for the American Congress of Rehabilitation Medicine, and I believe I can provide useful contributions to the Board. I have been a member of ACRM for 18 years, and have served as a member of the Program Committee (2005–2009) and the Nominating Committee (2009–2011).

I am a clinical research scientist at the Rehabilitation Institute of Chicago's Center for Rehabilitation Outcomes Research and a research assistant professor in the Department of Physical Medicine and Rehabilitation in Northwestern University's Feinberg School of Medicine and the Institute for Health Services Research and Policy Studies. I am a certified rehabilitation registered nurse with a doctoral degree in Epidemiology and Community Health. My primary research interests are post-acute care Medicare policy and health care quality. My current research projects include the development of quality measures for post-stroke rehabilitation, the Medicare Post Acute Care Payment Reform Demonstration, the Midwest Regional Spinal

Cord Injury Model System and Developing Outpatient Therapy Payment Alternatives. I have served on several expert panels, including some sponsored by the National Quality Forum, the Centers for Medicare and Medicaid Services, the Institute of Medicine, the Medicare Payment Advisory Commission and the Illinois Hospital Association.

If given the opportunity to be a member-at-large, I believe I could make valuable contributions to the board in the area of health policy issues and health policy research. As health reform continues to evolve, I would seek to advance ACRM's mission of enhancing the lives of people living with disabilities through a multidisciplinary approach to rehabilitation based on research, new technologies, sharing of information and encouragement of evidence-based practices in clinical settings.

Joshua Cantor, PhD



For those of you who don't know me, I have been a researcher and practicing rehabilitation psychologist in the Department of Rehabilitation Medicine at Mount Sinai School of Medicine for almost 12 years. My career has focused largely on describing and addressing key

challenges that contribute to disability and reduce quality of life in persons with brain injuries, including fatigue, sleep disturbances, executive dysfunction, psychiatric disorders and under-identification of TBI.

I have been a proud member of ACRM for over a decade and my participation in the organization has been a key part of forming my professional identity. I am grateful to the many wonderful ACRM friends, mentors and colleagues who have helped me grow as a researcher and clinician. I am currently the secretary of the Executive Board of the BI-ISIG and serve on the Cognitive Rehabilitation Task Force and the ACRM Awards Committee. I am honored to receive this nomination and am eager to have the opportunity to give back to the membership of ACRM as a member-at-large. If elected I will do my utmost to serve the organization and its membership, and to further its crucial mission of advancing the science and practice of rehabilitation and improving the lives of individuals with disabilities. In particular, I am interested in facilitating the development of a more diverse organization, dedicated to bettering the lives of individuals with disabilities through a wide range of empirically supported interventions, by facilitating collaborations between rehabilitation professionals, educating and mentoring outstanding rehabilitation

clinicians and researchers, and through advocacy of policy and regulatory change founded on scientific rigor and the voices of people with disabilities.

On a personal note, I am a dual national (US/British) and my wife Christina and our two children (Lucy aged 8 and Max aged 5) live in New York City, where I have been lucky enough to be a resident for 21 years. Thank you for considering me as a candidate.

Stephanie A. Kolakowsky-Hayner, PhD, CBIST



Stephanie A. Kolakowsky-Hayner, PhD, CBIST is the director of Rehabilitation Research at Santa Clara Valley Medical Center (SCVMC) in San Jose, CA. She is the project co-director of the US Department of Education, National Institute of Disability and

Rehabilitation Research (NIDRR) funded by Northern California Traumatic Brain Injury Model System of Care and A New Measure of Subjective Fatigue in Persons with TBI Field Initiated Program Research Grant.

Dr. Kolakowsky-Hayner holds an appointment as a clinical assistant professor affiliated in the Department of Orthopaedic Surgery, Stanford University School of Medicine, working closely with physical medicine and rehabilitation residents and other students to provide education and guidance in rehabilitation research.

Dr. Kolakowsky-Hayner is also a member of the Brain Injury Association of California Board of Directors, the ACBIS Board of Governors, the Bay Area Brain Injury Task Force (BABIT) and the SCVMC Rehabilitation Leadership Team. In addition to being the proud mom of five school-aged children, she actively serves on the American Congress of Rehabilitation Medicine's Early Career Committee, Early Career Course Planning Committee and Policy and Legislation Committee, NARRTC's Research Committee and NARRTC's Communications Committee. She was the driving force behind the reintroduction of the Santa Clara Valley Brain Injury Conference and conference chair.

