

Rehabilitation **OUTLOOK**

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AMERICAN CONGRESS OF
REHABILITATION MEDICINE

Improving lives through
interdisciplinary rehabilitation research



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12 – 16 NOVEMBER 2013

Rehabilitation **OUTLOOK**

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Rx for Boston: Interdisciplinary Rehabilitation

BY **DAVID CRANDELL, MD**, MEDICAL DIRECTOR, AMPUTEE PROGRAM, SPAULDING REHABILITATION HOSPITAL BOSTON, RUNNER IN THE 99TH BOSTON MARATHON & **CHRISTOPHER CARTER, PSYD**, CLINICAL BEHAVIORAL PSYCHOLOGIST AND DIRECTOR OF BEHAVIORAL MEDICINE, SPAULDING REHABILITATION NETWORK, ACRM MEMBER, RUNNER IN THE 111TH AND 113TH BOSTON MARATHONS

As the initial reports from the treating physicians of Boston's Level I Trauma Centers were released and analyzed, it became clear that the two bombs placed among cheering spectators were designed to inflict maximum terror and catastrophic injury. The images from this year's Boston Marathon were numerous and horrific. The finish line and the surrounding area became a vast crime scene, but the death toll mercifully stopped at three. The number of those injured continued to climb, eventually reaching 260.



Heather Abbott (center) at her discharge press conference with rehab team (left to right): Mary Alexis Iaccarino, MD; Jennifer Earle, MD; Samantha Geary, OT; Dara Casparian, PT; David Crandell, MD.

If not for the heroics of many first responders, emergency resuscitation on scene, and transport via EMS to all of Boston's waiting trauma teams, many of the victims would not have survived. With the combination of the polytrauma from the blasts, including traumatic amputation(s), it became clear that many of the Marathon survivors would soon benefit from inpatient rehabilitation. The race clock may have stopped, but the Boston Marathon is still being run by the staff of the Comprehensive Rehabilitation Unit (CRU) at Spaulding Rehabilitation Hospital (SRH).

"Did I tell you, we're moving!"

It took just five days for the first of the individuals injured in the Marathon, to be admitted to SRH Boston on Nashua Street, where it has been operating since it opened its doors in 1970. Spaulding was in the final stages of a planned move into a brand-new facility in Charlestown on 27 April 2013, when Marathon survivors arrived during "pre-move week." They, along with 107 other patients, were individually transported to Spaulding's new home in the Charlestown Navy Yard. In a military-like exercise demonstrating superb teamwork, the mission was completed almost an hour earlier than planned.

The Marathon patients were all admitted to the CRU, the new base where their healing and rehabilitation would continue. This state-of-the art facility, patient-focused throughout its design, now had its initial charge of helping these extraordinary patients and their families

See **BOSTON** continued on page 3

NON-STOP CONTENT FOR:



BRAIN INJURY



SPINAL CORD
INJURY



STROKE



NEURODEGENERATIVE
DISEASES



PAIN

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**JOHNS HOPKINS
MEDICINE**



BOSTON continued from page 1

through extreme loss, pain and uncertainty. The CRU became a place of reunions as some patients and family members had been sent to different hospitals. The building's natural light, sweeping views of the Boston Harbor and skyline, therapeutic garden spaces, and beautiful sunny spring days all contributed to a palpable Boston Strong effect.

Ready for Rehabilitation

Getting a page about a pending SRH admission to the CRU is not an uncommon occurrence. What was extraordinary after the Marathon were the phone calls from the orthopedic trauma teams about the three or four patients soon to be admitted, and their desire to discuss coordinating treatment plans and schedule follow-up.

Several of the patients had a limb salvage procedure, requiring surgical staged procedures, including removal of external fixators and subsequent lower limb reconstructions. One plastic surgeon travelled across town to remove a patient's dressing himself, providing a young teenager and her parents tremendous reassurance and confidence that "she would keep her legs." With excellent and timely care delivered at Boston's top medical centers, it was now SRH's turn to take the baton and lead the rehabilitation effort.

