Message from the Chair
Ronald Seel, PhD

I hope everyone had a terrific summer, was able to enjoy some down-time, and is dialed-up for a productive fall season. As of this writing, at the end of August, 2011, ACRM is moving in a positive direction. The number of ACRM paid memberships and conference registrations are up from this time last year. Ownership of the Archives of PM&R remains our biggest financial asset, with over one million article requests last year. Focus groups have indicated that the Archives biggest selling points are the diversity and quality of the research published. A two-year project to transition ACRM’s internal operating systems into the 21st century has been a clear success. The ACRM virtual office is also evaluating RFP responses submitted from hotels in Miami, DC, and the Baltimore waterfront area for the 2012 mid-year meeting, as well as from hotels in Vancouver and Toronto for the 2012 annual meeting. Selected sites will be announced at the ACRM 2011 Annual Conference in Atlanta, GA.

In this positive context, the BI-ISIG and its task forces continue to thrive. The Cognitive Rehabilitation Task Force, having published its most recent systematic review in April, has completed a Trial Edition of the ACRM Cognitive Rehabilitation Manual that will be available for purchase at the end of September. The Pediatric and Adolescent Task Force is sponsoring a full-day pre-conference course before the annual meeting, and we hope to infuse attendees into that task force and ACRM. The Girls and Women with ABI Task Force will conduct a systematic review and develop practice guidelines in this area. The task force has submitted a project development plan to ACRM’s Clinical Practice Committee for funding.

The BI-ISIG Executive Committee (EC) remains focused on what we could be doing better to meet our core BI-ISIG mission and member needs. We had a well-attended BI-ISIG mid-year meeting in Chicago, with an informative town-hall dialogue on mission and membership value. I’d like to share a few updates on recommendations you made at that meeting.

Policy and Legislation (P&L). Members communicated that ACRM and the BI-ISIG should do more in the area of policy and legislation and in particular be more involved in clinical policy issues. These BI-ISIG interests were brought to the ACRM Board. Currently, ACRM is one of two primary funders of the Disability and Rehabilitation Research Consortium (DRRC), an umbrella group of 22 associations who lobby for rehabilitation research funding. Adding clinical legislation to that lobbying contract would be cost prohibitive. Alternatively, ACRM’s P&L Committee is exploring ACRM membership in the Coalition of Citizens with Disabilities (CCD), a large umbrella group of organizations (BIAA is a member) that lobbies for clinical rehabilitation issues. An update on P&L issues is now a set article in the quarterly ACRM publication, Rehabilitation Outlook. The BI-ISIG EC briefly explored developing a technical infrastructure for member activism, but also found it to be cost prohibitive. The P&L Committee recommended continuing with our current system of contacting ACRM members whose congressmen are on appropriations or other relevant committees and encouraging them to write emails to these members of congress prior to critical votes.

Rose Biester, Murdo Dowds, Dave Krych, Michael Fraas

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Message from the Chair

Early Career Members. Members said we needed to increase communication about the BI-ISIG, opportunities for participation in BI-ISIG task forces, and interaction with the Early Career Group. They suggested and approved a change to the by-laws to create an Early Career Committee Office on the BI-ISIG EC. Kristen Dams-O’Connor, PhD, Mount Sinai Medical Center, has agreed to fill this newly-created position until our next BI-ISIG Executive Committee election in the fall of 2012. Donna Langenbahn has assembled a Media Committee to assist the BI-ISIG with website updates and to examine social media possibilities. The committee includes current website manager Mary Pat Murphy, MSN, CRRN, as well as early-career members Michael Fraas, PhD, CCC-SLP, and Samantha Backhaus, PhD. In upcoming months we will develop a formal process for regular interaction with ACRM’s Early Career Committee.

CME credits. Members identified the lack of CME opportunities as a barrier to attending the ACRM mid-year meeting, with the training of interdisciplinary clinicians as a core mission of the BI-ISIG that we have not pursued. Webinars were also proposed as a method for delivering CME’s and may be attractive to the VHA system, which typically has limited travel and education funds. ACRM will sponsor a one- or two-day cognitive rehabilitation workshop immediately preceding the ACRM 2012 mid-year meeting. We are investigating other opportunities for training and CME’s as part of the mid-year meeting, and the ACRM Board is examining offering webinars and/or remote attendance at future annual meetings. There is support for the concept—the key is implementing a business model that attracts new members and attendees while not incentivizing current attendees to stay at home.

I will provide updates on these issues at the conference and on other areas of member interest via BI-ISIG e-blasts. I look forward to seeing you at the ACRM annual meeting in Atlanta.

Letter from the Editor

We look forward to the annual fall conference with a sense of continuing renewal in the BI-ISIG. We have a great early-registration turnout for the ACRM-ASNR conference, with approximately 120 BI-ISIG members among them that we hope to see at the Thursday, October 13th BI-ISIG Business Meeting. We have several early career members who have joined the BI-ISIG in the past few years, and with Ron Seel’s guidance, have taken steps to involve them in administrative and leadership roles in our group. In this context, I am pleased to welcome early career members Michael Fraas and Samantha Backhaus as they join Mary Pat Murphy and me on the “Media Committee.” As we begin to work together, we will be exploring ways to improve communication and content of information shared with BI-ISIG membership.

