UNABLE TO ATTEND EVERY SESSION AT THE ANNUAL CONFERENCE?

CATCH UP ON WHAT YOU MISS WITH THE ACRM ONLINE LEARNING CENTER

The ACRM Online Learning Center connects you to sessions recorded LIVE from the 2013 Annual Conference so you can catch up on sessions you didn’t have time to attend and review best practices presented by top researchers and clinicians. Keep your mind engaged between events and enrich your professional development with the most informative educations sessions. Make a difference in your practice this year with education that rehabilitation professionals NEED.

PURCHASERecorded Sessions BEFORE 29 NOVEMBER TO TAKE ADVANTAGE OF THE SPECIAL ONSITE PRICE AND SAVE HUNDREDS.

Visit the ACRM Online Learning Center to purchase your session recordings. BONUS! Receive 2012 ACRM Annual Conference content with 2013 purchase — two conferences for the price of one.

MORE INFO & TO PURCHASE: www.ACRM.org/OLC
Welcome to the 90th Annual ACRM Conference, Progress in Rehabilitation Research! In this momentous anniversary year, we have so much to celebrate and an outstanding program to share.

ACRM has experienced extraordinary growth over the last five years, including an expanded diagnostic focus encompassing brain injury, spinal cord injury, stroke, neurodegenerative diseases and pain. This year, for the first time, Progress in Rehabilitation Research offers non-stop, interdisciplinary programming in each of these five diagnostic areas. Our heartfelt thanks go to the 2013 Program Committee for their hard work and commitment to delivering a high-caliber program of the very latest research in rehabilitation.

Whether you are new to ACRM, or a returning member, I hope that you will notice the vibrancy and friendliness of our interdisciplinary community. Since 2009, membership has exploded (965% growth) and ACRM community groups grew from two to 12 (600% growth). More than ever before, there is a place for you at ACRM. I encourage you to attend the ACRM Membership Meeting at the end of the conference day on Friday to learn more about ACRM, the leadership, and to witness the all-important passing of the presidential necklace from myself to incoming president, Sue Ann Sisto, PhD, FACRM.

Throughout the conference there will be meetings of ACRM interdisciplinary special interest groups (ISIGs) and networking groups that welcome new members and will give you the opportunity to get involved. These groups are truly the heart of ACRM and offer great opportunities for interdisciplinary exchange, global collaboration, and participation in meaningful projects advancing the field.

Conference attendance has also sky-rocketed in the past five years by more than 400 percent. Today, approximately 1,000 rehabilitation professionals from 27+ countries are in attendance.

The hub of the conference this year is the expanded ACRM Exposition. More than double the size of last year’s hall, it’s an extension of your educational experience — the place to see and hear about advances in rehabilitation technology, robotics, pharmacology and much more. The scientific poster display encircles the Exposition and refreshments will be served there during each break. Stop by ACRM Central and register for exciting prizes.

Finally, I would like to thank our many sponsors. Your generous support makes this conference possible and helps advance the ACRM mission to improve lives through interdisciplinary rehabilitation research.

Thank you for choosing ACRM. We hope your conference experience at Disney is simply MAGICAL!

Tamara Bushnik, PhD, FACRM
ACRM President (2011 – 2013)
Rusk Rehabilitation at NYU Langone Medical Center
CO-CHAIRS:
Mike Jones, PhD, FACRM
Robert C. Wagenaar, PhD

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Susan Fasoli, ScD, OTR
J. Preston Harley, PhD, FACRM
Kathy Kalmar, PhD
Doug Katz, MD, FACRM
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Philip Morse, PhD, FACRM
Pam Roberts, PhD, CPHQ
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Produced by ACRM Publishing
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MONDAY, 11 NOVEMBER 2013
5:00 PM – 7:00 PM Registration Open FANTASIA LOBBY

TUESDAY, 12 NOVEMBER 2013
7:00 AM – 5:00 PM Registration Open FANTASIA LOBBY
8:00 AM – 4:30 PM Cognitive Rehabilitation Training – Day 1 BALLROOM OF THE AMERICAS B: LEV 2
10:00 AM – 5:00 PM Board of Governors Meeting (By Invitation Only)

WEDNESDAY, 13 NOVEMBER
6:30 AM – 5:00 PM Registration Open FANTASIA LOBBY
7:00 AM – 8:00 AM BREAKFAST SYMPOSIUM — Sponsored by Avanir Pharmaceuticals BALLROOM OF THE AMERICAS A: LEV 2
9:00 AM – 3:30 PM Cognitive Rehabilitation Training – Day 2 BALLROOM OF THE AMERICAS B: LEV 2
8:00 AM – 5:00 PM Early Career Development Course GRAND REPUBLIC BALLROOM B: LEV 2

PRE-CONFERENCE INSTRUCTIONAL COURSES
Registration required for all instructional courses

MORNING COURSES
8:00 AM – 12:00 PM
1) An Introduction to Longitudinal Data Analysis – Part I NUTCRACKER 1
2) Early Integration of Vision into Stroke Rehabilitation NUTCRACKER 2
3) Practical and Academic Perspectives on Rehabilitation of the Pain Patient: An Expert Panel NUTCRACKER 3
4) Affordable Care Act Part I: A Road Map to Transformation in Rehabilitation Policy, Research, and Practice FANTASIA LK

AFTERNOON COURSES
1:00 PM – 5:00 PM
6) An Introduction to Longitudinal Data Analysis (Part II) NUTCRACKER 1
7) Electrical Stimulation for Affected Limb Function After Stroke: Theory, Evidence, and Clinical Application NUTCRACKER 2
8) Post-Deployment Polytrauma: What’s the Problem and How Should We Treat It? NUTCRACKER 3
9) Affordable Care Act Part II: Healthy Life Expectancy for People with Disability FANTASIA LK
10) Women’s Pelvic Health in the Context of Physical Disability: An Interdisciplinary Team Approach FANTASIA MN
11) Development of the NIH Toolbox for Neurological and Behavioral Functioning: Implications for Rehabilitation Research and Practice FANTASIA QP

5:00 PM – 5:30 PM Introduction to ACRM ISIGs and Networking Groups BALLROOM OF THE AMERICAS A: LEV 2
5:30 PM – 7:30 PM Early Career Networking Group Reception BALLROOM OF THE AMERICAS A: LEV 2
5:30 PM – 6:30 PM Past Presidents Reception (By Invitation Only) BOARDROOM: LEV 2

Room locations are subject to change.
Please consult the ACRM Conference APP for the latest locations:
www.eventmobi.com/ACRM13
CORE CONFERENCE / DAY 1
THURSDAY, 14 NOVEMBER

6:30 AM – 5:00 PM  Registration Open  FANTASIA LOBBY
10:00 AM – 4:00 PM  Exposition & Poster Display Open  FANTASIA BALLROOM JH

ACRM COMMITTEE & GROUP MEETINGS
7:00 AM – 8:00 AM  Membership Committee (By Invitation Only)  FANTASIA K
7:00 AM – 8:00 AM  Stroke-ISIG Executive Committee (By Invitation Only)  FANTASIA L
7:00 AM – 8:00 AM  SCI-ISIG Business Meeting  FANTASIA N
7:00 AM – 8:00 AM  Early Career Networking Group Physicians Task Force  FANTASIA M
7:00 AM – 8:00 AM  Military and Veterans Affairs Networking Group  FANTASIA O
7:00 AM – 8:00 AM  Stroke-ISIG Movement Interventions Task Force  NUTCRACKER 1
7:00 AM – 8:00 AM  BI-ISIG Girls & Women with TBI Task Force  NUTCRACKER 2

7:00 AM – 8:00 AM  Membership Committee (By Invitation Only)  FANTASIA K
7:00 AM – 8:00 AM  Stroke-ISIG Executive Committee (By Invitation Only)  FANTASIA L
7:00 AM – 8:00 AM  SCI-ISIG Business Meeting  FANTASIA N
7:00 AM – 8:00 AM  Early Career Networking Group Physicians Task Force  FANTASIA M
7:00 AM – 8:00 AM  Military and Veterans Affairs Networking Group  FANTASIA O
7:00 AM – 8:00 AM  Stroke-ISIG Movement Interventions Task Force  NUTCRACKER 1
7:00 AM – 8:00 AM  BI-ISIG Girls & Women with TBI Task Force  NUTCRACKER 2

7:00 AM – 8:00 AM  Membership Committee (By Invitation Only)  FANTASIA K
7:00 AM – 8:00 AM  Stroke-ISIG Executive Committee (By Invitation Only)  FANTASIA L
7:00 AM – 8:00 AM  SCI-ISIG Business Meeting  FANTASIA N
7:00 AM – 8:00 AM  Early Career Networking Group Physicians Task Force  FANTASIA M
7:00 AM – 8:00 AM  Military and Veterans Affairs Networking Group  FANTASIA O
7:00 AM – 8:00 AM  Stroke-ISIG Movement Interventions Task Force  NUTCRACKER 1
7:00 AM – 8:00 AM  BI-ISIG Girls & Women with TBI Task Force  NUTCRACKER 2

8:00 AM – 10:00 AM  The Intersection of Technology and Neurorehabilitation  FANTASIA BALLROOM G

CONCURRENT SESSIONS
10:30 AM – 12:00 PM  Why We Need More Case Studies of Cognitive Rehabilitation  NUTCRACKER 2
10:30 AM – 12:00 PM  Effects of Endogenous Reproductive Hormones Fluctuations in TBI…  FANTASIA N
10:30 AM – 12:00 PM  Population-Based Outcomes After Traumatic Brain Injury in the United States  ATLANTIC A: LEV 2
10:30 AM – 12:00 PM  Balancing Change in Health Policy and Clinical Practice in Ireland, Sweden and USA.  FANTASIA K
10:30 AM – 12:00 PM  Techniques to Improve Carry-Over of Clinical Improvements to Daily Activities  FANTASIA P
10:30 AM – 12:00 PM  Effective Recognition and Management of Domestic Violence…  FANTASIA O
10:30 AM – 12:00 PM  Rehab is Over, Now What? Innovative Outpatient Programs for SCI  NUTCRACKER 1
10:30 AM – 12:00 PM  Complex Regional Pain Syndrome (CRPS): Diagnosis and Treatment  FANTASIA M

ACRM COMMITTEE & GROUP MEETINGS
10:30 AM – 11:30 AM  Chairs Council Meeting (By Invitation Only)  BOARDROOM LEV 2
10:30 AM – 12:00 PM  Neurodegenerative Diseases Networking Group  FANTASIA L
12:30 PM – 1:30 PM  BI-ISIG Annual Summit  NUTCRACKER 2

SPECIAL OPPORTUNITY:
12:00 PM – 1:30 PM  SCI-ISIG LUNCHEON WITH SPEAKER (Ticketed Event)  GRAND BALLROOM B: LEV 2
The Role of Research in Reimbursement

1:00 PM – 3:00 PM  Oral Presentation of Scientific Papers / Multi-Diagnosis Topics  BALLROOM OF THE AMERICAS B: LEV 2

SPECIAL OPPORTUNITY
1:30 PM – 3:00 PM  SHELDON BERROL MEMORIAL CHAUTAUQUA LECTURE:  FANTASIA BALLROOM G
Brain Injury as a Chronic Condition: Policy, Payer, and Consumer Perspectives

CONCURRENT SESSIONS
1:30 PM – 3:00 PM  Best Practices in Cross-Border Collaboration in Rehabilitation Research  ATLANTIC A: LEV 2
1:30 PM – 3:00 PM  Health Promotion and Fitness Transition From Clinical Practice to the Community for People with SCI  NUTCRACKER 1
1:30 PM – 3:00 PM  Evidence-Based Management of Spasticity in Activity-Based Restorative Therapy: Bench to Bedside Science  FANTASIA L
1:30 PM – 3:00 PM  Novel Concepts in the Treatment of Disabilities Associated with Chronic Conditions  FANTASIA O
1:30 PM – 3:00 PM  Optimizing Stroke Rehabilitation for Individuals with Cognitive Impairments  FANTASIA K

Rooms are **Main Level** unless designated **Level 2**.
See page 16 for floorplans

**GET THE APP!** SEARCH the whole program on the free ACRM APP
eventmobi.com/ACRM13
**SCHEDULE AT-A-GLANCE**

**ACRM 90th ANNUAL CONFERENCE**

12 – 16 NOVEMBER 2013 // CENTRAL FL

**1:30 PM – 3:00 PM**

**CONCURRENT SESSIONS**

- The Importance of Measuring Clinical Outcomes for Pain Management
  - FANTASIA M

**3:30 PM – 5:00 PM**

- Children and Youth with Acquired BI: Transition Challenges and Outcomes
  - NUTCRACKER 2

- Technology Based Cognitive Interventions: Current Evidence-Based Approaches to Cognitive Remediation
  - ATLANTIC B: LEV 2

- Neurodegenerative Effects of Epilepsy: Cognitive and Psychosocial Sequelae and Recommendations for Rehabilitation Research and Practice
  - FANTASIA L

- Educate, Train, Treat, Track: Bringing State-of-the-Art Care to Our Military with TBI
  - FANTASIA O

- Electrical Stimulation From Basic Science to Clinical Practice: Is it Evidence-Based?
  - FANTASIA N

- Innovative Delivery of Pain Self-Management Programs
  - FANTASIA M

- New Developments in the SCI-QOL/SCI-FI Measurement System
  - NUTCRACKER 1

- Oral Presentation of Scientific Papers / Stroke Topics
  - BALLROOM OF THE AMERICAS B: LEV 2

**5:00 PM – 7:00 PM**

**SPECIAL OPPORTUNITY**

EXHIBITORS WELCOME RECEPTION & SCIENTIFIC POSTER VIEWING

With Outstanding Scientific Poster Awards Presentation

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**CORE CONFERENCE / DAY 2**

**FRIDAY, 15 NOVEMBER**

**6:30 AM – 5:00 PM**

Registration Open

**8:30 AM – 3:30 PM**

Exposition & Poster Display Open

**ACRM COMMITTEE & GROUP MEETINGS**

- Health Policy Networking Group
  - FANTASIA LOBBY

- BI-ISIG Disorders of Consciousness Task Force: Minimal Competency Guidelines for Acute Rehabilitation
  - PACIFIC LEV 2

**8:30 AM – 10:00 AM**

International Networking Group

**CONCURRENT SESSIONS**

- Rehabilitation of Individuals with Traumatic Brain Injury: Impact and Response to a Fragmented System
  - GRAND BALLROOM A: LEV 2

- The Dutch ParkinsonNet: Promoting International Neurorehabilitation Research Collaboration and Exchange
  - FANTASIA N

- Neurortrophic Growth Markers as an Index of Brain Function in the CNS
  - NUTCRACKER 2

- Updated Clinical Practice Guidelines for Mild Traumatic Brain Injury and Persistent Symptoms
  - FANTASIA K

- The Value of Mixed Methods: Lessons Learned Through Intervention Research in Individuals with Chronic Stroke
  - FANTASIA M

- Development of a Functional Status Quality Metric
  - FANTASIA P

- The Role of Health Promotion in the Aging SCI Population
  - FANTASIA L

- Better Together: A Team Work Approach to Supporting Health and Independence for Patients With Disabilities
  - NUTCRACKER 3

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Room locations are subject to change. Please consult the ACRM Conference APP for the latest locations:

www.eventmobi.com/ACRM13
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<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:15 AM – 8:15 AM</td>
<td>Pain Management and Rehabilitation: The Great Divide</td>
<td>FANTASIA O</td>
</tr>
<tr>
<td>8:30 AM – 10:00 AM</td>
<td>Oral Presentation of Scientific Papers / Traumatic Brain Injury Topics</td>
<td>BALLROOM OF THE AMERICAS B: LEV 2</td>
</tr>
<tr>
<td>8:30 AM – 10:00 AM</td>
<td>Occupational Traumatic Brain Injury: Gender, Health and the Workplace</td>
<td>FANTASIA K</td>
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<tr>
<td>8:30 AM – 10:00 AM</td>
<td>Co-Morbidities Associated with Lifetime Exposure to TBI</td>
<td>GRAND BALLROOM A: LEV 2</td>
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<tr>
<td>8:30 AM – 10:00 AM</td>
<td>Regenerative Medicine: New Frontier in Rehabilitation Medicine</td>
<td>FANTASIA N</td>
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<tr>
<td>8:30 AM – 10:00 AM</td>
<td>Implications of Hospital-to-Inpatient Rehabilitation Continuity</td>
<td>NUTCRACKER 2</td>
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<tr>
<td>8:30 AM – 10:00 AM</td>
<td>An Intensive, Interprofessional, Community-Based Intervention Program for Persons Post-Stroke</td>
<td>FANTASIA M</td>
</tr>
<tr>
<td>8:30 AM – 10:00 AM</td>
<td>Lifestyle Redesign® for Pressure Ulcer Prevention in Spinal Cord Injury</td>
<td>FANTASIA L</td>
</tr>
<tr>
<td>8:30 AM – 10:00 AM</td>
<td>Update on Spinal Cord Injury Pain</td>
<td>FANTASIA O</td>
</tr>
<tr>
<td>10:30 AM – 12:00 PM</td>
<td>Symposium in Honor of Robert C. Wagenaar, PhD: 1957 - 2013</td>
<td>FANTASIA BALLROOM G</td>
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<tr>
<td>12:00 PM – 1:30 PM</td>
<td>BRUCKER MEMORIAL INTERNATIONAL LUNCHEON (Ticketed Event)</td>
<td>BALLROOM OF AMERICAS A: LEV 2</td>
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<tr>
<td>12:00 PM – 1:30 PM</td>
<td>International Partnering in Research</td>
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<tr>
<td>12:00 PM – 1:30 PM</td>
<td>Sponsored by the International Networking Group in memory of Bernard S. Brucker, PhD, ABPP</td>
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<tr>
<td>12:00 PM – 1:00 PM</td>
<td>Policy &amp; Legislation Committee (By Invitation Only)</td>
<td>FANTASIA P</td>
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<tr>
<td>12:00 PM – 1:00 PM</td>
<td>Communications Committee</td>
<td>FANTASIA O</td>
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<tr>
<td>12:00 PM – 1:00 PM</td>
<td>BI-ISIG Long-Term Issues Task Force</td>
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<tr>
<td>12:00 PM – 1:15 PM</td>
<td>BI-ISIG Community-Based Rehabilitation Task Force</td>
<td>NUTCRACKER 3</td>
</tr>
<tr>
<td>12:00 PM – 1:15 PM</td>
<td>BI-ISIG Cognitive Rehabilitation Task Force</td>
<td>NUTCRACKER 2</td>
</tr>
<tr>
<td>12:00 PM – 1:15 PM</td>
<td>Stroke ISIG Vision Task Force Off-Site Lunch</td>
<td>Members meet at the registration desk</td>
</tr>
<tr>
<td>12:00 PM – 1:30 PM</td>
<td>BI-ISIG Mild TBI Task Force</td>
<td>GRAND BALLROOM A: LEV 2</td>
</tr>
<tr>
<td>12:15 PM – 1:30 PM</td>
<td>Stroke-ISIG Task Force Chairs (By Invitation Only)</td>
<td>FANTASIA M</td>
</tr>
<tr>
<td>1:30 PM – 3:00 PM</td>
<td>Stroke-ISIG Business Meeting</td>
<td>FANTASIA M</td>
</tr>
<tr>
<td>1:30 PM – 3:00 PM</td>
<td>Oral Presentation of Scientific Papers / Traumatic Brain Injury Topics</td>
<td>BALLROOM OF THE AMERICAS B: LEV 2</td>
</tr>
<tr>
<td>1:30 PM – 3:00 PM</td>
<td>Trends in Traumatic Brain Injury in the United States</td>
<td>GRAND BALLROOM A: LEV 2</td>
</tr>
<tr>
<td>1:30 PM – 3:00 PM</td>
<td>Outcome Prediction in Post-Traumatic Disorders of Consciousness: Is it Time to Revisit Prognostic Guidelines</td>
<td>FANTASIA K</td>
</tr>
<tr>
<td>1:30 PM – 3:00 PM</td>
<td>A Clinical Practice Guideline to Enhance Outcomes in People with Neurologic Injury: Gait Recovery</td>
<td>FANTASIA N</td>
</tr>
<tr>
<td>1:30 PM – 3:00 PM</td>
<td>Novel Approaches to Clinical Practice Improvement</td>
<td>NUTCRACKER 2</td>
</tr>
<tr>
<td>1:30 PM – 3:00 PM</td>
<td>Safe Patient Handling Programs in Rehabilitation</td>
<td>NUTCRACKER 3</td>
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<tr>
<td>1:30 PM – 3:00 PM</td>
<td>Interprofessional Pain Education for Collaborative Patient-Centered Care</td>
<td>FANTASIA O</td>
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<tr>
<td>1:30 PM – 3:00 PM</td>
<td>NeuroControl: Exploitation of Neuroplasticity Invited Symposium from the Netherlands Neuroscience Society</td>
<td>FANTASIA P</td>
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<tr>
<td>3:30 PM – 5:00 PM</td>
<td>Systems of Care for ABI in a Universal Healthcare System</td>
<td>ATLANTIC A</td>
</tr>
<tr>
<td>3:30 PM – 5:00 PM</td>
<td>Mild TBI: New Neuropsychiatric Perspectives</td>
<td>FANTASIA K</td>
</tr>
<tr>
<td>3:30 PM – 5:00 PM</td>
<td>Integrating Physical Wellness Approaches into the Lives of People with Neurodegenerative Diseases</td>
<td>FANTASIA N</td>
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</tbody>
</table>
3:30 PM – 5:00 PM  
Understanding On-Road Safety in Elderly Drivers: Different Perspectives  
FANTASIA P

3:30 PM – 5:00 PM  
Inducing and Guiding Plasticity in Sensorimotor Systems to Enhance  
Neurorehabilitation After Spinal Cord Injury  
FANTASIA L

3:30 PM – 5:00 PM  
Pressure Ulcer Prevention in Acute Spinal Cord Injury: Current Findings  
and Recommendations for the Future  
NUTCRACKER 2

3:30 PM – 5:00 PM  
A Grand Unifying Theory of Chronic Pain: Etiology, Perpetuation, and Recovery  
FANTASIA O

3:30 PM – 5:00 PM  
STROKE-ISIG SPECIAL TOPICS SESSION:  
Translating Research into Clinical Practice: Rehabilitation Robotics After Stroke  
FANTASIA M

ACRM COMMITTEE & GROUP MEETINGS

3:30 PM – 5:00 PM  
Outcomes Measurement Networking Group Meeting  
NUTCRACKER 3

5:00 PM – 6:30 PM  
ACRM MEMBERSHIP MEETING  
GRAND BALLROOM B

SPECIAL OPPORTUNITY

7:00 PM – 11:00 PM  
HENRY B. BETTS AWARDS GALA (Ticketed Event)  
FANTASIA

8:30 PM – 11:00 PM  
AFTER GALA PARTY (Ticketed Event)  
FANTASIA

CORE CONFERENCE / DAY 3
SUNDAY, 16 NOVEMBER

7:00 AM – 3:00 PM  
Registration Open  
REG DESK

ACRM COMMITTEE & GROUP MEETINGS

7:30 AM – 8:30 AM  
BI-ISIG Prognosis after TBI Task Force  
GRAND REPUBLIC D: LEV 2

7:30 AM – 8:30 AM  
BI-ISIG Disorders of Consciousness Task Force:  
Acute Confusion Case Definition Project  
GRAND REPUBLIC C: LEV 2

7:30 AM – 8:30 AM  
BI-ISIG Pediatric & Adolescent Task Force  
ATLANTIC A/B: LEV 2

7:30 AM – 8:30 AM  
Program Committee (By Invitation Only)  
BOARDROOM LEV 2

7:30 AM – 8:30 AM  
Stroke-ISIG Living Life after Young Stroke Task Force  
NUTCRACKER 2

7:30 AM – 8:30 AM  
Geriatric Rehabilitation Group  
NUTCRACKER 1

SPECIAL OPPORTUNITY

7:30 AM – 8:30 AM  
Coffee With Archives Of Physical Medicine & Rehabilitation Editors  
NUTCRACKER 3

NIDRR-SPONSORED ARRT YOUNG INVESTIGATORS PANEL

8:00 AM – 8:15 AM  
1) Disparity in Access to Healthcare Among Individuals With Physical  
Disabilities: 2001-2010  
BALLROOM OF AMERICAS B

8:15 AM – 8:30 AM  
2) Biopsychosocial Determinants of Patient-Reported Improvement in  
Chronic Diseases for Adults Over 50 Years of Age  
BALLROOM OF AMERICAS B

8:30 AM – 8:45 AM  
3) Development and Evaluation of a Smart Cueing Kitchen for  
Individuals With Cognitive Impairments Brain Injury  
BALLROOM OF AMERICAS B

