

Rehabilitation OUTLOOK

Vol. 17, No. 3, 2012



Excellence in the science
of rehabilitation medicine
through interdisciplinary
collaboration

www.ACRM.org

Rehabilitation OUTLOOK

Adam B. Warshowsky, PhD, Editor

Stephen Page, PhD, Chair
Communications Committee

HIGHLIGHTS

When Disaster Strikes: A
Rehabilitation Perspective 3

Stroke Networking Group Task Force
Publishes Recommendations..... 4

Call for Fellows of ACRM
Nominations..... 4

Farewell and Best Wishes! 5

ACRM Board of
Governors Election..... 6

News from the BHSIG Girls &
Women with TBI Task Force 9

Three Outcomes Measurement
Symposia in 2012 10

NRC Releases Report on NIDRR
Performance Evaluation..... 10

Save the Date: 33rd Annual
Neurorehabilitation Conference. 12

Website for SCI Patients and their Families Provides Support and Answers Critical Questions

By Allen W. Heinemann, PhD

Rehabilitation clinicians have a valuable online resource available for educating and supporting patients who have sustained spinal cord injury (SCI) and their families at www.FacingDisability.com.

Vicki Hill sustained a spinal cord injury in a 1986 diving accident, resulting in tetraplegia. Vicki had the opportunity to participate in a peer-mentoring program, and her parents, Robert Hill and Thea Flaum, recognized how powerful and supportive the experience was for Vicki to meet others living with SCI.

They founded the Hill Foundation, a private operating foundation to provide an online resource for individuals with recent spinal cord injury and their families. FacingDisability.com is specifically created to connect families for mutual support through shared experience and provides answers to critical questions.

FacingDisability.com contains interviews with more than 100 people with spinal cord injuries and their family members — parents, spouses, and children — addressing critical questions about living life with a spinal cord injury. There are more than 1,000 excerpts from these taped interviews available on the website.

With the goal of helping patients and family members find critical information quickly, FacingDisability.com also contains video of spinal cord injury experts addressing common questions received from patients and family members. They recorded over 400 answers to key questions that arise when an injury is new, and provide links to more than 200 spinal cord injury resources on the web.

Included are interviews with **David Chen, MD**, Medical Director, Spinal Cord Injury Rehabilitation Program, Rehabilitation Institute of Chicago speaking on Spinal Cord Injury 101; **Kim Eberhardt Muir, MS**, Program Specialist — Spinal Cord Injury Program, Rehabilitation Institute of Chicago speaking on Preventing Pressure Sores; and **Allen Heinemann, PhD**, Professor, Feinberg School of Medicine, Northwestern University speaking on Substance Abuse and SCI.

Like real-time programs, [Facing Disability's](http://FacingDisability.com) online peer-mentoring program introduces people with new injuries to others who have some experience living with a spinal cord injury. In so doing, patients learn how to think about disability and live with a new body experience. [Facing Disability](http://FacingDisability.com) offers more than well-intentioned advice; the videotaped interviews provide an honest and unvarnished voice of experience.

FacingDisability.com also provides a similar peer-mentoring program for parents, family and friends to deal with new life situations they face as a result of their loved one's injury.

See WEBSITE FOR SCI PATIENTS continued on page 3

2012 ACRM-ASNR Annual Conference

PROGRESS IN REHABILITATION RESEARCH

VANCOUVER, BRITISH COLUMBIA, CANADA
9-13 OCTOBER 2012
THE SHERATON VANCOUVER WALL CENTRE

RESEARCH

INNOVATION

NETWORKING

QUALITY

EDUCATION

"As a first time participant, my only regret is that I did not: 1) Join this organization sooner in my career and 2) Attend meetings earlier in my career."

—Edward L. Manning, PhD, ABPP-CL,
Professor of Neurology,
University of Mississippi Medical Center

"This conference exceeded my expectations. As both a clinician and a researcher, I gained valuable knowledge that will change both aspects of my practice."

—Casey Riley, PT, DPT

2011
CONFERENCE
ATTENDEE
QUOTES

"Great opportunity to meet the pioneers and experts in the field!"

—Michiel van Nunen,
Move Institute, VU
University Amsterdam

Share your **passion**
for rehabilitation

Feel energized
by **cutting-edge** research

Gain a fresh
global perspective

The **multidisciplinary** environment
your **brain** will love

"Enjoyed the variety of speakers from different disciplines. The workshop was excellent."

—Samuel M. Bierner, MD

"Fantastic meeting, great networking opportunity for young investigators."

—Carolyn Doble, MD

**GET NOTICED
SPONSORS &
EXHIBITORS**

CONTACT:
kfitzpatrick@ACRM.org

Offering CMEs/CEUs in 9 Disciplines

Course descriptions are now online for Instructional Courses and Symposia.

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

**LAST CHANCE
FOR BEST
SAVINGS**

EARLY EARLY BIRD
EXTENDED BUT
ENDS SOON!