I also call your attention to a new feature item in this issue—the “BI Policy Page.” Its inclusion marks a commitment toward dissemination of important information to our members on current issues in congressional agendas, government committees, and oversight organization activities pertinent to brain injury rehabilitation policy and funding.

It is my pleasure also to continue working with Judy Reuter in the production of this newsletter. Please stay in touch with us with your comments, concerns, and ideas.

Donna Langenbahn, PhD, Editor
Welcome and Introduction of New Members

–Ronald Seel, BI-ISIG Chair

The Mid-year Business Meeting of the Brain Injury Interdisciplinary Special Interest Group (BI-ISIG) of the American Congress of Rehabilitation Medicine (ACRM) was convened in Chicago, IL, April 29 & 30, 2011, at the Westin River North Hotel. BI-ISIG Chair, Ronald Seel, welcomed 41 other attendees, introduced the BI-ISIG Executive Committee (EC), and asked new attendees to introduce themselves. Ron then introduced the agenda for the first half of the meeting, to be held that day.

Executive Reports

ACRM Report:

–Gary Ulicny, ACRM President
–Jon Lindberg, ACRM CEO

Gary Ulicny and Jon Lindberg presented their vision for ACRM, including: a focus on evidence-based practice (EBP); bringing together professional organizations in shared goals relating to EBP; a focus on raising money to finance special projects such as systematic reviews; increasing ACRM membership, particularly by focusing on younger rehabilitation professionals and the international community; “leveraging” Archives influence with podcasts and other methods to make Archives the “go-to” journal; provision of information and education for members; marketing and self-promotion; annual meetings; and a “super summit” of like-minded professionals and organizations to develop a policy agenda.

Changes in Rules of Governance

–Ronald Seel, BI-ISIG Chair

Ron provided a summary of changes to the BI-ISIG Rules of Governance (ROG), and announced that there would be a vote on the changes at the end of the meeting.

Secretary’s Report:

–Ronald Seel, BI-ISIG Chair

Ron asked all members to refer to the minutes of the 2010 Annual Business Meeting in issues of Moving Ahead that had been distributed. Minutes were voted on and approved.

Treasurer’s Report:

–Risa Nakase-Richardson, BI-ISIG Treasurer

Risa reported that there is currently an $8,000 surplus; the BI-ISIG is awaiting the ACRM Board’s decision on funding of a DVD to accompany the cognitive rehabilitation training manual developed by Lance Trexler’s Cognitive Rehabilitation Task Force sub-group; task force chairs were told to ask for extra funds if needed after the meeting; it was clarified that the BI-ISIG is not covering costs associated with the MYM.

Communications Report:

–Donna Langenbahn, BI-ISIG Communications Committee Chair

The position of Communications Chair has been proposed as a full EC member. Donna announced that a BI-ISIG Media Committee is currently being formed and that it will explore, among other things, social media possibilities. Potential Media Committee members are being sought.

Membership Report:

–Lance Trexler, BI-ISIG Chair Elect

Lance Trexler noted that membership
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Mid-Year Business Meeting

records have been cleaned up and better data are now available, including who has paid and who has not. A policy for dropping the membership of individuals who have not paid dues has been developed. There are currently approximately 600 members on the roster, excluding those who have not paid up. The registration process is being improved and automated online.

BI-ISIG Chair, Ron Seel, thanked ACRM officers for their hard work.

2012 Mid-Year Meeting Plans
–Ronald Seel, BI-ISIG Chair

Ron announced potential venues for the 2012 mid-year meeting: Washington DC versus Clearwater, FL. The possibility of meeting at the same time as the Insurance Rehabilitation Study Group (IRSG) was mentioned.

Collaboration with AAPM&R
–Ronald Seel, BI-ISIG Chair

Ron introduced Steve Flanagan, MD, Chair, Central Nervous System (CNS) Rehabilitation Council of the American Academy of Physical Medicine and Rehabilitation (AAPM&R) – and ACRM/BI-ISIG member—and announced that the BI-ISIG would like to explore possibilities for collaboration with the AAPM&R CNS Council.

–Steven Flanagan, AAPM&R CNS Rehabilitation Council Chair

Steve presented on AAPM&R Member Councils, a replacement for SIGs that has increased the voice of membership in academy dealings. There are only five councils (CNS, Medical Rehabilitation, Musculoskeletal Medicine, Pediatric Rehabilitation, and Pain Medicine), affording more opportunity for collaboration. Member councils are designed to be the voice of member needs to the board of governors. The CNS Rehabilitation Council (with an agenda closest to that of the BI-ISIG) has engaged in active recruitment of residents and medical students.

They are working on: medical education and advancement of the journal (e.g., coming up with review topics); recognition of outstanding service to councils; development of treatment guidelines; creation of a compendium of rehabilitation topics for use by physiatrists; and a newsletter. A social networking tool has been developed for the councils. Interest in collaborations with the ACRM BI-ISIG was expressed, with Ron Seel responding that he will act as liaison with Steve.

