I would like to express my gratitude for the honor of serving as your next president for 2013 – 2015. I must thank our past presidents who paved the way, most especially TAMARA BUSHNIK who mentored me in preparation for my term. I am eager to meet the needs of the membership and look forward to hearing from each of you.

In my most recent past role at ACRM, I helped to develop the Chairs Council to unite all ACRM “communities,” including the Interdisciplinary Special Interest Groups (ISIGs), Networking Groups, and their respective task forces, and committees. The Council provides a forum for sharing ideas and successes to collaboratively advance each group’s mission in coordination with the ACRM BOG. Please visit the ACRM Communities webpage, www.ACRM.org-communities, to see how you might get involved.

Plans for our next annual conference in Toronto are underway to deliver non-stop content in six diagnostic areas, including brain and spinal cord injury, stroke, neurodegenerative diseases, pain, and cancer rehabilitation. Content with a focus on research methods, clinical practice, outcomes research/epidemiology, neuroscience, technology, health/disability policy or pediatric rehabilitation is of particular interest. This conference has the potential to be our largest ever and will be the first conference to incorporate a convention center venue. Please consider submitting your rehabilitation research and become a part of the strongest scientific conference for interdisciplinary rehabilitation.

Symposia proposals are due 31 January 2014; Papers/Posters proposals are due 14 March 2014.

If you attended the 2013 conference in Orlando, you undoubtedly noticed the expansion of the Annual Conference Expo. Our Toronto conference Expo will be even larger! Please consider exhibiting with ACRM in 2014. Now is the time to reserve your space. Extraordinary packages are available that can even include advertising in the ACRM scientific journal, Archives of...
Congratulations to 2013 ACRM Award Recipients

During the 90th Annual ACRM Conference, in recognition of outstanding achievement and service, the ACRM Awards Committee honored seven individuals at the Henry B. Betts Awards Gala on 15 November. Winners of the 2013 ACRM Awards demonstrate excellence in leadership, public service, and the advancement of the field of rehabilitation.

**Gold Key Award Recipient: Ralph Nitkin, PhD**
The ACRM Gold Key Award was established in 1932 as a certificate of merit for members of the medical and allied professions who rendered extraordinary service to the cause of rehabilitation. It is the highest honor given by ACRM. The 2013 Gold Key Award recipient is Dr. Ralph Nitkin.

Dr. Nitkin is an outstanding ambassador for the field of Rehabilitation Medicine. He is currently deputy director for the National Center for Medical Rehabilitation Research (NCMRR) at the Eunice Kennedy Shriver, National Institute of Child Health and Human Development in the National Institutes of Health (NIH). For more than twenty years, Dr. Nitkin has been an advocate, supporter, facilitator and friend of rehabilitation research within the NIH. He is directly responsible for significantly enhancing the visibility of rehabilitation research within the NIH and throughout other federal agencies that actively support the rehabilitation and disability community. Major contributions to the advancement of rehabilitation research and science resulted from his efforts to build research capacity and create scientific opportunities for investigators interested in rehabilitation, disability and recovery.

**Distinguished Member Award Recipient: Claire Zabelle Kalpakjian, PhD**
Established in 1988, the Distinguished Member Award honors ACRM members who significantly contributed to the development and functioning of ACRM, demonstrating leadership skills, organizational abilities, and public service. The 2013 Distinguished Member Award recipient is Dr. Claire Kalpakjian.

Dr. Kalpakjian is an assistant professor at the University of Michigan Department of Physical Medicine and Rehabilitation in Ann Arbor and has practiced in the field of rehabilitation for more than 20 years as a clinician and researcher. She has been an active member of ACRM since 2001. As co-chair of the Early Career Development Course committee from 2009 – 2011, she spearheaded development of the Mentoring Program as an integral part of the course presented each year at the ACRM Annual Conference. Dr. Kalpakjian’s program of research focuses on psychosocial outcomes of disability and women’s health. She has published more than 40 peer-reviewed papers, has received federal and foundation funding for her research, and serves as co-investigator on several other large, federally funded projects in rehabilitation.