*Percentage off includes Early/Early Bird plus member discount. Offer through June 10, 2012.

www.ACRM.org

FROM THE INTERNATIONAL COMMITTEE

When Disaster Strikes: A Rehabilitation Perspective

By Debra A. Tupe, PhD, MPH, OTR/L, Assistant Professor of Clinical Occupational Therapy Programs, Occupational Therapy Neurological Institute, New York, NY

Natural disasters have been on the rise worldwide for the past 30 years. Though deaths from these events have decreased substantially, the resultant consequence is scores of injured, displaced or disabled survivors. As technology and response procedures become more sophisticated, the role of rehabilitation medicine becomes an essential component of addressing needs in disaster situations. Lessons learned from Haiti's 2010 earthquake and previous disaster events are useful in supporting and defining the role of rehabilitation in disaster preparedness, response and restoration.

History shows that communicating effectively and often; providing culturally appropriate, quick and sensitive medical care; disaster preparation training; and employing local personnel are instrumental to the coordination and outcomes of the disaster response. Rehabilitation physicians' and therapists' skill sets are decidedly compatible and crucial to disaster situations ranging from preparedness activities to community restoration. Preparatory activities such as pre-positioning of regional rehab response teams, mapping locations of individuals with disabilities, and strategic warehousing of essential rehab equipment and supplies serve our readiness to respond.

As rehab providers, the point of entry for our services is key to the effectiveness of our interventions. During the 2010 Haiti earthquake, the arrival of goodwill teams from more than 900 organizations within days of the disaster complicated and compromised aspects of the overall effort. Nonetheless, members of international rehabilitation assessment teams play a significant role as early responders identifying and triaging individuals with potentially disabling injuries, and projecting the scope of needed rehabilitation services.

Rehab efforts should also focus on partnering with local health organizations and conducting a systematic needs

assessment to determine the personnel, equipment, and resources appropriate in that particular environmental and cultural context for treating the type of injuries sustained. Arriving at a disaster area without information about the needs of the population, their cultural understanding of disability and rehabilitation, and the capacity of institutional systems is a disservice to those we are serving.

When working in disaster situations, an overall lack of diagnostic resources and infrastructure capacity requires advanced clinical decision-making. Limited collective knowledge of rehabilitation impacted the provision of rehab services in Haiti's 2010 post-disaster phase. Basic physical mobilization of newly disabled survivors was delayed, in some cases for up to two months after the quake. The stigma of disability in Haiti also prevented some individuals from seeking services, and at the same time the unmet needs of children with existing disabilities became remarkably visible.

And When Do We Leave? It is vital that rehabilitation services continue during the restoration phase to contribute to capacity building and movement toward institutionalization of rehabilitation services in both health and educational sectors. This may require training of community workers as rehabilitation aides, ensuring accessible environments, restoring daily routines in displacement camps, and implementing pre-vocational services. It is clear that the delivery of effective rehabilitation services in disaster situations requires engagement with international non-governmental organizations and local governments to ensure that rehabilitation services are available in every phase of disaster situations, and an aim to promote development

See **WHEN DISASTER STRIKES** *continued on page 4*

WEBSITE FOR SCI PATIENTS *continued from page 1*

Some of the topics and questions addressed in the interviews include:

- What was the hardest part during the first days in the hospital?
- How did you develop an understanding of the injury?
- What was your greatest fear at first?
- How did family members respond to the news?
- What personal support was most helpful to you?
- How did you deal with stress at first?
- What do you wish you had known at the beginning?

Other segments focus on spinal cord injury rehabilitation; financial issues; adaptive sports; going home after spinal cord injury; and education, employment, relationships, social life, and sexuality after spinal cord injury.

FacingDisability.com can be a helpful resource as an online forum providing opportunities for people with spinal cord injuries, their family members, friends and professionals to exchange ideas and information, share their experiences and alleviate fears, and receive answers to common questions. ■

Stroke Networking Group Task Force Publishes Recommendations

Watch the ACRM scientific journal, Archives of Physical Medicine and Rehabilitation, for an in-press article by the Stroke Networking Group Movement Interventions Task Force, "Defining Parameters in Stroke Motor Rehabilitation: Recommendations from the ACRM Stroke Movement Interventions Subcommittee." The focus of the article is to provide operational definitions for three concepts that are common attributes of stroke motor rehabilitation interventions: intensity, duration, and frequency. In developing these guidelines, conceptual frameworks used in the pharmaceutical, exercise, and rehabilitative therapy realms were used. Implications for future research and practice are discussed.

Read the online version now at http://bit.ly/Archives_Rehab_Parameters. ■

WHEN DISASTER STRIKES *continued from page 3*

of community rehabilitation workers in low resource countries.