Stroke Networking Group Report
–Phil Morse, Stroke Networking Group Chair

Phil reported that the Stroke NWG wants to grow membership and develop a plan for interacting with ACRM and outside groups, for a more active steering committee, to fill gaps, and to expand. He called on others to join the group, and introduced Stroke NWG task force chairs for reports of task force activities.

Cognition Task Force
–Elizabeth Skidmore, Chair

Beth reported that the task force, focusing on cognitive issues in stroke, is performing systematic reviews to identify educational materials and to explore the role of cognitive interference in gait ability. Clinical and research recommendations are being developed.

Life After Young Stroke Task Force
–Tamara Bushnik, Chair

Tamara reported that task force members are assessing and articulating the needs of this stroke group and their caregivers as different from those of older retired individuals and their caregivers. The task force is putting together a needs assessment for caregivers. This measure will be administered online from NYU Langone Medical Center. Findings will be used to compile fact sheets.

ACRM Outcome Measurement Networking Group Report
–Tamara Bushnik

The ACRM Outcome Measurement Networking Group will provide an online database of outcome measures with information on measures, psychometrics, supporting literature, and ratings of quality. This database will differ from the COMBI site by having more information on the psychometrics of measures.
ACRM SCI-SIG Report

Ron reported that the Spinal Cord Injury SIG met on 4/28/11. There was no further update on this group’s activities.

Other Business

–Ronald Seel, BI-ISIG Chair

Ron conducted a “town-hall discussion” on ACRM and BI-ISIG membership value, inquiring about the following: What is being done well? What could be done better? What should we be doing that we don’t currently do?

Marilyn Spivack reported from the ACRM Policy and Legislation (P&L) Committee, stating that the BI-ISIG should do more in the area of P & L. The collaboration of ACRM with the Disability and Rehabilitation Research Coalition (DRRC) is “making extraordinary progress” with NIH, CDC, NIDRR – and all 3 organizations are re-evaluating medical rehabilitation research, and collaboration. Based on DRRC’s efforts, NIH is conducting a blue-ribbon panel to evaluate the breadth of rehabilitation research and the potential need to increase funding or make NCMRR a separate entity from NICHD. A summit meeting is planned in recognition of the 20-year anniversary of the formation of NCMRR; and at NIDRR, Sue Swenson and Ruth Brannon are “doing an extraordinary job.” NIDRR is preparing a new long-range plan, and Marilyn urged BI-ISIG membership to review and provide responses. She reported Vince Campbell, CDC’s new Chief Disability and Health Officer, is interested in working with DRRC. Also, more needs to be done on the Affordable Care Act, and that BI-ISIG/ACRM can affect length-of-stay reimbursement.

Interest was expressed in BI-ISIG members being updated about P&L committee activity, including a newsletter. The desirability of a technical infrastructure for quick member activism (e.g., letters to congress) was expressed.

Tom Felicetti asked what ACRM is doing for marketing, branding, etc. Joe Giacino stated that ACRM is working on these areas aggressively and looking for member input.

New member Monique Pappadis suggested that there be an increase in information about the BI-ISIG and opportunities for participation in BI-ISIG task forces. She recommended increased BI-ISIG visibility: members talking with people they work with colleagues, advertising in Archives, and more BI-ISIG involvement in Early Career activities.

Keith Cicerone suggested developing a section in Archives to include information on BI-ISIG activities, products, etc. Ron reported that the ACRM Communications Committee is working on using consumer educational pages in Archives for this purpose.

Risa Nakase-Richardson mentioned lack of awareness in the Veterans Administration (VA) about the ACRM and BI-ISIG, thus neglecting a large group of potential members. Ron then noted limited success that in enlisting VA employees as ACRM/BI-ISIG members, in part due to limited travel funds. Risa suggested a barrier to be the fall timing of the ACRM annual meeting corresponding with the VA onset of the fiscal year, thus preventing VA approval for employee attendance until the last minute. Also, a lack of CME opportunities at the mid-year meeting is problematic for many attendees. It was suggested that the VA capability for webinars and teleconferences might be a way to create VA attendance. Marilyn Spivack suggested gathering VA and DoD employees in DC for a mid-year meeting to focus on policy.

Phil Morse cited the value of Moving Ahead and task force products as a membership benefit.

Keith Cicerone asked for clarification as to whether an early career person is required on the BI-ISIG EC, and proposed that an Early Career Officer with a term of two years be included on the EC. Kathy Kalmar recommended that responsibilities of the EC officer be clarified.

Vote on ROG and Adjournment

–Ronald Seel, BI-ISIG Chair

The proposed revisions to the ROG, including the addition of an Early Career Officer for a two-year term, were voted on and approved by the BI-ISIG membership.

Ron adjourned the first half of the business meeting, asking the BI-ISIG task force chairs to convene their members and be prepared to report at the second half of the business meeting the following day.