**Edward Lowman Award Recipient: Elliott Roth, MD**
The Edward Lowman Award recognizes an ACRM member whose career reflects an energetic promotion of the spirit of interdisciplinary rehabilitation. In 1989, this award was established to honor Edward Lowman, MD, who recognized the importance of multidisciplinary teams in rehabilitation. The 2013 Edward Lowman Award recipient is Dr. Elliott Roth.

In keeping with the spirit of Edward Lowman, MD, Dr. Roth’s commitment to interdisciplinary rehabilitation consistently demonstrates an inclusive approach to engaging clinicians and investigators in collaborative clinical and research activities. Dr. Roth is the Paul B. Magnuson Professor and has served as chair of the Department of Physical Medicine and Rehabilitation at Northwestern University Feinberg School of Medicine since 1994. He also chairs the Department of Rehabilitation Medicine at Northwestern Memorial Hospital, and is medical director of the new Patient Recovery Unit of the Rehabilitation Institute of Chicago. In this role, he is responsible for the training of residents, fellows, and medical students; and a sizeable research

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

Dr. Cantor served as associate professor in the Department of Rehabilitation Medicine at the Icahn School of Medicine and co-director of the Brain Injury Research Center at Mount Sinai in New York. He received his PhD in clinical psychology from Long Island University and completed a postdoctoral fellowship in rehabilitation and clinical neuropsychology at Mount Sinai. He is board certified in rehabilitation psychology. Dr. Cantor was a principal investigator or co-investigator on numerous federally funded studies, including the New York TBI Model System and the Mount Sinai Injury Control Research Center. Dr. Cantor’s body of work was focused on the very difficult topic of fatigue after traumatic brain injury, in which he had already amassed a significant portfolio of published research. He served as chair-elect of the ACRM Brain Injury Interdisciplinary Special Interest Group (BI-ISIG), a member of the executive board of ACRM, and associate editor of the Journal of Head Trauma Rehabilitation. He is the author of numerous peer-reviewed articles and book chapters and presented widely on TBI-related topics.
Dr. Heinemann trained as a rehabilitation psychologist and began his academic career as assistant professor of Psychology at the Illinois Institute of Technology before moving to the Rehabilitation Institute of Chicago (RIC) in 1985. He is currently assistant director of research at RIC and director of the Center for Rehabilitation Outcomes Research. Through Dr. Heinemann’s leadership, the Center has gained widespread recognition for its research in outcome studies related to measuring the impact of medical rehabilitation over the long term in patients with disabilities. Dr. Heinemann is a pioneer in the application of contemporary psychometric methods, specifically the Rasch measurement model, to rehabilitation outcomes measurement. He has made significant contributions to our understanding of the conceptual structure of the Functional Independence Measure.

Dr. Neumann is an assistant research professor at Indiana University School of Medicine in the Department of Physical Medicine and Rehabilitation, and clinical research faculty at the Rehabilitation Hospital of Indiana. She received her MA in Psychology from Rutgers University and a PhD in Rehabilitation Science from the University at Buffalo, SUNY. Dr. Neumann’s research primarily focuses on studying and treating a variety of emotional processing and regulation problems after brain injury. She is particularly interested in impaired social cognition and nonverbal communication, alexithymia, empathy loss, irritability and aggression, and poor interpersonal/ marital relations after brain injury. Dr. Neumann is on the editorial review board for the Journal of Head Trauma Rehabilitation. Dr. Neumann chairs the ACRM Early Career Networking Group, and serves on the ACRM Board of Governors as Early Career Member-at-Large.

Dr. Ottomanelli is a psychologist at the James A. Haley VA Hospital, HSR&D/RR&D Center of Excellence Maximizing Rehabilitation Outcomes and an associate professor in the Department of Rehabilitation and Mental Health Counseling at the University of South Florida in Tampa. Dr. Ottomanelli completed her doctoral degree in clinical psychology at Texas Tech University and her internship at University of Oklahoma Health Science Center. Dr. Ottomanelli has more than 15 years of clinical and research experience in the area of spinal cord injury, disability and rehabilitation.

