The upcoming annual ACRM conference in Orlando (November 12 - 16) promises to be the best ever — for Stroke rehabilitation offerings, overall attendance, non-stop content in five areas (Brain Injury, Stroke, Spinal Cord, Neurodegenerative Diseases and Pain), plenary sessions and of course, Mickey!

Stroke offerings begin the conference on Wednesday with two excellent half-day instructional courses (“Early Integration of Vision into Stroke Rehabilitation,” and “Electrical Stimulation for Affected Limb Function after Stroke”). Thursday features a Symposium (“Optimizing Stroke Rehabilitation for Individuals with Cognitive Impairment”) and a paper session on Stroke Topics. Friday is packed with two Stroke Symposia, plus the Stroke ISIG Special Topics Session — Translating Research into Clinical Practice: “Rehabilitation Robotics after Stroke.” For the first time we have also scheduled a meeting for all of the task force chairs, followed by our annual Stroke ISIG Business Meeting. In addition, meetings of many of our task forces will be scheduled throughout the conference, enabling networking amongst current members and opportunities for newcomers to become involved in task force activities of their choice. Please contact any of the task force chairs for further information.

This past year has been an impressive one of growth for the Stroke ISIG. As can be seen from the reports of the task forces in this newsletter, the energy and product focus (publications, conference presentations) of our many task forces is both exciting and remarkable. Our task forces are truly the key to the growth of the Stroke ISIG. Not only are they providing leadership in the field in addressing cutting-edge issues in stroke rehabilitation, but they are the primary source of upcoming leaders in the Stroke ISIG, as well as an excellent point of entry into the Stroke ISIG for many Early Career members. Finally, the task forces play a critical role in generating program content and ideas for the non-stop conference stroke offerings evident in this year’s annual meeting. All of this has translated (with the help and initiatives of the ACRM staff) into impressive growth in the membership of the Stroke ISIG.

It is hard to believe that it has only been one year since the Stroke ISIG was formally inaugurated! In that time, the Executive Committee has been hard at work. We
have completed a set of bylaws for the Stroke ISIG, which will be presented at the annual business meeting for adoption by our membership. We have implemented Task Force Chairs meetings to improve communication between the Executive Committee and the task forces about issues they wish to address and to help us partner with them in ACRM strategic planning. Finally, this year has also seen the Stroke ISIG, as the newest ISIG on the block, become a model of how to help new networking groups come together and evolve into ISIGs. As the Stroke ISIG Chair, this has presented me personally with some of the most exciting opportunities to help ACRM advance toward being the premier leader in the field of rehabilitation — embracing the needs of both early career and established professionals, as well as seeking ways to continue to translate what we do for clinicians who are demanding evidence-based practice.

Please join me in congratulating yourselves and celebrating this first year of the Stroke ISIG! Get involved in one of our existing task forces of your interest or help us form a new one. I look forward to seeing you all in Orlando!

PHIL MORSE, PhD, FACRM
STROKE ISIG Chair

Letter from the Editor

As Phil noted in his “Message from the Chair”, this year’s annual conference schedule is packed full of stroke content. Within the newsletter we have provided a quick glance list of many of the stroke-related sessions at the meeting. Also, highlighted within the newsletter is the hard work of the many Stroke ISIG Task Forces. Be sure to contact one of the chairs if you are interested in their up-coming projects described within the newsletter. Another opportunity to get involved with the Stroke ISIG will be announced at the annual conference. We will be recruiting members to join the Communications Committee to assist with disseminating information about the great work completed by the members of our ISIG. For more information about this opportunity please contact me by November.

Again, I would like to offer many thanks to Signy Roberts and Terri Compos for their assistance in creating this newsletter. Please stay in touch with us with your comments, concerns, and ideas for up-coming issues.