Saturday, April 30, 2011

Welcome Back

–Ronald Seel, BI-ISIG Chair

Ron welcomed BI-ISIG members back for the second half of the MYM business meeting, and began by announcing the meeting agenda and first calling upon the BI-ISIG task force chairs to summarize the meetings with their members held during the MYM.
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Mid-Year Business Meeting

BI-ISIG Task Force Updates

Girls and Women with ABI Task Force
–Angela Colantonio, Chair

Angela noted Marilyn Spivack’s contributions to the origin of this task force. The task force met for the first time at the MYM, with 20 participants (including teleconferenced participants). The death of Jane Gillette was mentioned and the task force’s wish to honor her expressed. The need to expand the scope of the task force to all types of ABI was expressed, as was the need to view ABI as a condition, not an event. At the task force meeting, a number of topics were discussed including violence, abuse, aging, sports injury, reproductive and sexual health, and communication. The task force decided first to work on a white paper to define and advocate for women’s TBI rehabilitation outcomes is in the beginning stages of discussion, with a plan to seek ACRM CPC funds for the review. The task force is seeking patrons and relevant foundations to get started. Members will communicate via Box.net and add a blog to it. Symposia for IBIA are planned. The task force will meet monthly by phone and at the ACRM annual meeting.

Prognosis After TBI Task Force
–Rose Biester, Chair (for herself and David Krych, Co-chair)

An online TBI information survey for survivors and family is being conducted; it will include a cohort of survivors and a cohort of family members (not of the same survivors). The survey has been reduced to half its original length, and will include perceptions of treatment received and treatment desired during rehabilitation. Several components have been finalized, including demographic variables, an introductory letter, and groupings for time post injury (minimum = 3 months). IRB approval will be sought by the end of May.

Pediatric and Adolescent Task Force
–Joseph Marcantuono, Co-chair (for himself and Linda Laatsch, Chair)

The task force is engaged in brainstorming and has expressed interest in two 2 areas: disorders of consciousness in children, including assessment, treatment; and development of a children’s version of the coma recovery scale, and transitions for children with TBI and how development is impacted. Attention will be given to assessing the literature and identifying models for treatment as children move through developmental stages. The possibility of sponsoring a pediatric/adolescent pre-conference course at the ACRM annual meeting in Atlanta is being investigated.

Mild TBI Task Force
–Murdo Dowds, Co-chair (for himself and Andrea Laborde, Chair)

The task force is collecting and reviewing literature on the diagnosis of mild TBI with subgroups on LOC and DAC and PTA and neurological symptoms—they are cataloguing lots of “good stuff” and preparing to write. New members who are willing to take membership in subgroups are welcome (e.g., for blast injury, neuroimaging). Members continue to use Box.net, and 100 references on mild TBI have been entered, mostly with access to full text. It was requested that access to this site on Box.net be made available to all members, and Murdo agreed to follow up on this.

Disorders of Consciousness Task Force
–Ronald Seel, Chair

A one-page fact sheet is in preparation based on the recently published Archives review. There was discussion on moving into the policy arena because of the lack of availability of services for DOC. Risa proposed that the DOC task force meet every other month with the DOC SIG to follow up on this.

Long-Term Issues Task Force
–Thomas Felicetti (for Tina Trudel, Chair, and Austin Errico, Co-chair)

The main product of the task force is a set of chapters in a book on aging and brain injury. Although pieces of the book were lost in a hard-drive crash, these will be re-created. A publisher is available. A tip-sheet on falls was approved by the task force, and health and wellness and dementia tip-sheets are being developed.

Community-Based Treatment Task Force
–Nina Geier, Chair (for herself and Ann Marie McLaughlin, Co-chair)

The task force is working on 2 main goals: Obtaining information from programs doing community-based treatment on models of care (philosophical/conceptual); there will be a focus on WHO efforts with the ICF. The task force will work on a survey of providers of community-based treatment and funders,
family members, caregivers, including what is important to them regarding outcomes, as well as a comprehensive review of outcomes measurement as related to community-based treatment. This will include matching them with ICF classifications.

**Cognitive Rehabilitation Task Force**

–Keith Cicerone, Chair (for himself and Donna Langenbahn, Co-chair)

Research, training, and knowledge translation were discussed in the task force meeting. A literature review on medical groups other than TBI and stroke is in its final stages and soon ready to submit to the CPC. The latest BI review was published in *Archives* in April. It was sent to IOM for use in their review on rehabilitation for Tricare and to the Congressional BI Task Force. It also was sent to Kathleen Sebelius in conjunction with a proposal to include cognitive rehabilitation in all insurance policies, stipulating that BI is a chronic illness. Another five-year cycle of BI cognitive rehabilitation reviews is beginning soon. Fact sheets are in preparation; the disappearance from the ACRM website of fact sheets was brought up – a response from ACRM is needed on this. The cognitive rehabilitation manual by Lance Trexler’s group is nearing completion and will be made available as an ACRM product, due out in August. A subcommittee on training will be chaired by Lance Trexler. There will be a two-part presentation at the Interagency TBI Conference on dissemination of cognitive rehabilitation knowledge and related challenges. There was consensus that the current task-force focus should be on training and not credentialing. The possibility of a pre-conference course prior to the 2012 annual meeting was discussed. The need to include interdisciplinary workshops at the annual meeting was endorsed by the task force. Webinars were also proposed as a training method.