8:45 AM – 9:00 AM  
4) Time Course of Kinematic Improvements in Survivors of Stroke  
During Upper-Extremity Robotic Rehabilitation  
BALLROOM OF AMERICAS B

9:00 AM – 9:15 AM  
5) Employment Outcomes for People With Disabilities Across Age  
and Disability Groups  
BALLROOM OF AMERICAS B

9:15 AM – 9:30 AM  
6) Pulmonary Function Characteristics of Boys With Duchenne  
Muscular Dystrophy: One-Year Data From CINRG  
BALLROOM OF AMERICAS B

See page 16 for floorplans

Rooms are Main Level unless designated Level 2.
7) The Impact of Medicaid Managed Care on Patient Outcomes and Satisfaction  

SPECIAL OPPORTUNITY

JOHN STANLEY COULTER AWARD LECTURE  
Measuring, Managing, and Predicting Rehabilitation Outcomes: Reflections on Nearly 30 Years of ACRM Membership and a Research Agenda

CONCURRENT SESSIONS

8:30 AM – 10:00 AM  
Development of Clinical Recommendations for Service Members’ Graded Return to Activity After Concussion  
GRAND REPUBLIC D: LEV 2

8:30 AM – 10:00 AM  
Measuring Morpheus: An Introductory Guide to Studying Sleep After Brain Injury  
GRAND REPUBLIC C: LEV 2

8:30 AM – 10:00 AM  
Cognitive Impairment in People with MS: Evaluation and Impact on Balance and Mobility  
GRAND REPUBLIC A

8:30 AM – 10:00 AM  
Irritability and Aggression After Traumatic Brain Injury (TBI): New Findings and Clinical Implications  
ATLANTIC A/B: LEV 2

8:30 AM – 10:00 AM  
Integration of Reconstructive Therapies to Improve Upper Limb Function  
NUTCRACKER 2

8:30 AM – 10:00 AM  
Locomotor Training in Pediatric SCI: Special Considerations for Training and Outcomes Measurement  
ATLANTIC A: LEV 2

8:30 AM – 10:00 AM  
Interdisciplinary Outpatient and Inpatient Pain Rehabilitation  
NUTCRACKER 1

ACRM COMMITTEE & GROUP MEETINGS

11:30 AM – 1:00 PM  
Early Career Networking Group Business Meeting  
PACIFIC: LEV 2

11:30 AM – 2:00 PM  
Archives Editorial Board Meeting (By Invitation Only)  
BOARDROOM: LEV 2

POST-CONFERENCE INSTRUCTIONAL COURSES

Registration required for all instructional courses

11:30 AM – 3:30 PM  
12) Cognitive Rehabilitation for Children: Past and Present  
GRAND REPUBLIC D: LEV 2

13) Medical Rehabilitation Research NIH Infrastructure Network  
NUTCRACKER 2

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

15) Using Rehabilitation Measures to Generate Medicare G-Codes and Guide Clinical Interventions  
ATLANTIC B: LEV 2

16) Diagnosis, Serial Tracking, and Prognosis of the Severely Brain Injured Patient: A Skill Building Course  
GRAND REPUBLIC C: LEV 2

3:30 PM – 6:00 PM  
ACRM Board of Governors Meeting (By Invitation Only)  
BOARDROOM: LEV 2

GOT A QUESTION? GET AN ANSWER AT THE ACRM REG DESK  
FANTASIA LOBBY

Room locations are subject to change. Please consult the ACRM Conference APP for the latest locations:  
www.eventmobi.com/ACRM13
**TUESDAY 12 NOVEMBER  PRE-CONFERENCE**

Cognitive Rehabilitation Training (DAY 1 OF 2) 8:00 AM – 4:30 PM  Lunch included (12:00 – 1:00)  Ballroom of the Americas B: Lev 2

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**WEDNESDAY 13 NOVEMBER  PRE-CONFERENCE**

**BREAKFAST SYMPOSIUM** 7:00 AM – 8:00 AM  Sponsored by Aranir Pharmaceuticals  Ballroom of the Americas A: Lev 2

<table>
<thead>
<tr>
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<td>1) Introduction to Longitudinal Data Analysis — Part 1 Nutracker 1</td>
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<td>2) Early Integration of Vision into Stroke Rehab Nutracker 2</td>
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<tr>
<td>3) Practical and Academic Perspectives on Rehabilitation of the Pain Patient: An Expert Panel Nutracker 3</td>
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<tr>
<td>4) Affordable Care Act — Part I: A Road Map to Transformation in Rehabilitation Policy, Research, and Practice Fantasia LK</td>
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**NETWORKING BREAK WITH LUNCH (INCLUDED WITH COURSE) 12:00 PM – 1:00 PM  Ballroom of the Americas A: Lev 2**

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<td>5) Introduction to Longitudinal Data Analysis — Part II Nutracker 1</td>
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<td>6) Electrical Stimulation for Affected Limb Function after Stroke Nutracker 2</td>
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<td>7) Post-deployment Polytrauma: What's the Problem and How Should We Treat It? Nutracker 3</td>
</tr>
<tr>
<td>8) Affordable Care Act — Part II: Healthy Life Expectancy for People with Disability Fantasia LK</td>
</tr>
<tr>
<td>9) Women’s Pelvic Health in Context of Physical Disability Fantasia MN</td>
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<tr>
<td>10) Development of the NIH Toolbox for Neuro and Behavioral... Fantasia OP</td>
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**PAST PRESIDENTS RECEPTION (By Invitation Only) 5:30 PM – 6:30 PM  Boardroom: Lev 2**

**EARLY CAREER NETWORKING GROUP RECEPTION 5:30 – 7:30 PM  Ballroom of Americas A: Lev 2**

Room locations are subject to change. Please consult the ACRM Conference APP for the latest locations: [www.eventmobi.com/ACRM13](http://www.eventmobi.com/ACRM13)

Rooms are Main Level unless designated Level 2.  
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| #28 Systems of Care | Grand Ballroom A:
| #76 Children and Youth with Acquired Brain Injury: Transition Challenges and Outcomes | Nutcracker 2 |
| #102 Technology-Based Cognitive Interventions: Evidence-Based Approaches to Cognitive Remediation | Atlantic B: Lev 2 |
| #119 Electrical Stimulation from Basic Science to Clinical Practice: Is It Evidence-Based? | Fantasia N |
| 12:00 PM – 1:00 PM | ORAL PRESENTATION OF SCIENTIFIC PAPERS MULTI-DIAGNOSIS TOPICS |
| #59 Effective Recognition & Management of Domestic Violence in the Disabled Population | Fantasia O |
| #69 Evidence-Based Management of Spasticity in Activity-Based Restorative Therapy... | Fantasia L |
| #83 Optimizing Stroke Rehabilitation for Individuals with Cognitive Impairments | Fantasia K |
| #100 Rehab Is Over, Now what? Innovative Outpatient Programs for Spinal Cord Injury | Nutcracker 1 |
| #135 Novel Concepts in the Treatment of Disabilities Associated with Chronic Conditions | Fantasia O |
| 1:00 PM – 3:00 PM | ORAL PRESENTATION OF SCIENTIFIC PAPERS /
| STROKE TOPICS | Ballroom of the Americas B: Lev 2 |
| 3:30 PM – 5:00 PM | ORAL PRESENTATION OF SCIENTIFIC PAPERS /
| NEURODEGENERATIVE DISORDERS | Fantasia M |
| #110 Why We Need More Case Studies of Cognitive Rehabilitation | Nutcracker 2 |
| #142 Effects of Endogenous Reproductive Hormones Fluctuations in TBI Short-Term Recovery | Fantasia N |
| #224 How Does Research Impact Practice in the 21st Century? | Fantasia O |
| 5:00 PM – 6:30 PM | ORAL PRESENTATION OF SCIENTIFIC PAPERS /
| THURSDAY 14 NOVEMBER | PAPERS |
| #109 Outcome Based Outcomes: A Critical Evaluation of Evidence-Based Practice | Fantasia L |
| #236 Nutrition: The Role in Prevention and Rehabilitation | Fantasia O |
| #58 Understanding the Impact of Disability on Chronic Conditions and Care | Fantasia M |
| #132 New Developments in the SCI-QOL/SCI-FI Measurement System | Nutcracker 1 |
| #138 Better Drivers: Different Approaches to the Future of People with SCI | Fantasia O |
| 7:00 PM – 8:00 PM | ORAL PRESENTATION OF SCIENTIFIC PAPERS /
| SELF-MANAGEMENT | Fantasia M |
| #68 Best Practices in Cross-Border Collaboration in Rehabilitation Research | Atlantic A: Lev 2 |
| 9:00 PM – 10:00 PM | ORAL PRESENTATION OF SCIENTIFIC PAPERS /
| AUTONOMY IN CONTEXT | Fantasia M |
| #104 A Historical Look at Community Integration and the Future of People with SCI | Fantasia O |
| #134 The Dutch Frontier in Rehab. | Fantasia O |
| #143 Integrating Science and Practice: Lessons Learned from Research to Practice | Fantasia O |
| #153 A Clinical Practice Guideline to Gait Recovery | Fantasia O |
| 10:00 AM – 11:00 AM | ORAL PRESENTATION OF SCIENTIFIC PAPERS /
| #133 Health Promotion and Fitness Transition From Clinical Practice to the Community for People with SCI | Nutcracker 1 |
| 11:00 AM – 12:00 PM | ORAL PRESENTATION OF SCIENTIFIC PAPERS /
| #116 Educate, Train, Treat, Track: Bringing State-of-the-Art Care to Our Military With TBI | Fantasia O |
| #120 Technology-Based Cognitive Interventions: Evidence-Based Approaches to Cognitive Remediation | Atlantic B: Lev 2 |
| #126 Stroke/SCI/Neurodegenerative Disorders Interface: From Evidence-Based Practice to Clinical Practice | Fantasia O |
| 12:00 PM – 1:00 PM | ORAL PRESENTATION OF SCIENTIFIC PAPERS /
| #124 Researcher: The Key to Better Practice | Fantasia O |
| 1:00 PM – 2:00 PM | ORAL PRESENTATION OF SCIENTIFIC PAPERS /
| #122 Critical Issues in Brain Injury Research: Moving from Basic Science to Clinical Practice | Fantasia O |
| 2:00 PM – 3:00 PM | ORAL PRESENTATION OF SCIENTIFIC PAPERS /
| #121 Strategic Approaches to the Future of TBI Research | Fantasia O |
| 3:00 PM – 4:00 PM | ORAL PRESENTATION OF SCIENTIFIC PAPERS /
| #123 Stroke/SCI/Neurodegenerative Disorders Interface: From Evidence-Based Practice to Clinical Practice | Fantasia O |
| 4:00 PM – 5:00 PM | ORAL PRESENTATION OF SCIENTIFIC PAPERS /
| #125 The Future of Brain Injury Research: What's Next? | Fantasia O |
FRIDAY 15 NOVEMBER  CORE CONFERENCE — DAY 2

CONCURRENT SESSIONS  7:15 AM – 8:15 AM

- #105 Rehabilitation of Individuals with Traumatic Brain Injury: Impact and Response to a Fragmented System
- #115 Updated Clinical Practice Guidelines for Mild Traumatic Brain Injury and Persistent Symptoms
- #96 The Role of Health Promotion in the Aging SCI Population
- #100 The Value of Mixed Methods: Lessons Learned Through Intervention Research in Ind. with Chronic Stroke
- #134 The Dutch ParkinsonNet: Promoting Internal Transfer to Neurorehabilitation Research Collaboration and Exchange
- #138 Management and Rehabilitation: The Great Divide
- #143 Better Together: A Team Work Approach to Supporting Health and Independence for Patients With Disabilities
- #103 Neurotrophic Growth Markers as an Index of Brain Function
- #110 Implications of Hospital-to-Inpatient Rehabilitation Continuity
- BI-ISIG Task Force: Minimal Competency Guidelines for Acute Rehabilitation
- Pacific Lev 2

CONCURRENT SESSIONS  8:30 AM – 10:00 AM

- #85 Co-Morbidities Associated with Lifetime Exposure to TBI
- #131 Occupational TBI: Gender, Health and the Workplace
- #145 Oral Presentation of Scientific Papers
- #150 Lifestyle Redesign® for Pressure Ulcer Prevention in Spinal Cord Injury
- #151 Update on Spinal Cord Injury Pain
- #113 An Intensive, International, Community-Based Intervention Program for Persons Post-Stroke
- #130 Regenerative Medicine: New Frontier in Rehab. Medicine
- #125 Implications of Hospital-to-Inpatient Rehabilitation Continuity
- International Networking Group

NETWORKING BREAK — EXHIBIT & POSTER VIEWING  10:00 AM – 10:30 AM  Fantasia Ballroom JH

PLENARY SESSION II  10:30 AM – 12:00 PM  Fantasia Ballroom G

- BRUCKER INTERNATIONAL LUNCHEON with Speaker: International Partnering in Research (ticketed event) 12:00 PM – 1:30 PM
- BI-ISIG Mild TBI Task Force Meeting 12:00 PM – 1:30 PM
- BI-ISIG Long-Term Issues Task Force 12:00 PM – 1:00 PM
- Stroke-ISIG Vision Task Force Lunch Out 12:00 PM – 1:15 PM
- BI-ISIG Community-Based Rehabilitation Task Force 12:00 PM – 1:15 PM
- Communications Committee By Invitation Only 12:00 PM – 1:00 PM
- Policy & Legislation Committee By Invitation Only 12:00 PM – 1:00 PM
- Stroke-ISIG Task Force Chairs By Invitation Only 12:15 PM – 1:30 PM

NETWORKING BREAK — EXHIBIT & POSTER VIEWING  1:00 PM – 1:30 PM  Fantasia Ballroom JH (except for Brucker Luncheon and Stroke-ISIG Chair participants)

CONCURRENT SESSIONS  1:30 PM – 3:00 PM

- #79 Trends in Traumatic Brain Injury in the United States
- #109 Outcome Prediction in Post-Traumatic Disorders of Consciousness: Is it Time to Revisit Prognostic Guidelines
- #135 A Clinical Practice Guideline to Enhance Outcomes with Neurologic Injury: Gait Recovery
- #111 Interprofessional Pain Education for Collaborative Patient-Centered Care
- #103 NeuroControl; Exploitation of Neuroplasticity Invited Symposium from the Netherlands Neuroscience Society
- #136 Novel Approaches to Clinical Practice Improvement
- Stroke-ISIG Business Meeting

NETWORKING BREAK — EXHIBIT & POSTER VIEWING  3:00 PM – 3:30 PM  Fantasia Ballroom JH

CONCURRENT SESSIONS  3:30 PM – 5:00 PM

- #28 Systems of Care for ABI in a Universal Healthcare System
- #98 Mild TBI: New Neuropsychiatric Perspectives
- #112 Inducing and Guiding Plasticity in Sensorimotor Systems to Enhance Neuromotor Rehabilitation After Spinal Cord Injury
- STROKE-ISIG SPECIAL TOPICS SESSION: Translating Research into Clinical Practice: Rehabilitation Robotics After Stroke
- #144 Integrating Physical Wellness Approaches into the Lives of People with Neurodegenerative Diseases
- A Grand Unifying Theory of Chronic Pain: Etiology, Perpetuation, and Recovery
- #106 Understanding On-Road Safety in Older Drivers: Different Perspectives
- Outcome Measurements Networking Group Meeting
- Stroke-ISIG Prevention in Acute SCI: Current Findings and Recommendations for the Future

ACRM MEMBERSHIP MEETING  5:00 PM – 6:30 PM  Grand Ballroom B

HENRY B. BETTS AWARDS GALA & AFTER GALA PARY  7:00 PM – 11:00 PM  Fantasia Ballroom B

Room locations are subject to change. Please consult the ACRM Conference APP for the latest locations: www.eventmobi.com/ACRM13

ACRM 90TH ANNUAL CONFERENCE  12 – 16 NOVEMBER 2013  CENTRAL FL
Room locations are subject to change. Please consult the ACRM Conference APP for the latest locations: www.eventmobi.com/ACRMI3

Rooms are Main Level unless designated Level 2.

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Statement of Need and Target Audience

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

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

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**Learning Objectives**

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

- Identify current and future research in rehabilitation medicine.
- Discuss recent research findings and their potential impact on the clinical care of rehabilitation patients.
- Apply evidence-based knowledge and skills to enhancing patient care.
- Identify strengths and weaknesses in the evidence base for treatment approaches to rehabilitation medicine.
- Describe fundamental issues in ethics, cultural diversity, and evidence-based practice as applied to rehabilitation medicine.

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**Continuing Education Credit for 9 Disciplines**

Attendees of the 90th Annual ACRM Conference, *Progress in Rehabilitation Research* may earn continuing education credits by participating in instructional courses, plenary sessions, symposia, award lectures, lunch programs and some special opportunities as noted.

Health professionals can obtain up to 30.5 hours (approximate) of continuing education credit. ACRM aims to offer continuing education credits for everyone on the rehabilitation team. A single processing fee ($100) entitles attendees to any/all certificates.

---

**Online Delivery of CME/CE/CEU Certificates**

After participating in the live event, attendees can submit course evaluation forms and download certificates earned right from their own computer, 24/7. **Certificates will be awarded to those participants who attend the conference and complete an online session evaluation by 22 December 2013.** The number of continuing education credits/contact hours/units awarded will be based on the number of conference hours attended and the requirements of the specific accrediting organizations.

ACRM aims to offer continuing education credits for everyone on the rehabilitation team. A single processing fee ($100) entitles attendees to any/all certifications.

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Go to ACRM.cds.pesgce.com to complete evaluations and print certificates.
PSYCHOLOGISTS
This Conference is approved for 30.5 hours of continuing education. APA Division 22, Rehabilitation Psychology is approved by the American Psychological Association to sponsor continuing education for psychologists. APA Division 22, Rehabilitation Psychology maintains responsibility for this program and its content. Note: No credit will be given for the Interactive Poster Session. This course is eligible for a total of up to 39.75 contact hours.

OCCUPATIONAL THERAPISTS: (ACCME NONPHYSICIAN CME CREDIT)
For the purpose of recertification, the National Board for Certification in Occupational Therapy (NBCOT) accepts certificates of participation for educational activities certified for AMA PRA Category 1 Credit™ from organizations accredited by the ACCME. Occupational Therapists may receive a maximum of 30.5 hours for completing this live program.

PHYSICAL THERAPISTS: (ACCME NON-PHYSICIAN CME CREDIT)
Physical Therapists will be provided a certificate of participation for educational activities certified for AMA PRA Category 1 Credit™. Physical Therapists may receive a maximum of 30.5 hours for completing this live program.

TEXAS PHYSICAL THERAPY ASSOCIATION (TPTA)
This live activity has been submitted for approval by the Texas Physical Therapy Association to provide continuing education credit. The application requested 30.5 hours of credit.

REHABILITATIVE COUNSELOR
The Commission on Rehabilitation Counselor Certification (CRCC) has pre-approved this live activity for a maximum of 39.75 clock hours.

CASE MANAGER
This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for up to 39.75 clock hour(s).

PESG will also make available a General Participation Certificate to all other attendees completing the program evaluation.

DISCLOSURE STATEMENT
As an ACCME accredited provider, it is the policy of PESG to require faculty participating in this activity to disclose any relationship they may have with the commercial supporters of this activity or with any other commercial organizations. The staff of PESG has no financial interest or other relationships to disclose. *All maximum approved hours are subject to change and will be finalized based on the offerings at the live meeting.
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Rusk Rehabilitation at NYU Langone Medical Center
Shepherd Center
Spaulding Rehabilitation Network
Stony Brook School of Health Technology & Management and Stony Brook Medicine
The Magstim Company LTD
TIRR Memorial Hermann
University of Pittsburgh, Department of Physical Medicine & Rehabilitation and UPMC Rehabilitation Institute
ACRM EXPOSITION

EXHIBITS OPEN
Thursday, 14 November, 10:00 AM – 4:00 PM and 5:00 PM – 7:00 PM
Friday, 15 November, 8:30 AM – 3:30 PM

LOCATION
Fantasia Ballroom JH

ACRM | American Congress of Rehabilitation Medicine
The preeminent association for evidence-based interdisciplinary rehabilitation, translating research into practice and practice into research to improve the lives of individuals with disabilities. The ACRM scientific journal, Archives of Physical Medicine and Rehabilitation, is ranked ninth out of 63 rehabilitation journals and is the most highly-cited in the category.

Academy of Spinal Cord Injury Professionals (ASCIP)
The Academy of Spinal Cord Injury Professionals (ASCIP) unites four professions with the focus on SCI/D. By integrating the disciplines of medicine; nursing, psychology, social work, behavioral health & rehabilitation therapy, diverse perspectives are shared and comprehensive results are achieved to enrich the continuum of care for individuals with SCI/D.

Enemeez®
Enemeez® non-irritating formula produces complete evacuation usually within 2-15 minutes. Easy twist-off tip; also available with soothing Benzocaine. Enemeez® is effective for bowel care needs associated with spinal cord injury and disease, multiple sclerosis, traumatic brain injury, spina bifida, long-term care, stroke and constipation associated with oncology or opioid treatment.

APDM
APDM produces a sensor-based gait and balance analysis system called Mobility Lab. In less than five minutes you can objectively measure your patient’s gait and balance and compare them to age matched norms, as well as baseline measurements. This system is perfect for assessing the fall risk of your patient.

EXHIBITOR WELCOME RECEPTION
with Poster Viewing and Outstanding Poster Awards Presentation.
Thursday, 14 November
5:00 PM – 7:00 PM

Avanir Pharmaceuticals, Inc.
Avanir Pharmaceuticals promotes NUEDEXTA® (dextromethorphan HBr & quinidine sulfate), the first treatment FDA-approved for pseudobulbar affect (PBA). PBA is characterized by involuntary, sudden, and frequent episodes of crying and/or laughing. PBA occurs in approximately one-third of patients with certain neurologic conditions. See www.NUEDEXTA.com for Important Safety and full Prescribing Information.

Brain Injury Association of America
The Brain Injury Association of America (BIAA) is the country’s oldest and largest nationwide brain injury advocacy organization. Our mission is to advance brain injury prevention, research, treatment and education and to improve the quality of life for all individuals impacted by brain injury.

Brooks Rehabilitation
Brooks Rehabilitation has been serving the Southeast region for over 35 years. A non-profit organization based in Jacksonville, FL, Brooks operates a system of healthcare, including one of the nation’s largest rehabilitation hospital, a large home healthcare agency, 26 outpatient clinics, a research division, senior services, and multiple community programs.

Casa Colina Centers for Rehabilitation
Casa Colina Centers for Rehabilitation is a non-profit medical and rehabilitation provider that administers physician-directed care for people with disabling conditions resulting from accidents, disease or illness. Continuum of care includes inpatient, transitional and outpatient rehabilitation, physician clinics, children’s services, residential care, and much more. In 2013, it celebrates 75 years of service.
Children’s Healthcare of Atlanta

Children’s Healthcare of Atlanta, Inpatient Rehabilitation, offers therapy designed for pediatrics, adolescents, and young adults (birth to 21 years old) to address needs after an illness or a traumatic injury. Patients receive an interdisciplinary approach to care to promote independence as well as maximize function and community integration.

CIR Systems/Gaitrite

GAITRite is a truly portable pressure sensitive walkway with a quick 5 minute setup measuring temporal spatial parameters, providing easy identification of gait anomalies. The system comes in various lengths which record and analyze multiple gait cycles in a single walk, allowing accurate testing of patients.

C-Motion, Inc.

Visual3D is the premier 3D biomechanics research software for biomechanical modeling, analysis, and reporting functions. In addition to handling all kinematics and inverse dynamics calculations, we can now provide for custom real-time biofeedback applications. Visual3D is used in rehabilitation, gait analysis and retraining, clinics, sports injury prevention, and many other applications.

Elsevier

Archives of Physical Medicine & Rehabilitation is an acclaimed international journal covering the specialty of physical medicine and rehabilitation as well as interdisciplinary disciplines involved in rehabilitation. Archives boasts a 2012 Impact Factor of 2.358, according to Thomson Reuters Journal Citation Report, and is the most cited journal in rehabilitation.

Interactive Motion Technologies

InMotion™ Robots are Redefining Recovery for a wide range of Neurologically Impaired patients. These include Stroke, Cerebral Palsy, Incomplete Spinal Cord Injury, Brain Injury, and other movement disorders. InMotion™ Robots is the trademark of Interactive Motion Technologies which provides this technology throughout the world.

International Brain Injury Association (IBIA)

The International Brain Injury Association (IBIA) is dedicated to the development and support of multidisciplinary medical and clinical professionals, advocates, policy makers, consumers and others who work to improve outcomes and opportunities for persons with brain injury. The IBIA works to develop positive relations and interactions between individuals, families, groups, organizations, institutions, diverse cultures and nations.