Thirty-three patients in all, with the last arriving late in May, had sustained various injuries to bone, nerve, vasculature, and soft tissue. Several individuals sustained burns and leg injuries, and 13 adults and one pediatric patient had major lower limb amputations, specifically 11 unilateral lower limb amputations (4 transfemoral, 7 transtibial), and two bilateral lower limb amputations, (1 bilateral transfemoral, 1 transtibial and knee disarticulation).

For a number of the patients, their lower limb with an amputation was "their good side." Multiple skin grafts, free flap procedures with no weight bearing, development of myositis ossificans — all have complicated patients' rehabilitation efforts. One patient only remained at SRH for 24 hours before it was clear that her leg wounds were worsening and would require yet another surgery (her eleventh).

The worst medical complication was renal failure in a transfemoral amputee. This was due to rhabdomyolysis from tissue injury, blood loss and antibiotics requiring hemodialysis, but with eventual return of normal kidney function. Two amputees required an extended course of antibiotics due to localized infection. Several patients required further removal of foreign bodies, with one patient removing a superficial ball-bearing from her leg during her pre-therapy hygiene.

Interdisciplinary Team a Must

The SRH CRU team continues to deliver high quality medical and rehabilitation care under a national spotlight. This has



Boston Marathon bombing patients preparing to interview with NBC / Brian Williams. Photo courtesy of Spaulding Rehabilitation Hospital Boston.

required an expanded and highly motivated assembly to manage the patients, families, friends and well-wishers with a focus on timely and effective communication. Team membership includes psychiatry, nursing, physical therapy, occupational therapy, speech-language pathology, therapeutic recreation, social work, care coordination, psychology, psychiatry, internal medicine, infectious disease consultation, renal consultation, pharmacy, laboratory services, nutritional services, pastoral care, research technologies, wound specialist, adaptive sports, secretarial staff, transportation, environmental services, security, communications, development, administration, acupuncture, Reiki, educational staff, and materials management. Biweekly team meetings have run a little longer over this past month, but have resulted in excellent interdisciplinary outcomes, including planned home discharges for all the marathon survivors.

Being Blasted

The specific elements associated with the Boston Bombing required a greater need for psychological, psychiatric, and social work support than typically required on the Comprehensive Rehabilitation Unit. It was determined that all of the survivors would be screened for mental health support.

The initial focus of intervention was on helping to reduce the anxiety and affective activation by giving patients a chance to review their experiences following the bombing. During acute stages of care, the mental health professionals assisted individuals in focusing on ways they could begin to restore a sense of safety and control over their immediate environment and collaborating with the treatment team regarding the basics of sleep, pain management, orientation, and mobility.

With time, we saw patients shift their focus from the trauma of the bombing to moving forward with their lives and the challenges of their injuries. The survivors were able to engage in their therapies and were encouraged as they saw progress in their mobility. A number of the Marathon patients began to ask for an opportunity to meet some of the other survivors, as they had been somewhat isolated from each other prior to

See BOSTON continued on page 4

BI-ISIG Scholarships Awarded to Six Early Career Members

The Executive Committee of the Brain Injury Interdisciplinary Special Interest Group (BI-ISIG) is committed to supporting early career professionals who wish to be involved. Attending the Mid-Year Meeting to learn about and participate in BI-ISIG task force work is a great way to get started and BI-ISIG scholarships help make that possible.

Each year, BI-ISIG members who are within five years of completing training (terminal degree or postdoctoral fellowship, if applicable) may apply for a scholarship to assist with travel costs to attend the Mid-Year Meeting.