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MOVEMENT INTERVENTIONS
Arlene Schmid
Pamela Bosch

COGNITION
Elizabeth Skidmore

LIVING LIFE AFTER YOUNG STROKE
Tim Wolf
Tamara Bushnik

VISION
Pam Roberts
JR Rizzo

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Task Force Updates

**COGNITION TASK FORCE**
Chair: Elizabeth Skidmore

The Cognitive Task force is comprised of rehabilitation practitioners and researchers invested in promoting activity based strategies for assessing and treating cognitive impairments after stroke. The Task Force completed a review paper that is to be published in Archives of Physical Medicine and Rehabilitation. A similar paper will be presented at the American Speech-Language-Hearing Association 2013 Convention in Chicago, Illinois. In 2012, the cognition task force developed two workgroups to address the findings of this review paper.

Prudence Plummer and Michael Fraas are the co-chairs of the Cognitive Motor Interference (CMI) workgroup. This workgroup is currently developing a multi-site investigation that will examine CMI between cohorts of adults with left and right strokes. If anyone is interested in collaborating on this investigation please contact Prudence Plummer (prudence_plummer@med.unc.edu) or Michael Fraas (michael.fraas@wwu.edu) for more information.

Lisa Connor and Sarah Wallace are co-chairs of the Assessment of Cognition in Aphasia workgroup. This workgroup is writing a series of review papers detailing the available evidence for assessment of cognition in people with aphasia. If anyone is interested in contributing to this project, please contact Lisa Connor (connorl@neuro.wustl.edu) or Sarah Wallace (wallaces@duq.edu).

**Citations for group projects:**

**MOVEMENT INTERVENTION TASK FORCE**
Co-Chairs: Arlene Schmid & Pamela Bosch

One of the task forces in the Stroke ISIG is the Movement Interventions Task Force. The Movement Interventions Task Force is comprised of researchers and clinicians with various clinical and scientific backgrounds including, but not limited to neuropsychology, occupational therapy, physical therapy, and recreational therapy. Members of this task force bring expertise in stroke rehabilitation research that includes study of a wide range of interventions. For example, members are currently involved in research related to post-stroke rehabilitation such as: yoga; mindfulness; mental practice; constraint-induced therapy; neuroimaging; gait training; upper-extremity training; fall prevention; and robotics.

Most recently, Task Force member Susan Lin, ScD, OTR/L (American Occupational Therapy Association Director of Research) met with the Task Force to discuss the newest PCORI (Patient Centered Outcomes Research Institute) funding opportunities and research mechanism. Sharing of such information is integral to the future progress of stroke rehabilitation research. In addition to topical conversations and education, this is product-orientated. Please consider attending the ACRM pre-conference session in which multiple Task Members will be presenting entitled ‘Electrical Stimulation for Affected Limb Function After Stroke: Theory, Evidence, and Clinical Application’. The goal of the session is to introduce clinicians to functional electric stimulation theory, evidence and application for both upper and lower extremity interventions. Additionally, there are manuscripts in review and in progress that multiple members are involved with as co-authors. Through the creation of these products, our goals are to improve stroke clinical practice, increase (and in cases, establish) evidence related to motor impairment reduction after stroke, and influence public policy.

For more information about the Movement Interventions Task Force contact Arlene Schmid (arlene.schmid@colostate.edu) or Pamela Bosch (Pamela.R.Bosch@nau.edu).
Task Force Updates

LIVING LIFE AFTER YOUNG STROKE TASK FORCE
Co-Chairs: Tim Wolf & Tamara Bushnik

The overall purpose of the LLAYS task force is to examine the unique issues for caregivers and spouses of individuals who have experienced stroke at a young age. During the last six months, the task force has developed new goals to address this overall purpose over the next year. The current goals of the task force are:

1) Review and develop a plan to disseminate survey data collected by the previous task force conducted with caregivers of young individuals with stroke.

2) Explore and disseminate networking opportunities for caregivers of young individuals with stroke including peer mentoring networks.

3) Develop and disseminate a list of suggestions and resources for caregivers of young individuals with stroke.