Mayo Clinic

Mayo Clinic is the largest integrated group practice in the world. Mayo Clinic Rehabilitation Medicine Center is a place for discovery, translation and application of inpatient and outpatient rehabilitation care. Mayo Clinic provides programs to develop and increase the knowledge, expertise and performance required to advance Physical Medicine and Rehabilitation.
Prospira PainCare
Prospira PainCare is quickly growing to become the nation’s premier provider of comprehensive, multidisciplinary pain management services. Through the assemblage of many of the nation’s leading pain centers and practices, Prospira PainCare delivers world-class treatment to restore the health and quality of life for those suffering from acute, chronic or intractable pain.

ProtoKinetics, LLC
ProtoKinetics offers movement analysis systems for dynamic and standing studies. The Zeno Walkway and PKMAS software program quickly and easily produce pressure, temporal and spatial parameters over a variety of testing protocols. The equipment is ideal for clinical/research evaluations of individuals with central nervous system disorders, peripheral neuropathy, stroke, etc.

Rehab Without Walls
Rehab Without Walls provides complex neurorehab in the home and community where people live. We maintain the largest post-acute neuro outcomes database with over 5,000 patients. We focus on integrity and transparency in worker’s compensation and private health insurance. Feel free to ask us how and let us show you.

Restorative Therapies
Restorative Therapies is the leader in FES powered systems providing stimulation of upper and lower extremities and trunk muscles. Cycling, stepping, elliptical and now supine cycling FES systems are available. Our unique database system, RTI Link, also makes Restorative Therapies an attractive clinical and research partner.

McGill University School of Physical & Occupational Therapy
Pleased to offer two online graduate certificates: Chronic Pain Management and Driving Rehabilitation. Instructed by leading experts in their respective fields and provides in depth knowledge in given areas. Health care professionals obtain a higher education graduate certificate from an internationally recognized university with benefits of online learning.

Model Systems Knowledge Translation Center
The Model Systems Knowledge Translation Center (MSKTC) is a national center that helps Model Systems grantees facilitate the knowledge translation process to make research meaningful to those with spinal cord injury, traumatic brain injury, and burn injury. Access MSKTC resources at www.MSKTC.org.

Moody Manor Foundation
Moody Manor is a Long Term Care Facility dedicated to providing the highest quality of care and rehabilitation to Survivors of Traumatic Brain Injury in a caring, supportive and stimulating environment. An alternative to “institutional” setting or the solitary life of “home health”, we provide the best of both worlds.

MyndTec
MyndTec Inc.
MyndTec is a Canadian medical device company developing innovative therapies to improve independence for people living with neurological impairment. MyndMove is a premarket neuromodulation therapy based on advanced FES principles designed to restore voluntary reaching and grasping movements to individuals paralyzed by stroke or spinal cord injury.

Parker Hannifin Corporation
The Parker Indego™ is a lower limb powered orthosis that allows people with paralysis the opportunity to stand up and walk.

www.ACRMconference.org
Rifton Equipment
Rifton Equipment is introducing the all-new TRAM (Transfer and Mobility device). With its innovative body support system and sleek, ultralight construction, this device delivers a quick, simple transfer—easy for the caregiver and dignified for the patient. With no sling to hinder access, the TRAM is ideal for toileting.

Spaulding Rehabilitation Network
Spaulding Rehabilitation Hospital is nationally ranked by US News & World Report and is the official teaching hospital of Harvard Medical School. Our network provides a full continuum of rehabilitative care, with six inpatient facilities and 23 outpatient centers. Our mission is to provide exceptional clinical care, promote medical education, and advance research.

Stratus Pharmaceuticals Inc.
Stratus Pharmaceuticals manufactures a quality product line of Rx and OTC including wound care products such as Venelex-Sonafine-Vasolex, dermatology specialties (Hydroquinone, Urea, Lactic Acid...) and products (Vacuant Mini Enema and Vacuant Plus Mini Enema) to improve patients quality of life by managing their bowel care programs.

The Center for Treatment of Paralysis and Reconstructive Nerve Surgery at Jersey Shore University Medical Center
The Center for Treatment of Paralysis & Reconstructive Nerve Surgery at Jersey Shore University Medical Center provides some of the most advanced surgical treatment of paralysis and nerve injuries in the world today.

The Joint Commission
The Joint Commission’s Disease-Specific Care Certification program is designed to evaluate clinical programs across the continuum of care. Joint Commission accredited organizations may seek certification for virtually any chronic disease or condition. Achieve the Gold Seal of Approval and be proud to provide the highest level of patient care.

The University of Alabama at Birmingham
The University of Alabama at Birmingham (UAB) is a world-renowned research university and medical center. At UAB, the Spain Rehabilitation Center and the Department of Physical Medicine and Rehabilitation are the core of a multi-faceted program designed to be a first choice in patient care, education, and research.

Thieme Publishers
Thieme is an award-winning international medical and science publisher that promotes the latest advancements in clinical practice and rehabilitation research with titles that include Essentials of Spinal Cord Injury, Decision Making in Neurocritical Care, Traumatology for the Physical Therapist, Physical Therapy for the Stroke Patient, and the comprehensive platform eNeurosurgery.

Tobii ATI
Tobii ATi is the leading provider of eye-tracking enabled communication and accessibility devices that allow the disabled to communicate, control their environment and live more independently. The company delivers the most advanced communication tools available through award-winning eye-tracking hardware and software solutions. For more information, please visit www.tobiiati.com.
Tyromotion

tyromotion GmbH is one of the worldwide leading providers of robotics and computer-aided therapeutic devices in the area of neuro-rehabilitation. Our portfolio includes tailor-made solutions for the upper extremity, especially for hand and arm rehabilitation. Our specialties also include therapy robotics, computer aided therapy, and finger rehabilitation. http://www.tyromotion.com.

Zynex NeuroDiagnostics

Zynex Medical develops and markets pain control and neurological devices to hospitals and clinics worldwide. Many of the clinics and hospitals use our world-renown NeuroMoveTM/EMG/NESS system for stroke rehabilitation and SCI treatment. Zynex Medical is a wholly-owned subsidiary of Zynex, Inc., a publicly traded medical device company (OTCBB: ZYXI).

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Call for Proposals

PROPOSAL SUBMISSION DEADLINES

Pre-/Post-conference Instructional Courses: 13 December 2013
Symposia: 31 January 2014
Scientific Papers & Posters: 14 March 2014

SEEKING EVIDENCE-BASED CONTENT FOR:

- BRAIN INJURY
- SPINAL CORD INJURY
- STROKE
- NEURODEGENERATIVE DISEASES
- PAIN REHABILITATION
- CANCER
- ASSISTIVE TECHNOLOGIES
- PROSTHETICS AND ORTHOTICS

...the LARGEST interdisciplinary rehabilitation research conference IN THE WORLD

www.ProgressinRehabilitationResearch.org
TUE & WED, 12 – 13 NOVEMBER

Registration required  Continental breakfast and lunch included

TUES: 8:00 AM – 4:30 PM
WED: 9:00 AM – 3:30 PM

FACULTY: Keith Cicerone, PhD, ABPP-Cn, FACRM, JFK Johnson Rehabilitation Institute, Edison, NJ; Donna Langenbahn, PhD, FACRM, Rusk Institute of Rehabilitation Medicine, New York, NY; Lance E. Trexler, PhD, FACRM, Rehabilitation Hospital of Indiana, Indianapolis, IN.

Based on the ACRM Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice, this introductory training teaches evidence-based interventions for impairments of executive functions, memory, attention, hemispatial neglect, and social communication.

The two-day workshop, led by authors of the Manual, provides an extraordinary opportunity to learn evidence-based cognitive rehabilitation strategies from leading researchers and clinicians in the field. Registration includes the Manual — $150 value.

Read more at www.ACRM.org/cog
**BREAKFAST SYMPOSIUM**

**Pseudobulbar Affect and Other Post-Stroke Hidden Disabilities**

**FACULTY:** Cristin McKenna, MD, PhD, Outpatient Physiatrist Kessler Institute for Rehabilitation; Research Scientist Kessler Foundation, West Orange, NJ; Assistant Professor, Department of Physical Medicine and Rehabilitation, University of Medicine and Dentistry of New Jersey – New Jersey Medical School, Newark, NJ

**DIAGNOSIS:** Pseudobulbar affect, spatial neglect, spasticity, stroke

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

Post-stroke hidden disabilities can impair function, be distressing to patients and caregivers, and can be improved with correct diagnosis and treatment. Post-stroke hidden disabilities which are frequently underdiagnosed include pseudobulbar affect, spatial neglect which is a disability of functional vision, unawareness of deficits, abnormal regulation and recognition of emotional states of both oneself and others, and spasticity. Pseudobulbar affect can be detected by patient history, physical examination and the Center for Neurologic Study-Lability Scale (CNS-LS). Nuedexta is the only medication with an FDA indication for treatment of pseudobulbar affect. Read more at http://bit.ly/Wedbreak.

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**EARLY CAREER DEVELOPMENT COURSE**

**8:00 AM – 5:00 PM**

**Registration required**

**Lunch included**

**EVENING COCKTAIL RECEPTION**

5:30 – 7:30 PM

The day will conclude with a cocktail reception for continued interaction with mentors, breakout facilitators, course organizers, ACRM interdisciplinary special interest and networking group representatives, and funding-agency program officers in a relaxed, social setting. More at www.ACRM.org/early-career-development.

**Learn the Magic behind Successful Careers**

Career development for early career researchers

The 2013 annual Early Career Development Course is comprised of didactic presentation, panel discussion, one-on-one networking, and small group discussions. Early career researchers, clinician scientists, and clinicians interested in starting a research agenda will find the course especially beneficial. Attendees range from graduate students nearing the completion of their degree, to postdoctoral scholars and junior faculty. The course program changes annually, enabling attendees to enjoy a unique and informative experience year after year.

The morning program will provide participants with an overview of funding mechanisms for early-career investigators; traditional and alternative career paths and skills will be discussed; and the morning session will conclude with tips for networking at conferences. Following a networking lunch, attendees will participate in their choice of three breakout sessions led by mid-career and senior rehabilitation scientists.

- Starting and managing your own research lab, including managing graduate students and postdocs
- Non-academic career paths
- Identifying a suitable mentor
- Conducting pilot research with limited funding
- Responding to reviewer comments
- Taking on tenure and promotion
- How to be a productive writer
### INSTRUCTIONAL COURSES

**Registration required**  
**Lunch included**

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

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

   The maturation of longitudinal datasets in rehabilitation (e.g., the Spinal Cord Injury National Dataset and the TBI Model Systems National Dataset) presents exciting opportunities for rehabilitation researchers to comprehensively investigate the very questions that drive our field: How do rehabilitation outcomes unfold over time? A number of advanced statistical methodologies are available to accurately assess temporal change, but they are currently under-utilized among rehabilitation researchers. The goal of this course is to provide a thorough introduction to sophisticated analytic methods for longitudinal data analysis using continuous measures. With this knowledge, rehabilitation researchers will be advantageously positioned to explore a wide variety of hypotheses regarding temporal effects and rehabilitation outcomes. Topics to be discussed include but are not limited to hierarchical linear modeling, profile analysis, individual growth curve analysis, and linear/non-linear modeling. Read more at [http://www.ACRM.org/2013-instructional-courses#IC-1](http://www.ACRM.org/2013-instructional-courses#IC-1).

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

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

   This instructional course will focus on approaches to identifying visual impairments for implementation during clinical examination, and providing foundational knowledge and practical skills in visual system assessment. Read more at [http://www.ACRM.org/2013-instructional-courses#IC-2](http://www.ACRM.org/2013-instructional-courses#IC-2).

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

   This course will assemble a collection of professionals both inside and outside of ACRM to begin the conversation on how to best advance the practice of rehabilitation for those suffering from pain. Chronic pain is one of the largest medical problems in our society. It is estimated that 116 million Americans have pain. It is the third leading cause of impairment costing the US economy between $560 and $635 billion annually. Direct treatment costs make up $261 to $300 billion with lost productivity resulting in a cost of $295 to $336 billion. The treatment of chronic pain accounts for 14 percent of Medicare spending at a dollar value of $65 billion. Topics include academic and practical approaches to treating the pain patient with an interdisciplinary team. Read more at [http://www.ACRM.org/2013-instructional-courses#IC-3](http://www.ACRM.org/2013-instructional-courses#IC-3).
**INSTRUCTIONAL COURSES**

**WEDNESDAY, 13 NOVEMBER**

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

**MODERATOR:** Sue Ann Sisto, PT, MA, PhD, FACRM, Stony Brook University, Stony Brook, NY

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

**DIAGNOSIS:** Diagnosis-independent or NA

**FOCUS:** Health Policy discussion on people with disability

The opportunity to create pivotal change in the US health care system was launched in March 2010 when President Obama signed into law the Patient Protection and Affordable Care Act (ACA). The overarching aim of the public health agenda (Healthy People 2020) and the Centers for Medicare and Medicaid Innovation is to create transformation in the US health care system leading to accessible, affordable care for all Americans including people with disability. Due to advances in medicine and technology, people in the 21st century live longer with disability and multiple co-morbid health conditions or the natural consequences of aging. As a result, one in five people throughout the US and global communities live with functional disability due to physical, cognitive, or behavioral impairment. The ACA provides a catalyst for change in health policy and rehabilitation practice needed to ensure that children and adults with developmental, acquired, or degenerative disability receive timely, efficient, and evidence-based rehabilitation and family-centered care. This session provides an opportunity for rehabilitation scientists and professionals to engage in discussion on the future of rehabilitation in America. Read more at [http://www.ACRM.org/2013-instructional-courses#IC-4](http://www.ACRM.org/2013-instructional-courses#IC-4).

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

**FACULTY:** Christopher R. Pretz, PhD, Craig Hospital / NDSC, Englewood, CO; Kristen Dams-O’Connor, PhD, Mount Sinai School of Medicine, New York, NY; Allan Kozlowski, PhD, Rehabilitation Institute of Chicago, Chicago, IL

**DIAGNOSIS:** Diagnosis-independent or NA

**FOCUS:** Research methods (e.g., measurement, research design analytic/statistical methods)

The maturation of longitudinal datasets in rehabilitation (e.g., the Spinal Cord Injury National Dataset and the TBI Model Systems National Dataset) presents exciting opportunities for rehabilitation researchers to comprehensively investigate the very questions that drive our field: How do rehabilitation outcomes unfold over time? A number of advanced statistical methodologies are available to accurately assess temporal change, but they are currently under-utilized among rehabilitation researchers. The goal of this course is to provide a thorough introduction to sophisticated analytic methods for longitudinal data analysis using non-continuous measures i.e., binomial, count, and ordinal outcomes. With this knowledge, rehabilitation researchers will be advantageously positioned to explore a wide variety of hypotheses regarding temporal effects and rehabilitation outcomes. Topics to be discussed include but are not limited to generalized estimating equations (GEE) and generalized linear mixed models (GLMM). Read more at [http://www.ACRM.org/2013-instructional-courses#IC-6](http://www.ACRM.org/2013-instructional-courses#IC-6).

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

**FACULTY:** Pamela Rogers-Bosch, PhD, DPT, Northern Arizona University, Phoenenx, AZ; Karen Nolan, PhD, Kessler Foundation Research Center, West Orange, NJ; Stephen Page, PhD, OTR/L, FAHA, Ohio State University Medical Center, Columbus, OH; Kay Wing, PT, DPT, NCS, GCS, Southwest Advanced Neurological Rehabilitation, Phoenix, AZ

**DIAGNOSIS:** Stroke

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

Stroke remains the leading cause of disability and its incidence is expected to rise, yielding an increased prevalence of stroke survivors with life altering deficits. Hemiparesis is one of the most common and disabling stroke-induced impairments. An established and scientifically-validated approach to reducing hemiparetic limb impairment and maximizing patient function is functional electrical stimulation (FES), during which focal stimulation is selectively applied to the weak or paralyzed muscles of the hemiparetic limb to facilitate independent movement attempts. Over time, repetitive, FES-enhanced movement attempts have been shown to reduce limb impairment via neuroplasticity and to improve muscle and cardiovascular conditioning. Additionally, unlike other approaches, FES can be applied to a variety of impairment levels. Yet, despite its widely appreciated empirical support, FES is not commonly used, is not taught in many clinical training programs, and remains poorly understood.

The overall goal of this seminar is to introduce clinicians to FES theory, evidence and application to the hemiparetic upper and lower extremities. The speakers have led multicenter clinical trials testing FES efficacy and mechanisms and have applied FES clinically in patients with stroke, SCI, and other neurological conditions. To emphasize clinical application, unique workshop facets will include video case series, a “hands-on” laboratory during which participants will apply FES during activities, and review of outcome measures to best capture clinically-meaningful FES responses. Read more at [http://www.ACRM.org/2013-instructional-courses#IC-7](http://www.ACRM.org/2013-instructional-courses#IC-7).
**INSTRUCTIONAL COURSES**

**Wednesday, 13 November**

Morning sessions: 8:00 AM – 12:00 PM

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

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

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

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

During our nation’s longest period of war, the US has faced many challenges in the assessment and treatment of veterans and active duty military populations with polytrauma including psychological and physical injury, in addition to mild traumatic brain injury (TBI). Traditional treatment approaches include delivery of care under rehabilitation medicine and/or mental health programming. Controversy exists whether treatment paradigms of single modality service delivery is the optimal model of care for this patient population with multiple co-morbidities each potentially requiring unique treatment. Further, the military experience may not be identical to civilian trauma, thus treatments evaluated with non-combat populations may not translate to efficacious care for military personnel. Currently, the VA has developed various models of single and multidisciplinary care to address the unique needs of military populations. The purpose of this program is to deliver an overview and conceptual model of Post-Deployment mild TBI Polytrauma with implications for treatment paradigms, followed by descriptions of four treatment programs and outcome data for single and interdisciplinary care. Descriptions and outcome data for treatment programming include: (a) individually-based prolonged-exposure PTSD outpatient treatment for persons with TBI/PTSD, (b) inpatient interdisciplinary rehabilitation for psychological and physical injury, (c) outpatient interdisciplinary mental health and rehabilitation treatment, and (d) web-based educational intervention for persons with mild TBI and comorbidities. A final presentation highlighting the economic impact of chronic symptoms related to mild TBI within the VA will be presented followed by concluding remarks by experts in rehabilitation medicine, PTSD, chronic pain, sleep, somatization, and mild TBI. Read more at http://www.ACRM.org/2013-instructional-courses#IC-8

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

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

**DIAGNOSIS:** Diagnosis-independent or NA

**FOCUS:** Health policy discussion on people with disability

According to the 2010 Global Burden of Disease report, the greatest challenge for the health service delivery system and the training of the interprofessional workforce will be the transition from a medical management model of episodic disease and injury to a technology-enhanced, biopsychosocial model of chronic health management for non-communicable diseases such as mental health and behavioral disorders, degenerative musculoskeletal and neuromuscular conditions, and chronic health diseases such as diabetes. Disability is the greatest challenge faced by the 21st Century. This session will demonstrate how public health concepts such as health promotion, disease and injury prevention, secondary health management, and healthy life expectancy incorporated into a reformed health service delivery and payment system are needed if children and adults with severe disability are to live a life with optimal health and wellness. Case studies in degenerative disease and acquired stroke-related brain injury will be used to illustrate that a chronic health management model focused on healthy life expectancy may be more effective than the current system of care delivery. The session will end with a discussion of the future of rehabilitation practice including the highest priorities for health policy reform if people with disability are to live a healthy life with optimal function. Read more at http://www.ACRM.org/2013-instructional-courses#IC-9.

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**Brain Injury** | **Spinal Cord Injury** | **Stroke** | **Neurodegenerative** | **Pain** | **General Interest / Multiple Diagnostics**

Read more at instructional Courses at www.ACRM.org/2013-instructional-courses
Disorders of pelvic health affect a vast majority of women with disabilities. Bowel, bladder, reproductive health and sexual dysfunction are documented in greater than 70 percent of women with neurologic abnormalities such as spinal cord injury, MS, stroke, traumatic brain injury (TBI), and poliomyelitis. Newer studies are describing a high prevalence in other populations of women with physical disabilities such as joint and connective tissue diseases (JCTD) and cerebral palsy. Dysfunction of the pelvic viscera and pelvic floor musculature relate to underlying neurological disease, immobility, medications, and a combination thereof. Urinary incontinence, chronic constipation, fecal incontinence, urinary tract infections, pelvic pain, menstrual problems, and sexual dysfunction are a source of considerable ongoing physical and psychosocial secondary conditions. Muscles and viscera of the pelvis receive common innervation from the lumbosacral plexus and share limited real estate in the small female pelvis, resulting in overlapping disorders. Therefore, optimal care for disabled women complaining of dysfunction in one pelvic organ system necessitates screening for symptoms in the others. Given the complexity and multifactorial nature of pelvic health conditions in women with disabilities, an interdisciplinary approach to diagnosis and treatment is essential. The aims of this ACRM instructional course are to: (1) describe the components of pelvic health disorders in women with disabilities, (2) outline strategies for screening and diagnosis, and (3) present an interdisciplinary approach to prevention and treatment. Read more at http://www.ACRM.org/2013-instructional-courses#IC-10
SCI-ISIG Luncheon with Speaker

(TICKETED EVENT)

The Role of Research in Reimbursement

THU, 14 NOV  12:00 PM – 1:30 PM

JENNIFER FRENCH, MBA, the executive director for Neurotech Network, will moderate a panel of experts to discuss The Role of Research in Reimbursement, followed by open audience discussion.

PANELISTS INCLUDE:

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

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

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

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

EXHIBITORS WELCOME RECEPTION

With Scientific Poster Viewing & Outstanding Poster Awards Presentation

THU, 14 NOV  5:00 PM – 7:00 PM

Bring the Expo Game Card found in your attendee bag and visit the EXPANDED ACRM Conference Expo. Exhibitors will introduce you to the latest technologies, pharmacology, robotics and more. Visit them all — ask the question on the game card and enter to win EXCITING prizes.

The welcome reception and poster viewing will be held inside the Expo. Meet colleagues for refreshments and engage with poster authors. Outstanding Poster Awards will be presented.

DRAWING TIMES:

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**BRUCKER MEMORIAL INTERNATIONAL LUNCHEON**
(TICKETED EVENT)

*International Partnering in Research*

**FRI, 15 NOV 12:00 PM – 1:30 PM**

_Presented by the ACRM International Networking Group in memory of Bernard S. Brucker, PhD, ABPP._

KATHRYN M. MCPHERSON, RN, RM, DIP HV, BA (HONS), PHD, professor of rehabilitation and Laura Fergusson Chair for the School of Rehabilitation and Occupation Studies and the director of the Person Centred Rehabilitation Centre in the Health and Rehabilitation Research Centre (HRRC) at AUT University in Auckland, New Zealand.

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

**ACRM Membership Meeting**

**FRI, 15 NOV 5:00 PM – 6:30 PM**

All attendees are welcome and encouraged to participate in the annual Membership Meeting. It’s a perfect time to hear about current initiatives and new ways to get involved.

**Henry B. Betts Awards Gala** (TICKETED EVENT)

**FRI, 15 NOV 7:00 PM – 11:00 PM**

Join colleagues for an evening of celebration! Explore international buffets and chefs’ stations for a culinary sampling from across the globe, paired with wines from more than a dozen countries. Then, raise a toast to the 2013 ACRM Fellows and winners of seven prestigious ACRM awards for excellence, including:

- **GOLD KEY AWARD:** Ralph M. Nitkin, PhD
- **DISTINGUISHED MEMBER AWARD:** Claire Kalpakjian, PhD
- **JOHN STANLEY COULTER AWARD:** Allen Heinemann, PhD, ABPP, FACRM
- **DEBORAH L. WILKERSON EARLY CAREER AWARD:** Dawn Neumann, PhD
- **MITCHELL ROSENTHAL MID-CAREER AWARD:** Joshua Cantor, PhD, ABPP (Awarded posthumously)
- **ELIZABETH AND SIDNEY LICHT AWARD:** Lisa Ottomanelli, PhD
- **EDWARD LOWMAN AWARD:** Elliot Roth, MD

2013 ACRM FELLOWS: see page 108 for the seven to be awarded.

**After Gala Party** (TICKETED EVENT)

**FRI, 15 NOV 8:30 PM – 11:00 PM**

Skip the dinner if you must, but don’t miss the celebration! The fun continues after the awards with music and dancing at the After Gala Party.
WELCOME REMARKS AND PLENARY

The Intersection of Technology and Neurorehabilitation
8:00 AM – 10:00 AM
FACULTY: Michael Goldfarb, PhD; Michael Boninger, MD; Frans C.T. van der Helm, MSc, PhD
DIAGNOSIS: General Interest
MODERATOR: Jennifer French, MBA
This plenary session features three internationally known speakers on advances in technology related to neurorehabilitation. The session will specifically address advances in brain computer interfaces, advances in rehabilitation robotics, and the role of multichannel EEG monitoring in assessing neuroplasticity. Read more at www.ACRM.org/plenary.