References

Beiser, V. (2010, April) Organizing Armageddon: What We Learned From the Haiti Earthquake. *Wired Magazine*, 18(6). Retrieved from www.wired.com/magazine/18-04

Farmer, P. (2011). *Haiti after the Earthquake*. Philadelphia: Public Affairs

Handicap International (2010). *Preliminary Findings about Persons with Injuries*. Retrieved from website: www.handicap-international.org

Handicap International (2010). *Haiti Situation Update May 12, 2010*. Retrieved from website: www.handicap-international.org

Thomas, K. (2010). *Updates on the "Disability Response" in Haiti: February 25, 2010*. Retrieved from website: www.wfot.org/intLiasion.asp?statedocument/updates

Related links

Handicap International

www.handicap-international.us

United States Federal Emergency Management Agency

www.fema.gov/txt/emergency/disasterhousing/NDHSA-nex3.txt

CALL FOR FELLOWS OF ACRM NOMINATIONS

The Fellows of ACRM Committee is currently seeking candidates for the designation of "ACRM Fellow."

The Fellow of ACRM designation recognizes individuals who make significant contributions to the field of medical rehabilitation and to the ACRM. Fellows may use the acronym "FACRM" after their name to identify the achievement.

There is no maximum number of Fellows who can be accepted each year. ACRM Board members review the applications of all candidates who meet criteria and make final decisions for acceptance.

If you know someone who meets the criteria for nomination, please consider them for this distinction. Visit www.ACRM.org/fellows to download and complete the nomination form and return it to Kay Fitzpatrick, CAE, Director of ACRM Community Relations at KFitzpatrick@ACRM.org. **Nominations are due 1 June 2012.** Self-nominations are also welcome.

A list of all current Fellows is available for your review at www.ACRM.org/fellows. ■

SAVE THE DATE

BRAINTREE REHABILITATION HOSPITAL
33rd Annual Neurorehabilitation
Conference on
**Traumatic Brain Injury, Stroke and
Other Neurologic Disorders**

November 3 – 4, 2012
Hyatt Regency Hotel
Cambridge, Massachusetts

Visit the
ACRM
exhibit
booth

Featuring a workshop based on the ACRM
Cognitive Rehabilitation Manual,
presented by ACRM faculty.

FOR MORE INFORMATION, PLEASE CONTACT:

Donna Carr, CME Coordinator
email: drcarr@5sqc.com or phone: 781-348-2113
www.braintreerehabhospital.com

**United Nations International Strategy for Disaster
Reduction** www.unisdr.org/publications

World Confederation for Physical Therapy
www.wcpt.org

World Federation of Occupational Therapy
www.wfot.org

Farewell and Best Wishes!

By Tamara Bushnik, PhD, FACRM, President, ACRM



It is with mixed emotions that I write this message. After over 11 years of exemplary service to ACRM, Judy Reuter is leaving our organization. Since the early days of ACRM, when head office could be counted on one hand, Judy has played an integral role maintaining the spirit and energy of ACRM. Her dedication to ACRM has been immeasurable – Judy was always the person to go to for help, to answer a question, to provide historical perspective to ACRM, to do whatever was asked of her – including stepping in as Interim Executive Director when past Executive Director Ric Morgan left. She continued to fill whatever role that was asked of her over the past few years. Most recently, Judy was the Senior Manager of Mission Directives, which required her to work with all of the committees, interdisciplinary special interest groups, networking groups and task forces. Along with Jenny Richards, Director of Member Services, Judy travelled the country staffing a booth at rehabilitation conferences to increase ACRM’s visibility and to grow membership – the two made a dynamic duo that was very successful. I count Judy as a friend – as I’m sure many of you do – and wish her the best in this new stage of her life.

For all of you who had the good fortune to interact with Judy, these quotes from past presidents of ACRM will ring especially true.



"Judy was always the 'steady hand' who got things done, big or small. Reliable, friendly, never any harshness from her."

Wayne Gordon, PhD, ABPP/Cn, FACRM

"I truly appreciated Judy's support during my presidency. She possessed the organizational knowledge, history and contacts that were essential to being an effective president. I could always count on her to anticipate needs and deliver results in a timely manner. Her cheerfulness and optimism are inspiring."

Allen Heinemann, PhD, FACRM



"JUDY WAS THE 'COMMON THREAD' WHO FOR MANY YEARS WAS THE KEEPER OF OUR HISTORY."

GARY ULICNY, PHD

"Judy Reuter: I always think of her as the shepherdess, conscience and memory of the organization. She has been a staff member longer than anyone, has worked with everybody, knows about everything ACRM worthwhile knowing. Always there, never calling attention to herself, always gentle, understanding, and a pleasure to deal with."

Marcel Dijkers, PhD, FACRM





VOTE! ACRM Board of Governors and Nominating Committee Election



The ACRM Board of Governors and Nominating Committee Election is now in progress through 30 June. If you have not yet voted, please take a few moments to study the following Candidate Statements of Intent and VOTE!

