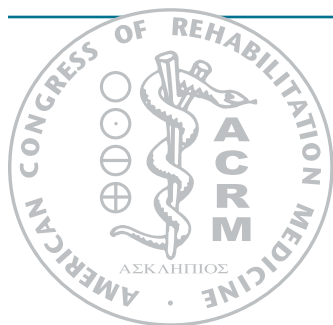


Rehabilitation OUTLOOK



Excellence in the science
of rehabilitation medicine
through interdisciplinary
collaboration

www.ACRM.org

Vol. 17, No. 2, 2012

Announcing First Platinum Level ACRM Institutional Member:

Rusk Institute of Rehabilitation Medicine

ACRM is honored to announce its first Platinum Level Institutional Member, Rusk Institute of Rehabilitation Medicine at NYU Langone Medical Center. In addition to generous sponsorship of the annual conference, Rusk Institute brings 24 interdisciplinary staff members to the ACRM membership in Student, Early Career, and Regular membership categories.

Commitment to ACRM at the institutional level means so much more than financial support. It is a powerful affirmation of the quality and value of the work of ACRM and its members as we strive to advance evidence-based practice in rehabilitation, innovative technologies and empowering legislation to improve the quality of life of individuals with disabilities.



*Teresa Ashman, PhD
Associate Director of
Psychology Research,
Rusk Institute of
Rehabilitation Medicine*

Jenny Richard, ACRM Director of Member Services, recently interviewed Teresa Ashman, PhD, Associate Director of Psychology Research at Rusk Institute, to learn how the top level of ACRM Institutional Membership supports their mission and identify the benefits her staff values most. She began the interview by exploring Dr. Ashman's role at the institute.

What are your primary responsibilities at Rusk?

I came to Rusk two years ago to facilitate the expansion and growth of Rusk's research portfolio. I am an Associate Professor with the title of Associate Director



ABOUT RUSK INSTITUTE

The Rusk Institute of Rehabilitation Medicine is consistently voted best rehabilitation hospital in New York and has been annually rated as one of the top 10 in the country since U.S. News & World Report introduced its "Best Hospitals" rankings in 1989. It is the world's first university-affiliated facility devoted exclusively to rehabilitation medicine and is among the most renowned centers of its kind for the treatment of adults and children with disabilities. Rusk innovations and advances set the standard in rehabilitation care for every stage of life and for every phase of recovery.

See RUSK continued on page 3

Rehabilitation OUTLOOK

Adam B. Warshowsky, PhD, Editor

Stephen Page, PhD, Chair
Communications Committee

HIGHLIGHTS

Mid-Year Meeting Update from
BHSIG Chair, Ron Seel, PhD..... 4

Call for Nominations:
ACRM Board of Governors 5

Plan to Participate: 2012
ACRM Mid-Year Meeting &
Cognitive Rehabilitation
Training 6

Community Updates 8 – 9

NEW Expanded Offering
for 2012 Annual Meeting:
Pre- and Post-Conference
Instructional Courses..... 10 – 11

CDC Update from Dr. Vince
Campbell, CDC Chief
Disability and Health Officer,
February 9, 2012 11



THANK YOU ACRM INSTITUTIONAL MEMBERS

PLATINUM LEVEL

Rusk Institute of Rehabilitation Medicine

GOLD LEVEL

Shepherd Center
Spaulding Rehabilitation Network

SILVER LEVEL

Craig Hospital
Pate Rehabilitation Endeavors, Inc
Rehabilitation Hospital of Indiana
TIRR Memorial Hermann

BRONZE LEVEL

Courage Center
Ohio State University

Your decision to become an Institutional Member of ACRM demonstrates to the world your support of evidence-based innovation in rehabilitation.

Together we can significantly enhance the lives of people living with disabilities. Your support makes a positive impact in immeasurable ways.
Thank you!

**Institutional
Members receive
up to 30% OFF**

Please call for details

ACRM | INSTITUTIONAL
MEMBERSHIP
INQUIRIES:

JENNY RICHARD
ACRM Director Member Services
EMAIL: jrichard@acrm.org
TEL: +1.703.574.5845



ACRM

American Congress of
Rehabilitation Medicine

GLOBAL MULTIDISCIPLINARY REHABILITATION RESEARCH

www.ACRM.org

of Psychology Research. I am also the Training Director for the Postdoctoral Fellowship.