ACRM COMMITTEE & GROUP MEETINGS
All attendees are welcome and encouraged to participate in any public ACRM interdisciplinary special interest group (ISIG), networking group, or task force meetings to learn about the work of ACRM and ways to get involved. Private meetings are identified as “By Invitation Only.” Read more at www.ACRM.org/ACRM-communities.

SCI-ISIG Business Meeting
7:00 AM – 8:00 AM

Early Career Networking Group Physicians Task Force
7:00 AM – 8:00 AM

Military and Veterans Networking Group
7:00 AM – 8:00 AM

BI-ISIG Girls & Women with TBI Task Force
7:00 AM – 8:00 AM

Membership Committee
(By Invitation Only)
7:00 AM – 8:00 AM

Stroke-ISIG Executive Committee
(By Invitation Only)
7:00 AM – 8:00 AM

Stroke-ISIG Movement Interventions Task Force
7:00 AM – 8:00 AM

CONCURRENT SESSIONS 10:30 AM – 12:00 PM

Why We Need More Case Studies of Cognitive Rehabilitation
FACULTY: Keith D. Cicerone, PhD, JFK - Johnson Rehabilitation Institute, Edison, NJ and Robert Wood Johnson Medical School, UMDNJ, New Brunswick, NJ; Robyn Tate, PhD, Sydney Medical School, University of Sydney, AU
DIAGNOSIS: Brain Injury, Stroke, Neurodegenerative disorder (e.g., MS, Parkinson's disease), Diagnosis-independent
FOCUS: Research methods (e.g., measurement, research design analytic/statistical methods)
The demonstration of clinical effectiveness is a priority for rehabilitation research, and typically relies on the use of group-based, controlled trials. However, single-subject intervention research still plays a critical role and can make an elegant contribution to the process of knowledge translation, using research to guide clinical practice. Further, single-subject intervention research supports a scientist-practitioner model and elevates the quality of evidence-based practice. This symposium will explore the use of single-subject intervention research as a means of translating research into clinical practice. The relevance of single-subject intervention research will be illustrated with examples from PsycBite and ACRM systematic reviews of cognitive rehabilitation. This process will be elaborated through interaction with symposia participants in developing a single-subject intervention trial for cognitive impairment.

Don’t miss the opening session

2012 ACRM Conference, Vancouver, Canada.
**Effects of Endogenous Reproductive Hormones Fluctuations in TBI Short-Term Recovery**

**FACULTY:** Janet P. Niemeier, PhD, ABPP (RP), Carolinas Rehabilitation, Carolinas Medical Center, Charlotte, NC; Jean-Luc Mougeot, PhD, Cannon Research Center, Carolinas Healthcare System, Charlotte, NC; Brad Hurst, MD, Carolinas Medical Center, Charlotte, NC; Lori Grafton, MD, Carolinas Medical Center, Charlotte, NC

**DIAGNOSIS:** Brain Injury

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

There are documented gender differences in TBI outcomes, in favor of women. Hormonal neuroprotection is hypothesized, however, findings are mixed. Few researchers have measured levels of reproductive hormones in peripheral blood at time of injury or considered normal fluctuations in hormone levels during the menstrual cycle. This symposium will present findings from a prospective longitudinal study of reproductive hormone levels post-TBI. Based on the literature, we expect to find significantly better outcomes in TBI patients with undisrupted hormonal cycle and overall higher reproductive hormone levels at time of TBI, and six-month follow up. Reproductive hormones circulating at time of injury may predict outcomes after TBI. Further investigation of the molecular mechanisms involved may provide support for targeted treatments for women and men with TBI.

**Population-Based Outcomes after Traumatic Brain Injury in the U.S.**

**FACULTY:** Jeneita Bell, MD MPH, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Chamblee, GA; John Corrigan, PhD, Ohio State University, Columbus, OH; Jeffrey P. Cuthbert, PhD, MPH, MS, Craig Hospital, Englewood, CO; Cindy Harrison-Felix, PhD, Craig Hospital, Englewood, CO; Juliet K. Haarbauer-Krupa, PhD, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, GA; Flora Hammond, MD, Indiana School of Medicine, Indiana University, Indianapolis, IN; Christopher Pretz, PhD, Craig Hospital/NDSC, Englewood, CO

**DIAGNOSIS:** Brain Injury

**FOCUS:** Outcomes research/ Epidemiology

Traumatic brain injury (TBI) is a major public health concern in the US. Each year, at least 1.7 million Americans will incur a TBI, of which 275,000 will be severe enough to require hospitalization. For those hospitalized with TBI, approximately 52,000 will die as result of injury, and those who survive will have an elevated risk of long-term physical and neurological deficits, cognitive impairment, disability, and reduced lifespan. The CDC has collaborated with partners in TBI research to further understand the consequences of TBI throughout the life course and to better understand outcomes associated with TBI rehabilitation. This presentation will provide a snapshot of the CDCs research efforts on TBI. Results of several studies that have developed from collaborative efforts will be presented, including US population estimates of factors that influence return to work within two years post injury, factors that influence functional status change within five years post injury, and risk factors associated with and rates of mortality following TBI.

**Balancing Change in Health Policy and Clinical Practice in Ireland, Sweden and USA**

**FACULTY:** Barbara O’Connell, President/CEO Acquired Brain Injury Ireland, Dun Laoghaire, Dublin, Ireland; Dr. Micael Edblom, Department Head of PM&R, County Hospital Ryhov, Jonkoping, Sweden; Carolyn Zollar, Vice President for Governmental Relations and Policy Development for the American Medical Rehabilitation Providers Association, Washington DC; Christopher Pretz, PhD, Craig Hospital/NDSC, Englewood, CO

**DIAGNOSIS:** Diagnosis-independent

**FOCUS:** Health/disability policy, ethics, advocacy

Today’s world is facing dramatic and sweeping changes due to increasing financial crises, shifting political boundaries, aging populations, technological advances and employment shifts. The field of rehabilitation potentially faces overwhelming perils when health policy changes occur or financial downturns escalate. This symposium will bring together three individuals who are active in the field of rehabilitation in Ireland, Sweden, and the United States. They will bring their unique perspectives forward to generate discussion with the audience. The emphasis is to explore methods and techniques to preserve needed services for individuals with disabilities. The entire continuum of services from inpatient to community-based residential services will be addressed.
**Techniques to Improve Carry-Over of Clinical Improvements to Daily Activities**

**FACULTY:** Edward Taub, PhD, University of Alabama, Birmingham, AL; Lynne Gauthier, PhD, Ohio State University, Columbus, OH; Elizabeth Skidmore, PhD, OTR/L, University of Pittsburgh, Pittsburgh, PA; Gitendra Uswatte, PhD, University of Alabama, Birmingham, AL

**DIAGNOSIS:** Brain Injury, Stroke, Cerebral palsy, Multiple Sclerosis

**FOCUS:** Cerebral Palsy, Multiple Sclerosis, Clinical Practice

A number of evidence-based treatments are now available for individuals who experience neurological injury. Despite demonstrated improvements in speech, motor, or cognitive function on clinic-based measures, these improvements don’t always translate to improved functioning in the home/community setting. Several behavioral techniques have been employed to facilitate better carry-over of clinical gains to daily activities (ADLs). We will present new research demonstrating the substantial benefit of supplementing clinic-based intervention with behavioral techniques to improve transfer of training from the clinic to the home/community setting. This symposium will feature three multidisciplinary presentations on ways in which behavioral and problem-solving techniques, used in conjunction with evidence-based approaches to care, can substantially improve patient function and engagement outside the clinical setting.

**Effective Recognition and Management of Domestic Violence in the Disabled Population**

10:30 AM – 12:00 PM

**FACULTY:** Ann Miller Wilson Maxwell, MD, Carolinas Rehabilitation, Charlotte, NC; LaTanya D. Lofton, MD, Carolinas Rehabilitation, Charlotte, NC; Erin P. Rumble, MSW - Counselor, Carolinas Healthcare System, Charlotte, NC

**DIAGNOSIS:** Diagnosis-independent or N/A

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

Domestic violence is a modern day epidemic that affects an estimated 40–60% of disabled women. Those with disabilities have additional physical or cognitive barriers, making it difficult to leave an abusive relationship. Studies indicate that people with disabilities are often dependent on their abuser for financial, emotional, physical or medical support, and therefore remain in abusive relationships. Professional education on the topic remains inconsistent in training and continuing education programs. By reviewing relevant literature, examining current research, discussing perceptions and attitudes, and presenting effective strategies for suspecting, screening and managing disabled victims of domestic violence, this course will empower participants to confidently develop a plan of care for these vulnerable and often overlooked patients.

**Rehab is Over, Now What? Innovative Outpatient Programs for Spinal Cord Injury**

10:30 AM – 12:00 PM

**FACULTY:** Kim Anderson-Erisman, PhD, University of Miami, and Miami Project to Cure Paralysis, Miami, FL; Jennifer McParland, PT, COMT, Spinal Cord Injury-Neuro Program, Brooks Rehabilitation Hospital, Jacksonville, FL; Candy Tefertiller, PT, DPT, ATP, NCS, Craig Hospital, Englewood, CO; Jennifer French, MBA, Neurotech Network, Tampa, FL

**DIAGNOSIS:** Spinal Cord Injury focused; programs also serve other diagnoses

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

This course will focus on development of innovative programs for people with spinal cord injury once their ‘traditional’ rehabilitation program has ended. Technology and fitness techniques are integrated into clinical practice in unique ways in a variety of programs. The challenge is the translation to home-based programming and access to equipment. This course will introduce program models ranging from an SCI specific center to an SCI program working within a rehabilitation facility; how they have formulated programs to deliver opportunities for their clients to continue exercise and promote wellness; and how the rehabilitation centers implemented them in a cost effective manner.
Complex Regional Pain Syndrome (CRPS); Diagnosis and Treatment
10:30 AM – 12:00 PM
FACULTY: Martin Grabois, MD, Baylor College of Medicine, Houston, TX
DIAGNOSIS: Pain / Interdisciplinary Pain Rehabilitation
FOCUS: This session will present a clinical discussion of Complex Regional Pain Syndrome (CRPS). It will present CRPS from a historical prospective; present and discuss new criteria for the diagnosis of CRPS; and review the incidence, etiology, and pathophysiology of CRPS. The clinical presentation of CRPS will be reviewed, with emphasis on clinical evaluation. CRPS treatment will be presented with emphasis on pharmacology, invasive treatments, and psychological interventions that will moderate pain and increase function.

SCI-ISIG LUNCHEON WITH SPEAKER (Ticketed Event)
The Role of Research in Reimbursement. See page 32 for program description.
12:00 PM – 1:30 PM

CONCURRENT SESSIONS 1:00 OR 1:30 PM – 3:00 PM

Oral Presentation of Scientific Papers / Multi-Diagnosis Topics
1:00 PM – 3:00 PM
MODERATOR: J. Preston Harley PhD, FACRM, Neuropsychology Institute, Naperville, IL

Alexithymia After Brain Injury: What is it and Why it Deserves More Attention
AWARD RECIPIENT: Dawn Neumann, PhD, Indiana University School of Medicine, Indianapolis, IN
How we process our emotions affects the way we behave and interact with others. When people have reduced awareness for their emotions and difficulty labeling, differentiating and understanding their own emotions, it is referred to as alexithymia. Alexithymia is quite common after brain injury, with some studies reporting rates between 30-61% of their sample population. This is a significant problem as studies have found alexithymia to be associated with self-regulation of emotions, recognition of others’ emotions, and the ability to experience and respond empathically to others. This symposium will present findings from a recent study demonstrating the relationship alexithymia has with aggressive behaviors, reduced perspective-taking tendencies, and negative interpretations of others’ behaviors. Our results suggest that treating alexithymia may be important for reducing negative socio-emotional behaviors. Future directions and clinical implications will be discussed.

Selective Tibial Neurotomy as a Treatment for Spastic Foot: A Randomized, Assessor-Blinded, Controlled Trial
Thierry Deltombe, MD, CHU UCL Mont-Godinne PMR Department, Yvoir, Namur, Belgium

Rehabilitation of Lower Limb Amputees in the VA Acute Setting: Impact of Clinical Guidelines
Linda J. Resnik, PT, PhD, Providence VA Medical Center, Brown University, Providence, RI

Older Adults With Acquired Brain Injury: Functional Independence Measures After Inpatient Rehabilitation
Vincy Chan, Toronto Rehabilitation Institute, University Health Network, Toronto, ON, Canada

Meeting the Reintegration Needs of Individuals With Spinal Cord Injury: Effectiveness of Community-Based Occupational Therapy
Justin Craig Fry, University of Utah, Salt Lake City, UT; Pollie Price, PhD, OTR/L, University of Utah, Salt Lake City, UT

ACRM COMMITTEE & GROUP MEETINGS
Chairs Council
(By Invitation Only)
10:30 AM – 11:30 AM
Neurodegenerative Diseases Networking Group
10:30 AM – 12:00 PM
Bi-ISIG Annual Summit
12:30 PM – 1:30 PM

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see page 2
Brain Injury as a Chronic Condition: Policy, Payer, and Consumer Perspectives

1:30 PM – 3:00 PM

**DIAGNOSIS:** Brain Injury

The bulk of attention and resources in traumatic brain injury have been directed toward saving lives and the early days post-injury, yet not enough has been done to improve the long term quality of the lives that are saved. We must focus on the long term medical and psychosocial issues faced by individuals with brain injury. We must teach about brain injury to all healthcare providers, develop clinical protocols for long-term brain injury management, and navigate the realities of healthcare legislation and policy to advocate for the millions who will eventually experience brain injury. At the 2013 Chautauqua, we will discuss the implications of caring for brain injury within a chronic disease management framework though a moderated panel discussion. Representatives from the diverse worlds of policy maker, insurance provider, and consumer will share their perspectives on this emerging issue of managing brain injury as a chronic condition.

**MODERATOR**

**FLORA HAMMOND, MD.** Professor and Chair, Department of Physical Medicine and Rehabilitation, Indiana School of Medicine; Chief of Medical Affairs and Brain Injury Medical Director, Rehabilitation Hospital of Indiana

**PANELISTS**

**TOM TATLOCK, MD (retired)**

**JOHN T. HINTON DO, MPH** senior medical director, ADVANTAGE Health Solutions, Indianapolis, IN

**PETER W. THOMAS**

Principal, Powers Pyles Sutter & Verville, PC

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Best Practices in Cross-Border Collaboration in Rehabilitation Research

1:30 PM – 3:00 PM

**LEAD PRESENTER:** Koen Putman, PhD, Lecturer in Health Services Research, Co-Chair of the Interuniversity Centre for Health Economics Research, Vrije Universiteit Brussel, Belgium

**MODERATOR:** Stephanie A. Kolakowsky-Hayner, PhD, Santa Clara Valley Medical Center, San Jose, CA

**PANELISTS:** Susan Charlifue, PhD, FACRM, Craig Hospital, Englewood CO; Fofi Constantiniou, PhD, University of Cyprus, Nicosia, CY; and Dr. Mohamed Sakel, FRCP, Neurerehab, Uni of Kent Hon Senior Lecturer, Psychology, UoK East Kent University Hospital NHS Trust

**DIAGNOSIS:** N/A

**FOCUS:** N/A

International clinical trials and research collaborations are essential in this age of globalization. Cross-border collaboration strengthens the validity and value of the science, averts duplication, achieves economies of scale, and reduces the cost of acquiring new knowledge. This panel’s featured presenter will describe the need and opportunity for cross-border collaborations in rehabilitation research. He will discuss timeliness and how these collaborative efforts differ today than in the past. Panelists will also describe their experiences with international collaboration, including lessons learned, advantages, disadvantages, opportunities, barriers, challenges, and best practice suggestions. Open discussion will be encouraged to develop general recommendations for cross-border collaboration, as well as specific recommendations for ACRM and the International Networking Group.
Health Promotion and Fitness Transition from Clinical Practice to the Community for People with SCI  
1:30 PM – 3:00 PM  
FACULTY: James Rimmer, PhD, Lakeshore Foundation in Health Promotion and Rehabilitation Sciences, University of Alabama at Birmingham, Birmingham, AL; Sue Ann Sisto, PT, MA, PhD, FACRM, School of Health Technology and Management, Stony Brook University, Stony Brook, NY; Karen Hutchinson, PT, PhD, DPT, Boston University, Boston, MA; Twala Maresh, PT, DPT, NCS, ATP, University of Central Arkansas, Conway, AK; Rachel Cowan, PhD, University of Miami Miller School of Medicine, Lois Pope Life Center, Miami, FL  
DIAGNOSIS: Spinal Cord Injury  
FOCUS: Health/disability policy, ethics, advocacy  
Healthy People 2020 addresses the need for health and fitness for people with disabilities. Debate is centered on whether the factors responsible for reduced mortality would have a similar effect on morbidity. Some argue that the medical care improvements that saved lives were not accompanied by secondary prevention that would maintain healthy states or health care that would delay functional consequences of disease. Disability adjusted life years (DALYs) differ from other measures of adjusted life years because they link two major dimensions of health: disease and disability. There are many challenges to the promotion of healthy DALYs. Models of community fitness, physiological consequences of secondary conditions, challenges to transitioning from clinic to community fitness, assistive technologies to facilitate fitness, and personal examples of engagement in a fitness lifestyle will be presented and discussed.

Evidence-Based Management of Spasticity in Activity-Based Restorative Therapy: Bench to Bedside Science  
1:30 PM – 3:00 PM  
FACULTY: Rebecca Martin, OTR/L, OTD, International Center for Spinal Cord Injury at Kennedy Krieger, Baltimore, MD; Cristina Sadowsky, MD, International Center for Spinal Cord Injury, Kennedy Krieger, Johns Hopkins School of Medicine, Baltimore, MD; John W. McDonald, MD, PhD, International Center for Spinal Cord Injury, Kennedy Krieger, Johns Hopkins School of Medicine, Baltimore, MD  
DIAGNOSIS: Brain Injury, Spinal Cord Injury, Neurodegenerative disorder (e.g., MS, Parkinson’s disease)  
FOCUS: Clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)  
The presence of spasticity has a major impact on an individual’s functional skills, therapeutic progress, quality of life, and perhaps regeneration and neurological recovery. Conventional interventions involve the use of medications which can have a dampening effect on the nervous system. While this may reduce the effects of spasticity on function, it is also likely that these medications have a negative impact on the potential for regeneration and recovery. Drawing from current evidence and the outcomes from our research laboratories, we will demonstrate that spasticity reducing medications inhibit mechanisms for regeneration, including new cell birth, survival and maturation. We will discuss multimodal alternatives to spasticity management using an activity-based approach. ABRT involves purposeful, repetitive activation of the nervous system above and below the injury level to optimize the system’s recovery while working to offset the rapid aging and chronic complications that occur as a consequence of neuropathic injury and immobility. In addition to discussing therapeutic interventions, we will discuss the benefits of and alternatives to oral medications. The panel will discuss clinical rationale and decision making when treating spasticity. Finally, we will present outcomes from our clinical experience to show that patients improve with minimal medical spasticity management and that spasticity does not increase in response to ABRT interventions.

Novel Concepts in the Treatment of Disabilities Associated with Chronic Conditions  
1:30 PM – 3:00 PM  
FACULTY: Allen W. Brown, MD, Mayo Clinic, Rochester, MN; Joline E. Brandenburg, MD, Mayo Clinic; Rochester MN; Andrea L. Cheville, MD, Mayo Clinic, Rochester, MN; Carmen Militza Terzic, Mayo Clinic, Rochester, MN  
DIAGNOSIS: Brain Injury, Neurodegenerative disorder (e.g., MS, Parkinson’s disease), cancer rehabilitation, chronic diseases, cerebral palsy, spasticity  
FOCUS: cancer rehabilitation, chronic diseases, cerebral palsy, spasticity Clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)  
Disability related to chronic disease develops and progresses insidiously. Improved functional screening and effective treatment to overcome impairment and disability are needed, while maintaining a cost-
sensitive and patient-centric model for care delivery. This symposium will provide an overview on the current research projects oriented to identify tools for better understanding, monitoring and treating disabilities in chronic diseases, with special focus in traumatic brain injury, cancer, and spasticity associated with cerebral palsy.

**Optimizing Stroke Rehabilitation for Individuals with Cognitive Impairments**

1:30 PM – 3:00 PM

**FACULTY:** Grace Campbell, PhD, MSW, CRRN, University of Pittsburgh School of Nursing, Allison Park, PA; Ellen Whyte, MD, University of Pittsburgh School of Medicine, Pittsburgh, PA; Elizabeth Skidmore PhD, OTR/L, University of Pittsburgh School of Health and Rehabilitation Sciences, Pittsburgh, PA; Deirdre Dawson, PhD, OTR/L, Rotman Research Institute, Baycrest, and University of Toronto, Toronto, ON, CA

**DIAGNOSIS:** Stroke

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

Up to one-half of strokes result in newly acquired impairments in basic (i.e., attention, memory), and higher order cognitive functions (i.e., fluency, flexibility, inhibition). These impairments disrupt independence with daily activities, and are associated with significant long-term disability, falls, and morbidity. What can we do to improve outcomes for individuals with stroke-related cognitive impairments? This symposium will review theoretical models and scientific evidence that addresses this question. The current state of the science on incidence and impact of cognitive impairments after stroke will be reviewed. An overview will be presented of selected biological mechanisms that show promise for informing potential augmentative pharmacological interventions designed to enhance rehabilitation benefits. Data from previous and ongoing studies examining efficacy of these interventions will be presented. An overview of learning principles and theoretical models that support promising interventions for rehabilitation of cognitive impairments after stroke will be presented.

**The Importance of Measuring Clinical Outcomes for Pain Management**

1:30 PM – 3:00 PM

**FACULTY:** Fred Neal Davis, MD, Michigan Pain Consultants, PC, ProCare Systems, Inc., Grand Rapids, MI

**DIAGNOSIS:** Pain

**FOCUS:** Clinical practice

During this time of rapid transformation in healthcare, it is imperative that clinicians demonstrate the value of their work. This presentation will explore the use of an interdisciplinary multidimensional pain care management system and explain the importance of its use to help guide patient care, gather clinical outcomes, and serve as a foundation for value-based care. It will also show how care management tools can help with clinical care but also assist practitioners and organizations to advocate on behalf of their patients and their practices.

**CONCURRENT SESSIONS: 3:30 PM – 5:00 PM**

**Children and Youth with Acquired Brain Injury: Transition Challenges and Outcomes**

3:30 PM – 5:00 PM

**FACULTY:** Angela Colantonio, PhD, OT Reg (Ont.), FACRM, Toronto Rehabilitation Institute and University of Toronto, Toronto, ON, CA; Bonnie Todis, PhD, Centre on Brain Injury Research and Training, University of Oregon, Eugene, OR; Julie Haarbaeuer-Krupa, PhD, Children's Healthcare of Atlanta, Atlanta, GA; Vincy Chan, HonBSc, MPH, PhD Candidate, University of Toronto, Toronto Rehabilitation Institute, Toronto, ON, CA; Joanne Maxwell, MSc, BScOT, BSc, OT Reg (Ont.), Toronto Rehabilitation Institute, UHN; Holland Bloorview Kids Rehabilitation Hospital, Toronto, ON, CA

**DIAGNOSIS:** Brain Injury

**FOCUS:** Outcomes research/epidemiology
Acquired brain injury (ABI) is a leading cause of death and disability worldwide. While the highest rates are among children and youth, there is a paucity of population-based information on this vulnerable population and even less on their transition issues and outcomes. This symposium will begin with presentation of a population-based study of children and youth aged 19 years and under, describing their profile and trajectory across the continuum of care. Two studies will be presented on transition among children and youth from Canada (LIFEspan Model) and the US (B.R.A.I.N program and Readiness for Transition Pilot Study), which will focus on identifying barriers to transition services and factors associated with successful transfer to adulthood. The symposium will conclude with a presentation on the T-Web, a website to improve transition outcomes for children with TBI.