John Stanley Coulter Lecture Award Recipient: Allen Heinemann, PhD, ABPP (RP), FACRM
The John Stanley Coulter Award is a distinguished lectureship honoring John Stanley Coulter, MD in celebration of his many contributions to rehabilitation. A past president of ACRM (1925), he also served as treasurer and editor of the Archives of Physical Medicine and Rehabilitation. The award recognizes professional achievements which significantly advance the field of rehabilitation. The 2013 John Stanley Coulter Lecture Award Recipient is Dr. Allen Heinemann.
Archives of Physical Medicine and Rehabilitation, Celebrates One-Year Anniversary of Rehabmeasures.org Tear Sheets

By Neal Michalk, MS, Rehabilitation Institute of Chicago, ACRM INSTITUTIONAL MEMBER

The Rehabilitation Measures Database (RMD), in collaboration with the ACRM journal, Archives of Physical Medicine and Rehabilitation (ARCHIVES), recently celebrated the one year anniversary of the Rehabmeasures.org tear sheets. These innovative instrument summaries, included in alternate issues of the journal, provide academics, researchers, and clinicians with a condensed, one-page review of an instrument's psychometric properties and clinical utility for a single diagnostic population.

“These tear sheets were designed to give clinicians the information necessary to quickly make a decision about the appropriate use of an outcome measure, or assessment for research or clinical practice,” said Dr. Jennifer Moore, executive editor of the RMD.

It has been difficult to concisely summarize a lot of research data into a one-page document. As it turns out, the solution was a familiar one. The genesis of the tear sheet format lies in the Illinois driver’s license.

Project manager, Jason Raad explained, “The idea was to create a familiar format that users could comfortably navigate.”

The front page of each tear sheet consists of a brief summary of the measure along with a reference list of primary research articles, while the back page summarizes the psychometric properties of the instrument.

Since its launch in the September 2012 issue of ARCHIVES, several authors have contributed to the project. According to Raad, author feedback has been positive. Some report that sitting down to work on a tear sheet helped them to better understand the essential elements of an instrument. It also helps clinicians quickly access the information they need at the point of care.

Moore agrees, “Our goal was to create a one page document that people could physically tear out of the journal ... that would provide researchers and clinicians with the information they need about a specific diagnosis quickly.”

In the first year of production, tear sheets were primarily authored by the RMD team, members of the American Physical Therapy Association, and academic collaborators who have incorporated the RMD into their curriculum.

Rachel Tappan, PT, NCS, author of the Six-Minute Walk Test tear sheet, sums up the experience, “The most rewarding part of authoring an RMD tear sheet was helping to disseminate information about an outcome measure.”

She advises authors interested in collaborating that having solid experience with the instrument in clinical and/or research practice really helps to critically appraise the studies that have investigated the instrument.

For more information about the RMD tear sheets project, find us in the Archives of Physical Medicine and Rehabilitation (the newest tear sheets appeared in the September and November 2013 issues), or contact Dr. Jennifer Moore at jmoore@ric.org.

SUE ANN SISTO continued from page 1

Physical Medicine and Rehabilitation. Please contact the Director of Member Services, JENNY RICHARD, jrichard@acrm.org, to learn more.

We are so proud of the ACRM scientific journal, Archives of Physical Medicine and Rehabilitation. With more than four times as many citations as any other rehabilitation journal — approximately one citing every 12 seconds — it is the most influential journal on rehabilitation in the world. Now it is also the #1 journal in print distribution to the physical medicine and rehabilitation market, including distribution to all AMA office-based PM&R physicians. Please consider submitting your reviews, rehabilitation research, and other content.