BRAIN INJURY  INTERDISCIPLINARY SPECIAL INTEREST GROUP

The 2013 BI-ISIG scholarship awardees (pictured from left to right) are:

Yelena Goldin, PhD
JFK Johnson Rehabilitation Institute

Keith Ganci, PhD
JFK Johnson Rehabilitation Institute

Chari Hirshson, PhD
Private Practice, New York, NY

Angela Yi, PhD
Sports Concussion Institute in Atlanta

Yelena Bodganova, PhD
Boston University School of Medicine

Stephanie Assuras, PhD
Rusk Institute at NYU Langone Medical Center

BOSTON continued from page 3

coming to Spaulding. We organized a weekly support group. The group initially focused on retelling the stories of their injuries and their initial reactions to their losses. Within a week, the themes that began to emerge were more on moving forward, finding meaning in their losses, and taking hope from the many acts of courage, kindness and support they had been receiving throughout their experiences.

The families of the patients have required a good deal of attention as well. We saw somewhat unique dynamics at play as several families had multiple injured members, including a mother and daughter, several husbands and wives, and a pair of brothers. In some cases the injured party had been at the finish line to watch a family member complete the marathon. These family members were struggling with a sense of guilt and responsibility for the injuries.

Others were still processing the helplessness and terror they initially felt when they were unable to locate their injured family member, in some cases for many hours after the bombing. Here too, the primary intervention has been to give family members a chance to talk about their experiences, making sure they had the material support they needed, and helping them to concentrate on the daily basics of eating, sleeping, and gaining a sense of understanding of their family member's status and care.

Support from the community has been a major element in the healing process. The visits from the Semper Fi Fund and Warrior Transition Unit veterans, former patients, Amputee Coalition peer visitors, local celebrities and sports figures, Paralympians, and movie actors and actresses have been incredibly positive and inspiring, giving the survivors and their families messages of encouragement and hope. We observed no greater impact than when former Congresswoman Gabriela Giffords visited the CRU while in Boston to receive a "Profile in Courage" award from the Kennedy Library. The community support in the form of prayers, financial donations, resources, and services has been incredible. We hope that this support will continue to be there over the long road to recovery.

Boston Strong

Given that the bombing was such a public and local event, we have dedicated a great deal of time ensuring the well-being of the caregivers, survivors, and their families. Many of the members of our rehabilitation team are runners or know runners, have run in the Marathon or have friends or family who ran in the Marathon. More than usual, they are able to see parallels in the survivors and their families that have made the care of this group emotionally challenging. We have been spending time with individuals and the care team giving them a chance to process their own experiences and feelings related

See BOSTON continued on page 10

Welcome and Thank You to Archives Editorial Board Members

Archives of Physical Medicine and Rehabilitation extends a warm welcome to ten new editorial board members added since the beginning of 2013: Duncan Babbage, PhD; Saurabha Bhatnagar, MD; Leora Cherney, PhD, CCC-SLP; Andrea L. Cheville, MD, MSCE; Susan E. Fasoli, OT, PhD; John H. Hollman, PT, PhD; Amy Houtrow, MD, MPH; Nancy Latham, PT, PhD; Marcel Post, PhD; and David Reinkensmeyer, PhD.



And thank you to John Chae, MD; Ralph E. Gay, MD, DC; William Zev Rymer, PhD and Robert A. Werner, MD for your dedication and service to the editorial board.

Correction

In the May/June issue of *Rehabilitation Outlook*, the list of ACRM Fellows that appeared on page 8 did not include long-standing member and former president of ACRM, Gerben Dejong, PhD, FACRM. Dr. Dejong was honored as an ACRM Fellow in 2002 for his outstanding service to ACRM and contributions to the field of medical rehabilitation.

In Memoriam

Former ACRM President, **Glen Gullickson, MD, PhD, BA**, died 17 April 2013. Dr. Gullickson enlisted in the Army Medical Corps as an orthopedic surgeon after graduating from medical school and in 1946 he became the professor of physical medicine and rehabilitation at the University of Minnesota. Dr. Gullickson went on to become the director of the university's rehabilitation center from 1961 to 1986 and led the university to preeminence. In the 1950s he collaborated with Sister Elizabeth Kenny at the Kenny Rehabilitation Institute where his work focused on the treatment and rehabilitation of patients suffering from polio. Dr. Gullickson was president of the American Academy of Physical Medicine from 1970 – 1971, and chairman of the American Board of Physical Medicine from 1976 – 1981. He was president of ACRM from 1984 – 1985.