As research has gained increased importance at Rusk, I have shifted the postdoctoral fellowship from a clinically focused neurorehabilitation psychology training experience to a research focused postdoctoral fellowship, with a primary focus on clinical rehabilitation research.

My responsibilities directly reflect my interests in developing evidence-based interventions for the patients that we serve and training and mentoring early career professionals on the value of clinical research.

What are some highlights of the current research Rusk is undertaking?

Our research portfolio is broad, covering many disability and rehabilitation populations. Rusk certainly has a long history of biopsychosocial research interventions, including cognitive rehabilitation of processing speed, visual scanning and executive functioning.

We are continuing research efforts in these cognitive domains. Other current research areas include positive psychology through resilience and post-traumatic growth, pain management and mood, and mindfulness and exercise.

We are also investigating in multiple ways the role that significant others play in rehabilitation outcomes and several studies within cardiac rehabilitation are focused on functional recovery after stroke.

How does ACRM Institutional Membership support the mission of Rusk?

- **Cutting-edge research** — Institutional Membership allows many of our clinicians and researchers to access the latest research via the annual conference and newly developed courses at the BI-ISIG Mid-Year Meeting.
- **World-class education** — When our clinicians and researchers participate in the ACRM annual meeting, they not only receive cutting-edge information and hands-on skills they can share with the larger Rusk clinical staff, they also gain opportunities to develop and lead instructional courses that highlight Rusk's initiatives and teach others about our work.
- **World-class, patient-centered care** — we are at the leading edge of rehab research and service delivery through our ACRM Institutional Membership.

Does your Institutional Membership specifically benefit early career professionals or resident students at Rusk?

Yes. Rusk, like ACRM, is extremely committed to the development of students, residents, fellows and early career researchers and clinicians. ACRM Institutional Membership allows our department to offer the benefits of membership to a wonderful organization like ACRM as an added benefit and reward for commitment to our department.

Which benefits of ACRM Institutional Membership are of greatest value to Rusk?

- Providing our staff with membership to an interdisciplinary organization that serves as a common thread among us as opposed to separate memberships with discipline-specific organizations.
- Opportunity to provide our clinicians access to the cutting-edge research findings they want and instruction about how to implement them in standard clinical settings.
- Versatility in creating a membership that meets our organization's needs.

How did the opportunity to customize your Institutional Membership help Rusk become a Platinum Level member?

We wanted the ability to offer ACRM membership to as many staff members as possible. The department paid for the Institutional Membership and asked staff to pay a percentage of the Individual Membership dues. If the staff member attends the conference, they again pay only a percentage of the Individual Member registration rate. Thus, in essence, Rusk negotiated a group rate discount by sponsoring staff membership. In this way, Rusk can encourage more staff to participate with ACRM.

We were able to customize the exact number of Regular, Student and Early Career memberships we need for our staff, as well as the number of annual conference and Mid-Year Meeting registrations and trainings Rusk staff will actually use. ACRM Institutional Membership provides a means for Rusk to affordably ensure our staff has access to all the benefits of participating in a leading international organization like ACRM and its interdisciplinary rehabilitation community.

LEARN MORE...

Find out how ACRM can customize an institutional membership package to fit the needs of your organization. Please contact Jenny Richard, Director of Member Services, to learn more at +1.703.574.5845 or memberservices@ACRM.org.



ACRM Mid-Year Meeting Update from BI-ISIG Chair, Ron Seel, PhD

The ACRM Mid-Year Meeting (MYM) will be held Friday, 18 May and Saturday, 19 May at the Loews Vanderbilt Hotel in Nashville, TN. This year, the BI-ISIG will also sponsor two days of evidence-based cognitive rehabilitation training on Sunday, 20 May and Monday, 21 May (*see pages 6-7*).

The ACRM BI-ISIG mission is to promote and advance the knowledge and practices of rehabilitation specialists and other professionals concerned with the rehabilitative management of persons with brain injury and their families. The group is currently comprised of over 400 members and provides opportunities for networking with professionals engaged in brain injury rehabilitation, identifying and promoting research priorities, and working with leaders in the field of rehabilitation research.