Again, thank you for being part of the ACRM family. I have an open-door policy, so please feel free to reach out to me at sue.sisto@stonybrook.edu. Let us remember those we have lost this year from our ACRM family, most especially Joshua Cantor, PhD, and remember to take care of ourselves as we care for others.

Most sincerely,

Sue Ann Sisto, PT MA PhD, FACRM, ACRM President 2013 – 2015 Stony Brook University

ACRM Improving lives through interdisciplinary rehabilitation research
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Want YOUR Institution to Become a Member? It’s EASY!

By Jon Lindberg, MBA, CAE, ACRM CEO

Your institution may now qualify for an exceptional value through the ACRM Institutional Member Program recently restructured by the Membership Committee. The more your institution engages with ACRM, the more visibility and member benefits your whole team receives.

How to Become an ACRM Institutional Member in THREE EASY steps:

1 CONTACT JENNY RICHARD, Director of Member Services, at JRichard@ACRM.org or +1-703-574-5845 and request a report of the “qualifying dollars” your institution earned in 2013.

Qualifying dollars accrue with every purchase your institution chooses to make with ACRM, including: conference registrations, membership dues, print and electronic advertising in the Archives of Physical Medicine and Rehabilitation journal and all other ACRM publications, exhibit space, job board listings and more.

*NEW! Any membership dues paid by individuals on your staff will now be included in your institution’s qualifying dollars total.

2 COMPARE YOUR QUALIFYING DOLLARS to the levels of Institutional Membership. You may already qualify for Institutional Membership in 2014!

   Bronze ................ $4,250+
   Silver .................. $6,500+
   Gold .................... $11,500+
   Platinum .............. $17,500+

3 CHOOSE THE LEVEL OF INSTITUTIONAL MEMBERSHIP that best provides the marketing visibility, staff engagement, and educational value your institution seeks. Jenny can help you explore options and ideas that best match your goals and budget.

Of note, the ACRM Board of Governors will soon be entertaining a recommendation for these qualifying limits to increase.

Sign-up before this increase to be grandfathered into the existing limits.

Why Your Institution Should Be an ACRM Institutional Member?

The obvious reason is of course, the discounts, which increase proportionately to the level of participation and can apply to any ACRM product or service from training to advertising — the choice is yours.

A perhaps less obvious reason why your institution should be an Institutional Member is the benefit of affiliation with the world’s largest association for interdisciplinary rehabilitation research. While qualifying limits for Institutional Membership have not increased in the past four years, ACRM has been growing like wildfire. Here are some examples of this tremendous growth:

1. Nearly all of the institutions rated by US News & World Report to be the best hospitals in rehabilitation are ACRM Institutional Members. See:

2. ACRM Membership grew by 965 percent over the past four years.

3. ACRM Annual Conference attendance grew by 417 percent over the past four years, making it now the world’s largest conference for interdisciplinary rehabilitation research.

4. The ACRM scientific journal, Archives of Physical Medicine and Rehabilitation has more than four times the number of citations as the next largest journal in rehabilitation, with approximately 2.5 million downloads per year — that’s one article about every 12 seconds. It also has the largest print distribution in the world to the physical medicine and rehabilitation market, including distribution to all AMA office-based PM&R physicians.

5. ACRM welcomed 17 new Institutional Members just this year: www. Shouldn’t your logo be here?

One of my favorite quotes, inspired by Secretary Hillary Clinton, is that it truly takes a village to grow an association. On this front, ACRM has had tremendous volunteer leaders from DRS. GORDON, to GIACINO, to ULICNY to BUSHNIK and now SISTO.

Few have worked as hard for ACRM, in my estimation, as DR. JENNY BOGNER, who has been absolutely tireless in her support for strong steady growth for ACRM. So I’ll take this moment to recognize these wonderful individuals for their tremendous efforts and astounding results. ACRM is truly indebted to all of these great, great leaders! It is to their credit that ACRM is today a world-class organization.