How to Vote

On 1 May, an email containing a unique member link to the online election survey was mailed to each ACRM member. Use of unique links protects the integrity of the election process by ensuring that only members have access and restricting responses to one vote per member. If you did not receive your member link, please search your spam folder for subject line: "ACRM Election Survey." Please contact Cindy Robinson at CRobinson@ACRM.org if you need assistance.



Candidates for Member-at-Large

(Vote for One)

Fofi Constantinidou, PhD, CCC-SLP
Chair, Department of Psychology
University of Cyprus

I am honored to be nominated for the position of Member-at-Large of ACRM. I have been an active member for several years. In 2005 I was encouraged by the late Mitchell Rosenthal to join the International Committee, of which I served as co-chair in 2008 and chair since 2009. Our committee has translated the mTBI definition in 7 languages, established the Annual Brucker International Luncheon at the conference, and expanded our international membership. I am also a member of the Liaison Committee and the incoming chair of chairs. Other organizational leadership include the American Speech-Language-Hearing Association and the American Psychological Association Joint Committee (ASHA chair during my last term), and current vice-chair of the Cypriot Speech-Language Pathology Registration Council.

As a certified speech-language pathologist I specialize in the rehabilitation of adults with acquired cognitive and language disorders. Upon completion of my doctoral studies at the University of Cincinnati (1995), I joined the faculty in the Department of Speech Pathology and Audiology at Miami University, Oxford, Ohio. In 2006 I moved to Cyprus to work in the Department of Psychology at the University of Cyprus and contributed to the establishment of research and clinical services for individuals with neurological disorders. What began as an initial two-year appointment turned into a long-term choice and I have been chairing the department since 2008. My current research focuses on the effectiveness of systematic cognitive rehabilitation in individuals with TBI and in adults at risk for dementia.

As the director of the newly established Center for Applied Neuroscience at the University of Cyprus, my research continues to focus on neurorehabilitation (www.can.ucy.ac.cy). For example, we are conducting the first systematic research on the epidemiology of TBI in Cyprus.

The past five years have provided me with the opportunity to interact with researchers and service providers from around the world; thus gaining a broader understanding of both the challenges and opportunities facing rehabilitation research and practice. If elected, I will facilitate ACRM's national and international agenda and promote collaboration with other relevant organizations in order to advance ACRM's visibility and interdisciplinary research collaboration while maintaining our commitment to the base membership. I look forward to having the opportunity to work for all of you in these critical areas.



Ronald T. Seel, PhD

Director, Brain Injury Research
Crawford Research Institute
Shepherd Center

I am honored to be nominated as a Member-at-Large on the ACRM Board of Governors. I have been a member of ACRM for about 10 years and currently serve as chair of the Brain Injury-Interdisciplinary Special Interest Group and the ACRM Clinical Practice Committee. I have actively participated in the past as a member of the ACRM Programs, Membership, Communications, and Policy and Legislation committees and as chair of the BI-ISIG Disorders of Consciousness Task Force. Primary ACRM projects I have co-led include the ACRM Practice Parameter, "Assessment Scales for Disorders of Consciousness: Evidence-Based Recommendations for Clinical Practice and Research" and the CPC sponsored, June 2012 Archives of PM&R Supplement, "Developing and Using Evidence to Improve Rehabilitation Practice."

In my day job, I am the director of Brain Injury Research at the Shepherd Center in Atlanta, GA. Prior to Shepherd Center, I served as the 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. My counseling psychology and rehabilitation training roots started at Virginia Commonwealth University and the Medical College of Virginia.

If elected, I will focus my energy on improving ACRM membership value, facilitating the growth and financial stability of the association, promoting efforts to develop and translate evidence to improve rehabilitation practice, and

working with other associations to advocate for increased research and clinical funding to improve the lives of persons with disabilities.

I value my membership in the ACRM and the close friendships I have developed. As we grow in size and evolve to better meet younger members' needs, engage and retain an international membership, and improve our translation of research evidence for clinicians' everyday use, I think it is essential that we also preserve our culture of informality, hard work, and intimacy. It is these qualities that first attracted me to the ACRM and keep me motivated to stay an active member. Thank you for considering me to represent you on the Board.



Ross Zafonte, DO
Earle P. and Ida S. Charlton
Professor & Chair
Department of Physical Medicine &
Rehabilitation
Harvard Medical School
Chief of Physical Medicine &

Rehabilitation
Massachusetts General Hospital
Vice President, Medical Affairs, Research & Education
Spaulding Rehabilitation Hospital

I am honored to be nominated for the position of Member-at-Large for the American Congress of Rehabilitation Medicine (ACRM). I am hopeful that my 20 years of experience in program, educational, and institutional development will help serve the mission of the ACRM. If given the opportunity, I would devote the time, effort, and focus necessary to assure the organization's continued success.