BI-ISIG Task Forces

A unique component of the BI-ISIG is the creation of task forces to address specific problems in brain injury rehabilitation research and practice. We currently have eight active task forces:

- | | |
|------------------------------|-------------------------------|
| 1) Cognitive Rehabilitation | 5) Disorders of Consciousness |
| 2) Long-Term Issues | 6) Pediatric/Adolescent |
| 3) Community-Based Treatment | 7) Girls & Women with TBI |
| 4) Mild TBI | 8) Prognosis after TBI |

The ACRM Mid-Year Meeting is an informal “working” meeting that allows task forces to share progress and plans made during the past year, and to gather information and conduct work that may be difficult to accomplish via teleconference.

The meeting schedule (*see page 6*) is designed to minimize hotel costs by allowing most participants to arrive on a Friday morning and depart mid- to late-afternoon on Saturday. Some task forces that require substantial face-to-face time will arrive Thursday evening and work an additional four hours on Friday morning.

We will email all BI-ISIG members in early April to communicate which task forces will meet at the MYM, what each task force will be working on, and how persons interested in joining a task force may participate.

We schedule the days and times of the task force meetings so that members can at least participate in their top two task forces of choice.

We will be in touch soon and look forward to seeing everyone in Nashville.



ACRM Rehab JOB BOARD

ACRM's job-searching
engine – part of the
National Healthcare
Career Network

Find your
happy place



www.careers.ACRM.org

ACRM
American Congress of
Rehabilitation Medicine

CALL FOR NOMINATIONS ACRM Board of Governors



This is your opportunity to nominate candidates for the ACRM Board of Governors (BOG) whom you feel would make a significant contribution to the organization. As the managing board of a membership organization, the BOG is elected from the membership at large.

Candidates must meet the following eligibility criteria:

- 1) Must be an ACRM member in good standing
- 2) Must support the ACRM mission and objectives
- 3) Demonstrate a special commitment to ACRM through tenure of membership and active participation in the organization
- 4) Demonstrate the ability to accomplish tasks and work effectively with other members
- 5) Agree to make a time commitment to meet BOG obligations.

The following positions are up for election to a three-year term:



- One (1) Member-at-Large
- One (1) Early Career Member-at-Large*
- One (1) Nominating Committee Member

To Submit a Nomination

Please email the names of your candidates and a brief explanation of why you believe they are well-qualified to serve on the ACRM BOG to Gary Ulicny, PhD, Nominating Committee Chairman at gary_ulicny@shepherd.org by 30 March 2012. Be sure to specify the position for which you are nominating each candidate. Self-nominations are permissible.

**In order to give Early Career members a stronger voice, the BOG modified the ACRM bylaws last year to require that one Member-at-Large position be filled by a candidate from the Early Career member category. Professionals who join ACRM during the first two years after completion of their post-graduate studies are eligible for Early Career membership.*

GO GLOBAL

ADVERTISE HERE to reach the multidisciplinary ACRM global community of rehabilitation professionals

May issue — Reserve by 2 April
July issue — Reserve by 28 May
Sept issue — Reserve by 30 July
Nov issue — Reserve by 12 Oct



Rehabilitation OUTLOOK

PLEASE CONTACT Cindy Robinson:
crobinson@ACRM.org

PLAN TO PARTICIPATE

2012 ACRM Mid-Year Meeting & Cognitive Rehabilitation Training

Register online or download a printable form at www.ACRM.org/Mid-Year

ACRM member registration is FREE!

Invite a colleague! Non-members pay just \$95 and receive a complimentary two-year membership to the ACRM Brain Injury — Interdisciplinary Special Interest Group (BI-ISIG).

Both events will be held at the luxurious Loews Vanderbilt Hotel in Nashville, Tennessee. Enjoy the convenience of lodging at the Mid-Year Meeting headquarters hotel and take advantage of ACRM-negotiated group discount rates.

Recipient of the AAA Four-Diamond Award for 26 consecutive years and the *Meetings & Conventions Magazine* 2011 Gold Key Award, the beautiful Loews Vanderbilt Hotel delivers exceptional service and upscale amenities in the heart of Nashville. Just minutes from the Country Music Hall of Fame, the Ryman Auditorium (original home of the Grand Ole Opry), Music Row, and the Music City Walk of Fame. Pets welcome. Visit www.ACRM.org/Mid-Year to book your room today.