4) Review and revise a list of unique issues of young individuals with stroke to further identify specific objectives for this task force directed at supporting the individual with stroke.

5) Explore the possibility of a conference with a focus on the issues of young individuals with stroke.

The task force has now split into small working groups around each of these goals and will reconvene on a recurring basis to review progress. The task force plans to meet at the ACRM Annual Conference in the coming months and is continually soliciting new members who are interested in working with this group. You may also contact Tim Wolf or Tamara Bushnik if you are interested in the Living Life after Young Stroke task force (wolft@wusm.wustl.edu or tamara.bushnik@nyumc.org).

VISION TASK FORCE
Co-Chairs: Pam Roberts & JR Rizzo

The Vision Task Force is a group comprised of clinicians and researchers focused on the development of functional vision rehabilitation. One of the first projects that the Vision Task Force has focused on is developing a conceptual framework for Vision. Colenbrander (2009) distinguishes between visual function and functional vision. Visual function describes how the eye functions and functional vision describes how the person functions. The Vision Task Force has taken these two concepts and built a conceptual framework for vision. The task force is working on writing a paper based on the conceptual framework that the group developed.

The Vision Task Force is also presenting a pre-conference half day course on Wednesday, November 13, 2013, 8:00 AM - 12:00 PM at the annual ACRM conference on “Early Integration of Vision into Stroke Rehabilitation.” This instructional course will focus on approaches to identifying visual impairments for implementation during clinical examination. The focus is on providing foundational knowledge and practical skills in visual system assessment. This course will review anatomy and physiology of the visual system, discuss a vision conceptual model, highlighting the important differences between visual function and functional vision. Instruction in the use of a vision screen applicable to the interdisciplinary team and assessing signs and symptoms of a variety of visual deficits will be discussed and practiced. The session will include video clips and case studies that review critical themes that arise in everyday practice and suggest topics for future stroke rehabilitation research studies. If you or someone you know is interested in helping, please reach out to Pam Roberts (Pamela.Roberts@cshs.org) or JR Rizzo (johnrossrizzo@gmail.com) for more information.
**STROKE ISIG CONTENT at the ACRM Annual Conference**

**INSTRUCTIONAL COURSES**

**WEDNESDAY 13 NOV**
- Early Integration of Vision into Stroke Rehabilitation
- Electrical Stimulation for Affected Limb Function after Stroke: Theory, Evidence, and Clinical Application
- Early Career Networking Group Reception  5:30 PM – 7:30 PM

**STROKE SYMPOSIA**

**THURSDAY 14 NOV**
- PLENARY: The Intersection of Technology and Neurorehabilitation  8:00 AM – 10:00 AM
- Optimizing Stroke Rehabilitation for Individuals with Cognitive Impairments  1:30 PM – 3:00 PM
- Oral Presentation of Scientific Papers — Stroke Topics  3:30 PM – 5:00 PM

**FRIDAY 15 NOV**
- The Value of Mixed Methods: Lessons Learned through Intervention Research in Individuals with Chronic Stroke  7:15 AM – 8:15 AM
- An Intensive, Interprofessional, Community-Based Intervention Program for Persons Post-Stroke  8:30 AM – 10:00 AM
- PLENARY: Symposium in Honor of Robert C. Wagenaar, PhD: 1957 – 2013  10:30 AM – 12:00 PM
- Stroke-ISIG Special Topics Session: Translating Research into Clinical Practice: Rehabilitation Robotics after Stroke

**STROKE ISIG MEETINGS (OPEN TO ALL ATTENDEES)**
- Stroke-ISIG Business Meeting  Fri, 15 November, 1:30 PM – 3:00 PM
- ACRM Membership Meeting  Fri, 15 November, 5:00 PM – 6:30 PM
- Living Life after Young Stroke Task Force Meeting  Sat, 16 November, 7:30 AM – 8:30 AM