Ron Seel agreed to convey this concern to the Board and reported that Gary Ulicny agrees with need for training of clinicians and that there is interest in the possibility of certification as a new direction.

**Assistive Technology Task Force**

–Ron Seel (for Marcia Scherer, Chair)

This task force did not meet.

**Other Business**

There was a brief discussion on the proposed 2012 BI-ISIG budget. In addition to standard budget categories and requests, there is also a proposed $5000 request for the development of a cognitive rehabilitation DVD and training manual. These products would be made available for sale, and any profits after ACRM’s start-up costs are covered would go to the BI-ISIG. The proposed budget was voted on and approved.

**Adjournment**

The business meeting was adjourned.

Respectfully submitted,
Joshua Cantor, PhD
BI-ISIG Secretary
2011 Sheldon Berrol Memorial Chautauqua
To be presented at the 2011 Annual ACRM-ASNR Joint Educational Conference

“Insults Real and Imagined: A Clinical and Scientific Inquiry into Mild TBI, Post Traumatic Stress Disorder, and Post-Concussive Syndrome”

Joseph T. Marcantuono, PhD, BI-ISIG Program/Awards Chair

In the realm of rehabilitation conflicts, the topic of the diagnosis and treatment of mild traumatic brain injury (MTBI) rates a position of singular status. Whether you believe that the disorder’s place in diagnostic nomenclature and clinical viability has been vindicated by recent breakthroughs in cerebral scanning techniques, or that all evidence may be interpreted under the rubric of emotionally-based, pre-existing personality tendencies, your opinions are unlikely to be mildly held or stated.

Two years after the tragedy of 9/11/01, Julie Louise Gerberding, MD, MPH, then Director of the U.S. Centers for Disease Control and Prevention (CDC) wrote, “Mild traumatic brain injury (MTBI) accounts for at least 75 percent of all traumatic brain injuries in the United States. However, it is clear that the consequences of MTBI are often not mild.” The United States Congress echoed her concerns with a congressional mandate that required the CDC to prepare a report to Congress on appropriate methodologies to collect data on the national incidence and prevalence of MTBI.

The product of that mandate was CDC’s report published in September 2003: “Mild Traumatic Brain Injury in the United States: Steps to Prevent a Serious Public Health Problem.” Ten years later, our nation and its leading experts are still debating the etiological underpinnings of the constellation of symptoms we call MTBI.

The Sheldon Berrol Memorial Chautauqua at the 2011 ACRM-ASNR Annual Conference, an annual BI-ISIG-sponsored event focuses on topics that explore values, ethics, and humanism in brain injury treatment and rehabilitation. This year the Chautauqua theme will be the controversy surrounding MTBI diagnosis and treatment.

Under the leadership of Keith D. Cicerone, PhD, ABPP-CN, FACRM, Chief of Neuropsychology at the JFK-Johnson Rehabilitation Institute, Edison, NJ, this year’s Chautauqua will address the clinical and scientific understanding of the mechanisms of mild traumatic brain injury and post-traumatic brain injury phenomena. The nature of the associated cognitive, somatic, and emotional symptoms, as well as the causes of ensuing chronic disability associated with MTBI, will be debated. Expect the faculty to touch upon much more in a lively and provocative “Town Hall” format intended to identify elements of critical inquiry and generate discussion from experts on mild TBI from both civilian and military populations. The faculty is geared up for active audience participation.

Dr. Cicerone, a recognized expert in acquired brain injury, has presented and published frequently on mild TBI, and has sought to improve the science behind clinical practice. In keeping with his uncanny style to challenge the zeitgeist of the state of the art and science that influences the philosophy of clinical practice, Dr. Cicerone will approach this Chautauqua by challenging the panel participants to respond to questions with their clinical opinions and with the evidence to support those opinions. He also promises to pose a specifically designed question aimed at the interests and beliefs of each panel member!

The following renowned panel of experts will join Dr. Cicerone:

• Kathleen R. Bell, MD, Medical Director of the Brain Injury Rehabilitation Program at the University of Washington Medical Center, Seattle, WA, and Project Director for the UW TBI Model System, has published on telephone counseling, sleep, and pain disorders in TBI, and treatment of depression after TBI. She was PI for a CDC-funded study on telephone interventions and follow-up in mild TBI, and an invited participant in the CDC Experts Panel on MTBI.

• Mary Hibbard, PhD, ABPP-Rp, is Director of Psychology, Rusk Institute of Rehabilitation Medicine, NY, NY. A nationally and internationally known presenter on TBI, she has maintained a clinical practice for the past twenty years focused on diagnosis and interventions for individuals post BI. She also has been involved in clinical research on diagnosis of unidentified TBI in community settings, long-term challenges of community re-entry post TBI, and long-term educational/developmental issues in children post-TBI. Much of her work involves components of advocacy for individuals in obtaining needed TBI interventions.

• Ronald Ruff, PhD is a neuropsychologist and rehabilitation psychologist in San Francisco, CA who has worked with individuals with traumatic brain injury and their families since the early 1980s. Having published well-known seminal articles on MTBI, he also has developed several tests that address specific functions often compromised in patients with TBI. His therapeutic model includes evaluating and treating not only the patient’s cognitive strengths and weaknesses, but also their emotional status.