ACRM Mid-Year Meeting

18 – 19 MAY 2012

SCHEDULE

FRIDAY, 18 MAY 2012

8:00 AM – 12:00 PM Task Force Meetings
1:00 PM – 2:45 PM General Session BI-ISIG Meeting
3:00 PM – 5:00 PM Task Force Meetings
Dinner on your own Off-site reservations available

SATURDAY, 19 MAY 2012

8:30 AM – 1:30 PM Task Force Meetings
1:45 PM – 3:00 PM Closing Business Meeting



Cognitive Rehabilitation Training Now Earns CMEs/CEUs

20 – 21 MAY 2012

Following the 2012 ACRM Mid-Year Meeting
Two full days of LIVE training

Based on the BI-ISIG's *Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice*, the course teaches interventions that may be readily used by occupational therapists, speech and language therapists, psychologists, and other rehabilitation professionals.

Two-Day Training

Includes printed First Edition Manual — \$150 VALUE!

	BEFORE 1 MAY	1-20 MAY 2012
ACRM Member	\$345	\$445
Non-member	\$395	\$495

CME/CEU = Approximately 11 Contact Hours

SUNDAY, 20 MAY

8:00 AM – 5:00 PM

Cognitive Rehabilitation Training: Part 1

The first day of training will provide an overview of the Manual, including cognitive rehabilitation strategies for Executive Functions, Memory, Attention, Hemispatial Neglect and Social Communication. Additionally, the workshop will provide a review of clinical decision-making as well as methods for goal setting in cognitive rehabilitation and strategies for measuring progress.

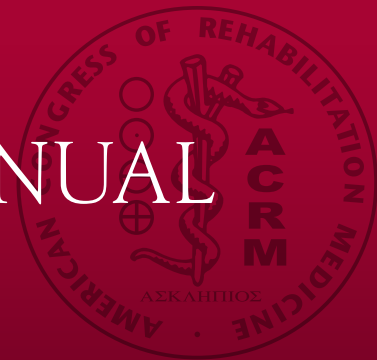
MONDAY, 21 MAY

8:00 AM – 5:00 PM

Cognitive Rehabilitation Training: Part 2

Part 2 will describe the application of specific interventions as part of evidence-based practice, with an emphasis on how to synthesize evaluation data to develop comprehensive and integrated treatment plans for holistic rehabilitation. Through presentation and discussion of case examples, course leaders will elaborate on structuring and coordinating cognitive, emotional and social interventions to meet the needs and goals of various types of patients.

COGNITIVE REHABILITATION MANUAL & TRAINING



Two full days of LIVE training

20 - 21 MAY 2012

Nashville Tennessee • Loews Vanderbilt Hotel

EARN CMEs/CEUs

Approximately 11 Contact Hours.

DETAILS: www.ACRM.org/COGtraining

**REGISTER NOW
& SAVE**

**ACRM MEMBERS
SAVE 30%
BEFORE 1 MAY 2012**

ACRM Members \$345 (regular \$445)

Non-members \$395 (regular \$495)

Includes printed copy of the Manual (\$150 value)

Can't make the LIVE training?

Purchase the Manual: www.ACRM.org/cognitive-rehabilitation-manual

COURSE LEADERS

Keith Cicerone, PhD, ABPP-Cn, FACRM

JFK Johnson Rehabilitation Institute, Edison, NJ

Kristen Dams-O'Connor, PhD

Mount Sinai School of Medicine, New York, NY

Rebecca D. Eberle, MA, CCC-SLP, BC-NCD

Indiana University, Bloomington, IN

Wayne Gordon, PhD, ABPP-Cn, FACRM

Mount Sinai School of Medicine, New York, NY

Donna Langenbahn, PhD

Rusk Institute of Rehabilitation Medicine, New York, NY

Edward C. Haskins, PhD

Hook Rehabilitation Center, Indianapolis, IN

Amy Shapiro-Rosenbaum, PhD

Park Terrace Care Center, Flushing, NY

Lance E. Trexler, PhD

Rehabilitation Hospital of Indiana, Indianapolis, IN

www.ACRM.org/COGtraining



ACRM

American Congress of
Rehabilitation Medicine

TEL: +1.317.471.8760

ACRM

www.ACRM.org

INTERNATIONAL COMMITTEE REPORT: **Sultan Bin Abdulaziz Humanitarian City Sponsors AWARD for EXCELLENCE IN REHABILITATION CARE at the Arab Health Awards 2012**