<<< JON LINDBERG, ACRM CEO recruiting young members with the Membership Report at the ACRM exhibit booth at the Annual Conference. View the Membership Report on the homepage: ACRM.org.
The Outcomes Measurement Networking Group is on the Move!

By Jason Raad, Project Manager, CROR, Rehabilitation Institute of Chicago

The ACRM Outcomes Measurement Networking Group (OMNG) has been a collaborative effort of researchers, academicians, and clinicians since 2008. During that time, measuring patient outcomes has evolved, both in terms of the basic science and in terms of the administrative and policy implications facing organizations. With these changes in mind, the OMNG chair, Dr. Allen Heinemann, has initiated a shift in the group’s focus to address issues facing healthcare providers. At the 2013 ACRM Annual Conference in Orlando, Florida, the OMNG convened to chart a new course for the group. As part of the evolution of the OMNG, members suggested the formation of four committees:

Instrument Applications (including G-Codes and Quality Metrics): The group will seek to understand how outcome measures affect administrative decision-making and explore policy implications. Group members voiced support for understanding how G-Codes are derived and applied, as well as issues surrounding the measurement of care quality.

Moderators of Outcome Measurement (Individual difference including gender, race, and ethnicity): During the discussion, several members voiced concern regarding the paucity of research investigating factors that may adversely impact the validity of outcome measures. This group will address how individual differences affect the reporting, collection, and interpretation of outcome measures.

Cognition: The cognition committee will seek to better understand how cognitive factors impact outcomes data. The committee will address issues including the role of patient cognitive capacity, proxy reporting of outcomes, and assess the validity of measures designed to evaluate these factors.

Curriculum Development: An area of concern for many attending the OMNG was enhancing the psychometric competence of clinicians while advancing it for generations of clinicians to come. The curriculum development group will work towards creating educational content designed to empower students, clinicians, and researchers to assess patient outcomes during all phases of rehabilitation.

The OMNG group also seeks people who are willing to lend their time, expertise, and leadership to help the group further its mission. If you are interested in participating in an OMNG group, or would like to take a leadership position within the group, please complete a brief survey available at https://www.surveymonkey.com/s/OMNG_ACRM. Questions about the OMNG can be sent to Dr. Allen Heinemann at a-heinemann@northwestern.edu.

BI-ISIG Girls and Women with ABI Task Force: Update from the 2013 ACRM Annual Conference

Enthusiastic task force members came together at 7:00 AM on the first day of the ACRM conference. We were pleased to welcome many new interested members from a range of different backgrounds and geographical locations.

Terms of reference were reviewed; updates on a special Archives of Physical Medicine and Rehabilitation Issue on Girls and Women with Acquired Brain Injury were shared. Dr. Goldin is leading a proposal to the clinical practice committee for a new systematic review to be continued during the Mid-Year Meeting to include healthcare disparities among women with TBI, and brain tumors and infections of the brain. Further, we discussed an upcoming symposium on women in neurotrauma for the 2014 ACRM Annual Conference in Toronto in collaboration with the Spinal Cord Injury Interdisciplinary Special Interest Group (SCI-ISIG) Women’s Health Task Force.

Co-chairs of the BI-ISIG Girls and Women with ABI Task Force, Angela Colantonio, PhD, FACRM (left) and Yelena Goldin, PhD.

BI-ISIG Girls and Women Task Force
What was the Early Career Networking Group up to in Orlando?

By Dawn Neumann, PhD and Brad Kurowski, MD

The 90th Annual ACRM Conference in Orlando had a lot going on for Early Career attendees – great educational courses; productive meetings to advance the mission of the Early Career Networking Group (ECNG); and last but not least, a whole lot of opportunities for networking and fun!

Stephanie Kolakowsky-Hayner, PhD, Early Career Development Course Task Force Chair (left); Dawn Neumann, PhD, Early Career Networking Group Chair; Brad Kurowski, MD, Early Career Physicians Task Force Chair; and Andrew Dennison, MD, Physicians Task Force member.