### Technology Based Cognitive Interventions: Current Evidence-Based Approaches to Cognitive Remediation

3:30 PM – 5:00 PM

**FACULTY:** Gerald T. Voelbel, Steinhard School, New York University, New York, NY, Karuna Subramaniam, University of California, San Francisco; Lee Hyer, Mercer School of Medicine, Sylvain Moreno, Center for Brain Fitness, Rotman Research Institute, Baycrest Hospital/University of Toronto, ON, CA; Karuna Subramaniam, UCSF, San Francisco, CA; Lee Hyer, Mercer School of Medicine and Georgia Neurosurgical Institute, Macon, GA; Sylvain Moreno, Rotman Research Institute, Baycrest, Toronto, ON, CA

**DIAGNOSIS:** Brain Injury, Schizophrenia, Mild Cognitive Impairment

**FOCUS:** Outcomes research/epidemiology

Advances in cognitive rehabilitation have been made in multiple clinical populations with structured technology-based interventions. This symposium will present translational studies of technology-based cognitive interventions that demonstrate improvements in targeted cognitive abilities. The studies demonstrate that cognitive gains are generalized to other domains and everyday abilities. The first study will demonstrate the efficacy of remediating processing speed in a sample of adults with traumatic brain injury. The second study will demonstrate a cognitive remediation technique that results in improvements in working memory in patients diagnosed with schizophrenia. The third study will demonstrate cognitive improvements in working memory and attention in adults diagnosed with mild cognitive impairment. The fourth study will demonstrate neuroplasticity and cognitive improvements in executive functions in preschool aged children. Together, these studies demonstrate the advances in technology-based cognitive remediation techniques applied to a diverse clinical population.

### Neurodegenerative Effects of Epilepsy: Cognitive and Psychosocial Sequelae and Recommendations for Rehabilitation Research and Practice

3:30 PM – 5:00 PM

**FACULTY:** Fofi Constantinidou, PhD, CCC-SLP, Center for Applied Neuroscience, University of Cyprus, Nicosia, CY; Panagiotis Stavrinides, PhD, University of Cyprus, Nicosia, CY; Andrea Makri, MA, University of Cyprus, Nicosia, CY; Donna Langenbahn, PhD, Outpatient Services Rusk Institute of Rehabilitation Medicine, NYU Langone Medical Center, New York, NY; Teresa Ashman, PhD, Rusk Rehabilitation, NYU Langone School of Medicine, New York, NY

**DIAGNOSIS:** Neurodegenerative disorder (e.g., MS, Parkinson’s disease)

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

The term “epilepsy” has been associated with negative connotations and psychosocial adjustment implications. Patients with epilepsy experience a variety of cognitive symptoms which render them vulnerable to accelerated pathological aging. The variety and severity of the psychosocial and cognitive symptoms are related to the severity of the disorder, and the ability to control seizure activity. Despite the neurodegenerative nature of the disorder, rehabilitation medicine has not taken an active role in the management of this condition. An international panel will present data on the effects of epilepsy on executive and memory performance, and the link between cognitive performance and quality of life. Psychosocial adjustment challenges of patients with chronic epilepsy will also be presented. Finally, recommendations for cognitive and neuropsychological rehabilitation will be made based on an evidence-based systematic review of the literature.
**Educate, Train, Treat, Track: Bringing State of the Art Care to Our Military with TBI**

3:30 PM – 5:00 PM

**FACULTY:** MAJ Sarah Goldman, MOT, PhD, US Army, HQDA, OTSG, Falls Church, VA; Dr. Stephanie N. Maxfield-Panker, PhD, Army Office of the Surgeon General, HQDA, OTSG, Falls Church, VA; LCDR Tara Cozzarelli, Army Office of the Surgeon General, HQDA, OTSG, Lebanon, PA; Karen McCulloch, PhD, PT, University of North Carolina, Chapel Hill; Mary Radlomski, PhD, OTR/L, Sister Kenny Research Center, Minneapolis, MN; Dr. Michael L. Russell, HQ, USA MEDCOM, HQDA, OTSG, Fort Sam Houston, TX

**DIAGNOSIS:** Brain Injury

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

An expert panel will discuss the U.S. Army Traumatic Brain Injury (TBI) program within the context of rehabilitation clinical and research initiatives. Presenters will discuss progress from the U.S. Army TBI Task Force and delineate existing gaps within the system. Additional topics include rehabilitation capabilities and services in the deployed and garrison environments within the context of Department of Defense (DoD) policy for TBI care. Policy discussions include the evolution of policies and clinical algorithms in the deployed and garrison environments, as well as DoD clinical recommendations for TBI rehabilitation. Presenters will also discuss the Neurocognitive Assessment Tool and role of neurocognitive assessment in return to duty decision making; share Army TBI education and training strategies for educating a widely-dispersed population of medical providers; and present rehabilitation tools and resources developed to support the TBI mission, including patient education handouts, educational videos and slide decks, the TBI Rehabilitation ToolKit, and the Graded Return to Activity clinical recommendation.

**Electrical Stimulation from Basic Science to Clinical Practice: Is it Evidence-Based?**

3:30 PM – 5:00 PM

**FACULTY:** Gail F. Forrest, PhD, Kessler Foundation Research Center, West Orange, NJ; Pouran D. Faghihi, MD, MS, FACSM, University of Connecticut, Storrs, CT; Samuel Lee PT, PhD, University of Delaware, Newark, DE; Sue Ann Sisto, PT, MA, PhD, FACRM, Stony Brook University, Stony Brook, NY

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

**FOCUS:** Neuroscience (e.g., neural regeneration/repair, motor control/learning, biomechanics)

Much of past electrical stimulation (ES) research has focused on outcomes without much consideration to the underlying mechanisms for ES configurations such as sequencing, timing, and dosing. More recently, there has been a paradigm shift in research to understand the basic mechanisms underlying molecular changes and to translate the findings at the cellular level to the whole body neuro-musculoskeletal system. In this presentation we will present studies that evaluate the effects of ES at the cell level, including changes in genotype and phenotype as a result of ES. ES studies with animal models and human subjects, that describe the underlying mechanisms of neuromotor plasticity, will also be presented.

**Innovative Delivery of Pain Self-Management Programs**

3:30 PM – 5:00 PM

**FACULTY:** Dawn M. Ehde, PhD, University of Washington School of Medicine, Seattle, WA; Kristin R. Archer, PhD, DPT, Vanderbilt University Medical Center, Nashville, TN; Steve T. Wegener, PhD, ABPP, Johns Hopkins School of Medicine, Baltimore, MD

**DIAGNOSIS:** Pain

**FOCUS:** Outcomes measurement

Self-management programs that target psychosocial risk factors have proven effective for reducing pain and disability in individuals with disabilities, chronic disease, and musculoskeletal disorders. This symposium will describe innovative delivery models that broaden the availability of effective pain management and behavior change strategies. This
symposium will include presentation of 3 clinical trials to demonstrate novel application of pain treatment. Trial participants include adults with disabilities and chronic disease, low back pain, and postsurgical pain. The represented programs will focus on telephone and web-based pain self-management programs; implementation through non-traditional providers such as physical therapists; and the translation of these models into clinical practice.

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

3:30 PM – 5:00 PM

**Faculty:** David Tulsky, PhD, University of Michigan Medical School, Ann Arbor, MI; Pamela Kisala, MA, University of Michigan Medical School, Ann Arbor, MI; Mary D. Slavin, PhD, PT, Health and Disability Research Institute, Boston University School of Public Health, Boston, MA; Allen Heinemann, PhD, Feinberg School of Medicine, Northwestern University and Rehabilitation Institute of Chicago, Chicago, IL

**DISCUSSANT:** Marcel Dijkers, PhD, Mount Sinai School of Medicine, New York, NY

**DIAGNOSIS:** Spinal Cord Injury

**FOCUS:** Research methods (e.g., measurement, research design analytic/statistical methods)

The Spinal Cord Injury Quality of Life (SCI-QOL)/Spinal Cord Injury Functional Index (SCI-FI) measurement system is comprised of 22 item banks across the areas of Emotional Health, Physical-Medical Health, Social Participation (SCI-QOL) and Physical Function (SCI-FI). Based on three large scale studies currently under way, this symposium will describe new advances and enhancements to the SCI-QOL and SCI-FI instruments, and provide data demonstrating their construct validity, clinical utility, and responsiveness to change.

**Oral Presentation of Scientific Papers / Stroke Topics**

3:30 PM – 5:00 PM

**MODERATOR:** Pamela Roberts, PhD, OTR/L, SCFES, FAOTA, CPHQ, Cedars-Sinai Medical Center, Los Angeles, CA

- **A Prospective Comparison Study of Functional Outcomes After Traumatic and Atraumatic Spinal Cord Lesions (SCL)**
  Shiv Yadav, MD, DNB, MNAMS, All India Institute of Medical Sciences, New Delhi, Delhi, India

- **Computer-Adaptive Balance Testing Improves Discrimination Between Community-Dwelling Elderly Fallers and Non-fallers**
  Poonam Pardasaney, DPT, MS, ScD, Health & Disability Research Institute, School of Public Health, Boston University, Boston, MA

- **Limitations of a Rehabilitation Efficiency Measure for the Quality Reporting Program**
  Anne Deutsch, RN, PhD, Rehabilitation Institute of Chicago, Chicago, IL; Holly DeMark Neumann, MPPA, Rehabilitation Institute of Chicago, Chicago, IL

- **Examining Outcomes of the I-PASS (Improving Participation After Stroke Self-Management Program): A Pilot Study**
  Joy Hammel, PhD, OTR, University of Illinois at Chicago, Chicago, IL

**EXHIBITORS WELCOME RECEPTION ★**

With Scientific Poster Viewing & Outstanding Poster Awards Presentation

5:00 PM – 7:00 PM

See page 32 for details.
Rehabilitation of Individuals with Traumatic Brain Injury: Impact and Response to a Fragmented System
7:15 AM – 8:15 AM
FACULTY: Eileen Elias, Boston University, Sargent College, JBS International, Inc., Boston, MA
DIAGNOSIS: Brain Injury
Focus: Other or N/A
Recovery is a lifelong process for individuals with traumatic brain injury (TBI). However, the rehabilitation continuum of care is fragmented, creating barriers for individuals to access rehabilitation services essential for each stage along the continuum and specific to needs. Information regarding the services available, where services can be found, and funding sources available to pay for needed services is difficult to obtain. This session will provide an overview of the current state of post-acute rehabilitation service delivery system for TBI across the age span, and present financial, structural, personal, and attitudinal barriers to access of needed services. The lecture will include demonstration of a web-based tool for overcoming such barriers.

The Dutch ParkinsonNet: Promoting International Neurorehabilitation Research Collaboration and Exchange
7:15 AM – 8:15 AM
FACULTY: Mark A. Hirsch, PhD, Carolinas Rehabilitation, Carolinas Health Care System, Charlotte, NC
DIAGNOSIS: Neurodegenerative disorder (e.g., MS, Parkinson’s disease)
FOCUS: Clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)
Individuals with Parkinson’s disease (PD) are less physically active and inactivity increases with disease progression. Several factors work against this patient population receiving guidance toward increased physical activity, including fragmented care, delivered by clinicians lacking expertise, and lack of early referral into physiotherapy or exercise. Recently, the Dutch ParkinsonNet trained 2000 healthcare professionals and conducted two large (N=700) randomized trials on physical activity promotion in Parkinson’s disease, demonstrating improvements in the quality and access to care while containing costs. This symposium will review the studies conducted on efficacy of the Dutch ParkinsonNet.

Neurotrophic Growth Markers as an Index of Brain Function in the CNS
7:15 AM – 8:15 AM
FACULTY: Patricia Cristine Heyn, PhD, Assistive Technology Partners (ATP), Colorado Intellectual & Developmental Disabilities Research Center (IDDRC), School of Medicine, University of Colorado Denver Anschutz Medical Campus, Denver, CO
DIAGNOSIS: Neurodegenerative disorder (e.g., MS, Parkinson’s disease)
FOCUS: Neuroscience (e.g., neural regeneration/repair, motor control/learning, biomechanics)
This presentation will discuss the current literature supporting potential neurotrophic growth factor markers for early diagnosis and treatment of common adult neurodevelopmental and neurodegenerative disorders. The presentation will explore the potential of neurotrophic growth factors such as Brain Derived Neurotrophic Factor (BDNF), a protein associated with physical activity and muscle metabolism, to be used as a clinical marker for neurodegenerative processes in brain injury and aging.
Updated Clinical Practice Guidelines for Mild Traumatic Brain Injury and Persistent Post-concussion Symptoms (PPCS)
7:15 AM – 8:15 AM
FACULTY: Shawn Marshall, MD, MSc, FRCPC, University of Ottawa, Ottawa, ON, CA; Diana Velikonja, PhD, CPsych, McMaster University, Hamilton, ON, CA; Mark Bayley, MD, FRCPC, University of Toronto, Toronto, ON, CA; Scott McCullagh, MD, FRCPC, University of Toronto, Toronto, ON, CA; Lindsay Berrigan, PhD, Dalhousie University, Halifax, NS; Donna Ouchterlony, MD, CCFP, University of Toronto, Toronto, ON, CA; Kelly Weegar, BA (Hons), Ottawa Hospital Research Institute, Ottawa, ON, CA
DIAGNOSIS: Brain Injury
FOCUS: Clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)
This symposium will discuss a clinical practice guideline update that was undertaken to aid health care professionals in implementing evidence-based, best-practice care for the challenging population of individuals who experience PPCS following mild TBI (MTBI). The Guidelines were published in 2011. More recently, a search for new clinical practice guidelines addressing MTBI and a systematic review of the literature evaluating treatment of PPCS were conducted. Healthcare professionals representing a range of disciplines were brought together to review evidence to revise the original Guideline. Evaluation of the guidelines by sport medicine and military physicians has also provided key feedback that has informed revisions for the next edition. More than 70 recommendations were made related to diagnosis and management of MTBI and PPCS, including post-traumatic headache, sleep disturbances, mental health difficulties, cognitive difficulties, balance disorders, fatigue, and return to work/school. Numerous resources, tools and treatment algorithms are included to aid in implementation of the recommendations.

The Value of Mixed Methods: Lessons Learned Through Intervention Research in Individuals with Chronic Stroke
7:15 AM – 8:15 AM
FACULTY: Angela Merlo, PT, DPT, PhD, Northern Arizona University - Phoenix Biomedical Campus, Phoenix, AZ; Stacy L. Fritz, PT, PhD, University of South Carolina, Columbia, SC
DIAGNOSIS: Stroke
FOCUS: Research methods (e.g., measurement, research design analytic/statistical methods)
The National Institutes of Health recognize the need to develop new methodologies to improve the quality and scientific power of research. Although randomized controlled trials (RCTs) continue to be the gold standard to identify causality, this method is not suited for every type of question or outcome. Mixed method designs are becoming increasingly more common. Researchers are beginning to incorporate qualitative methods, such as interviews and observations, to help comprehend individual experiences and perceptions of interventions. An RCT was recently conducted to assess the efficacy of intensive therapy on gait, balance and mobility in individuals with chronic stroke. A separate study was conducted assessing participants’ perspectives of the benefits associated with participation in the RCT. The purpose of this symposium is to highlight lessons learned from the RCT and concurrent qualitative study. Speakers will describe the value of mixed method design by: introducing qualitative and quantitative data collected in the trial, highlighting the similarities and discrepancies between the two data sets, and discussing how mixed methods may support the pilot process and direct future research.

Development of a Functional Status Quality Metric
7:15 AM – 8:15 AM
FACULTY: Anne Deutsch, RN, PhD, Rehabilitation Institute of Chicago and RTI International, Washington, DC; Tara McMullen, MPH, PhD(c), Centers for Medicare and Medicaid Services, Quality Measurement & Health Assessment Group; Trudy Mallinson, PhD, OTR/L, NZROT, FAOTA, Marianjoy Rehabilitation Hospital, Wheaton, IL
DIAGNOSIS: Diagnosis-independent
FOCUS: RTI International
Functional status is an important outcome for post-acute care (PAC) providers, including inpatient rehabilitation facilities (IRFs), long-term care hospitals (LTCHs), skilled nursing facilities (SNFs), and home health agencies (HHAs). The Centers for Medicare and Medicaid Services collected standardized patient assessment data, including admission and discharge functional status data and other clinical data for factors affecting functional outcomes in 206 acute care and PAC providers. In this panel presentation we describe our work to develop functional status quality metrics using the standardized patients assessment data collected.
The Role of Health Promotion in the Aging SCI Population
7:15 AM – 8:15 AM
FACULTY: Candice McCooey, DPT, Spaulding Rehabilitation Hospital, Boston, MA
DIAGNOSIS: Spinal Cord Injury
FOCUS: Other or N/A
Many individuals with SCI are now living an average of 30 to 40 years post injury and experiencing the multidimensional process of aging. Understanding the impact of aging and changes in perceived health status across the lifespan is essential to the design and implementation of future, more responsive health-promotion programs. Due to the fragmented nature of the US healthcare system, lack of a coordinated approach to the complex care required for individuals aging with SCI likely contributes to continued development of physical and psychosocial conditions that negatively affect health and quality of life. Recent research demonstrates the impact of aging in the SCI population; therefore, it is imperative that healthcare providers promote life adjustments through proactive preventative approaches.

Better Together: A Team Work Approach to Supporting Health and Independence for Patients With Disabilities
7:15 AM – 8:15 AM
FACULTY: Nancy A. Flinn, OTR/L, PhD, Courage Center, Minneapolis, MN
DIAGNOSIS: Brain Injury, Spinal Cord Injury, Stroke, Neurodegenerative disorder (e.g., MS, Parkinson’s disease)
FOCUS: Outcomes research/epidemiology
Adults with physical disabilities have complex medical and social needs. Due to limited access to routine management of chronic conditions and frequent use of expensive forms of care, they contribute to the 5 percent of the US population that account for 47.5 percent of all health care spending. Patient-centered medical homes can significantly reduce health care costs for medically complex patients, and can be used to address the social and medical needs for this group. Courage Center Medical Home’s mission is to improve health, improve client experience, and decrease cost of care for medically complex patients with disabilities. Through a recent CMS Innovation award, medical home patients have access to in-home support to help with transportation, housing, and food. Through expanded primary care and community support, in the last three years the Medical Home has achieved a 67% reduction in hospital days, and improved health-related quality of life and client engagement. Because of these strong outcomes, Courage Center has been successful in negotiating improved payment systems that move away from fee-for-service and towards value based reimbursement.

Pain Management and Rehabilitation: The Great Divide
7:15 AM – 8:15 AM
FACULTY: Andrea L. Cheville, MD, MSCE, Mayo Clinic, Rochester, MN
DIAGNOSIS: Pain
FOCUS: Clinical practice
Pain and function are intimately related at many levels. Yet, pain is seldom addressed during the delivery of rehabilitation services, despite the growing participation of rehabilitation clinicians in pain management practices. Instead of a healthy integration characterized by prioritization of function during pain management and of pain control during rehabilitation, the pain management and rehabilitation communities operate, for the most part, in isolation from one another. This presentation will provide a brief overview of the current state-of-the-knowledge in pain management as it applies to patients’ with disabilities, and outline the empirical basis that broadly links pain to functional outcomes. Opportunities to forge clinical and research alliances between the rehabilitation and pain management communities will be highlighted.
Oral Presentation of Scientific Papers / TBI Topics
8:30 AM – 10:00 AM
MODERATOR: Gerard Ribbers, MD, PhD, Rotterdam Neurorehabilitation Research (RoNeRes), Rotterdam, Netherlands

The Impact of a Drama-Based Intervention on the Emotion Work of Neurorehabilitation Staff
Pia Kontos, PhD, University of Toronto, Toronto, ON, Canada

Reducing the Need for Seclusion and Restraint in an Inpatient Neurobehavioral Unit
Matthew Lee Macey, RN-CBIS, Brookhaven Hospital, Tulsa, OK

Treatment of Persistent Post-Concussive Symptoms Utilizing Prismatic Eyeglass Lenses
Mark Rosner, MD, St. Joseph Mercy Hospital, Ypsilanti, MI; Debby Feinberg, OD, Vision Specialists of Michigan, Bloomfield Hills, MI; Jennifer Doble, St. Joseph Mercy Hospital, Ypsilanti, MI

Temporal Patterns of Neural Network Synchronization in Veterans With and Without Mild TBI and PTSD
Malene Abell, BS, Indiana University, Bloomington, IN

Occupational Traumatic Brain Injury: Gender, Health and the Workplace
8:30 AM – 10:00 AM
FACULTY: Angela Colantonio, PhD, OT Reg (Ont.), FACRM, Toronto Rehabilitation Institute, UHN, University of Toronto, Toronto, ON, CA; Elizabeth Mansfield, PhD, MSc, Toronto Rehabilitation Institute, Toronto, ON, CA; Tatyana Mollayeva, MD, PhD (C), University of Toronto, Toronto, ON, CA; Mary Stergiou-Kita, PhD, Toronto Rehabilitation Institute, University of Toronto, Toronto, ON, CA

DIAGNOSIS: Brain Injury
FOCUS: Health/disability policy, ethics, advocacy
Traumatic brain injury (TBI) in the workplace is a leading cause of death and disability. While workplace morbidity/mortality is higher in males, research shows that more than 40% of work-related brain injuries are sustained by women. To date, there is a paucity of research examining incidents and outcomes through a sex and gender lens. While many personal, occupational and environmental factors have been associated with work re-integration and secondary injury prevention, our team is focusing on less frequently investigated issues such as psychosocial status, chronic pain and sleep, and the provision of workplace supports and accommodations. This symposium will bring together scientists with expertise in occupational and rehabilitation science, sociology, occupational health and safety, and sleep medicine. We will begin with an introduction to TBI from a population-based perspective. The second presentation will focus on sex and gender differences in return to work following TBI. The third presentation will review the available evidence concerning sleep dysfunction post-TBI. We will conclude with a discussion of workplace accommodations for individuals with cognitive and psychosocial challenges.

Co-Morbidities Associated with Lifetime Exposure to Traumatic Brain Injury (TBI)
8:30 AM – 10:00 AM
FACULTY: Jennifer Bogner, PhD, ABPP, FACRM, Ohio State University, Columbus, OH; John D. Corrigan, PhD, ABPP, FACRM, Ohio State University, Columbus, OH; Jeff Cuthbert, PhD, MPH, MS, OT, Craig Hospital, Englewood, CO; Kristen Dams-O’Conner, PhD, Ichan School of Medicine at Mount Sinai, New York, NY; Gale Whiteneck, Craig Hospital, Englewood, CO; Tessa Hart, Moss Rehabilitation Research Institute, Elkins Park, PA; Tamara Bushnik, PhD, FACRM, Rusk Institute for Rehabilitation Medicine, NYULMC, New York, NY; Flora Hammond, Indiana University, Indianapolis, IN; Stephanie A. Kolakowsky-Hayner, Santa Clara Valley Medical Center, Rehabilitation Research Center, San Jose, CA; Kristen Dams-O’Connor, Mount Sinai School of Medicine, New York, NY; Dave Mellick, Craig Hospital, Englewood, CO

DIAGNOSIS: Brain Injury
FOCUS: Outcomes research/epidemiology
Four studies address lifetime exposure to TBI in a range of populations and examine associations between indicators of lifetime history (e.g., worst injury, number of TBIs, age at first TBI), comorbidities, and disabilities. A study of adults provided population-weighted estimates of the prevalence of disability based on indicators of lifetime TBI exposure. A study on prisoners identified clusters based on different aspects of lifetime history of TBI. The findings reinforced the importance of injury severity and developmental stage at first TBI. Two other studies evaluated exposure to TBI prior to an Index injury (the injury that brought the person to the attention of the clinician or researcher). A study of persons presenting with mild TBI to four emergency departments found that prior TBI was associated with worse functional outcomes, more post-concussive symptoms, and lower life satisfaction. Inter-injury interval and age at injury on recovery were important aspects of lifetime history. A study of persons with moderate-severe Index injuries found that behavioral issues were strongly associated with younger age of first TBI and more severe prior injuries. The findings have implications for clinical assessments of risks for poorer outcomes, as well as for research on disorders for which lifetime indicators of TBI may be important covariates.

**Regenerative Medicine: New Frontier in Rehabilitation Medicine**

8:30 AM – 10:00 AM

**FACULTY:** Nathan K. LeBrasseur, PhD, Mayo Clinic, Rochester, MN; Isobel A. Scarisbrick, PhD, Mayo Clinic, Rochester, MN; Carmen M. Terzic, MD, PhD, Mayo Clinic, Rochester, MN

**DIAGNOSIS:** Spinal Cord Injury, Sarcopenia, Ischemic Cardiac Disease, Avascular Necrosis

**FOCUS:** Other or N/A

The goal of regenerative rehabilitation medicine is to advance care from palliation to on-demand repair, to restore function and independence, and improve quality of life. Regenerative Medicine will be a vital component of medical practice in the coming years as it will create new models of health care. Therefore, it is important to educate the next generation of clinicians and scientists in the latest regenerative medicine applications. This symposium will provide the audience with an update on promising pharmacological therapies and stem cell technology to repair, regenerate, recover and restore organs and tissues such as skeletal muscle, spinal cord, heart, joints.