Presently, I am privileged to serve as the Earle P. and Ida S. Charlton professor and chairman of the Department of Physical Medicine and Rehabilitation at Harvard Medical School. I am also chief of Physical Medicine and Rehabilitation at Massachusetts General Hospital as well as vice president, Medical Affairs, Research and Education at Spaulding Rehabilitation Hospital. My management experience includes serving on executive committees for graduate medical education and program development at Harvard Medical School. I have been involved in rehabilitation organizations, including the ACRM, for the past 20 years. One area of focus that I am passionate about is the role the ACRM can play in the development of young faculty. One of my primary goals as a Member-at-Large would be to assure that the ACRM continues to enhance its important role in developing rehabilitation researchers and educators from a wide-range of disciplines. Another critical area for ACRM's future growth is health policy and advocacy regarding clinical, research, and educational issues. Thus, I would hope that my health system, regional, and national experience would be an asset to ACRM in this arena.

My work, both clinical and research, has focused on traumatic brain injuries, concussion, neurotrauma, and other neurological disorders. At present, I serve on a multidisciplinary, evidence-based, guidelines committee looking at concussions in sport sponsored by the American Academy of Neurology. My research has been funded by the National Institute of Health, the National Institute on Disability and Rehabilitation Research as well as the Department of Defense. My current research focuses on clinical trials and neuroimaging for those with traumatic brain injury. I also serve as co-PI of the Spaulding/ Harvard NIDRR SCI Model System.

In 2006, I was selected to receive the Walter Zeiter award by the American Academy of Physical Medicine and Rehabilitation, and in 2008, I was the recipient of the Association of Academic Physiatrists Distinguished Academician Award. I am honored for these recognitions by my colleagues.

ACRM has a critical role in the mission of "making a difference" in the lives of those with disability. This can only be accomplished via a strong evidence-based, multidisciplinary approach. If elected to be a member-at-large, I would welcome the opportunity to be a valuable contributor to the ACRM mission.



**Candidates for Early Career
Member-at-Large** *(Vote for One)*

Noelle E. Carlozzi, PhD
Assistant Professor
Center for Rehabilitation Outcomes
& Assessment Research

Department of Physical Medicine & Rehabilitation
University of Michigan

I am honored to be nominated for the ACRM Board of Governors Early Career Director-at-Large. I am an assistant professor in the Department of Physical Medicine & Rehabilitation at the University of Michigan. I received my PhD in Clinical Psychology from Oklahoma State University in 2005 after which I completed a Clinical Neuropsychology Fellowship at the Medical University of South Carolina, and a Research Fellowship at Indiana University. While I am a licensed clinical psychologist, I spend the majority of my time on clinical research. My primary expertise is in measurement development and validation. In particular, much of my recent research has focused on improving measurement of health-related quality of life (HRQOL) for individuals with traumatic brain injury (TBI) and Huntington disease (HD).

Over the past several years, I have been involved as a co-investigator on several HRQOL measurement development projects in TBI (i.e., the TBI-QOL, PI: Tulskey; and the Polytrauma -QOL, PIs: Vanderploeg & Fitzgerald) and

ELECTION *continued on page 8*

ELECTION *continued from page 7*

spinal cord injury (SCI; the Blood Pressure subdomain of the SCI-QOL, PI: Wecht). I am also the PI for a project to develop an HRQOL measure for use in HD (HD-QOL). In addition to my work on these measurement development studies, I am a co-investigator for the RRTC on Improving Measurement of Medical Rehabilitation Outcomes (PI: Heinemann) to validate and adapt newly developed measures for use in clinical rehabilitation populations. Most recently, I am providing outcomes assessment expertise on a study that is part of the Neurological Emergencies Treatment Trials Network designed to improve the outcomes of patients with acute neurological illness and injury (PI: Barson).

I have been a member of ACRM since 2010 and have served on the Early Career Committee for the past two years. As a relatively new member of the rehabilitation community and as an even newer member of ACRM, I recognize the importance of training and supporting our early career rehabilitation clinicians and scientists. I would be honored to represent those of us that are still in the early-stages of our careers on this committee. Thank you for your consideration.



Dawn Neumann, PhD
Assistant Research Faculty
Department of Physical Medicine
and Rehabilitation, IU School of
Medicine Rehabilitation Hospital
of Indiana (RHI)

I am very excited to be a nominee for the Early Career Member position for the American Congress of Rehabilitation Medicine Board of Governors. I first joined ACRM as a graduate student 6 years ago and have been a member ever since. As an “early career” person, I felt it was important to surround myself with other professionals I would be able to learn from and network with, and who are as passionate about rehabilitation as I am. I have attended and presented at the last several ACRM conferences and feel that I have made invaluable career connections through these meetings. Since becoming an ACRM member I have also become an active member of the Early Career Development (ECD) Committee. Consequently, I have been serving as an ad hoc Early Career Member on the Board for the last several months and am enthusiastic about the prospect of being formally elected to this position.

I have a PhD in Rehabilitation Science from the University at Buffalo, SUNY and am currently assistant research faculty at Indiana University School of Medicine in the Department of Physical Medicine and Rehabilitation, and clinical research faculty at the Rehabilitation Hospital of Indiana. My research focuses on assessing and treating emotional processing deficits after brain injury. This past October I received the Mary E. Switzer Merit Fellowship from NIDRR to study problems with anger and aggression after brain injury.