New Opportunities, Publications Result from ACRM Board Action

During the ACRM Mid-Year Meeting in April, three recently formed groups received board approval to become ACRM supported networking groups. Contact the group chairs to learn about their work and opportunities to get involved.

NEURODEGENERATIVE DISEASES NETWORKING GROUP
Chair: Deborah Backus, PhD, PT
Email: deborah_backus@shepherd.org

PEDIATRIC REHABILITATION NETWORKING GROUP
Chair: Angela Hein Ciccio, PhD, CCC-SLP
Email: angela.ciccio@case.edu

MILITARY / VETERANS AFFAIRS NETWORKING GROUP
Co-Chairs: Risa Nakase-Richardson, PhD
Email: Risa.Richardson@va.gov and
Joel D. Scholten, MD
Email: joel.scholten@va.gov

The ACRM Board of Governors also accepted three proposed Supplements to the *Archives of Physical Medicine and Rehabilitation* for publication in 2014 and 2015. They are:

- “What Works in Inpatient Traumatic Brain Injury Rehabilitation? Results from the TBI-PBE Study” Guest Edited by Susan D. Horn, PhD; John Corrigan, PhD; Ron Seel, PhD; Marcel Dijkers, PhD, FACRM
- “Sex, Gender, & Acquired Brain Injury” Guest Edited by Angela Colantonio, PhD, FACRM
- “The Fifth International Brain-Computer Interface Meeting presents Clinical and Translational Developments in Brain-Computer Interface Research” Guest Edited by Janis J. Daly, PhD, MS and Jane E. Huggins, PhD

 **ACRM** AMERICAN CONGRESS OF REHABILITATION MEDICINE
COMMUNITY GROUPS



POSTDOCTORAL FELLOW OPPORTUNITIES

The University of Texas Medical Branch at Galveston has postdoctoral positions available for qualified persons interested in disability and rehabilitation research. Opportunities are available in the following research areas: Aging and geriatric rehabilitation, Clinical and community rehabilitation, Population-based health services rehabilitation, and the Muscle biology of rehabilitation. The successful candidate will develop a plan with an experienced mentor, receive training in the desired research area, write scientific papers, assist with grant development, present papers at national meetings, and assist with progress and scientific technical reports.

Qualifications include a doctoral degree and training in a discipline related to rehabilitation, disability or recovery. The position is supported by a grant from the National Institute on Disability and Rehabilitation Research (grant# H133P110012). Application and requirements can be found at <http://rehabsciences.utmb.edu/postdoctoral.asp>. Application form, CV and three letters of reference should be emailed to B. Cammarn at rehab.info@utmb.edu or by mail to UTMB Rehabilitation Sciences, 301 University Blvd., Galveston, TX 77555-1137.

The University of Texas Medical Branch at Galveston is an equal opportunity, affirmative action institution which proudly values diversity. Candidates of all backgrounds are encouraged to apply.

ADVANCED REHABILITATION RESEARCH TRAINING OPPORTUNITIES

**The University of Texas Medical Branch
The University of Southern California
The University of Florida**

The University of Texas Medical Branch (UTMB), in collaboration with the University of Southern California (USC) and the University of Florida (UF), is seeking occupational and physical therapy scholars to train in the *Rehabilitation Research Career Development (RRCD) Program*. The program provides scholars with the skills and research experience necessary to become independent investigators and future academic and scientific leaders in their professions.

Candidates should be licensed physical or occupational therapists with an earned doctoral degree. Individuals with a clinical doctorate (e.g., DPT) must show evidence of research productivity as reflected by a minimum of three data-based publications in indexed, refereed journals. At least one year, but no more than five years, of postdoctoral research experience or equivalent is preferred. Applicants must have a strong commitment to the development of a scientific career. Other requirements include U.S. citizenship or permanent residency, having not been the principal investigator on a major NIH research grant (e.g., R01), and willingness to train for at least two years at one of the participating institutions (UTMB, UF or USC).