Education
This year’s preconference Early Career Development Course was nothing short of magical. Dr. Prudence Plummer led the task force in putting together this year’s course, and what a phenomenal job she and her team did. Attendees learned that dreams (and even R01s) really do come true! Approximately 40 attendees, ranging from graduate students to early career faculty, participated. Not only did attendees receive amazing content and advice from leaders in the field of rehabilitation medicine, they also established great peer and mentor connections. For 2014, Dr. Stephanie Kolakowsky-Hayner will lead the task force that organizes this Early Career Development Course. If you are interested in joining this task force, please contact Dr. Kolakowsky-Hayner at stephanie.hayner@hhs.sccgov.org for more information.

Meetings
ECNG BUSINESS MEETING: It was inspiring to feel the energy and excitement of our new ECNG members during this meeting. A large portion of the time was spent reflecting on the conference and how well it addressed the needs of early career attendees. Our new members seemed very pleased with the efforts of ACRM and the ECNG at making Early Career attendees feel welcome and comfortable at the conference. We discussed the benefits of joining the ECNG and ways to increase and maintain our members. We discussed the importance of keeping members connected throughout the year and ways in which we could provide continuing support and assistance to each other. Please contact the ECNG chair, Dawn Neumann at dmneuman@iupui.edu if you would like information about becoming a general member of the ECNG or joining one of our task forces.

ECNG Physicians Task Force: The Physicians Task Force had a great discussion at this conference. It was great to hear the enthusiasm and interest within our group and from others within ACRM! There was a consensus interest in developing improved opportunities for collaborations among clinicians and researchers. We are planning to have a round table discussion to gather view points from both clinicians and researchers on the topic. We were also able to grow our membership and are looking forward to welcoming the new members to our group. Please contact Brad Kurowski at Brad.Kurowski@cchmc.org if you are interested in participating in the round table discussion or joining the ECNG Physicians Task Force in general. Our next conference call will be 17 January 2014 at 3:30 PM EST. Let Dr. Kurowski know if you are interested in participating on the call and he will get you the call-in information. We are looking forward to an exciting year.

Fun and Networking
EARLY CAREER RECEPTION: ACRM is truly dedicated to Early Career. This is evidenced by the fantastic reception they hosted in honor of all Early Career Attendees. We had great drinks and food and lots of opportunity for networking! All of the ACRM interdisciplinary special interest groups, networking groups, and committees were there to introduce themselves to the early career attendees. Later, the ACRM Board of Governors and ACRM Past Presidents also joined in the fun. What an amazing networking event! Some even said that the Early Career Reception was so beneficial, it alone was worth the entire cost of the conference!

ECNG SOCIAL OUTING: This year, the ECNG organized its first-ever social outing for Early Career conference attendees. This event was spear-headed by Dr. Kristin Day, and what a huge success it was. Twenty-five people met for dinner and drinks in Downtown Disney at Paradiso 37. Most who attended had never been to an ACRM conference before. It was hard to believe that most of us did not know each other prior to that night, as everyone got along as if they had known each other for years! One participant said, “I feel that I’ve made some lifelong friendships tonight.” 😊

Making connections at the Early Career Reception.
A Magical Experience through the Eyes of an Early Career Member

By Kimberly Hreha, MS, OTR/L, Stroke Clinical Research Coordinator, Kessler Institute for Rehabilitation Research, Occupational Therapist with Kessler Foundation, and doctoral student at Teachers College, Columbia University

I was inspired to write this submission because the ACRM Annual Conference is my favorite conference and because I especially had a great time attending this year, in Orlando, Florida. As stated in the title, I could explain the conference as a “magical” experience just because we were in Disney World, the “happiest place on Earth!” However, to more suitably explain, I enjoyed attending (and have so for the past three years) because of:

1) The extremely knowledgeable lecturers
2) The multiple networking opportunities (which is important as an early career individual)
3) How seamlessly the conference links research and the clinical world

During this particular conference, I spent much of my time with the Vision Task Force leaders of the Stroke Interdisciplinary Special Interest group (Stroke-ISIG). It was this collaboration that resulted in new friendships and additional opportunities for involvement in ACRM. Attending this year’s conference, I had expectations to comprehensively learn, but I did not anticipate leaving with a feeling of accomplishment, blessing, and excitement for the future direction of the task force.