• Rodney D. Vanderploeg, PhD, ABPP-CN is Clinical Director of the Brain Injury Treatment Program, Tampa VAMC Poly Trauma Rehabilitation Center, James Haley Veterans Administration Hospital in Tampa, Florida, where he also developed the Blast Injury Program. Dr. Vanderploeg has presented and published widely on the topic of MTBI. He is an advocate for careful screening and treatment aimed at the primary presenting symptom complex.

During this Chautauqua, expect to hear from the experts on:

• criteria used to diagnose MTBI, Post Concussive Syndrome and Post Traumatic Stress Disorder,

continued on next page
• incidence of persistent symptoms after a MTBI,
• prevalence of contributing somatic and affective factors,
• appropriate treatment for individuals with persisting symptoms after MTBI,
• influence of physiologic and/or structural correlates on our understanding of MTBI,
• treatment decisions and outcomes based upon differing mechanisms of injury (e.g., impact injury versus acceleration/deceleration versus blast).

We know that your interest and energy will be piqued by this presentation, and hope that you will be compelled to join in the discussion and debate. We look forward to your joining us at the Chautauqua.


The 2011 Sheldon Berrol Memorial Chautauqua will take place on Thursday, October 13, from 1:30-3:00pm.

2011 Pre-Conference Course on Pediatric Traumatic Brain Injury

The BI-ISIG Pediatric and Adolescent Task Force is pleased to sponsor the Pre-conference Course: Pediatric Traumatic Brain Injury (TBI), on Wednesday, October 12th preceding the 2011 ACRM-ASNR Annual Conference.

Taking place from 8:00 am – 5:30 pm, with Course Director Juliet Haarbauer-Krupa, PhD, CCC-SLP, Children’s Healthcare of Atlanta, this course will offer comprehensive coverage of two main topics in pediatric brain injury rehabilitation: 1) the impact of ABI on the developing brain and 2) evidence-based treatment interventions for children and youth across the lifespan.

Among the topics to be covered are: a review of current research findings on the impact of a neurologic insult on the developing brain, various models of care and associated outcomes for treatment of ABI in children, the impact of ABI on parents and evidence-based interventions for parents and caregivers, existing assessment tools and intervention for disorders of consciousness in children, school re-entry and long-term educational pathways following pediatric and adolescent ABI, review of the research on novel technology interventions, and the impact on transition to adulthood and vocational outcomes for teens with acquired brain injuries.

This information-filled day features impressive researchers and clinicians in the field of pediatric and adolescent acquired brain injury. Speakers include:

• Keith O. Yeates, PhD, ABBP-Cn, Department of Pediatrics, The Ohio State University & The Center for Biobehavioral Health, Research Institute at Nationwide Children’s Hospital, Columbus, OH.
• Gillian Hotz, PhD, Director Neu-rotrauma Outcome Research, Co-Director Pediatric Brain and SCI Program, Associate Research Professor, Department of Neurosurgery, University of Miami Miller School of Medicine, Miami, FL.
• Gerry Taylor, PhD, ABPP-Cn, Professor of Pediatrics, Case Western Reserve University, Rainbow Babies and Children’s Hospital, University Hospitals Medical Center, Cleveland, OH.
• Bonnie Todis, PhD, Associate Research Professor at Teaching Research, Western Oregon University, Corvallis, OR.
• Shari L. Wade, PhD, Director of Research and Cincinnati Children’s Hospital Medical Center, Research Professor of Pediatrics, University of Cincinnati, Cincinnati, OH.
• Linda Ewing-Cobbs, PhD, Professor of Pediatrics, and Psychiatry and Behavioral Sciences, Director, Dan L. Duncan Children’s Neurodevelopmental Clinic, University of Texas Health Science Center, Houston, TX.
• Roberta DePompei, PhD, Interim Dean, Colleges of Health Sciences and Human Services and Nursing, University of Akron, Akron, OH.
• Stacy Suskauer, MD, Director of Brain Injury Program, Kennedy Krieger Institute, Assistant Professor of Physical Medicine and Rehabilitation and Pediatrics, Johns Hopkins University School of Medicine, Baltimore, MD.
• Jeanne E. Dise-Lewis, PhD, Professor, Director of Psychology, Department of Rehabilitation Medicine, Children’s Hospital of Colorado, Aurora, CO.
• Lyn Turkstra, PhD, Department of Communicative Disorders, Department of Neurological Surgery and Neuroscience Training Program, University of Wisconsin-Madison, WI.
• Julie Haarbauer-Krupa, PhD, Course Director, Division of Rehabilitation Services, Children’s Healthcare of Atlanta, Assistant Professor, University of West Georgia, Adjunct Faculty, Department of Pediatrics, Emory University School of Medicine, Atlanta, GA.

As course director, Dr. Haarbauer-Krupa offers a perspective enriched by her impressive clinical and research background in pediatric brain injury. Her research projects span overview themes such as the impact of BI on language and literacy and long-term follow-up and developmental transitions after pediatric BI, as well as specific topics like the use of cognitive memory prostheses among children and adolescents with BI. She has gathered a remarkable faculty for this pre-conference course, and we anticipate an equally-remarkable set of presentations.