More information and the application can be obtained from the website at <http://rehabsciences.utmb.edu/k12/default.asp>. Qualified candidates should complete the application form located on the website and submit all materials by email to rehab.info@utmb.edu. The RRCD Program is funded by a grant from the National Institutes of Health (K12 HD055929).

UTMB, USC and UF are equal opportunity/affirmative action institutions which proudly value diversity. Candidates of all backgrounds are encouraged to apply.



Joel Scholten, M.D.
National Director of Special Projects,
VACO
Clinical Co-coordinator Polytrauma/
Blast Related Injury QUERI
Associate Chief of Staff, Rehab Services
Washington DC VA Medical Center



Risa Nakase-Richardson, Ph.D.
Clinical Neuropsychologist
Neuropsychology-Polytrauma / MHBS
James A. Haley Veterans Hospital,
Tampa FL
Assistant Professor, Department
of Psychology & Pulmonary/Sleep
Medicine
University of South Florida

Introducing the Military and Veterans Affairs Networking Group

The formation of the Military and Veterans Affairs Networking Group (MVA NG) was recently approved by the ACRM Board of Governors. The MVA NG aspires to be a home, within ACRM, for an international group of rehabilitation providers who care for veterans and individuals serving in the military.

The networking group is co-chaired by Risa Nakase-Richardson, PhD and Joel Scholten, MD and currently comprises 25 members, including clinicians, local and nationwide administrators, and leaders from various research organizations. Areas of interest to the members of MVA NG include brain injury, technology, chronic pain, and rehabilitation outcomes, just to name a few.

The goals of the MVA NG include:

- Facilitating collaboration with other organizations that advance areas of rehabilitation relevant for military and veteran populations
- Submitting proposals on veteran and military topics to the annual ACRM conference
- Preparing submissions for various journals, including the *Archives of Physical Medicine and Rehabilitation*
- Supporting veteran and military providers within ACRM

Since inception in late 2012, the MVA NG has been productive. Two instructional courses are scheduled for the 90th ACRM Annual Conference in Orlando this year and focus on the full injury severity spectrum of brain injury.

The first course, *Post-Deployment Polytrauma: What's the Problem and How Should We Treat It?* will be held on Wednesday, 13 November from 8:00 AM – 12:00 PM and presented by VA speakers from VA Polytrauma Rehabilitation Centers, HSR&D QUERI, and VA Central Office. This program will deliver an overview and conceptual model of post-deployment mild TBI/polytrauma with implications for treatment paradigms. It will include descriptions of four treatment programs and cover outcome data for single and interdisciplinary care. A final presentation will highlight the economic impact of chronic symptoms related to mild TBI within the VA and include remarks by experts in rehabilitation medicine, PTSD, chronic pain, sleep, somatization, and mild TBI.

On Saturday, 16 November from 11:30 AM – 3:30 PM the second instructional course, *Diagnosis, Serial Tracking, and Prognosis of the Severely Brain Injured Patient: A Skill Building Course* will be presented. This course will provide beginner and intermediate content in the accurate assessment, serial tracking, and prognostication for individual patients with severe brain injury. The application of these skills to clinical management, long-term care planning, and ethical decision-making will also be discussed.

MVA NG members are also participating in other program activities in the areas of chronic pain and sleep. The MVA NG is collaborating with the NIDRR TBI Model System VA Collaborative Special Interest Group to facilitate VA and TBIMS investigator collaborations. A joint teleconference during the June 2013 Project Directors Meeting will serve as preliminary introduction and interactive discussion with a recently awarded HSRD/RRD COIN and TBIMS Investigators.