**STROKE POSTER AWARDS**

New this year, the Stroke ISIG will offer poster awards at the ACRM Annual Conference. Certificates will be awarded for the first, second, and third place posters as judged by a peer review process. If you are interested in serving as a judge please contact Stephen Page at Stephen.Page@osumc.edu

**REGISTER NOW** for best rates & make plans to be in Orlando, FL for the 90th Annual ACRM Conference www.ACRM.org
New Members
We welcome these new members into the STROKE ISIG

Michelle Woodbury, Charleston, United States
Ellen Whyte, Pittsburgh, United States
Douglas Weeks, Spokane, United States
Wantaneeya Watchareeudomkarn, Bangkok, Thailand
Hua Wang, Vallejo, United States
Hubert Vuagnat, Bernex, Switzerland
Erin Vasudevan, Elkins Park, United States
Marieke Van Puymbroeck, Clemson, United States
Robert Teasell, London, Canada
Edward Taub, Birmingham, United States
Katherine Sullivan, Pasadena, United States
Dobrivoje Stokic, Jackson, United States
Lilliam Soto Duluc, Miami, United States
Mandyleigh Smoot, Lakeville, United States
Mary Slater, Washington, United States
Dianne Simmons Grab, Ridgewood, United States
Gerald Showalter, Waynesboro, United States
Tanya Sherman, Baltimore, United States
Robin Sekerak, Te Aroha, New Zealand
Lutz Schega, Magdeburg, Germany
Masaharu Sato, Takarazuka city, Japan
Gladys Sabino, San Pedro de Macoris, Dominican Republic
Patricia Ryan, Baltimore, United States
Janel Rogers, Columbia City, United States
Jose Rodriguez, Miami, United States
Liat Rabinowitz, New York, United States
Koen Putman, Brussel, Brussel
Valérie Poulin, Montréal, Canada
Sarah Pickford, Springfield, United States
Chetan Phadke, Toronto, Canada
Sirikwan Panyasriwanit, Bangkok, Thailand
Kathy Panther, Louisville, United States
Karen Nolan, West Orange, United States
Sen Nguyen, Calgary, Canada
Wing Ng, Raleigh, United States
Emily Nalder, Toronto, Canada
Sambit Mohapatra, Washington, United States
Karen Mikolic-Miller, Orlando, United States
Angela Merlo, Phoenix, United States
Karen McCulloch, Hillsborough, United States
Mildred Marte, Miami, United States
Maritza Machuca, Miami, United States
Kristine Lundgren, Greensboro, United States
Rachel Lawson, Dover, United States
Quratulain Khan, Indianapolis, United States
Robert Kent, Tampa, United States
Kevin Kenney, Far Rockaway, United States
Susan Kaz-Borgemoen, Wausau, United States
Maria Kajankova, New York, United States
Chitra Lakshmi K Balasubramanian, Jacksonville, United States
E. Jones, Timonium, United States
Karen Hutchinson, Boston, United States
Kimberly Hreha, Fort Lee, United States
Elizabeth Hoover, Stoughton, United States
Mark Hirsch, Charlotte, United States
Steven Hinderer, Taylor, United States
Kelly Heath, Wilmington, United States
Emily Grattan, Pittsburgh, United States
Marlis Gonzalez-Fernandez, Baltimore, United States
Chavie Glustein, Brooklyn, United States
Desiree Garcia, Santo Domingo, D.N., Dominican Republic
Stacy Fritz, Columbia, United States
Katie Freeman, West Chester, United States
Allison Frederick, Somers Point, United States
Michael Fraas, Bellingham, United States
Wayne Feng, Charleston, United States
Susan Fasoli, Medway, United States
Pouran Faghri, Storrs, United States
Mercedes Eusebio, Gazcue, Dominican Republic
Beverly Epstein, Morgantown, United States
Varsha Desai, Charlestown, United States
Robert Coni, Nazareth, United States
Brenda Collins, Sacramento, United States
Elizabeth Charlton, Highland Vill, United States
Thomas Campbell, Richmond, United States
Caitlin Buchel, Winnipeg, Canada
Marie Brien, Ottawa, Canada
Sue Berger, Boston, United States
Francisco Bentz, Miami, United States
Mark David Basco, Muenster, United States
Margaret Barnes-Ahlbrand, Toronto, Canada
Louis-Pierre Auger, Montreal, Canada
Sarabjeet Arneja, Hicksville, United States
Ana Rita Almeida, Tocha, Portugal
Jeanette Aguilar, Santo Domingo, D.N., Dominican Republic
Ahmed Abobat, Riyadh, Saudi Arabia
STROKE ISIG MEMBER SPOTLIGHT
John-Ross (JR) Rizzo, MD