The Pediatric Traumatic Brain Injury (TBI) pre-conference course will take place on Wednesday, October 12, from 8:00-5:30pm, prior to the 2011 ACRM-ASNR Annual Conference.
Pediatic Sports-related Brain Injury

The Concussion Treatment and Care Tools Act (ConTACT Act) of 2010 was passed by the U.S. House of Representatives on 9/30/10. This act amends the Public Health Service Act to require the Secretary of Health and Human Services (HHS) to establish and publish concussion management guidelines addressing prevention, identification, treatment, and management of concussions in school-aged children, including standards for return to play after experiencing a concussion. The act requires the Secretary to convene a conference of medical, athletic, and educational stakeholders to assist in establishing such guidelines, and to funds states to: 1) provide for data collection on incidence and prevalence of concussions among school-aged children attending or participating in sports or activities, 2) ensure implementation of the guidelines, and 3) fund implementation of preseason baseline and post-injury testing for school aged children.

In February, 2011 Rep. Bill Pascrell (D-NJ), sponsor of the Bill in the House, along with Sens. Robert Menendez (D-NJ), Tom Harkin (D-IA), and Michael B. Enzi (R-WY) wrote to HHS Secretary Kathleen Sebelius encouraging her to implement the above provisions, starting with convening a conference. Thus far this step has not been taken, although on August 18, 2011 the HHS website’s Healthbeat posted a Centers for Disease Control and Prevention (CDC) “tip,” listing the CDC’s four recommended steps in response to suspected concussion: www.hhs.gov/news/healthbeat/.

In February, 2011, US Rep. George Miller (D-CA), House Education and Labor Committee Chairman, re-introduced federal legislation to set minimum safety standards for concussion management in public schools across the country. The legislation, Protecting Student Athletes from Concussions Act, is modeled after state action in Washington, Oregon, and other states that have passed laws to help reduce the risk of concussions in youth sports. It would direct school districts to implement concussion safety and management plans.

Universal Access to Brain Injury Treatment

During the first week of April, 2011, U.S. Rep. Gabrielle Giffords’ office and other members of Congress launched an appeal to the Obama administration to provide all brain-injury patients with the full range of rehabilitation services that has been available to the injured congresswoman. Giffords’ office urged Secretary of Health and Human Services Kathleen Sebelius to include brain-trauma rehabilitation services as essential benefits in its Patient Protection and Affordable Care Act, despite budget cuts looming in Congress. Members of the Congressional Brain Injury Task Force (CBITF), chaired by Rep. Pascrell, joined the appeal, and Rep. Pascrell also sent a letter to every member of Congress asking for support.

In May, 2011, the Brain Injury Association of America (BIAA), in an advocacy statement, called for the inclusion in the Affordable Care Act of: 1) a definition of rehabilitation as part of any essential health benefits package that includes access to a continuum of care for people with brain injury, including both acute and post-acute treatment provided in a variety of settings according to patient choice, 2) a definition of medical necessity that facilitates the provision of the essential benefit category of “rehabilitative and habilitative services” by covering the full spectrum of rehabilitation care, 3) prohibition of benefit-specific limitations such as dollar or treatment frequency, 4) parity among all categories of benefits, 5) an accessible external appeals program to ensure that plans meet standards for access, nondiscrimination, comprehensiveness, and quality, and 6) immediate access to Medicare benefits for people with brain injury to reduce the problem of lack of health insurance and high out-of-pocket expenditures for this vulnerable population.

Post-Acute Rehabilitation Guidelines


Research Funding

On May 20, 2011, working with BIAA and JFK Johnson Rehabilitation Hospital, both the office of Rep. Giffords and CBITF co-chairs Reps. Pascrell and Platts submitted letters to the House Appropriations Committee, Subcommittee on Labor, Health and Human Services, Education, and related agencies encouraging the committee to include language in their final FY12 report to help provide assurance that the National Institute on Disability and Rehabilitation Research have adequate funding to maintain the 16 existing TBI Model System Centers at current support levels in the next fiscal year.
Moving Ahead

News Briefs items are solicited by email from BI-ISIG members and consist of publications, projects, and professional acknowledgments in brain-injury related areas. Responses represent only a sample of BI-ISIG members’ many professional accomplishments, and their listing is intended to inform other members about ongoing research/projects in promoting communication/collaboration.

Publications and Projects:

Murdo Dowds, PhD, Spaulding Rehabilitation Hospital, Boston, MA, reports an article in Journal of Head Trauma Rehabilitation on use of electronic reminding technology to facilitate task completion following TBI. BI-ISIG member Mel Glenn, as well as other Spaulding staff, joined Murdo on this study.