For two years I have been involved in the Stroke-ISIG Vision Task Force. I joined because I have a passion for promoting evidence-based rehabilitation and this group was one effective catalyst to advance the field of stroke rehabilitation. Our group has been working on two specific projects: (1) Developing a conceptual model for vision rehabilitation and (2) Completing comprehensive literature reviews on assessments used for vision screening the acquired brain injury population.

Our goals are to publish our model and develop a clinician-friendly tool to assist with diagnosing vision-related deficits to improve the treatment of vision in a more comprehensive way. In order to meet one of our goals, the task force chairs decided what better time than now! Thus, in-between conference sessions, we spent many hours working on our collaborative paper. As aforementioned, because of this impromptu work, the conference became even more fulfilling for me.

Thus to conclude, I hope this submission expresses my extreme gratitude to this wonderful organization, again not only because of the exceptional conference that is planned each year, but for the opportunity to be affiliated with the ACRM community. I look forward to being involved in the organization for many years to come! 😊
The 2013 ACRM Annual Conference in Orlando was indeed an international affair with delegates representing a record number of 31 nations! Rehabilitation researchers, clinicians, and providers from North and South America, Europe, Asia, Australia and New Zealand participated in the many activities of the conference. The symposia and paper and poster presentations also reflected the growing international flavor of the conference with the largest number of international attendees and presenters ever.

The culmination of our activities was the sixth annual Brucker International Luncheon on Friday, 15 November. The luncheon was established in 2008 in memoriam of our colleague, Dr. Bernie Brucker, who passed away suddenly. This year’s luncheon featured an engaging presentation on “Need and Opportunities for Cross-Cultural Studies on Quality of Life in Rehabilitation Medicine” by Professor Kathryn M. McPherson, Laura Fergusson Chair at the School of Rehabilitation and Occupation Studies at AUT University, Auckland in New Zealand. Our goal is to continue to grow this important conference activity serving as a catalyst for information exchange and collaboration among participants.

During the conference we held our annual business meeting celebrating the first birthday of the International Networking Group (INT-NG). Our group has expanded from a 16-person International Committee to a dynamic group of over 110 members. The INT-NG mission is to communicate and collaborate across international boundaries to advance rehabilitation research and evidence-based practice. We are a dynamic and interdisciplinary group representing the various interests of ACRM members. Visit our webpage at http://www.acrm.org/International for a list of our task forces and objectives. ACRM members who are interested in becoming involved with the INT-NG can contact the group’s chair, Fofi Constantinidou at fofic@ucy.ac.cy.

ACRM COMMUNITY

ACRM is pleased to announce an exciting opportunity for members to be the Guest Editor of a 2016 Supplement in the Archives of Physical Medicine and Rehabilitation (Archives). This is a unique opportunity for an experienced rehabilitation researcher or group of researchers to compile a thematically based Supplement to the Archives with a maximum of 100 journal pages (approximately 300 double-spaced manuscript pages).

The goal of the twice-yearly ACRM supplements to the Archives is to publish high quality scientific articles which are thematically organized and of special interest to ACRM members and to the general readership of the Archives. While all manuscripts go through peer review by the Archives editorial board prior to publication, the guest editor has considerable latitude in determining the content and tone of the Supplement. We strive to make these Supplements ‘classic’ collections of articles organized around special themes relevant to the interests and spheres of activities of ACRM members.

Deadline for proposal submissions: 1 July 2014.
Access the complete RFP at http://www.acrm.org/publications/archives-of-pm-r.
Everyone is still abuzz with the excitement and energy generated by the outstanding presenters at this year’s annual conference, Progress in Rehabilitation Research. Held 12 – 16 November 2013 at Walt Disney World® Resort in Orlando, Florida, it was the largest conference in ACRM history. We hope you enjoy this glimpse of the event.