**Implications of Hospital-to-Inpatient Rehabilitation Continuity**

8:30 AM – 10:00 AM

**FACULTY:** James E. Graham, PhD, DC, University of Texas Medical Branch, Galveston, TX; Janet Prvu Bettger, ScD, FAHA, Duke University, Durham, NC; Kenneth J. Ottenbacher, PhD, OTR, University of Texas Medical Branch, Galveston, TX

**DIAGNOSIS:** Diagnosis-independent or NA

**FOCUS:** Outcomes research/epidemiology

Several provisions of the Affordable Care Act (ACA) extend providers’ accountability for patient wellbeing beyond the services provided and outcomes achieved during the inpatient stay. Older adults who require intensive post-acute care are most in need of well-coordinated care to manage their prolonged recovery. But they are also most vulnerable to disruptions in their care plan or care team as they transition from setting to setting and ultimately back to the community. Inpatient rehabilitation facilities (IRFs) provide the most intensive post-acute rehabilitative care. The assumption underlying many of the reform initiatives in the ACA is that shared accountability and resultant increased continuity lead to better patient experiences and improved outcomes. During this symposium we will (a) present the results from our analyses testing this assumption using Medicare hospital claims and IRF assessment files, and (b) discuss potential implications of the observed hospital-IRF referral patterns from both the patient and provider perspectives.
An Intensive, Interprofessional, Community-Based Intervention Program for Persons Post-Stroke
8:30 AM – 10:00 AM
FACULTY: Elizabeth Hoover, MS, CCC-SLP, BC-ANCDS(A), Aphasia Resource Center, Boston University, Boston, MA; Sue Berger, PhD, OTR/L, BCG, FAOTA, Boston University, Boston, MA; Tamara R. DeAngelis, PT, DPT, GCS, Center for Neurorehabilitation, Boston University; Stacey Zawacki, DrPH, MS, RD, Boston University, Boston, MA; Terry Ellis, Boston University, Boston, MA; Anne Carney, Boston University, Sargent College, Boston, MA
DIAGNOSIS: Stroke
FOCUS: Clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)
Evidence demonstrates that individuals who have had a stroke benefit from rehabilitation in the chronic stages and from an interprofessional approach to care. Intensity of treatment has also been shown to influence outcomes related to both communication and motor deficits. This panel presentation will describe the development of an intensive, interprofessional, community-based program situated in an academic environment for clients living post-stroke. Results from three years of program implementation will be presented. The client-centered structure of this program includes extensive peer support among program participants, often leading to increased self-efficacy and social participation. This program is an exciting and novel approach for improving the community participation of individuals living post-stroke.

Lifestyle Redesign® for Pressure Ulcer Prevention in Spinal Cord Injury
8:30 AM – 10:00 AM
FACULTY: Florence Clark, PhD, OTR/L, FAOTA, University of Southern California (USC), Los Angeles, CA; Erna Imperatore Blanche, PhD, OTR/L, FAOTA, University of Southern California (USC), Los Angeles, CA; Trudy R. Mallinson, PhD, OTR/L, NZROT, University of Southern California (USC), Los Angeles, CA; Jeanine Blanchard, PhD, OTR/L; University of Southern California, Los Angeles, CA; Jesus Diaz, OTD, OTR/L, University of Southern California, Los Angeles, CA; Lucia Florindez, USC OSOT, Los Angeles, CA
DIAGNOSIS: Spinal Cord Injury
FOCUS: Other or N/A
This symposium will present preliminary findings from the Pressure Ulcer Prevention Study (PUPS) randomized controlled trial. The purpose of this trial is to test the efficacy of a community-based intervention, administered by occupational therapists and nurses, that is designed to enable adults with spinal cord injury (SCI) to reduce their risk for medically serious pressure ulcers (PrU) by enacting daily lifestyle choices that foster successful prevention. Participants with SCI were randomized to either a 12-month intervention condition or to a standard care. Research participants are predominantly members of racial/ethnic minority groups from impoverished communities. Various analyses were performed to document the intervention’s effects on surgeries and overall medical costs, quality of life, and specific prevention practices that potentially mediate any positive intervention effects. Beyond reporting on preliminary results, we will discuss our response to methodological issues, including challenges in recruitment and retention, intervention delivery, and outcome assessment. Finally, we will provide suggestions for translating the obtained findings into clinical practice.

Update on Spinal Cord Injury Pain
8:30 AM – 10:00 AM
FACULTY: J. Scott Richards, PhD, OC, PT, Laval University, Birmingham, AL; Marcel Dijkers, PhD, FACRM, Mount Sinai School of Medicine, New York, NY; Thomas N. Bryce, MD, Mount Sinai School of Medicine, New York, NY
DIAGNOSIS: SCI Pain
FOCUS: Clinical practice
Pain following spinal cord injury (SCI) is a debilitating secondary condition that negatively impacts quality of life and limits participation. In this symposium, we will describe current findings on the incidence/prevalence and impact of pain in SCI. We will also review the history and current thinking on pain classification, and review the current proposed International SCI Pain Classification (ISCP) scheme. We will review a recently published standard dataset proposed for adoption internationally for clinical and research work on SCI pain. Evidence will be presented on the efficacy of medications and physical interventions for neuropathic and non-neuropathic SCI pain. Finally, data describing the efficacy of behavioral interventions will be presented, including cognitive-behavioral approaches, hypnosis and virtual reality.
PLENARY SESSION

Symposium in Honor of Robert C. Wagenaar, PhD: 1957-2013
10:30 AM – 12:00 PM

FACULTY: Douglas I. Katz, MD, Boston University School of Medicine, Boston Medical Center, Boston, MA; Gert Kwakkel, PT, PhD; Vrije University Medical Center, Amsterdam, Netherlands; Alan M. Jette, PhD, Health and Disabilities Research Institute, Boston University School of Public Health, Boston, MA; Daniel K. White, PT, ScD, Boston University, Boston, MA

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

SPECIAL OPPORTUNITY
BRUCKER MEMORIAL INTERNATIONAL LUNCHEON
(TICKETED EVENT)
International Partnering in Research
12:00 PM – 1:30 PM
See page 33 for program details.

ACRM COMMITTEE & GROUP MEETINGS

Policy & Legislation Committee
(By Invitation Only)
12:00 PM – 1:00 PM

Communications Committee
12:00 PM – 1:00 PM
Members interested in joining the Communications Committee are encouraged to attend.

BI-ISIG Long-Term Issues Task Force
12:00 PM – 1:00 PM

BI-ISIG Community-Based Rehabilitation Task Force
12:00 PM – 1:15 PM

BI-ISIG Cognitive Rehabilitation Task Force
12:00 PM – 1:15 PM

Stroke-ISIG Vision Task Force
12:00 PM – 1:15 PM
Members will meet at the registration desk.

BI-ISIG Mild TBI Task Force
12:00 PM – 1:30 PM

Stroke-ISIG Task Force Chairs
(By Invitation Only)
12:15 PM – 1:30 PM
**Oral Presentation of Scientific Papers / TBI Topics**

**1:30 PM – 3:00 PM**

**MODERATOR:** Virginia Mills, MS, PT, CCM, Lic NHA, FACRM, Neurological Rehabilitation Associates, Wellesley, MA

- **Recovery of Cognitive Functioning and Independence After Prolonged Disorders of Consciousness Following Brain Injury: I-8 Year Follow-up**
  Douglas I. Katz, MD, Braintree Rehab Hospital, Braintree, MA

- **Treatment Effect Versus Pretreatment Recovery in Persons With Traumatic Brain Injury: Effectiveness of Postacute Rehabilitation**
  Richard M. Capriotti, PhD, Pate Rehabilitation, Anna, TX

- **A Randomized, Double-Blinded, Placebo-Controlled Trial to Improve Attention in Persons with TBI Receiving Acute Rehabilitation**
  Ronald Seel, Shepherd Center, Atlanta, GA

- **Impacts of Exercise and Affirmations on Cognition and Mood for Individuals with Traumatic Brain Injury**
  Yuen Shan Christine Lee, NYU Langone Medical Center, New York, NY

**Trends in Traumatic Brain Injury in the United States**

**1:30 PM – 3:00 PM**

**FACULTY:** Juliet Haarbauder-Krupa, PhD, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), Atlanta, GA; Mark Faul, PhD, MA, National Injury Prevention and Control Center, CDC; Victor G. Coronado, CDC; Tadesse Haileyesus, CDC; Julie Gilchrist, CDC; Tabitha A. Herzog, BS, UCLA medical student, CDC; Jeneita M. Bell, MD, MPH, CDC; Christopher A. Taylor, PhD, CDC; Michael R. Lionbarger, MPH, CDC; Lisa C. McGuire, PhD, CDC; Likang Xu, CDC; Brian Amour, CDC; William S. Pearson, PhD, Office of Prevention through Healthcare; Elizabeth Courtney-Long, MA, CDC; Vincent A. Campbell, CDC

**DIAGNOSIS:** Brain Injury

**FOCUS:** Outcomes research/epidemiology

In 2009, approximately 3.5 million patients with traumatic brain injury (TBI) listed as primary or secondary diagnosis were hospitalized or were treated and released from emergency departments, outpatient departments, and office-based physicians’ offices. This estimate does not include active duty military service members and those who did not seek medical care; therefore, the true incidence of TBI in the US remains unknown. Because the health effects of TBI can be permanent, with varying outcomes for those who survive, it is crucial to understand the epidemiology of TBI and potential risk and burden for TBI survivors. This presentation will describe national data on trends in sports and recreation TBI, emergency department visits, hospitalizations, and rehabilitation. Trends will be described by age group, gender, payment type, discharge disposition, and care following injury.

**Outcome Prediction in Post-Traumatic Disorders of Consciousness: Is it Time to Revisit Prognostic Guidelines**

**1:30 PM – 3:00 PM**

**FACULTY:** Joseph T. Giacino, PhD, Spaulding Rehabilitation Hospital, Harvard Medical School, Boston, MA; Brian Edlow, MD, Massachusetts General Hospital and Brigham and Women’s Hospital, Boston, MA; Yelena Guller, PhD, Spaulding Rehabilitation Hospital, Boston, MA

**DIAGNOSIS:** Brain Injury

**FOCUS:** Outcomes research/epidemiology

Individuals who sustain severe acquired brain injury often experience disorders of consciousness (DoC), including vegetative (VS) and minimally conscious states (MCS). These conditions may be transient or permanent. Among those who experience prolonged (> 2 weeks) DoC, it is difficult to predict who will recover, and the extent of functional recovery that will eventually be attained. Current prognostic guidelines suggest that these conditions could be considered permanent by 12 months post-injury. However, a series of outcome studies over the past 8 years consistently show that approximately 20% of patients in VS or MCS for one year continue to improve significantly. A substantial minority go on to regain functional independence. Part I of this course will review the recent evidence that challenges existing prognostic guidelines. In Part II, we will discuss potential prognostic applications of advanced structural and functional neuroimaging techniques, including susceptibility weighted imaging, diffusion tensor imaging and tractography, resting state fMRI and stimulus-related fMRI activation paradigms. Part III will discuss the emerging role of multimodal assessment approaches in evaluating brain connectivity for diagnostic, prognostic and treatment planning purposes.
A Clinical Practice Guideline to Enhance Outcomes in People with Neurologic Injury: Gait Recovery

1:30 PM – 3:00 PM

FACULTY: Anne H. Chan, PT, DPT, MBA, NCS, Sheltering Arms Physical Rehabilitation Centers, Richmond, VA; Amber Devers, PT, DPT, NCS, Sheltering Arms Rehabilitation Hospital, Richmond, VA; Deborah Backus, PT, PhD, Shepherd Center, Atlanta, GA

DIAGNOSIS: Brain Injury, Spinal Cord Injury, Stroke

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

The science of recovery from neurologic injury has changed in the past 30 years. Knowledge of plasticity in the central nervous system combined with principles of motor control and motor learning have changed the state of rehabilitation. In addition, technologic advances allow for the implementation of this new knowledge in the clinic when translated effectively for clinicians and patients. The proposed session will review the current science that should be matched to current practice for gait recovery. A clinical practice guideline that utilizes technology for recovery across a continuum of care will be presented as a method of knowledge translation. The guideline uses a unique assessment of people with neurologic injury to place them into severity categories which guide intervention. Video case studies, with an emphasis on stroke and spinal cord injury, will be utilized to show the transfer of knowledge to action.

Novel Approaches to Clinical Practice Improvement

1:30 PM – 3:00 PM

FACULTY: Allen W. Heinemann, PhD, FACRM, Center for Rehabilitation Outcomes Research, Rehabilitation Institute of Chicago, and Feinberg School of Medicine, Northwestern University; Linda Ehrlich-Jones, PhD, RN, Center for Rehabilitation Outcomes Research, Rehabilitation Institute of Chicago, Feinberg School of Medicine, Northwestern University; Jason Raad, MS, PhD (C), Center for Rehabilitation Outcomes Research, Rehabilitation Institute of Chicago.

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

FOCUS: Outcomes research/epidemiology

Evidence-based practice (EBP) provides the best means to incorporate research into rehabilitation care. One obstacle to EBP is clinicians’ uncertainty regarding the optimal instruments to monitor patients’ outcomes. This symposium will describe three EBP projects that engaged clinicians in a rehabilitation hospital, prosthetics clinics, and a professional association to promote outcome measurement. In a 24-bed inpatient rehabilitation unit, we worked with clinicians to implement as part of routine care the administration of patient-reported outcomes as computer adaptive tests. We will describe the respondent burden on patients and the staffing requirements. We worked with six prosthetic clinics to incorporate the Orthotics Prosthetics User Survey into routine practice, then consulted with them to develop quality improvement projects to address issues related to functional status and satisfaction. Finally, we will describe a collaborative project with a professional association to provide outcome instrument summaries that therapists use to monitor patients’ rehabilitation progress. These projects illustrate novel methods to help clinicians incorporate outcome measures into routine practice. We will highlight the facilitators and barriers encountered by clinicians in using outcome measures.
Safe Patient Handling Programs in Rehabilitation
1:30 PM – 3:00 PM
FACULTY: Marc Campo, PT, PhD, School of Health and Natural Sciences, Mercy College, Dobbs Ferry, NY; Amy Darragh, OTR/L, PhD, Wexner Medical Center, Ohio State University, Columbus, OH
DIAGNOSIS: Brain Injury, Spinal Cord Injury, Stroke, Neurodegenerative disorder (e.g., MS, Parkinson’s disease) The presentation is relevant to all rehabilitation diagnoses but we will discuss the effect of several specific diagnoses such as stroke or total joint replacement.

FOCUS: Clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)
Safe patient handling and movement (SPH) programs have been implemented in rehabilitation settings across the United States. The goal of SPH programs is to reduce or eliminate manual handling of patients through a combination of advanced technologies and policies that determine their use. These programs can also change rehabilitation care practices profoundly. They enable earlier and more aggressive patient mobilization, as well as provide more rehabilitation options for patients who were previously too heavy to be mobilized. In recent years policies and initiatives have increased the number and scope of SPH programs. Examples include the Veteran’s Administration’s (VA) $200 million initiative to implement SPH in all VA inpatient facilities. The purpose of this symposium is to provide a detailed, evidence-based review of SPH, with particular focus on the implications for rehabilitation.

Interprofessional Pain Education for Collaborative Patient-Centered Care
1:30 PM – 3:00 PM
FACULTY: Judith Hunter, BSc(PT), MSc, PhD, University of Alberta, Edmonton, AB, CA
DIAGNOSIS: Pain
FOCUS: Clinical Practice
Acute or persistent pain continues to be a major health problem and roadblock to rehabilitation, yet pain education for health professional trainees and clinicians remains inadequate. Despite substantial evidence for pain management, and a health care climate attentive to the use of this evidence in practice, gaps in health care professionals’ pain knowledge and problematic beliefs persist. In addition, best practices for chronic pain management require interprofessional collaboration. In the past several years, innovative inter-professional pain education (IPE) curricula have been developed to address these gaps. This presentation will outline the concept of IPE in the context of pain; describe the evidence base for IPE pain programs targeting health care providers and trainees; and discuss current examples of development implementation and evaluation IPE focused pain programs for students, trainees, and health care providers.

NeuroControl: Exploitation of Neuroplasticity
Invited Symposium from the Netherlands Neuroscience Society
1:30 PM – 3:00 PM
Ruud W. Selles, PhD, Erasmus MC – University Medical Center Rotterdam, The Netherlands; Carel G.M. Meskers, MD, PhD, Leiden University Medical Center, Leiden, The Netherlands; Prof. dr. Frans C.T. van der Helm, Delft University of Technology, BioMechanical Engineering, Delft, The Netherlands; Edwin van Asseldonk, PhD, Biomechanical Engineering, University of Twente, Enschede, The Netherlands
DIAGNOSIS: Pain
FOCUS: Technology; neurorehabilitation
The exploitation of neuroplasticity may be the key to break through current recovery patterns of patients with neurological disorders. In this symposium, we will discuss ways to design new assessment and treatment paradigms focusing on the exploitation of neuroplasticity in patients with sensorimotor disorders. The session will bring together researchers from clinical, engineering and neuroscience perspectives.
**Systems of Care for ABI in a Universal Healthcare System**

**3:30 PM – 5:00 PM**

**FACULTY:** Nora Cullen, MD, Toronto Rehabilitation Institute, University Health Network, Toronto, ON, CA; Bonnie Swaine, PhD, École de réadaptation, Faculté de médecine, Université de Montréal, Montreal, QC, CA; Isabelle Gagnon, PT, PhD, McGill University, Montreal, QC, CA; Michelle Keightley, C. Psych, University of Toronto, Toronto, ON, CA; Philippe Fay, PhD, Université du Québec à Trois-Rivières, QC, CA; Michelle McKerrall, PhD, Université de Montréal, Montreal, QC, CA; Carol DeMatteo, PT, OT, McMaster University, Hamilton, ON, CA; Brad McFadyen, PhD, Université Laval, Quebec, QC, CA; Deirdre Dawson, PhD, Rotman Research Institute, Baycrest, University of Toronto, Toronto, ON, CA; Carolina Bottari, MSc, OT, PhD, École de réadaptation, Université de Montréal, Montreal, QC, CA; Michelle McKerral, PhD, Université de Montréal, Montreal, QC, CA; Marcel Dijkers, Icahn School of Medicine at Mount Sinai, New York, NY

**DIAGNOSIS:** Brain Injury

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

Acquired brain injury (ABI) is a leading cause of disability in North America. In Canada, national standards of care or best-practice guidelines for service delivery to ABI patients across the continuum of care do not exist. The Head Injury Partnership Endeavor (HIPE) team, launched in 2007, is a multidisciplinary team composed of Ontario- and Québec-based researchers which conducts collaborative research focusing on optimizing ABI service delivery in Canada. This symposium will highlight current work by researchers within the partnership on ABI service delivery across the continuum of care in the context of a publicly-funded healthcare system. Presentations will focus on research occurring within three major settings across the system of care: acute care, rehabilitation, and return to community. Regional variations in transfer and admission practices will be discussed, and results of a survey on clinical stakeholders’ perceptions on existing policies will be presented. The community piece will explore evidence-based clinical decision-making for return to activities after mild TBI. Lastly, we will address the use of therapist communication behaviours to enhance effective goal attainment across the continuum for patients with cognitive deficits after ABI.

**Mild TBI: New Neuropsychiatric Perspectives**

**3:30 PM – 5:00 PM**

**FACULTY:** Jonathan M. Silver, MD, New York University School of Medicine, New York, NY; David B. Arciniegas, MD, Baylor College of Medicine/TIRR Memorial Hermann, Baylor College of Medicine, Thomas W. McAllister, MD, Dartmouth University, Houston, TX

**DIAGNOSIS:** Brain Injury

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

Post-concussive symptoms following mild TBI are nearly universal. These include alterations of consciousness, disturbances of attention, slow processing speed, impaired declarative memory, and executive dysfunction. When early symptoms are unrecognized, misunderstood, and/or inadequately addressed, early post-concussive symptoms may become chronic and engender secondary psychological health and psychosocial consequences. This session will provide participants with new and emerging perspectives on mild TBI. A heuristic with which to understand the influences of pre-injury, injury-related, and post-injury factors on post-concussive symptoms will be presented. The roles of context and process in the genesis of attention and memory impairments after TBI will be considered, and the long-term effects of repetitive sub-concussive impacts will be described. Factors that influence effort and symptom reporting after TBI will be identified and their implications for clinical and forensic practice discussed.

**Integrating Physical Wellness Approaches into the Lives of People with Neurodegenerative Diseases**

**3:30 PM – 5:00 PM**

**FACULTY:** Deborah Backus, PT, PhD, Crawford Research Institute, Shepherd Center, Atlanta, GA; Lisa M. Muratori, PT, EdD, Stony Brook University, Stony Brook, NY; Vanina Dal Bello-Haas, PT, PhD, McMaster University, Hamilton, ON, CA; Becky G. Farley,
DIAGNOSIS: Neurodegenerative disorder (e.g., MS, Parkinson’s disease)

FOCUS: Other or N/A

Emerging evidence suggests that people with neurodegenerative diseases (NDD), such as Parkinson’s Disease (PD), Multiple Sclerosis (MS) or Amyotrophic Lateral Sclerosis (ALS) can benefit from rehabilitation and exercise interventions to improve health and wellbeing. Although the underlying mechanisms of NDD may vary, there are some guiding principles that can be used to provide safe and effective methods for exercise. In order to promote greater health and prevent secondary conditions that result from the immobility imposed by NDD, it is imperative that the barriers to exercise be identified and overcome. This session will utilize didactic sessions combined with group activity and open discussion to promote opportunities for greater health and wellness in people with PD, MS, or ALS.

Understanding On-Road Safety in Elderly Drivers: Different Perspectives
3:30 PM – 5:00 PM

FACULTY: Barbara Mazer, PhD, McGill University & CRIR-Jewish Rehabilitation Hospital, Montreal, QC, CA; Isabelle Gelinas, PhD, McGill University, Montreal, QC, CA; Brenda Vrkljan, PhD, McMaster University, Hamilton, ON, CA; Sjaan Koppel, PhD, Monash University Accident Research Centre (MUARC), Melbourne, AU; Judith Charlton, PhD, Monash University Accident Research Centre (MUARC) & Monash Injury Research Institute (MIRI), Melbourne, AU; Shawn Marshall, MD, University of Ottawa and Ottawa Hospital Research Institute, Ottawa, ON

DIAGNOSIS: Seniors

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

The number of seniors who drive is increasing. Although most seniors are safe drivers, this age group experiences one of the highest crash rates per mile driven, due to the increasing prevalence of medical conditions. The high morbidity and mortality associated with crashes involving older drivers creates a serious hazard to themselves and others. Consequently, the accurate identification of at-risk drivers is a public health priority. While there are several approaches to examining driving safety in seniors, there is no consensus regarding the most informative and accurate way to guide health care professionals and decision makers in their approach. This seminar will review the different approaches used to judge safety in older drivers. These include: on-road evaluation, naturalistic driving observation, driving exposure using in-vehicle technology, driving simulator and crash data. The evidence supporting each approach as well as their advantages, limitations and application will be presented.

Inducing and Guiding Plasticity in Sensorimotor Systems to Enhance Neurorehabilitation after Spinal Cord Injury
3:30 PM – 5:00 PM

FACULTY: Monica A. Perez, PT, PhD, Center for the Neural Basis of Cognition, University of Pittsburgh, Pittsburgh, PA; Jonathan R. Wolpaw, MD, Wadsworth Center, New York State Department of Health and State University of New York, Albany, NY; Monica A. Gorassini, PhD, Centre for Neuroscience, University of Alberta, Edmonton, AB, CA; Peter H. Ellaway, PhD, Division of Brain Sciences, Imperial College London, UK

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

FOCUS: Neuroscience (e.g., neural regeneration/repair, motor control/learning, biomechanics)

Activity-dependent plasticity is one of the central mechanisms contributing to the recovery of sensory and motor function after spinal cord injury (SCI). In this symposium we will discuss evidence for plasticity at multiple sites in the central nervous system. We will describe new approaches that are being used to enhance plasticity and promote recovery of sensorimotor function after SCI, including noninvasive operant conditioning protocols to modify spinal reflex pathways, transcranial magnetic stimulation, peripheral nerve electrical stimulation, and pharmacological approaches targeting serotonergic receptors to modulate motoneuron excitability and sensory transmission. Overall, new methods for inducing and guiding plasticity in spinal and supraspinal pathways open novel possibilities for significantly improving neurorehabilitation after SCI, and thus enhancing functional recovery.
Pressure Ulcer Prevention in Acute Spinal Cord Injury: Current Findings and Recommendations for the Future
3:30 PM – 5:00 PM
FACULTY: David M. Brienza, PhD, University of Pittsburgh, Pittsburgh, PA; Gerben DeJong, PhD, FACRM, MedStar National Rehabilitation Hospital and MedStar Health Research Institute; Ching-Hui “Jean” Hsieh, PhD, MedStar National Rehabilitation Hospital and MedStar Health Research Institute, Washington, DC; Jeanne M. Zanca, PhD, MPT, Kessler Foundation, West Orange, NJ
DIAGNOSIS: Spinal Cord Injury
FOCUS: Outcomes research/epidemiology
Pressure ulcers (PU) remain one of the most vexing secondary complications for individuals with spinal cord injury (SCI). Acquisition of PUs has recently become a quality indicator in post-acute care, with significant reimbursement implications. Our understanding of anatomic, physiologic, psychological, and environmental risks for PU has improved, but our knowledge remains incomplete. Two recent investigations by the University of Pittsburgh (RERC-PU study) and National Rehabilitation Hospital (SKIN study), conducted independently of one another, have examined PU risk factors and preventive strategies in the acute phase of SCI. This symposium will report findings from both studies on PU incidence rates, factors and preventive strategies that relate to PU onset, and proposed risk models. The presentations will provide recommendations for the application of their findings in clinical practice and for the design of future research.