I believe that being a professional early in my career and a member of the ECD committee will provide me with the insight necessary to make substantial contributions as an Early Career Member of the Board. I feel strongly that the dual role of serving on the Board of Governors and the ECD committee will facilitate the process of developing and implementing important goals for enhancing ACRM membership and participation for students/professionals early in their careers. I am committed to ACRM’s mission to improve the quality of lives for people with disabilities, and I am just as passionate about being able to provide the support and guidance necessary to promote the success of our future leaders in rehabilitation.



Candidates for Nominating Committee

(Vote for One)

Teresa Ashman, PhD
Associate Director of
Psychology Research

Training Director of
Postdoctoral Fellowship
Rusk Institute of Rehabilitation Medicine
Associate Professor
NYU Langone Medical Center

I am honored to receive this nomination to serve on the Nominating Committee. I have been an active and dedicated member of ACRM since 2000 when I attended my first conference in Hilton Head, SC. Since that time, I have participated in all but one conference, often presenting, usually serving on various committees and tasks forces, and always enjoying the camaraderie of my fellow rehabilitation professionals. As a result of my involvement in ACRM over the years, I believe that I have a strong understanding of the organization and its unsurpassed contribution to the field of rehabilitation research. There is no question that my involvement has contributed enormously to my professional growth and identity; ACRM has provided me with innumerable opportunities to interact and collaborate with leading rehabilitation researchers.

I have been a research and clinical neurorehabilitation psychologist for 14 years, having spent over a decade with my outstanding colleagues at Mount Sinai School of Medicine and, more recently, working with my exceptional colleagues at the Rusk Institute of Rehabilitation Medicine at NYU Langone Medical Center. My research has examined psychosocial and cognitive consequences of traumatic brain injury (TBI), including psychiatric disorders, physical symptoms (e.g. fatigue and sleep disturbance) and cognitive deficits like executive functioning and emotional regulation. Throughout my career, I have been firmly committed to the training and mentoring of our next generation of clinical rehabilitation researchers

ELECTION *continued on page 9*

News from the BI-ISIG Girls & Women with TBI Task Force

Members of the Girls and Women with TBI Task Force led and contributed significantly to a symposium entitled, “Women Living with TBI: An Evidence-Based Discussion and Exchange,” which was presented March 21, 2012 at the International Brain Injury Association meeting in Edinburgh, Scotland.

Dr. Tina Trudel began the symposia with an overview of the literature and clinical issues related to women and TBI. Dr. Colantonio presented data on the epidemiology of brain injury by gender, data on long-term women’s health outcomes, a summary of the first international workshop on women and brain injury, as well as data from focus groups among women with acquired brain injury.

Dr. Paolo Boldrini examined gender differences in a unique regional registry of the network of rehabilitation of severe brain injury of Emilia Romagna (GRACER) in Italy. This work noted more health service utilization by women despite similar demographic and clinical profiles.

Dr. Tamara Bushnik presented an overview of gender differences from the Model TBI systems in the US. In addition, she presented issues related to fatigue and neuroendocrine changes relevant to women. Dr. Laurent Wiart, of Bordeaux, France spoke about gender differences in the psychological follow up of TBI patients. Dr. Lisa Sherwin moderated the session and took the lead in organizing the speakers. She presented a truly international perspective which stimulated much discussion.

A multidisciplinary symposia entitled “Women Living with TBI: What do we Know and What do we Need to Know?” will take place at the ACRM meeting in Vancouver. It will include the perspectives of clinicians, consumers and researchers.

Dr. Yelena Goldin-Lauretta, a neuropsychologist from the JFK Johnson Rehabilitation Hospital, led the task force meeting at the ACRM Mid-Year Meeting in Nashville. ■

ELECTION *continued from page 8*

through my position as training director for postdoctoral fellows both at Mount Sinai and currently at Rusk Institute. I am currently chair of the Membership Committee, working to increase student and Early Career members. I have also served as a mentor in the Early Career Committee’s annual workshop and have actively participated on the Cognitive Rehabilitation and Mild TBI Task Forces.

If elected to the Nominating Committee, I would be pleased to have this unique opportunity to serve ACRM and its membership. It is important to recognize those who promote the advancement of the science and practice of rehabilitation while helping to improve the lives of individuals with disabilities. It is essential that we honor those who contribute to enhancing the reputation and visibility of the organization, as well as promote scientific rigor in the field of rehabilitation research. I appreciate your attention and thank you for your consideration.



Virginia Mills, MS, PT, CCM, Lic NHA
President
Community Rehab Care, Inc.

I am grateful that I have been asked to put my name forward to be elected as a member of the Nominating Committee for ACRM.