ACRM Program Committee Chair, Mike Jones, PhD of Shepherd Center, welcomed more than 1,000 attendees from 31 countries…

“If you’ve been to an ACRM Conference before, welcome home. If you are new to ACRM, welcome to our family.”

—MIKE JONES, PhD

85% of survey respondents rated the overall value of the Conference as “excellent” or “above average.”

Don’t Miss the 91st Annual ACRM Conference
7 – 11 OCTOBER 2014 in TORONTO
www.progressinrehabilitationresearch.org/
Our ACRM Annual Conference Volunteer Experience

By Yelena Guller, Post-Doc and Cecilia Carlowicz, Research Assistant

When we were given the opportunity to attend the 90th Annual ACRM Conference, we of course jumped on it. Under the direction of Joe Giacino, PhD, past president of ACRM, the Neuropsychology Lab at Spaulding Rehabilitation Hospital aims to advance scientific knowledge and clinical care in the areas of moderate to severe brain injury and disorders of consciousness. We accomplish this goal through a number of research initiatives as well as participation in the Traumatic Brain Injury Model Systems. We knew early in our time at Spaulding, the valuable work that results from exchanges of information and collaborations at ACRM.

Although we had many motives for volunteering, we mainly wanted to get a head start on meeting new people. A few months before the conference, we contacted the ACRM Member Services Director, Jenny Richard, to ask if we could volunteer our time before the conference. We would catch a glimpse of the behind-the-scenes work that goes into putting on a conference, and enjoy the opportunity to simply be helpful. Jenny put us to work.

Had you walked into “mission control” at ACRM’s Annual Conference on Tuesday morning, you would have seen us stuffing attendee bags with programs and flyers. You probably would not have guessed that earlier that morning every person in the room was a stranger to us. But somehow, shortly after introductions, we became part of the ACRM family and that is how we felt through our entire time at the conference. The relationships we built, as well as the exposure to ACRM members in other areas of interest outside of brain injury, were the greatest benefits of volunteering.

We also attended the Early Career Development Course and reception. Regardless of our current career stage, whether Research Assistant or Post-Doc, we each gained valuable insights into how to be productive in the field of rehabilitation medicine and research in general. The break-out groups were well thought out, there was plenty of time for discussion and interaction, and the facilitators were open and friendly. The reception was a perfect time to practice our networking skills and a great opportunity for introductions in an informal setting. We would highly recommend that anyone starting out in this field attend the Course, learn some new skills, and meet the people who make ACRM happen.

“A must do for (clinical) scientists in rehabilitation medicine!”
— Prof. Gerard M. Ribbers, MD, PhD

70% of evaluations rated the quality of the education provided “excellent” or “above average.”

“ACRM is one of the few organizations that brings together clinicians and researchers from many disciplines. This brings lots of perspectives to the table to solve complex problems. There is so much we can learn from each other and having an organization that makes this possible is invaluable to the progress of rehabilitation!”
— Claire Z. Kalpakjian, PhD, MS

< Lucky winner Diana Kelly was so thrilled to win the Grand Prize drawing of the Exhibitor Passport Game, she remarked, “the only prize that I really wanted was the TORONTO 2014 Conference registration!”

Special thanks to all respondents of the conference evaluation survey. Your feedback will help inform decisions and shape the 2014 Conference in Toronto to be even BETTER. Congratulations to Teresa Ashman, Deirdre Dawson, and Karen McCulloch. They each won a $100 Amazon gift card.
ACRM 90th Annual Conference
BEST EVER!

Highlights INSIDE
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ACRM 91st Annual Conference
PROGRESS IN REHABILITATION RESEARCH

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

Call for Proposals

SEEKING EVIDENCE-BASED CONTENT FOR:
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PROPOSAL SUBMISSION DEADLINES:

www.ProgressinRehabilitationResearch.org