Stephanie Kolakowsky-Hayner, PhD, Director, and Jerry Wright, Manager, Santa Clara Valley Medical Center, Santa Clara, CA, report four articles in press: effective community-based mentoring in community and return-to-work success (NeuroRehabilitation); sociodemographic, injury, and psychosocial characteristics in non-English speaking Latinos with ABI (Brain Injury); age, functional decline, and level of assistance over the first 10 years post-injury (Brain Injury); and (with BI-ISIG colleagues Mary Pat Murphy and Helen Carmine) fall prevention as a medication-related issue in post-acute TBI treatment (Rehabilitation Nursing).

Stephanie and Jerry are Chair and Co-Chair of the 2012 Santa Clara Valley Brain Injury Conference and are engaged in planning for that conference, “Coma to Community,” scheduled for February, 2012.

James Malec, PhD, Research Director, Rehabilitation Hospital of Indiana, Indianapolis, IN, reports articles in several journals (Applied Neuropsychology, Archives of PM&R, European Journal of PM&R, JHTR, Journal of Neurotrauma, Neuropsychological Rehabilitation, Neuropsychology). TBI topics include Rasch analysis of the Mayo-Portland Adaptability Inventory, a meta-analysis of facial affect recognition difficulties, marital adjustment, prediction of depression and anxiety one year after moderate-severe TBI, managing sleepiness after injury, long-term outcomes after injury, and knowledge translation from TBI Model Systems databases. Other RHI BISIG authors include Flora Hammond, Lisa Lombard, and Dawn Neumann.

Jim and several BI-ISIG colleagues (Gale Whiteneck, Marcel Dijkers, Allen Heinemann, Jenny Bogner, Tamara Bushnik, Keith Cicerone, John Corrigan, Tessa Hart) collaborated on “Development of the Participation Assessment with Recombined Tools—Objective for use after traumatic brain injury,” in Archives of PM&R.

Jim and his RHI colleagues (including Flora Hammond and Lisa Lombard) have three chapters in Manual of Traumatic Brain Injury Management (ed: Zollman) on cranial nerve palsy, severe indicators, and community integration following TBI. Other RHI colleagues have a chapter in Textbook of Traumatic Brain Injury (eds: Silver, McAllister, Yudofsky) on delirium and posttraumatic confusion.

Joseph Rath, PhD, Rusk Institute of Rehabilitation Medicine, New York, NY, notes two articles in press with colleagues (Rusk and outside), one in Rehabilitation Psychology on the clinical application of problem-solving research in addressing the subjective experience of cognitive deficits, and the other (with BI-ISIG members Leonard Diller and Donna Langenbahn and others) in Journal for Specialists in Group Work on group treatment in ABI rehabilitation.

Jeffrey Snell, PhD, Director, Psychology and Neuropsychology Services, Quality Living, Inc., Omaha, NE, reports chapters written with colleagues in two edited volumes, one on the role of speech-language pathologists with survivors of TBI and the other a case exemplifying a holistic approach to TBI recovery and rehabilitation.

Catherine Wiseman-Hakes, PhD, Graduate Dept of Rehabilitation Science, Faculty of Medicine, University of Toronto, Toronto, Ontario, Canada, reports an article with colleagues in press in Brain Injury on post-traumatic hypersomnia in functional recovery of cognition and communication. Her group is completing a longitudinal cohort study on the impact of post-TBI sleep and wake disorders on recovery of cognition and communication. They also have developed a self-report monitoring scale assessing day-time function in the areas of cognition, mood, and communication in response to sleep and fatigue.

Acknowledgements/Awards:

Samantha Backhaus, PhD, Rehabilitation Hospital of Indiana, Indianapolis, IN, was recognized as a finalist Healthcare Hero by the Indianapolis Business Journal for her clinical work and research in strengthening coping skills in individuals with brain injury and their families.

Mel Glenn, MD, Spaulding Rehabilitation Hospital, Boston, MA, received honorable mention for the Schwartz Center for Compassionate Care’s Compassionate Caregiver Award.

Mary Hibbard, PhD and Teresa Ashman, PhD, both at Rusk Institute of Rehabilitation Medicine, New York, NY, both received the Ted Weiss Consumer Advocacy Award from the Brain Injury Association of New York State at the BI-ANYS Annual Conference in June 2011.

Stephanie A. Kolakowsky-Hayner, PhD, CBIST, Santa Clara Valley Medical Center Rehabilitation Research Center, Santa Clara, CA, was named the County of Santa Clara Employee of the Month in May 2011.

James F. Malec, PhD, Rehabilitation Hospital of Indiana, Indianapolis, IN, received the 2011 Robert L. Moody Prize for Distinguished Initiatives in Brain Injury Research and Rehabilitation. Jim also was an Invited Participant in the Department of Defense Neurorehabilitation Institute Center of Excellence (NICOe) Small Working Group (SWG) - Neurocognitive Rehabilitation, Bethesda, MD, February 11, 2011.
Are you ‘new’ to the BI-ISIG this year?

Be sure and attend the Annual BI-ISIG Summit, Thursday at 3:30 PM. During the meeting, new BI-ISIG members will have the opportunity to drop their ‘name in the hat’ to enter a drawing for prizes that will be given away that evening during the Welcome Reception in the Exhibit Hall. Prizes include copies of the newly released *Cognitive Rehabilitation Manual: Translating Evidence-based Recommendations into Practice* and an Ipod Nano.