I have been an ACRM member for 30 years and I have watched the organization change in many exciting and dynamic ways over these years. I most appreciate that ACRM is truly a multidisciplinary organization. I have

always felt at home at ACRM and I continue to want to contribute to the organization. I believe I can do this as a member of the Nominating Committee. In the past, I have served as Program Chair for the conference for 3 different years (1999, 2010 and 2011) and I was one of the founding members of the Brain Injury Special Interest Group when Shelly Berrol was chairperson. Through the years, I have worked on numerous committees in the BI-ISIG and was one of the original editors of the BI-ISIG newsletter. Being a member of ACRM and the BI-ISIG has always enhanced my professional development and growth.

My career started as a physical therapist at Braintree Hospital and I worked my way up to senior vice president of Neurorehabilitation Services at Braintree. I have worked as a clinician, administrator and researcher at different times. I had many enjoyable years planning and organizing the annual Braintree Conference with my colleague, Doug Katz, MD and others. I left Braintree and founded Community Rehab Care, Inc. in 1996, an outpatient neurorehab program in the greater Boston Area with two of my colleagues from Braintree Hospital. Community Rehab Care has grown and become well known in the greater Boston area as a high quality provider of outpatient rehab services. I have dedicated my career to the rehabilitation of people with neurologic illness and having them achieve the best outcome possible for themselves. ■

I look forward to seeing the development of ACRM over the next 30 years! ■

Three Outcomes Measurement Symposia at the 2012 Annual Conference

The Outcomes Measurement Networking Group is pleased to announce three contributions to the 2012 ACRM annual conference. A preconference Instructional Course, titled “Evidence, Theory and Experience: Implementing Evidence into Rehabilitation Practice,” will explore individual and organization-level factors that lead to the adoption of system-wide change initiatives. This pre-conference course features an international collaboration of thought leaders in clinical rehabilitation who have direct experience with the implementation of outcome measures in large systems of care in the United States and Canada.

The course is organized by Allen Heinemann from the Rehabilitation Institute of Chicago and includes Alison Hoens, physical therapy knowledge broker with the University of British Columbia Department of Physical Therapy; Marie Westby, PT teaching supervisor at the Mary Pack Arthritis Program of the Arthritis Society and Vancouver Coastal Health; Jennifer Moore, clinical practice leader of Neurological Physical Therapy; Allan Kozlowski, post-doctoral fellow, and Jason Raad, project manager from the Rehabilitation Institute of Chicago. The course’s primary objective is to provide attendees with a framework in order to more accurately assess an organization’s readiness to adopt changes necessary for effective outcomes measurement. The course is scheduled for Wednesday, 10 October at 8:00 AM.

Have you ever wondered who is behind your favorite online outcomes measurement resource? Online resources have rapidly become a preferred method for finding, assessing and administering outcome measures, yet these resources differ on a number of important dimensions. Online resources will be compared and contrasted in a symposium at the annual conference, titled “Outcome Measurement Resources for Rehabilitation Clinicians.” Allen Heinemann, chair of the Outcomes Measurement Networking Group, will introduce users to several of the most prominent outcome measurement resources available. Speakers include Jerry Wright and Stephanie Kolakowsky-Hayner of the COMBI website, Katherine Salter of the Stroke Rehabilitation Evidence-Based Review, Genevieve Pinto Zipp and Jane Sullivan from the American Physical Therapy Association’s Stroke Edge, Bill Miller from SCIRE, and Jennifer Moore representing the Rehabilitation Measures Database. Panel members will review their resource’s focus and clinical orientation, as well as the rationale that underlies how information is disseminated to practitioners. Join us on Friday, 12 October from 7:15 AM to 8:15 AM for a lively and informative discussion.

The networking group’s third symposium, titled “Promoting Adoption of Outcomes Data Collection in Rehabilitation

Practice,” addresses factors that support and inhibit the adoption of outcome measures in clinical practice. This symposium, organized by Allen Heinemann, will identify barriers and facilitators to the adoption of outcome measures in clinical practice, with a focus on the adoption of outcome measures among entry-level clinicians. Panel and audience discussions will be used to identify resources necessary to encourage sustained use of outcome measures in interdisciplinary clinical settings. The discussion will also address the merits and limitations of educational resources designed to change clinical practice. The symposia includes notable experts in the field including; Joy Hammel from the University of Illinois at Chicago, Allan Kozlowski from RIC, Chris McDonnell from CARF and Alison Hoens from the University of British Columbia. The symposium is scheduled for Friday, 12 October from 8:30 AM to 10:00 AM. ■

NRC Releases Report on NIDRR Performance Evaluation

The National Institute on Disability and Rehabilitation Research (NIDRR) is one of multiple federal agencies that support research and development designed to improve the lives of persons with disabilities. As part of an effort to assess and improve its performance, NIDRR asked the National Research Council: 1) to evaluate the processes by which it establishes priorities and awards, and monitors grants; and 2) to examine the quality of a sample of publications, devices, and other “outputs” produced by NIDRR-funded researchers.