Dr. Kolakowsky-Hayner's main interests include ethnicity and cultural issues, return to work, family and caregiver needs, and substance use after injury. To date, Dr. Kolakowsky-Hayner has published over 100 peer-reviewed manuscripts, book chapters, and other information materials for professionals and consumers with brain injury. She has presented more than 50 papers, posters, and workshops at regional, national, and international conferences and training seminars. She is interested in serving as Member-at-Large on the ACRM

Board of Governors to give back to an organization that has helped to provide education and training regarding best practices in the field of rehabilitation; to continue to advocate for publicly funded research projects; and to contribute to the promotion of health, independence, productivity, and improved quality of life for individuals with disabilities.

Claire Z. Kalpakjian, PhD, MS



My first ACRM meeting was in 2001 as a new post-doctoral research fellow. I distinctly remember writing ideas about how the meeting could better serve needs of early career rehabilitation scientists – to this day I wonder about the reaction to my very lengthy commentary, running up and down the sides of the

feedback form! I had no idea that ten years later I would remain firmly committed to ACRM and the experience of early career rehabilitation scientists by serving as chairperson of the Early Career Committee. Under the excellent leadership of previous chairs, the committee has grown exponentially and hosts an annual pre-course for early career rehabilitation scientists.

I am an assistant professor in Physical Medicine and Rehabilitation at the University of Michigan and a rehabilitation psychologist by training. Since my career in rehabilitation began in 1992, I have worked as a clinician in community re-entry programs, and in outpatient and inpatient rehabilitation units. Ten years ago, I transitioned from a clinician to a research scientist. My work now focuses on women's health, stress and emotional well being, which has opened many opportunities to collaborate with investigators in other disciplines and introduce to them the guiding principles of rehabilitation.

My experience leading the Early Career Committee, working closely with ACRM staff and leadership, has allowed me to understand the "big picture" of ACRM and the challenges and opportunities to expand the organization. As I prepare to hand over the leadership of the Early Career Committee in Atlanta, I am eager to take on a new role in service to ACRM. I am most committed to the development of early career rehabilitation scientists. ACRM's multidisciplinary constituency is unique among professional organizations, providing exposure to a breadth of ideas and perspectives that are necessary to address complex health, social and psychological needs. My ultimate goal is to make ACRM a welcoming and nurturing professional home

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to early career rehabilitation scientists, who may one day toss their own hats in the ring to serve ACRM and the vibrant rehabilitation community!

Nominating Committee

Amy Shapiro Rosenbaum, PhD

As an active and dedicated member of ACRM, I am honored to be nominated to serve on the Nominating Committee. I have worked in the field of rehabilitation medicine since receiving my PhD in 2001. Over the years, my involvement with ACRM has been pivotal in shaping my professional growth and identity, as both a clinician and researcher. As chief of neuropsychological services for a brain injury rehabilitation program, I am an advocate of evidenced-based practice and the need for rigorous research to guide treatments and improve standards of care. ACRM has served as a vehicle to pursue my research interests while affording me the opportunity to work collaboratively with some of the world's leading researchers in the field. I have been an active member on the Clinical Practice Committee and the BI-ISIG's Disorders of Consciousness and Cognitive Task Forces. I contributed to research projects including the recent publication "Assessment Scales for Disorders of Consciousness: Evidence-Based Recommendations for Clinical Practice and Research" and the upcoming "Manual for Evidenced-Based Cognitive Rehabilitation," the latter of which will be marketed as an ACRM product. Both projects represent an effort to translate research to practice by promoting evidence-based treatments for brain injury.

I am committed to the field of rehabilitation medicine and aligned with ACRM's vision of promoting excellence by encouraging research, education, and evidenced-based treatments. I believe ACRM's potential to function as a governing body can be cultivated through continued efforts to establish standards of care, develop and market ACRM products, and recruit new members eager to dedicate themselves to the advancement of the field. As a member of the Nominating Committee, I can contribute a progressive outlook, leadership experience and an extensive background in developing evidence-based programs. If elected, I will aim to identify future leaders who are innovative thinkers seeking to enhance the reputation and visibility of the organization while simultaneously promoting a greater level of rigor in the field. I look forward to having the opportunity to expand my role within this organization by serving in this capacity today and others in the future.

Adam B. Warshowsky, PhD



I am honored to be nominated for a position on the Nominating Committee. My first experience in the field of rehabilitation medicine was in 2002 working on an inpatient brain injury rehab unit during graduate school and I have worked in rehab medicine ever since. I

received my PhD in 2006 in Clinical Psychology, with a specialization in Neuropsychology, from Fordham University in Bronx, NY. I spent the next three years at Mount Sinai Medical Center in New York City in one year of internship followed by a two-year postdoctoral residency.