DUBAI, UAE — The Arab Health 2012 Achievement & Innovation Awards, held in Dubai in January, were attended by more than 700 healthcare professionals, government officials and industry guests. For the second consecutive year, Sultan Bin Abdulaziz Humanitarian City proudly sponsored the Sultan Bin Abdulaziz Humanitarian City Award for Excellence in Rehabilitation Care. Originally awarded for care excellence in the Middle East, the award was split this year to recognize a second category for International nominations.

The quality and breadth of entries this year were astounding, which made judging such great contributions made by organizations and individuals throughout the world very challenging. The 2012 award for the Middle East category was presented to Sharjah City for Humanitarian Services, UAE for their exceptional efforts to promote rehabilitation services and reintegrate individuals with disabilities back into their local community. In particular, the range and long term impact of their contributions set them apart from other entries. The judges felt that the integrated approach and comprehensive range of Sharjah City services were outstanding.

There was a surprising number of entries for the International category, considering that this was the first year the award was presented on an international level. With the narrowest of margins, the winner for the inaugural International category was Mr. Mohammad Ismail for his Sudan pro-



Sultan Bin Abdulaziz Humanitarian City Team

Swiss Leg. His invention of a low cost prosthetic leg for less-developed countries, coupled with documented evidence of its impact, and Mr. Ismail's effort to effectively develop and market his invention earned him the award.

Miss Samar Tunaiji from Sharjah City for Humanitarian Services expressed her gratitude for Sultan bin Abdul Aziz Humanitarian City's sponsorship of this award and recognized them as pioneers in the field serving people with disabilities.

Dr. Ahmed Bannaga, Secretary General of the Continuous Hope Charity Organization for patient care and rehabilitation of the disabled in Sudan, noted that by sponsoring these distinguished awards, Sultan Bin Abdulaziz Humanitarian City encourages all organizations and individuals to strive for further improvement of rehabilitation services for people with disabilities.

It is hoped that this award will serve to motivate regional healthcare planners to recognize the importance of comprehensive integrated rehabilitation as part of any healthcare system. More importantly, individuals and organizations should be aware that their contributions to rehabilitation are crucial and that they, too, can motivate others to do even more.

For more information, visit www.humanitariancity.org.sa or contact Mr. Farhan Abdulbari at FAbdulbari@sbahc.org.sa.

An Update from the BI-ISIG Girls and Women with TBI Task Force

The Girls and Women's Task Force has been extremely busy in efforts to obtain resources for networking and knowledge mobilization. We wish to recognize all of the contributors worldwide who supported our application for a Canadian Institutes for Health Research Network Catalyst grant for a proposed Brain Injury Knowledge Exchange Network, with a special focus on girls and women! This grant would provide infrastructure to the network, and support greater collaboration, workshops and knowledge exchange.

Furthermore, we wish to thank all of those who contributed to a symposium submission focused on women and acquired brain injury for the upcoming 2012 ACRM annual conference in Vancouver.

For more information on the task force and/or to become involved, please contact Dr. Angela Colantonio at Angela.colantonio@utoronto.ca.

ACRM SCI-SIG: Changing the World of Spinal Cord Injury Rehabilitation

“Never doubt that a small group of people can change the world. Indeed, it is the only thing that ever has.”

—Margaret Mead

This inspirational quote from Margaret Mead may be a little over the top, but these simple phrases capture the spirit of the small group who started and continue the charge of the Spinal Cord Injury Special Interest Group (SCI-SIG).

For now, our efforts to change the world are limited to our desire to add to the ACRM culture and opportunities available for rehabilitation professionals. ACRM is the leading professional organization for interdisciplinary rehabilitation research. The SCI-SIG was created to advance SCI rehabilitation by providing opportunities for professional development, advocating the standards of practice and research, and supporting a forum for interdisciplinary exchange.