A Grand Unifying Theory of Chronic Pain: Etiology, Perpetuation, and Recovery
3:30 PM – 5:00 PM
FACULTY: Jessica Pullins, PhD, Bay Area Pain and Wellness Center, Los Gatos, CA, Prospira PainCare, Mountain View, CA
DIAGNOSIS: Chronic pain
FOCUS: Clinical practice
Weaving together historical perspectives, recent research, clinical observation and best treatment practices, this course will introduce a novel and comprehensive theory of chronic pain. The discussion will highlight mechanisms underlying the development of chronic pain, the biopsychosocial characteristics associated with chronic pain, and a framework for managing it. The course will also provide a discussion of likely subtypes of chronic pain sufferers as well as implications for diagnosis, research and treatment.

STROKE-ISIG SPECIAL TOPICS SESSION
Translating Research into Clinical Practice: Rehabilitation Robotics After Stroke
3:30 PM – 5:00 PM
MODERATOR: Elizabeth Skidmore, PhD, OT(R), University of Pittsburgh, Pittsburgh, PA
Panelists
Joel Stein, MD, Columbia University, Weill Cornell Medical College, New York, NY; Susan Fasoli, ScD, OTR/L, Providence Veterans Administration Medical Center, Brown University, Providence, RI; Carolyn Patten, PT, PhD, University of Florida, Gainesville, FL; Lorie Richards, PhD, OTR/L, University of Utah, Salt Lake City, UT
DIAGNOSIS: Stroke
FOCUS: Clinical practice, technology
This Stroke-ISIG sponsored symposium will examine the current state-of-the-science examining the integration of robotic devices in clinical rehabilitation after stroke. The multidisciplinary panel will present findings from clinical studies detailing the evidence surrounding several robotic devices, and discuss barriers and facilitators to implementing robotic devices in the rehabilitation setting. In addition, the panel will provide recommendations for the consideration of scientists, practitioners, and administrators to guide future efforts addressing the role of robotic devices in stroke rehabilitation.
ACRM COMMITTEE & GROUP MEETINGS

Outcomes Measurement Networking Group
3:30 PM – 5:00 PM

ACRM MEMBERSHIP MEETING

5:00 PM – 6:30 PM
Open to all attendees, the ACRM Membership Meeting is a great place to learn about the current activities of ACRM and upcoming opportunities. Witness the passing of the presidential necklace from current president, Tamara Bushnik, PhD, FACRM (2011 – 2013) to president-elect, Sue Ann Sisto, PT, PhD, FACRM (2013 – 2015) and hear Dr. Sisto’s membership address.

SPECIAL OPPORTUNITIES ★

Henry B. Betts Awards Gala (TICKETED EVENT)
7:00 PM – 11:00 PM

After Gala Party (TICKETED EVENT)
8:30 PM – 11:00 PM
See page 33 for details.

Henry B. Betts Awards Gala, 2012 ACRM Conference, Vancouver, Canada.
NIDRR-SPONSORED ARRT YOUNG INVESTIGATORS PANEL
8:00 AM – 10:00 AM

1) Disparity in Access to Healthcare among Individuals with Physical Disabilities: 2001-2010
8:00 AM – 8:15 AM
NIDRR AART Fellow: Elham Mahmoudi, PhD, University of Michigan, Ann Arbor, MI
DIAGNOSIS: Other or N/A
FOCUS: Health/disability policy, ethics, advocacy
OBJECTIVE: This study examines disability-related disparities in access to healthcare and investigates the factors associated with reporting no access to care.
RESULTS: We analyzed a total of 138,670 adults (with mild to severe physical disabilities=27,276; without any physical disability=111,404). Our analysis indicated the odds of reporting not getting medical care, dental care, and prescription drugs are 39% (p < 0.001), 51% (p < 0.001), and 38% (p < 0.001) higher for individuals with physical disabilities, respectively. Furthermore, in comparison with Whites with disabilities, our data showed that Hispanics with physical disabilities have an additional 37% (p < 0.015) higher odd of reporting inability to get prescription drugs. Our models of access indicated that being poor (p <0.001), lacking health insurance coverage (p < 0.001), being a smoker (P < 0.001), residing in South (P < 0.007), and being female (p < 0.001) also significantly increase the odds of reporting no access to care.
Conclusion: There are large and significant disparities in access to healthcare between adults with and without physical disabilities.

2) Biopsychosocial Determinants of Patient-Reported Improvement in Chronic Diseases for Adults over 50 Years of Age
8:15 AM – 8:30 AM
NIDRR ARRT Fellow: Chia-Chiang Wang, PhD, CRC, Northwestern University, Chicago, IL
DIAGNOSIS: Arthritis, cancer, diabetes, heart conditions, and lung diseases
FOCUS: Outcomes research/epidemiology
OBJECTIVES: To examine and compare disease-specific biopsychosocial determinants that predict two-year follow-up of patient-reported improvements in chronic diseases for adults age 50 to 80 years.
RESULTS: The five chronic disease groups shared some common predictors, but also had disease-specific biological or psychosocial predictors of chronic disease improvement. Age, race/ethnicity, and self-rated health were the common predictors of patient-reported improvement across some groups. African Americans and Latinos were more likely to report improvements in diabetes, arthritis, lung diseases (only African American participants), and heart conditions (only Latino participants) as compared to Caucasian participants. In addition, male gender (cancer), body mass index, smoking (lung diseases), binge drinking (arthritis), number of hospitalization days (heart conditions and arthritis), perceived control in health, and life satisfaction (cancer) were disease-specific predictors.
Conclusions: Disease-specific biopsychosocial predictors of patient-reported improvement in chronic diseases could direct the development of interventions for aging populations to prevent their future functional limitations and long-term disabilities.
3) Development and Evaluation of a Smart Cueing Kitchen for Individuals with Cognitive Impairments Brain Injury

8:30 AM – 8:45 AM
NIDRR ARRT Fellow: Harshal Mahajan, School of Health and Rehabilitation Sciences, University of Pittsburgh, Pittsburgh, PA

DIAGNOSIS: Alzheimer’s Disease

FOCUS: Technology

OBJECTIVE: To develop smart sensing and prompting technologies that will provide automatic context aware guidance to individuals with cognitive impairments while completing their everyday kitchen tasks and to evaluate usability and user preferences towards system components.

Results: Design of the Smart Cueing Kitchen (SCK) was motivated by user needs such as: Assistance in remembering locations of recipe ingredients and keeping track of their progress while preparing a recipe; users need to be guided before they realize they have failed and feel frustrated; guidance should be minimally distracting; users should be able to perceive their kitchen as a stress reducer rather than a stress producer.

The context aware prompter software uses the information from a portable network of sensors in the kitchen for automatic recognition of user’s activities and adaptively guides users to complete the task at hand using various prompting strategies. The safety monitoring software ensures user’s safety during and after the use of kitchen appliances. For example, appliances such as the stove, oven, and water faucets are continuously monitored and can be automatically switched off by the kitchen software or remotely by the user or family member using a cell phone application.

The projected picture prompts were the most preferred. Participants were also most efficient at item retrieval when picture prompts were used and least efficient when guided by computer generated verbal instructions alone. Participants preferred multi modal cues and had strong personal inclinations towards colors of the visual cues and types of computer voices. A second round of ethnographic interviews that is currently being conducted will add further insights and be used to validate earlier findings. Another clinical protocol is currently being developed to evaluate the usability, reliability, and effectiveness of the automated guidance system in contrast to similar commercially available alternatives such as recipe apps on cell phones. This protocol is also aimed at evaluating the clinical utility of the SCK in improving task efficiency and independence.

CONCLUSIONS: SCK was built as a cognitive orthosis for people with cognitive impairments to provide support for kitchen activities and take remedial actions to ensure user safety. The SCK software provides multiple customization options to fit the needs and personal preferences of individuals with cognitive impairments. In addition to being an automated cooking assistant and safety monitor the SCK system has promising future applications as a training tool during rehabilitation process. By keeping people with cognitive impairments active and safe in their home environments and hence away from nursing homes and hospitals, smart kitchen technologies may contribute towards reducing healthcare cost in the long term.

4) Time Course of Kinematic Improvements in Survivors of Stroke during Upper-Extremity Robotic Rehabilitation

8:45 AM – 9:00 AM
NIDRR ARRT Fellow: Crystal Massie, PhD, OTR, University of Maryland School of Medicine, Baltimore, MD

DIAGNOSIS: Stroke

FOCUS: Neuroscience

OBJECTIVE: Determine when improvements in unassisted reaching occur during robotic rehabilitation for chronic survivors of stroke.

RESULTS: No group differences were observed. Improvement in percentage of targets hit was related to baseline FM scores (FM scores 15-20 had greatest gains). The number of targets hit significantly increased and was retained after the 3rd visit on; movement time and peak velocity significantly improved and were retained after the 6th visit.

Conclusions: Results inform intervention planning in that additional daily time on robot did not improve unassisted reaching kinematics and most gains were achieved within two weeks. Further, response to planar robot therapy may depend on initial FM scores.
5) Employment Outcomes for People with Disabilities across Age and Disability Groups
9:00 AM – 9:15 AM
NIDRR ARRT Fellow: Valentina Lukyanova, University of Illinois at Chicago, Chicago, IL
DIAGNOSIS: Other or N/A
FOCUS: Outcomes research/epidemiology
Objective: In general, older workers (50+) struggle to recover from job loss, as they may be perceived as having certain characteristics that may impact negatively the likelihood of obtaining employment, including poor health, resistance to change, or low trainability. Little is known how age is associated with employment outcomes for people with disabilities receiving Vocational Rehabilitation (VR) services. This abstract’s specific goals are to (1) compare employment outcomes of VR consumers with different types of disability as they age, and (2) identify the VR services that are predictors of successful employment in these groups.
RESULTS: Results indicate that older [51 to 65] and middle-age consumers [36 to 50] were more likely to be employed compared to younger consumers [18 to 35]. The regression analysis found age-related variations in employment outcome by type of disability. Older and middle-age VR recipients who reported learning or sensory disability were significantly more likely to find jobs than younger recipients. Older consumers with chronic disability, however, were significantly less likely to be placed in jobs. There were no age differences in employment outcomes for consumers with mental or physical illness.
CONCLUSIONS: The findings suggest that people with less severe impairments had a better chance of finding jobs with age. We interpret these results in the context of the current job market that favors the skilled workers with more job experience.

6) Pulmonary Function Characteristics of Boys with Duchenne Muscular Dystrophy: One-Year Data from CINRG
9:15 AM – 9:30 AM
NIDRR ARRT Fellow: Bethany Lipa, MD, UC Davis Medical Center/Shriners Hospital for Children, Sacramento, CA
DIAGNOSIS: Neuromuscular Disorder
FOCUS: Outcomes research/epidemiology
OBJECTIVE: The lack of well-characterized outcome measures in both ambulatory and non-ambulatory individuals with DMD limits the ability to show effectiveness during therapeutic clinical trials. The objective of this study is to determine whether changes in pulmonary function over a one-year period would have adequate sensitivity to be used as an endpoint for clinical trials in patients with DMD.
RESULTS: Over a 1-year period, there were significant increases in the FVC, FEV1, and PEFR in each age group for children.
CONCLUSIONS: Pulmonary function testing reflects growth-associated increases in the absolute pulmonary capacity of younger boys with DMD as well as changes in the relative PFT performance when normalized using percent-predicted equations over a one-year period. These data suggest that percent predicted FVCs have the capacity to show change over time and will be useful outcome measures for clinical trials with DMD.
function tests (PFTs) were performed as part of a CINRG longitudinal study that included 287 individuals with confirmed DMD (ages 6 -28 years) in 20 centers from 10 countries. PFTs included forced vital capacity (FVC) and percent-predicted FVC (%FVC), forced expiratory volume in 1 second (FEV1) and %FEV1, peak expiratory flow rate (PEFR) and %PEFR, maximum inspiratory pressure (MIP) and %MIP, maximum expiratory pressure (MEP) and %MEP, peak cough flow (PCF) and %PCF. Significance was accepted at p < 0.05. Analysis was based on 3 age groups: 7-12, 13-18, and >19.
7) The Impact of Medicaid Managed Care on Patient Outcomes and Satisfaction

9:30 AM – 9:45 AM
NIDRR ARRT Fellow: Randall Owen, University of Illinois, Chicago, IL

DIAGNOSIS: N/A

FOCUS: Health/disability policy, ethics, advocacy

OBJECTIVES: Managed care is becoming a common form of Medicaid service delivery in the United States. However, little is known about the experiences of people receiving Medicaid through an MCO, their perspectives on outcomes/health. Research questions include, (1) What impact has Medicaid Managed Care had on the health and function of Medicaid recipients and their access to services? (2) What impact has Medicaid Managed Care had on the satisfaction of Medicaid recipients with their healthcare?

Results: The results of the survey did not show any significant differences in patient health function, levels of activities of daily living or instrumental activities of daily living, frequency of obtaining immediate care, or receipt of preventive services, medical services, specialty services, or medical equipment. In general, satisfaction with healthcare decreased. The question that asked about satisfaction with the overall healthcare was not quite significant (p=.089), although more specific questions did show a reduction. Satisfaction with primary care physicians (p=.003) and satisfaction with specialist services (p=.001) both showed a significant decrease in satisfaction from the baseline to the first year of the managed care program. However, the survey did not show significant changes in other measures related to the primary care physician: travel times, wait times, ease of making an appointment, and whether the PCP to the patient’s wishes into account all did not change. The same is true for measures related to specialist, except that travel times to specialists did significantly increase from the baseline to the first year of the program (p=.016). When asked whether a recipient could see the same doctors after the change to managed care, 35% said they could still see all of them, 33% said they could still see some of them and 32% said they see completely new doctors.

CONCLUSIONS: The findings show a complex relationship between satisfaction and healthcare services. While services did not show any changes from the baseline through the first year of the program, satisfaction did decrease on a number of measures. Patients do not always equate good medical practice with satisfaction. This implies the need for a more nuanced understanding of managed care in terms of process alongside outcomes. As the survey showed, 32% had to seeing new doctors, which may have led to some of the dissatisfaction. In addition, many respondents wrote in comments indicating not understanding MCO procedures. Better understanding of these issues will allow us to create and implement better policies that meet the needs of Medicaid recipients.
Development of Clinical Recommendations for Service Members’ Graded Return to Activity after Concussion
8:30 AM – 10:00 AM
FACULTY: Mary Vining Radomski, PhD, OTR/L, Sister Kenny Research Center, Army Office of Surgeon General, Minneapolis, MN; Maj Sarah Goldman, PhD, OTR/L, CHT, Rehabilitation & Reintegration Division of the Army, Office of the Surgeon General, Falls Church, VA; Karen McCulloch, PT, PhD, University of North Carolina, Chapel Hill, Army Office of the Surgeon General, Hillsborough, NC; Grant Iverson, PhD, University of British Columbia, Vancouver, BC, CA
DIAGNOSIS: Brain Injury
FOCUS: Clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)
Many service members (SM) sustain mild traumatic brain injury/concussion in the course of combat, training, or recreation. The Department of Defense (DoD) and Veterans Affairs developed protocols for concussion screening and acute medical management, in part based on expert guidance from the civilian sector related to injured athletes. Currently published guidelines regarding optimal progression of activities post-concussion lack specificity and relevance for a military population. A military-civilian expert work group was commissioned to review existing literature and consult with other experts to propose Clinical Recommendations to specify an activity progression that bridges the gap between rest and full return to duty. In this symposium, we present the evidence related to rest and concussion, describe the DoD graded return to activity protocol and its rationale, and compare the resulting DoD Clinical Recommendation to related recommendations from the 4th International Consensus Conference on Concussion in Sport.

Measuring Morpheus: An Introductory Guide to Studying Sleep after Brain Injury
8:30 AM – 10:00 AM
FACULTY: Dan Schwartz, MD, University of South Florida, James A. Haley Veterans Hospital, Tampa, FL; Ross Zafonte, DO, Harvard Medical School, Spaulding Rehabilitation Network Massachusetts General Hospital, Boston, MA; Joshua B. Cantor, PhD, ABPP, Icahn School of Medicine at Mount Sinai, New York, NY; William Lu, PhD, Icahn School of Medicine at Mount Sinai, New York, NY; Risa Nakase-Richardson, PhD, University of South Florida, James A. Haley Veterans Hospital, Tampa, FL
DIAGNOSIS: Brain Injury, Sleep
FOCUS: Sleep Technology (e.g., prosthetics/orthotics, robotics, assistive technology)
Sleep is critical for neural repair in early stages of recovery and disordered sleep may play a role in early cognitive decline after TBI. Despite the prevalence and negative consequences associated with poor sleep, there is a paucity of research on sleep and TBI. The purpose of this symposium is to provide a general overview of sleep medicine as it applies to TBI and methodologies for studying sleep highlighted across studies presented. Presentations will provide an abbreviated review of sleep, broad categories of disorders, and assessment methodologies to facilitate an appreciation for cross-disciplinary perspectives of sleep research. The feasibility of different metrics will be discussed in the context of acute recovery and post-acute stages. Course objectives are to improve participants’ understanding of sleep phenomenology and its measurement, understanding of post-TBI sleep/wake/fatigue issues across the continuum of care, and understanding of key problems in TBI-related sleep/wake/fatigue research and practice.

Cognitive Impairment in People with MS: Evaluation and Impact on Balance and Mobility
8:30 AM – 10:00 AM
FACULTY: Joanne Wagner, PT, PhD, Saint Louis University, Saint Louis, MO; Deborah Backus, PT, PhD, Shepherd Center, Atlanta, GA; Robert Godshall, PhD, Shepherd Center, Atlanta, GA; Jacob Soznow, PhD, College of Applied Health Sciences, University of Illinois at Urbana-Champaign, Urbana, IL; Robin Howard, PT, DPT, NCS, University of Southern California, Los Angeles, CA
DIAGNOSIS: Neurodegenerative disorder (e.g., MS, Parkinson’s disease)
FOCUS: Other or N/A
Approximately 50% of all people with MS will develop problems with cognition. Deficits may occur in memory, attention, information processing, executive function, visuospatial function and verbal fluency. Changes in cognitive function can dramatically alter a person’s function and quality of life, and therefore require early recognition, assessment, and treatment. Additionally, there is emerging evidence that some people with MS exhibit greater cognitive-motor dual tasks deficits during balance and gait activities when compared to persons without disability. Understanding cognitive dysfunction in MS, and having strategies to assess and address this dysfunction during rehabilitation, may improve the rehabilitation process and outcomes for people with MS.

Irritability and Aggression after Traumatic Brain Injury (TBI): New Findings and Clinical Implications
8:30 AM – 10:00 AM
FACULTY: Jacob Kean, PhD, Richard L. Roudebush VA Medical Center, Indiana University School of Medicine, Rehabilitation Hospital of Indiana, Indianapolis, IN; Dawn Neumann, PhD, Indiana University School of Medicine; Rehabilitation Hospital of Indiana, Indianapolis, IN; Flora M. Hammond, MD, Indiana University School of Medicine, Rehabilitation Hospital of Indiana, Indianapolis, IN; James F. Malec, PhD, Indiana University School of Medicine, Rehabilitation Hospital of Indiana, Indianapolis, IN
DIAGNOSIS: Brain Injury
FOCUS: Clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)
Behaviors identified as “irritability” or “aggression” are frequently reported as problematic after traumatic brain injury (TBI). However, there is no well-accepted operational definition, evaluation procedures, or treatment for these conditions. The goal of this symposium is to describe the state-of-the-science in the assessment and treatment of post-TBI irritability and aggression. Presentations in this symposium will: describe current assessment procedures, the relationship of irritability and aggression, and implications for an operational definition; review qualitative research suggesting that the impact of irritability and/or aggression on activities and participation is of most concern to those directly affected by these disorders; review the effects of negative attributions, alexithymia, and empathy on irritability and aggression; and synthesize findings and summarize the implications for assessment, treatment, and future research. Research to clearly delineate psychological and neurological mechanisms is needed to develop targeted treatments, which are likely to involve both pharmacology and cognitive-behavior therapy.

Integration of Reconstructive Therapies to Improve Upper Limb Function
8:30 AM – 10:00 AM
FACULTY: Deborah Backus, PT, PhD, Shepherd Center, Atlanta, GA; Andrew Elkwood, MD, FACS, Center for Treatment of Paralysis and Reconstructive Nerve Surgery, featured on CNN, Good Morning America, the Oprah Winfrey Show, 20/20 and others; Neil Holland, MD, Drexel University College of Medicine, Philadelphia, PA; Amy Bohn, CPAM, OTR/L, Children’s Healthcare of Atlanta, GA
DIAGNOSIS: Spinal Cord Injury
FOCUS: Clinical practice (assessment, diagnosis, treatment, knowledge translation/EBP)
There are numerous surgical interventions to help improve function (e.g., nerve transplantation, neurotization and tendon transfer). This symposium will introduce and discuss a reconstructive approach to tetraplegic patients and attempt to coordinate a multidisciplinary approach to their care. The symposium will be delivered in four sections: an overview of standard and cutting edge surgical approaches to tetraplegia; EMG concerns regarding preoperative planning (significantly different from the usual diagnostic testing); PT/OT considerations in the post-reanimation surgical patient; and presentation of numerous cases for preoperative discussion.
Locomotor Training in Pediatric SCI: Special Considerations for Training and Outcomes Measurement
8:30 AM – 10:00 AM

FACULTY: Therese E. Johnston, PT, PhD, MBA, Jefferson School of Health Professions, Thomas Jefferson University, Philadelphia, PA; MJ Mulcahey, PhD, OTR/L, Jefferson School of Health Professions, Thomas Jefferson University, Philadelphia, PA; Andrea L. Behrman, PhD, PT, FAPTA, University of Louisville, Kentucky Spinal Cord Injury Research Center, Louisville, KY; Shelley Trimble, PT, Frazier Rehabilitation Institute, Louisville, KY

DIAGNOSIS: Spinal Cord Injury

FOCUS: Other or N/A

Locomotor training is widely used in the rehabilitation of people with incomplete spinal cord injury. As the majority of people who sustain an SCI are adults at the time of injury, this intervention has primarily been delivered in adult rehabilitation settings. However, children with SCI may also benefit from locomotor training, as evidenced by two case studies that have shown benefits for children. In order to deliver this intervention to children, however, additional considerations are warranted. Adaptations to equipment are needed to accommodate the small size and different body dimensions of children. Children with SCI are also at risk for unique medical and musculoskeletal conditions, including neuromuscular scoliosis and hip subluxation that require monitoring. The ability to accurately assess outcomes is important, and instruments that are used in locomotor training for adults may not be reliable or valid in children with SCI. This symposium will describe development and implementation of a program of pediatric locomotor training that addresses these considerations to ensure safety and appropriately determine the outcomes on functional mobility.