After finishing my postdoctoral residency, I accepted a position at Shepherd Center in Atlanta, Georgia, working primarily with Dual Diagnosis patients—patients with both spinal cord injuries and brain injuries. These patients and their families require a unique approach to treatment and education, a process that I have found thoroughly rewarding. In addition to clinical work, Shepherd Center allows me to mentor postdoctoral residents, and engage in cutting-edge research investigating the impact of TBI-related cognitive problems on SCI rehab.

It was at Mount Sinai that I became involved with ACRM as an early career neuropsychologist. I presented my first poster at ACRM in 2007, which won the David Strauss, PhD, Memorial Award. After I began working at the Shepherd Center in September, 2008, I was asked to join the ACRM Communications Committee, and quickly accepted. Shortly thereafter, I was asked to become the new editor of *Rehabilitation Outlook*. Again, this was an honor. As the current editor, I enjoy working with the marketing department, enhancing and refining our newsletter.

At this early point in my career, I am proud to already be a part of a great organization such as ACRM. In the course of my work at Mount Sinai and Shepherd Center, and while performing my duties as *Rehab Outlook* editor, I have had the opportunity to meet and interact with a number of distinguished ACRM members, which will facilitate my role as a member of the Nominating Committee. The ACRM is recognized as a leader in the field of disability and rehabilitation. If given the chance to serve on the Nominating Committee, I will become more involved in shaping ACRM and its future, and I will serve with the same motivation and energy as I have in my roles as newsletter editor and member of the Communications Committee. Thank you for your consideration. ■

News from ACRM Institutional Member, Craig Hospital

Recipient of National ANA Award for Outstanding Quality

MIAMI, FL—The American Nurses Association (ANA) honored Craig Hospital in the Rehabilitation Hospital category for achieving outstanding nursing quality. Based on the nursing performance measures collected and reported to ANA's National Database of Nursing Quality Indicators® (NDNQI®), the award was announced in January at the 5th annual NDNQI Conference in Miami, Florida, attended by more than 1,000 nursing and health care quality leaders.

Craig Hospital and the four other hospitals who received the 2010 NDNQI Award for Outstanding Nursing Quality® were identified for top performance from among the more than 1,700 hospitals that report their results to NDNQI.

"Quality and satisfaction are never an accident. It takes dedication, perseverance, and hard work. Craig Nursing continuously demonstrates quality data results and high nurse satisfaction. Commitment to a 'world-class' experience for our patients and a superior work environment for our staff has resulted in Craig nursing receiving the 2010 NDNQI Quality Data Award," says Diane Reinhard, Craig's vice president of patient care services, who was present in Miami to receive the award. "I am very grateful to NDNQI for the recognition of our amazing nursing department."

NDNQI® is the only national database of nursing quality indicators. It represents one of every three hospitals nationwide, and their database allows individual nursing units to compare their performance to similar units at other hospitals at the local, state, regional, and national levels. Craig and the other award winners demonstrated superior results and sustained improvement in patient outcomes and high nurse job satisfaction on the broad range of nursing-sensitive performance indicators tracked by NDNQI, such as hospital-acquired pressure ulcers, patient falls with injury, infections acquired as a result of hospitalization, and nurse turnover.

Craig on ABC's Extreme Makeover Home Edition

WICHITA, KS—On February 22, an Extreme Makeover Home Edition crew visited Craig Hospital to film where Craig graduate, Carl Hall, '10, did his rehab. EMHE wanted to learn what's new in treatment and potential for patients with high tetraplegia and to learn why Craig Hospital is so special. Carl and his family are

the lucky recipients of a new home built February 19–24 by the amazing EMHE crew of thousands. While the home was being built, Craig staff (nicknamed "Carl's Angels" by ABC) accompanied the Halls to Florida for five days. The show aired April 17.

Save the date! 2012 Brain Injury Summit

Craig Hospital is hosting a cutting-edge TBI conference, the *2012 Brain Injury Summit*, January 9–11, 2012, in Beaver Creek, Colorado. This high-level conference is designed for experienced professionals: physicians, providers, clinicians, researchers, insurance executives, public policy executives, TBI administrators, attorneys, and others. The conference program will include tracks in acute care, clinical rehabilitation, community reintegration, lifelong living, and applied research. Program formats will include keynote presentations, plenary and panel presentations, breakout sessions, poster presentations, roundtables, exhibits, sponsorships, and networking opportunities.

For more information, see www.craighospital.org or www.braininjurysummit2012.org. ■



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2012 Brain Injury Summit
A Meeting of the Minds
January 9-11, 2012
Beaver Creek, Colorado

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