ACRM is a perfect home, where rehabilitation clinicians, educators and research professionals come together. In the two short years since the ACRM Board of Governors recognized the Spinal Cord Networking Group as an official ACRM Special Interest Group, the SCI-SIG has increased programming at the annual conference, developed the SCI-SIG portion of the website, and received the commitment of the ACRM Board to expand our outreach and influence over SCI research and policy. The work force behind the SCI-SIG is small, however, and we need your help.

Volunteer Opportunities

SCI Content Development — The SCI-SIG is working to expand SCI content on the ACRM website in order to provide resources on SCI education, rehabilitation and research. Mike Jones has agreed to serve as marketing and communications Chair of the SCI-SIG. If you would like to contribute to this effort, please contact him at mike_jones@shepherd.org.

Join a Task Force — SCI-SIG task forces are committed to developing conference content and ACRM-branded products in their specialty areas, including development of consumer-friendly information/education pages for publication in the Archives of Physical Medicine and Rehabilitation. Please contact the chairs of the task forces most relevant to your interests and join us.

Caregiver Task Force

This group recognizes the ongoing needs and concerns of family and caregivers of individuals who have spinal

cord injuries. In 2011, the Caregiver Task Force was instrumental in developing a symposium related to these issues. We welcome new members who are interested in helping to expand the research agenda for caregiver needs or developing informational materials for caregivers. Contact Susie Charlifue, Susie@Craig-Hospital.org, if you are interested in joining the task force.

Classification Task Force

At the 2011 annual conference, this task force had a symposium to work on the classification schema for SCI. The charge of this group is to evaluate current SCI classification systems, describe the uses and limits of different classification schema, and promote 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. Contact Ralph Marino, Ralph.Marino@jefferson.edu, to get involved.

FES Task Force

This 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 their goals. This task force provided excellent programming related to the clinical and consumer user perspective of FES systems for SCI at the 2011 annual conference. Join this exciting group by contacting Therese Johnston, t.johnston@uscience.edu.

Task Force on Secondary Conditions, Medical Wellness, and Lifelong Learning

This task force strives to contribute to high-quality research about the epidemiology, prevention, and treatment of secondary complications post-SCI and supports the creation and dissemination of evidence-based educational materials for clinicians and consumers. Contact Jeanne Zanca, Jeanne.Zanca@mountsinai.org, if you are interested in the advancement of this mission.

Fitness and Wellness in SCI Task Force

Get involved on the ground floor with this brand new task force focused on improving overall health and wellness after SCI. Contact Sue Ann Sisto, sue.sisto@stonybrook.edu to join.

The nascent SCI-SIG is already having an influence. If you are interested in SCI rehabilitation research and its stature within ACRM, consider joining this small but determined group as we set out to “change the world” of SCI. ■

NEW Expanded Offering for 2012 Annual Conference: Pre- and Post- Conference Instructional Courses

According to the 2011 Annual Conference Evaluation Survey, a whopping 86 percent of participants were pleased with the pre-conference courses they attended saying the education they experienced was “excellent” (57%) or “above average” (29%).

This year, there will be even more to love. TEN half-day pre-conference Instructional Courses, a FULL-DAY Early Career Development Course and THREE post-conference Instructional Courses will be offered. Visit ACRM.org for detailed course descriptions. As always, Continuing Education Credits will be available in nine disciplines. The following schedule is preliminary and subject to change.

PRE-CONFERENCE

Wednesday, 10 October 2012

FULL-DAY SESSION

8:00 AM – 5:30 PM

Early Career Development Course

Details TBA

MORNING SESSIONS

8:00 AM – 12:00 PM

(1) Innovations in Stroke Rehabilitation / PART I

PRESENTER: Pamela S. Roberts, PhD, OTR/L, SCFES, FAOTA, CPHQ, Cedars-Sinai Medical Center, Los Angeles, CA

DIAGNOSIS: Stroke with a clinical practice focus

(2) An Update on Rehabilitation in Multiple Sclerosis

PRESENTER: Ben W. Thrower, MD, Shepherd Center, Atlanta, GA

DIAGNOSIS: Neurodegenerative disorder (e.g., MS, Parkinson's disease) with a clinical practice focus