Interdisciplinary Outpatient and Inpatient Pain Rehabilitation
8:30 AM – 10:00 AM

FACULTY: Virgil Wittmer, PhD, Brooks Rehabilitation, Jacksonville, FL

DIAGNOSIS: Chronic pain

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

Chronic pain is one of the most expensive medical problems in the U.S. The traditional medical model has been less than effective regarding long-term outcomes with regard to pain reduction, mood, and function. There is also increasing evidence that long-term use of opioid medications may result in a paradoxical increase of pain (opioid induced hyperalgesia). There is need for a “reawakening” of the importance of interdisciplinary pain rehabilitation for treatment of chronic pain, given evidence-based research and current guidelines. The rehabilitation model, which is effective for treatment of TBI, SCI, and amputation, also has excellent short-term and long-term outcomes for patients who suffer from chronic pain.
JOHN STANLEY COULTER AWARD LECTURE  
10:30 AM – 11:30 AM  
AWARD WINNER: Allen Heinemann, PhD, ABPP (RP), FACRM, Feinberg School of Medicine, Northwestern University and Rehabilitation Institute of Chicago, Chicago, IL

Measuring, Managing, and Predicting Rehabilitation Outcomes: Reflections on Nearly 30 Years of ACRM Membership and a Research Agenda

ACRM members have demonstrated a keen interest in measuring and monitoring rehabilitation outcomes since the organization’s inception. Their research products have influenced healthcare practice and policy. By way of example, ACRM was a co-applicant for the grant award from the National Institute on Disability and Rehabilitation Research (NIDRR) that developed the Functional Independence Measure (FIM). Subsequently, the Centers for Medicare and Medicaid Services adopted the FIM as the basis of its Prospective Payment System for Inpatient Rehabilitation Facilities. In the intervening 20 years, we have benefitted from the development of detailed taxonomies of health and disability; models of healthcare structure, process, and outcome; and efforts to define healthcare quality measures. Sustained efforts are needed now to evaluate promising interventions with carefully targeted endpoints operationalized by instruments that are reflective of and sensitive to clinical investigators’ goals. This lecture will review the history of rehabilitation outcome measurement, identify sentinel events in the development of rehabilitation outcome measures, and describe opportunities to improve rehabilitation services through the routine collection, reporting and aggregating of details about rehabilitation services, processes, and outcomes. In so doing, I illustrate ways in which ACRM can pursue its mission to “improve lives through interdisciplinary rehabilitation research.”

ACRM COMMITTEE & GROUP MEETINGS

Early Career Networking Group Business Lunch Meeting
11:30 AM – 1:00 PM  
Bring your own lunch

Archives Editorial Board Meeting (By Invitation Only)  
11:30 AM – 2:00 PM

ACRM Board of Governors Meeting (By Invitation Only)  
3:30 PM – 6:00 PM
**COURSE DIRECTOR:** Julie Haarbaue-Krupa, PhD, Centers for Disease Control and Prevention (CDC), Atlanta, GA

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

**FOCUS:** Brain Injury

**DIAGNOSIS:** Brain Injury

**INSTRUCTIONAL COURSES**

**SATURDAY, 16 NOVEMBER** 11:30 AM – 3:30 PM

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**Cognitive Rehabilitation for Children: Past and Present**

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

**Brain Injury Coping Skills Group (BICS) Workshop:**

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

**Medical Rehabilitation Research NIH Infrastructure Network**

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

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

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

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

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

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

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

**DIAGNOSIS:** Brain Injury

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

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

Sue Ann Sisto
on her role as incoming President of ACRM, 2013-15.

Sue Ann Sisto, PT, MA, Ph.D., FACRM
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ABOUT ACRM

Much of the important work of ACRM is accomplished within its interdisciplinary special interest and networking groups and their many task forces. Organized around five primary diagnoses: brain injury, spinal cord injury, stroke, neurodegenerative diseases, and pain, these groups address critical rehabilitation needs of children and adolescents, women, geriatric and other populations living with disabling conditions. ACRM currently supports 13 unique member groups and dozens of task forces.

The ACRM scientific journal, Archives of Physical Medicine and Rehabilitation (the ARCHIVES) publishes original, peer-reviewed research on important trends and developments in medical rehabilitation and related fields — content relevant to all rehabilitation professionals. According to the recently released Journal Citation Reports® published annually by Thomson Reuters, the Archives continues to be the most highly cited journal in the Rehabilitation Category. In 2012, Archives had an amazing 16,222 citations — an achievement no other journal comes close to matching, and its Impact Factor increased for the ninth time in 10 years to 2.358, a 3 percent increase over last year.

ACRM is a 501c(3) professional member association led by an elected volunteer board of governors chaired by ACRM President, Tamara Bushnik, PhD, FACRM, and managed by a small-staff business team headed by Chief Executive Officer, Jon W. Lindberg, CAE, MBA from a virtual office. Now celebrating its 90th Anniversary year, ACRM is experiencing an exciting period of regeneration. Now in its fifth consecutive year of significant membership growth, ACRM has expanded and rebranded all major member benefits, and built a robust annual conference of world-class rehabilitation programming. Today, ACRM proudly presents the largest annual conference in ACRM history here in Orlando, Florida. Thank you for being a part of the vibrant ACRM community.
IMPROVING LIVES
Through ISIGs and Networking Groups

ACRM
AMERICAN CONGRESS OF
REHABILITATION MEDICINE

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STROKE INTERDISCIPLINARY SPECIAL INTEREST GROUP
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Join us in IMPROVING LIVES...
...through interdisciplinary rehabilitation research. ACRM brings together those passionate about rehabilitation research.

ARCHIVES & ACRM STATS

Archives of Physical Medicine and Rehabilitation LARGEST print circulation in rehabilitation reaching the largest community of physiatrists in the U.S. and Canada

Archives of Physical Medicine and Rehabilitation reaches RECORD 2 million+ article downloads MORE THAN 2.5 million article downloads per year

Number of submissions 52% increase with time from submission to online publication — ONLY 6 - 8 weeks!

ACRM membership growth 965%

ACRM institutional membership growth 2,500%

ACRM community groups grow 800% from two ISIGs in 2009 to 16 ISIGs and forming community groups in 2013

ACRM marketing messaging 25,000+ reach

2009 – 2013 Conference/meeting attendance UP 417% from 323 in 2009 to 1,340 in 2013

Investment in ACRM mission 2,227% increase
ACRM 2013
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Congratulations to the following ACRM Institutional Members. Each was recognized as one of the 17 top-ranked hospitals for rehabilitation in “America’s Best Hospitals 2013–14” by U.S. News & World Report.

Craig Hospital, Denver, CO

Mayo Clinic, Rochester, MN

Moss Rehabilitation Research Institute, Elkins Park, PA

Mount Sinai Brain Injury Research Center, New York, NY

Ohio State University Wexner Medical Center, Columbus, OH

Rusk Rehabilitation at NYU Langone Medical Center, New York, NY

Shepherd Center, Atlanta, GA

Spaulding Rehabilitation Network, Boston, MA

TIRR Memorial Hermann, Houston, TX

Institutional Membership pays in immeasurable ways.
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ACRM WOULD LIKE TO THANK INSTITUTIONAL MEMBERS FOR THEIR CONTINUED SUPPORT...

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BRONZE LEVEL
Brooks Rehabilitation
Courage Kenney Rehabilitation Institute
Moss Rehabilitation Research Institute
Ohio State University
Prospira PainCare
Rehab Without Walls
Stony Brook School of Health Technology and Management
Sunnaas Rehabilitation Hospital
Vidant Medical Center
“Spaulding Rehabilitation Hospital deeply values the benefits associated with its institutional membership. Our institutional membership provides an opportunity for many of our early career and senior faculty to participate in the annual conference, the premier rehabilitation research event of the year. The scope, depth and quality of the scientific program is unmatched and the opportunity for interdisciplinary collaboration unlimited.”

—Joseph T. Giacino, PhD, FACRM
ACRM member since 1987
Director of Rehabilitation Neuropsychology
Director, SRN Disorders of Consciousness Program
Spaulding Rehabilitation Hospital
Charlestown, MA
ACRM AWARDS

GOLD KEY AWARD

This award was established in 1932 as a certificate of merit for members of the medical and allied professions who have rendered extraordinary service to the cause of rehabilitation. In 2013, ACRM honors Ralph Nitkin, PhD with the Gold Key Award, the highest honor given by ACRM.

Ralph Nitkin, PhD, is the deputy director for the National Center for Medical Rehabilitation Research (NCMRR), which is located within the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) at the NIH. He received his undergraduate and master’s degrees from the Massachusetts Institute of Technology in the area of biological sciences, and his PhD from the University of California, San Diego in cellular neurobiology. His postdoctoral studies at Stanford University, and later work as an assistant professor at Rutgers University, focused on the cellular and molecular basis of nerve-muscle synapse formation. For the past 23 years he has worked as a science administrator at the NICHD, first in the area of mental retardation and developmental disabilities and for the last 14 years in the area of medical rehabilitation.

Dr. Nitkin has been heavily involved in the formation of the rehab research infrastructure networks (www.NCMRR.ORG), the annual rehab grant-writing workshop (formerly ERRIS, currently called TIGRR), and special career-development networks for physiatrists, physical/occupational therapists, and more recently for rehab engineers. He has helped promote NIH research initiatives in such diverse areas as genomic factors that affect rehab outcomes, promotion of exercise and diet in children with disabilities, clinical trial design in rehab, technologies for healthy independent living, and research workforce diversity. He looks forward to continuing to work with rehab researchers as well as those from allied fields.

JOHN STANLEY COULTER AWARD WINNER

This year’s prestigious John Stanley Coulter Award lectureship recognizes Allen Heinemann, PhD, ABPP, FACRM for his professional achievement and contributions to the advancement of the field of rehabilitation.

Dr. Allen Heinemann completed his doctoral degree in clinical psychology at the University of Kansas with a specialty focus in rehabilitation. He completed an internship at Baylor College of Medicine in Houston and then accepted an assistant professor position in the Department of Psychology at Illinois Institute of Technology. Since 1985, Dr. Heinemann has worked at the Rehabilitation Institute of Chicago (RIC) where he directs the Center for Rehabilitation Outcomes Research. He is also Associate Director of Research at RIC and a professor in the Department of Physical Medicine and Rehabilitation at the Feinberg School of Medicine, Northwestern University. His research interests focus on health services research, psychosocial aspects of rehabilitation including substance abuse, and measurement issues in rehabilitation. He is the author of more than 200 articles in peer-reviewed publications and is the editor of Substance Abuse and Physical Disability published by Haworth Press. He is a diplomate in Rehabilitation Psychology (ABPP), and a fellow of the American Congress of Rehabilitation Medicine (ACRM) and the American Psychological Association (APA Division 22). During 2004-5, he served as president of ACRM and the Rehabilitation Psychology division of the American Psychological Association. He serves as co-editor-in-chief for the Archives of Physical Medicine and Rehabilitation, and is on the editorial boards of NeuroRehabilitation, International Journal of Rehabilitation and Health, Journal of Applied Measurement, the Journal of Head Trauma Rehabilitation, and Rehabilitation Psychology. He is the recipient of the APA Division 22 Roger Barker Distinguished Career Award.
ACRM AWARDS

DISTINGUISHED MEMBER AWARD

Established in 1988, the Distinguished Member Award honors an ACRM member who has significantly contributed to the development and functioning of ACRM, and served in a leadership role on a committee, ISIG, networking group or task force.

ACRM honors Claire Kalpakjian, PhD, MS, with the 2013 Distinguished Member Award in recognition of her exemplary service. Dr. Kalpakjian is an assistant professor in the University of Michigan Department of Physical Medicine and Rehabilitation (PMR) and has practiced in the field of rehabilitation for over 20 years as a clinician and researcher. In 2004, she was awarded the department’s first career development award from the National Center for Medical and Rehabilitation Research at the National Institutes of Health. Dr. Kalpakjian joined ACRM’s then-named Early Career Task Force in 2006 and was named chair-elect in 2008 as the task force transitioned to a committee. From 2009 to 2011, she co-chaired the committee and spearheaded development of the Mentoring Program as an integral part of the Early Career Development Course presented at the ACRM Annual Conference. Dr. Kalpakjian’s commitment to fostering early career scientists extends beyond ACRM to her work at the University of Michigan, where since 2007, she has served as a mentor in the department’s postdoctoral training programs. She also serves on faculty for the Michigan Institute for Clinical and Health Research (MICHRI). Her program of research focuses on psychosocial outcomes of disability and women’s health. Dr. Kalpakjian has published over 40 peer-reviewed papers, has received federal and foundation funding for her research and serves as co-investigator on several other large, federally funded projects in rehabilitation.

DEBORAH L. WILKERSON EARLY CAREER AWARD

This year, ACRM honors Dawn Neumann, PhD for the contributions she is making to rehabilitation research during her early career work. She will present her research during the annual conference in a lecture titled, Alexithymia after Brain Injury: What it is and Why it Deserves more Attention.

Dr. Dawn Neumann is an assistant research professor at Indiana University School of Medicine in the Department of Physical Medicine and Rehabilitation, and clinical research faculty at the Rehabilitation Hospital of Indiana. She has her master’s in psychology from Rutgers, NJ and a PhD in rehabilitation science from the University at Buffalo, SUNY. Dr. Neumann’s research primarily focuses on studying and treating a variety of emotional processing and regulation problems after brain injury (BI). She is particularly interested in impaired social cognition and nonverbal communication, alexithymia, empathy loss, irritability and aggression, and poor interpersonal/ marital relations after BI. Dr. Neumann is on the editorial review board for the Journal of Head Trauma Rehabilitation. She was a recipient of the Mary E. Switzer Merit Fellowship in 2011 to study anger and aggression after TBI. Dr. Neumann serves on the ACRM Board of Governors as early career member-at-large and also chairs the ACRM Early Career Networking Group.
MITCHELL ROSENTHAL MID-CAREER AWARD

The Mitchell Rosenthal Mid-Career Award recognizes clinician-scientist members working in the spirit of Dr. Rosenthal in the field of brain injury rehabilitation. Recipients of this award are leaders in rehabilitation science making significant contributions to the field through their current brain injury rehabilitation research. The 2013 Mitchell Rosenthal Mid-Career Award posthumously recognizes Joshua Cantor, PhD, ABPP.

Dr. Joshua Cantor was associate professor in the Department of Rehabilitation Medicine at the Icahn School of Medicine at Mount Sinai and co-director of the Brain Injury Research Center at Mount Sinai. He received his PhD in clinical psychology from Long Island University and completed a postdoctoral fellowship in rehabilitation and clinical neuropsychology at Mount Sinai. He is board certified in rehabilitation psychology. Dr. Cantor has been a principal investigator or co-investigator on numerous federally funded studies, including the New York TBI Model System and the Mount Sinai Injury Control Research Center. Much of his research has focused on TBI interventions and sleep and fatigue after TBI. He served as chair-elect of the Brain Injury ISIG of the American Congress of Rehabilitation Medicine (ACRM), a member of the executive board of ACRM, and associate editor of the Journal of Head Trauma Rehabilitation. He authored numerous peer-reviewed articles and book chapters and presented widely on TBI-related topics.

ELIZABETH AND SIDNEY LICHT AWARD

The Elizabeth and Sidney Licht Award recognizes excellence in scientific writing in rehabilitation medicine. Only articles presenting potentially significant empirical and theoretical contributions to rehabilitation medicine, and demonstrating soundness of methodology and data analysis are considered for the award. This year’s award winner is Lisa Ottomanelli, PhD, for “Effectiveness of Supported Employment for Veterans with Spinal Cord Injuries: Results from a Randomized Multisite Study.”

Dr. Lisa Ottomanelli is a psychologist at the James A. Haley VA Hospital, HSR&D/RR&D Center of Excellence Maximizing Rehabilitation Outcomes and an associate professor, in the Department of Rehabilitation and Mental Health Counseling, at the University of South Florida, in Tampa. She completed her doctoral degree in clinical psychology at Texas Tech University and her internship at University of Oklahoma Health Science Center. She has more than 15 years of clinical and research experience in the area of spinal cord injury, disability and rehabilitation. Currently, Dr. Ottomanelli’s work focuses on the priority area of restoring community integration among some of our most severely injured veterans. Her primary area of research interest is investigating effective treatment approaches to improve employment outcomes among veterans with spinal cord injury. She is the principal investigator of a Department of Veterans Affairs, Rehabilitation, Research and Development funded multi-center study titled, “SCI-VIP: Predictive Outcome Model Over Time for Employment” (PrOMOTE) and a consultant to other multi-center projects extending this model to new populations of veterans with disabilities. Dr. Ottomanelli is former recipient of the Federal Women’s Program Outstanding Woman Award and was recently featured as the June 2013 Academy of Spinal Cord Injury Professionals “Member to Mention.”
EDWARD LOWMAN AWARD

The Edward Lowman Award honors ACRM members who recognize the importance of multidisciplinary teams in rehabilitation. Elliot J. Roth, MD is honored this year for a career that reflects an energetic promotion of the spirit of interdisciplinary rehabilitation.

Dr. Elliot Roth is the Paul B. Magnuson Professor and chairman of the Department of Physical Medicine and Rehabilitation at Northwestern University Feinberg School of Medicine, chairman of the Department of Rehabilitation Medicine at Northwestern Memorial Hospital, and medical director of the new Patient Recovery Unit of the Rehabilitation Institute of Chicago (RIC), where he previously served as senior vice president - medical director, chief academic officer, and medical director of the Brain Injury Medicine and Rehabilitation Program. He is the project director of the Rehabilitation Research and Training Center on Enhancing the Functional and Employment Outcomes of Individuals Who Experience a Stroke, and recently was the project director of the Midwest Regional Traumatic Brain Injury Model System, both funded by the US National Institute on Disability and Rehabilitation Research. He also leads several other research projects, funded by federal agencies and private foundations, primarily focused on neurorehabilitation.

As RIC Medical Director, he was responsible for the quality of patient care and recruitment and leadership of more than 60 physicians. As Department Chair, he continues to have responsibility for training of residents, fellows, and medical students; and a sizeable research portfolio. Dr. Roth has published more than 120 peer-reviewed papers, invited review articles, book chapters, and other articles in medical rehabilitation, and has one patent. He maintains an active medical practice, specializing in the care and treatment of patients with stroke and other neurological disorders. His research and academic interests are in the areas of novel methods to enhance recovery, improve functional outcomes and prevent associated medical conditions for people with disabling conditions.

ACRM President Tamara Bushnik, PhD, FACRM and Fellows Committee Chair Mark Sherer, PhD, FACRM are pleased to announce the 2013 ACRM Fellows. These seven active members are recognized for their outstanding records of professional service to ACRM and their contributions of national significance to the field of medical rehabilitation.

Awards will be formally presented at the Henry B. Betts Awards Gala on Friday, 15 November, 7:00 PM – 11:00 PM. This is a ticketed event and will likely sell-out. Please purchase your tickets in advance.

Leighton Chan, PhD, MPH, FACRM is tenured senior scientist and chief of rehabilitation medicine at the NIH Clinical Center, a 260 bed research hospital on the NIH campus. He received his BA degree from Dartmouth College and his MD from the UCLA School of Medicine. He received residency training in PM&R at the University of Washington. Subsequently, he completed a Robert Wood Johnson Clinical Scholar Fellowship, earned an MPH at the UW School of Public Health, and was a Congressional Fellow for the Honorable Jim McDermott (Washington). Dr. Chan has concentrated his research efforts on studying the health care and social services provided to individuals with disabilities. Over the course of his career, he has published landmark studies examining the impact of disability on health care. His research has resulted in more than 85 peer reviewed articles, including 10 in JAMA, Lancet, and NEJM.

Flora Hammond, MD, FACRM is a board certified physiatrist who completed her medical degree at Tulane University School of Medicine, Physical Medicine and Rehabilitation residency at Baylor College of Medicine, and brain injury fellowship at the Rehabilitation Institute of Michigan. She is professor and chair of the Department of Physical Medicine and Rehabilitation at Indiana University School of Medicine; chief of Medical Affairs and Brain Injury Medical Director at the Rehabilitation Hospital of Indiana; medical director at St. Vincent Acute Rehabilitation Unit; and medical director for the NeuroRestorative site in Indiana. She is currently project director of the Indiana Traumatic Brain Injury Model System, and served as project director of the Carolinas Traumatic Brain Injury Model System from 1998-2012.

Cindy Harrison-Felix, PhD, FACRM has a doctorate in clinical sciences and is an assistant clinical professor in the Department of Physical Medicine and Rehabilitation at the University of Colorado, Denver. She is the project director of the TBI Model Systems (TBIMS) National Data and Statistical Center, the co-project director of the TBIMS at Craig Hospital, and also a co-investigator on a number of other TBI studies. She is also the principal investigator of a Department of Defense-funded multi-site RCT titled: “Treatment of Social Competence in Military Veterans, Service Members, and Civilians with Traumatic Brain Injury,” and the lead for the VA PRC Database project. Dr. Harrison-Felix received the Deborah L. Wilkerson Early Career Award in 2008 and the Elizabeth & Sidney Licht Award for Excellence in Scientific Writing in 2010.

Mike Jones, PhD, FACRM is vice president for research and technology at the Shepherd Center and founding director of the center’s Virginia C. Crawford Research Institute. He is also co-director of the Rehabilitation Engineering Research Center on Wireless Technologies, a joint research program of the Georgia Institute of Technology and Shepherd Center. Dr. Jones received his PhD in child psychology from the University of Kansas, where he served as associate director of the Research and Training Center on Independent Living (RTC/IL) from 1983 to 1988. His work with RTC/IL culminated in publication of the Guidelines for Writing and Reporting about People with Disabilities. Prior to joining Shepherd Center in 1996, Dr. Jones was executive director of the Center for Universal Design and associate professor of design and technology at North Carolina State University where he and Jim Mueller led a team of architects, designers, engineers and accessibility advocates to establish the Principles of Universal Design.
Virginia “Ginna” Mills, MS, PT, CCM, LicNHA, FACRM started her career as a physical therapist at Braintree Hospital. During her 17 years at Braintree, she worked as a clinician, researcher, and manager and eventually became senior vice president. She, along with colleagues, developed several neurorehabilitation programs in stroke and brain injury. After leaving Braintree in 1996, Ginna founded Community Rehab Care, Inc., (CRC) an outpatient neurorehabilitation program in the Boston area. CRC is recognized as a high quality provider of outpatient rehabilitation services. In 1997, Ginna co-edited a book, *Neurologic Rehabilitation: A Guide to Diagnosis, Prognosis and Treatment Planning*, aimed at helping clinicians understand the pathology and natural history of the common diagnoses treated in neurorehabilitation programs. In 2013, she sold her interest in CRC and joined the board at the Massachusetts Association for the Blind and Community Services (MAB) in Brookline, Massachusetts. MAB provides a school for brain injured adolescents, community services, and day programs. Ginna also has a consulting practice. Ginna has been an ACRM member for over 30 years and is one of the founding members of the Brain Injury Interdisciplinary Special Interest Group (BI-ISIG) and the ACRM newsletter.

Ronald T. Seel, PhD, FACRM is director of brain injury research for the Virginia C. Crawford Research Institute at Shepherd Center. At Shepherd Center, he created and directs “ARMED to Succeed,” a TBI rehabilitation medication trials center. Prior to joining Shepherd Center, Dr. Seel served as executive director of the Southeastern Parkinson’s Disease Research Education and Clinical Center and as associate director of research and neuropsychological services for the Defense and Veterans Brain Injury Center at the McGuire Veteran’s Medical Center in Richmond, VA. Dr. Seel has published over 40 peer-reviewed articles on brain injury, spinal cord injury, and Parkinson’s disease outcomes. He has been highly active in ACRM and is a past recipient of the Distinguished Member Award and the Deborah L. Wilkerson Early Career Award. Dr. Seel currently serves as chair of several ACRM committees, including the Clinical Practice Committee and the BI-ISIG mild TBI Task Force, and he previously served as a member of the ACRM board. Dr. Seel has served as chair of the BI-ISIG and the BI-ISIG Disorders of Consciousness Task Force. Primary ACRM projects that he has co-led include the ACRM Practice Parameter on assessment scales for disorders of consciousness and the June 2012 *Archives of Physical Medicine and Rehabilitation Supplement*.

Lance Trexler, PhD, FACRM is director of rehabilitation neuropsychology at the Rehabilitation Hospital of Indiana and adjunct clinical assistant professor of PM&R at Indiana University School of Medicine. He is a board of directors past-chair for both the Indiana Spinal Cord and Brain Injury Research Board and the Brain Injury Association of Indiana. Dr. Trexler has published over 30 book chapters and peer-reviewed articles and has given over 100 presentations at professional conferences. Dr. Trexler is the current chair of the BI-ISIG. He was awarded the ACRM Lifetime Achievement Award in 2011. Dr. Trexler is the managing editor of the *Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice* published by ACRM in 2012 and serves as chair of the ACRM Cognitive Rehabilitation Committee. Dr. Trexler’s research and program development are focused on resource facilitation to improve return to work and school following brain injury. Dr. Trexler and collaborators have developed and studied the effects of resource facilitation on return to work in the context of social networks that serve to eliminate barriers and prevent co-morbidities in persons with brain injury. Dr. Trexler is co-chair of the Indiana Brain Injury Leadership Board that oversees delivery of resource facilitation services.
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  - Spinal Cord Injury
  - Stroke
  - MORE: ACRM.org/ACRM-communities
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