Clinical Instructor; Department of Rehabilitation Medicine (Faculty) and House Staff
Director Visuomotor Integration Laboratory (VMIL)
Director or Residency Research
Associate Research Scientist
New York University Langone Medical Center - Rusk Institute

Years as an ACRM member:
Two

Role within ACRM Stroke ISIG:
Co-Chair of Vision Task Force within Stroke ISIG

How did you first become involved in ACRM?
Through Dr. Tamara Bushnik, our Research Director and now president of ACRM

What are your future plans within ACRM?
Continue to redefine the Vision Stroke group and grow it into forum with over one hundred members! Collaborate on research projects and publications.

How did you come to the field of medicine?
I was born with a degenerative retinal condition called Choroideremia, an x-linked, progressive disease that is characterized by nyctalopia and peripheral field loss degeneration, later affecting central vision. This threw me into the clinical world at as a young teen and my appetite for knowledge was insatiable ever since.

How did you become interested in stroke rehabilitation?
Stroke rehabilitation has always fascinated me. Here was this condition in a discrete vascular territory that yielded a specific set or constellations of signs and symptoms. It seemed parsimonious yet the ramifications were always vast!

What do you enjoy most about ACRM?
Without question, the interdisciplinary nature of this group.

In 2012, an article on Forbes.com highlighted the AmbuCane, a device you developed to eliminate number of the problems with the white cane traditionally used by people with vision impairments. What updates can you share related to this project?
We have completed a mechanistic prototype and a functional prototype and have just started testing. We are very excited. Based on the results, one or two more designs are needed before we are off to manufacturing facilities.

What other similar projects have you been working on?
I have been working on assistive technology within the arena of electronic travel aids (ETAs), more specifically working on spatial perception enhancement tools that operate under sensory substitution principles.

You have developed several successful research and clinical partnerships, what advice can you share with others about how to establish similar collaborations?
I would say, never be afraid to collaborate. Send emails, make telephone calls, and arrange meetings with any potential lead.

Describe any of the upcoming projects or activities you are excited about.
We are working on telerehabilitation projects that leverage iPhone and iPad as objective diagnostic and therapeutic tools. This is an exciting time when laptops, tablets, and mobile tech can be leveraged for medical tools.

In your opinion, what are some of the most pressing needs in stroke rehabilitation?
Pressing needs is a loaded question, but one aspect that I think is key is developing successful home exercise programs; this interfaces well with telerehabilitation and creating the right tools and platforms is essential.

Who were some of your mentors? Who or what most influenced your career?
My mentors are numerous. My first was my grandfather, Dr. Albert VanEerde. He was an anesthesiologist who started pain clinics back in the 1960s, realizing there was a need to bring pain specialists to the outpatient sector. He also finished medical school in three years so he could go into the Air Force and help troops overseas. He was an amazing man and always showed me the key to life is knowledge. He never missed more than a handful of questions during an entire Jeopardy game, leaving me in awe, sitting at his feet.

What advice would you give early career researchers or practitioners?
Follow your passion. Life is short so follow your dreams and do not sacrifice your principles!

What do you do for fun?
Exercise, horology, real estate and most importantly, rescuing dogs! I love canines!
STROKE MATTERS
A biannual publication for members of the STROKE-ISIG

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