(3) Emotions in Check and Problem Solved! Metacognitive Interventions for Individuals with Brain Injury: A Training Workshop

PRESENTERS: Teresa Ashman, PhD, NYU Medical Center, New York, NY; Joseph Rath, PhD, New York University Langone Medical Center, New York, NY; Theodore Tsoulosides, PhD; Joshua Cantor, PhD, Mount Sinai School of Medicine, New York, NY

DIAGNOSIS: Brain Injury with a clinical practice focus

(4) Management Conundrums Among Patients with Severe TBI: Ethical Considerations and Practice

PRESENTERS: Joseph Fins, MD, Weill Cornell Medical College, New York, NY; Risa Nakase-Richardson, PhD; Catherine Wilson, PsyD; Marissa McCarthy, MD, James A. Haley Veterans Hospital/University of South Florida, Tampa, FL; Joseph T. Giacino, PhD, Harvard Medical School, Boston, MA; Doug Katz, MD, Boston University/Braintree Rehabilitation Hospital, Boston, MA; John Whyte, MD, PhD, Moss Rehabilitation Research Institute, Elkins Park, PA; Stuart A. Yablon, MD, Baylor Institute for Rehabilitation, Dallas, TX; Brian Greenwald, Mount Sinai School of Medicine, New York, NY

DIAGNOSIS: Brain Injury with a focus on health/disability policy, ethics and advocacy

(5) Evidence, Theory and Experience: Implementing Evidence into Rehabilitation Practice

PRESENTER: Allen Heinemann, PhD, Rehabilitation Institute of Chicago, Chicago, IL

DIAGNOSIS: Not diagnosis-specific. This presentation is relevant to any rehabilitation setting and has an academic training, research mentoring and research funding focus.

Wednesday, 10 October 2012

AFTERNOON SESSIONS

1:00 PM – 5:00 PM

(EXCEPT AS NOTED)

(6) Innovations in Stroke Rehabilitation / PART 2

PRESENTER: Pamela S. Roberts, PhD, OTR/L, SCFES, FAOTA, CPHQ, Cedars-Sinai Medical Center, Los Angeles, CA

DIAGNOSIS: Stroke with a clinical practice focus

(7) Instrumentation of Clinical Balance and Gait Tests for Rehabilitation Assessment

1:00 PM – 5:30 PM

PRESENTERS: Laurie A. King, PhD, PT; Martina Mancini, PhD, Oregon Health & Science University, Portland, OR; James McNamara, PhD, Portland State University, Portland, OR

DIAGNOSIS: Brain Injury, Neurodegenerative disorder (e.g., MS, Parkinson's disease) with a focus on technology

(8) Assessment and Treatment of Emotion Recognition Impairment after Brain Injury

PRESENTERS: Barry S. Willer, PhD, University at Buffalo, Buffalo, NY; Flora Hammond, MD; Dawn Neumann, PhD, Indiana University School of Medicine, Indianapolis, IN; Duncan Ross Babbage, PhD, School of Psychology, Massey University, Wellington, WN, NZ; Barbra Zupan, PhD, Brock University, St. Catharines, ON, CA

DIAGNOSIS: Brain Injury, Stroke, Neurodegenerative disorder (e.g., MS, Parkinson's disease), Autism spectrum disorder with a clinical practice focus

(9) Behavioral Measuring and Monitoring to Improve Patient Outcomes: An Evidence-based Meta-Practice

PRESENTERS: James F. Malec, PhD; Jacob Kean, PhD, University of Indiana Medical School/Rehabilitation Hospital of Indiana, Indianapolis, IN; Joseph T. Giacino,

VANCOUVER, BRITISH COLUMBIA, CANADA

9-13 OCTOBER 2012

THE SHERATON VANCOUVER WALL CENTRE

2012 ACRM-ASNR
Annual Conference

PROGRESS IN
REHABILITATION
RESEARCH



www.ACRM.org/Annual-Conference

PhD, Spaulding Rehabilitation Hospital/Harvard Medical School, Boston, MA; Michael Mozzoni, PhD, Lakeview Neurorehabilitation Center, Effingham, ME; Bonnie Schaudé, MA, CCC/SLP, Shepherd Center, Atlanta, GA

DIAGNOSIS: Case examples will be primarily from brain injury but techniques and principles can be applied to any diagnostic group. This presentation has a clinical practice focus.