To conduct the evaluation, the committee reviewed legislation and NIDRR’s policies and procedures; interviewed the agency’s managers; surveyed NIDRR staff, stakeholder organizations, principal investigators, and peer reviewers; and developed a method for assessing the quality of outputs.

The committee determined that NIDRR generally uses effective processes and produces outputs of good quality. However, they also identified improvements NIDRR could make and offered recommendations for doing so. The report, *Review of Disability and Rehabilitation Research: NIDRR Grantmaking Processes and Products*, is available at no cost from the National Academies Press, www.nap.edu/catalog.php?record_id=13285. ■

COGNITIVE REHABILITATION MANUAL

Raising the Bar in Cognitive Rehabilitation

“Thoughtfully organized, practical, and invaluable — this manual provides step-by-step techniques for delivering cognitive therapies. This promises to be an essential guide to the delivery of cognitive rehabilitation services for persons with brain injury.”

RONALD T. SEEL, PhD SHEPHERD CENTER, ATLANTA, GA (USA)

“This manual has moved the post-acute brain injury industry significantly forward by providing clear guidelines for delivering ‘best practice’ cognitive rehabilitation.”

SID DICKSON, PhD, ABPP PATE REHABILITATION, DALLAS, TX (USA)

“Useful for both experienced professionals in cognitive rehabilitation and for a first approach.”

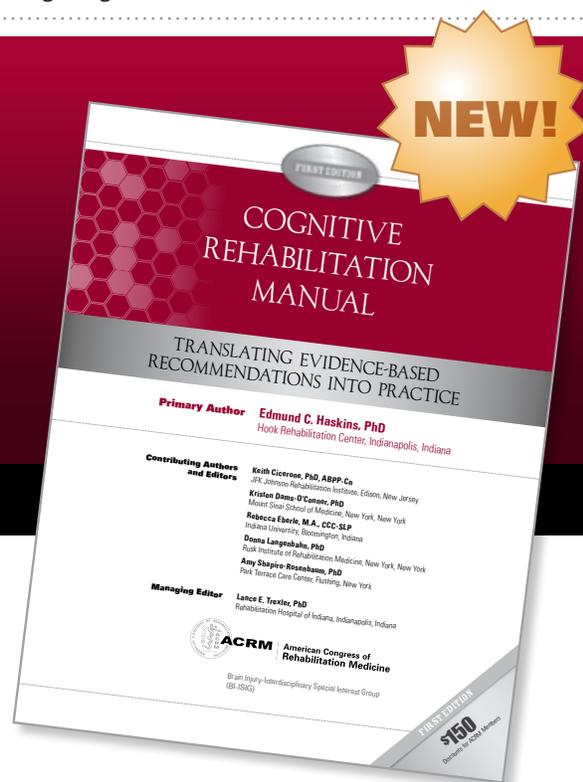
PAOLO BOLDRINI, MD OSPEDALE CA' FONCELLO, PIAZZALE OSPEDALE, TREVISO (ITALY)

“The Cognitive Rehabilitation Manual is a comprehensive collection of evidence-based research practices organized in a clear manner. The information is presented in a format that will benefit both seasoned professionals and entry level clinicians working with patients who present with cognitive/communication deficits.”

DAVID J. HAJJAR, MS, CCC-SLP CROTCHED MOUNTAIN FOUNDATION, GREENFIELD, NH (USA)

“The manual is well aimed at ACBIS qualified staff and Clinical Psychologists and Occupational Therapists. It covers many of the well-researched and presented single or small-n case studies and the larger group outcome studies up to the present. It is certainly evidence-based in my view and it succeeds in translating the disparate evidence base in the clinical literature to workable recommendations for staff on the ground.”

DR. BRIAN WALDRON ACQUIRED BRAIN INJURY, DUBLIN (IRELAND)



Step-by-step guidelines bring the latest research to clinical settings. Includes rubrics for goal-setting, decision trees and reproducible evaluation worksheets. A must-have resource.

FIRST EDITION LAUNCH SPECIAL

LAUNCH SPECIAL Introductory Pricing

Only through 30 June 2012

ACRM Member	\$95
Non-Member	\$125

REGULAR PRICE

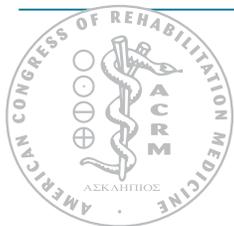
After 30 June 2012	\$150
--------------------	-------

PURCHASE THE MANUAL HERE: www.ACRM.org/cognitive-rehabilitation-manual



ACRM American Congress of Rehabilitation Medicine

Rehabilitation OUTLOOK



American Congress of Rehabilitation Medicine

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

www.ACRM.org



ACRM | Rehab **JOB BOARD**

Find your happy place

Jobs in Rehabilitation

FIND A JOB / POST A JOB

Part of the National Healthcare Career Network



ACRM

American Congress of
Rehabilitation Medicine