(10) Introduction to Individual Growth Curve Analysis

PRESENTERS: Christopher Pretz, PhD; Scott Edwin Douglas Kreider, MS; Jeffrey P. Cuthbert, MPH, MS, Craig Hospital, Englewood, CO; Allan J. Kozlowski, PT, PhD, Rehabilitation Institute of Chicago, Chicago, IL; Kristen Dams-O'Connor, PhD, Mount Sinai School of Medicine, New York, NY

DIAGNOSIS: Independent with a focus on research methods

POST-CONFERENCE

Saturday, 13 October 2012

MID-DAY SESSIONS

11:00 AM – 3:00 PM

(1) Differential Diagnosis in Dizziness

PRESENTERS: Susan E. Bennett, PT, DPT, EdD; Lacey Bromley, PT, University at Buffalo, Buffalo, NY

DIAGNOSIS: Dizziness Disorders that may be peripheral nervous system, central nervous system or cervicogenic. This presentation has a clinical practice focus.

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

PRESENTERS: Samantha L. Backhaus, PhD; Summer Ibarra, Rehabilitation Hospital of Indiana, Zionsville, IN

DIAGNOSIS: Brain Injury with a clinical practice focus

(3) TBI Practice-Based Evidence Preliminary Study Findings: Opening the Black Box of TBI Rehabilitation

PRESENTERS: Susan D. Horn, PhD, Institute for Clinical Outcomes Research, Salt Lake City, UT; James Young, MD, Rehab Associates of Chicago, Rush University Medical Center, Chicago, IL; Nora Cullen, MD, Toronto Rehab, Toronto, ON, CA; Cynthia Beaulieu, PhD, ABPP-Cn, Brooks Rehabilitation Hospital, Jacksonville, FL; Murray Brandstater, MD, Loma Linda University, Loma Linda, CA

DIAGNOSIS: Brain Injury with a clinical practice focus

Rehabilitation News from the Center for Disease Control

By Robert "Bobby" Silverstein, Principal, Powers, Pyles, Sutter & Verville PC

In response to a request made in the first Institute of Medicine report (1991), Disability in America, to develop a national disability surveillance system, the Center for Disease Control (CDC) will soon roll out a new disability and health data system website. This powerful system will stratify the data of every health indicator on the Behavior Risk Factor Surveillance System (BRFSS www.cdc.gov/brfss) by disability status and give indicators by state for the health status of people with disabilities.

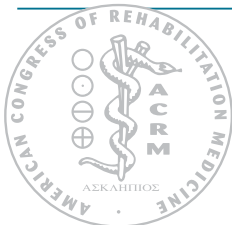
The CDC has developed a new policy to routinely include people with disabilities in non-research program activities, such as surveillance, health promotion, prevention and protection programs funded by CDC. This policy will help to make programs funded by CDC inclusive of disability and mainstream public health activities. It is hoped that future programs will have special outreach for people with disabilities and be accessible to them.

Another national health disparities report will be coming out in 2013 and the CDC is looking into including disability as a factor in their publication, Vital Signs. They are also trying to get a chart/indicator for disability in this publication. Each issue highlights a different topic, for example, asthma and smoking, and hopefully soon, people with disabilities will be a factor of discussion.

On 7 March, CDC will hold a seminar titled, "Should Disability Status be a Co-variant in Studies?." Currently, other variables (race, sex, etc.) are included, but disability is not.



Rehabilitation OUTLOOK



American Congress of Rehabilitation Medicine

11654 Plaza America Drive, Suite 535, Reston, VA US 20190

www.ACRM.org



VANCOUVER, BRITISH COLUMBIA, CANADA

9-13 OCTOBER 2012

THE SHERATON VANCOUVER WALL CENTRE

2012 ACRM-ASNR Annual Conference **PROGRESS IN REHABILITATION RESEARCH**

Where meaningful research is shared
and collaboration is only beginning...

**EXHIBITOR &
SPONSORSHIP
OPPORTUNITIES
AVAILABLE**
248-320-2696

**REGISTER NOW
& SAVE**
UP TO **50%***

REGISTER ONLINE NOW >>>

www.ACRM.org/Annual-Conference