The MVA NG welcomes new members! Please contact the co-chairs for additional information and to get involved, Risa Nakase-Richardson, PhD at Risa.Richardson@va.gov and Joel Scholten, MD at Joel.Scholten@va.gov.



The ACRM International Networking Group Wants YOU!



Would you like to be more involved in ACRM? We have an exciting opportunity for you...

The ACRM International Networking Group (ING) is seeking an individual to serve as ING Secretary. This is an ideal position for an Early Career member interested in becoming involved with ACRM in a leadership role!

The ING is a community of rehabilitation professionals from around the world whose mission is to communicate and collaborate across international boundaries to advance rehabilitation research and evidence-based practice.

As ING Secretary, you would participate in monthly phone conferences with ING members from all over the world, task force calls, and live meetings twice a year. You would take and submit minutes, and participate in discussions regarding new opportunities for research collaboration including updates on current projects, development of new dissemination products, and international programming for the ACRM Annual Conference, Progress in Rehabilitation Research.

Start making your contribution to ACRM today!

You may indicate your interest in this exciting position by contacting the chair:



Fofi Constantinidou, PhD

Professor of Language Disorders & Clinical Neuropsychology
Department of Psychology
Director, Center for Applied Neuroscience
University of Cyprus
Nicosia, Cyprus
Tel: 357 22 89 2078
Email: fofic@ucy.ac.cy

Update from the Girls and Women with TBI Task Force

By Angela Colantonio, PhD, OT and Yelena Goldin, PhD, Co-Chairs of the Girls and Women with TBI Task Force

The ACRM Brain Injury Interdisciplinary Special Interest Group (BI-ISIG) Girls and Women with TBI Task Force reports a very successful ACRM Mid-Year Meeting with numerous new participants, as well as many members joining by teleconference.

Our first meeting featured an excellent presentation by Dr. Ramona Hicks, program director at the National Institute of Neurological Disorders and Stroke (NINDS). Dr. Hicks' presentation focused on TBI research at the National Institute of Health (NIH) and provided information regarding an international initiative that includes common data elements. In addition, information regarding grant opportunities was shared, including grants from the Brain Injury Association of America and the Canadian Institutes for Health Research.

A second productive working meeting was led by Dr. Goldin and five other members. This meeting focused on the preparation of a proposal to be submitted to the ACRM Clinical Practice Committee to initiate a systematic review examining disparity of care among women with brain injury. In addition, Dr. Colantonio shared the new trainee opportunities in the area of gender, work and traumatic brain injury at the University of Toronto and the Toronto Rehabilitation Institute.

A current project of the Girls and Women Task Force is creating a special issue of the ACRM scientific journal, *Archives of Physical Medicine and Rehabilitation*, titled, "Sex, Gender and Acquired Brain Injury." It was proposed that a contribution with a consumer perspective be included.

We are pleased to announce that at the 90th ACRM Annual Conference, members of the Girls and Women Task Force will be providing a sex/gender perspective on BI in two symposia:

- Children and Youth with ABI: Transition Challenges and Outcomes will be held on 14 November 2013 from 3:30 PM – 5:00 PM
- Occupational Traumatic Brain Injury: Gender, Health and the Workplace will be held on 15 November 2013 from 8:30 AM – 10:00 AM

We sincerely thank all participants, staff, and ACRM supporters for the successful Mid-Year Meeting and look forward to the upcoming 90th ACRM Annual Conference in November!

ACRM Health Policy Networking Group Sponsors Second Rehab Summit



The ACRM Health Policy Networking Group has taken a leadership role in bringing together Rehabilitation and Consumer groups to develop consensus concerning rehabilitation policy issues. At the recent Mid-Year Meeting, more than 20 interdisciplinary groups met in Baltimore to continue to advance our rehabilitation policy agenda. As a result of the meeting, five priorities were developed and workgroups were assigned to each priority. Listed below are the five priorities that were developed.

The meeting was by invitation only, and while we would like to make attendance available to all members, it would be very difficult to accomplish our objectives with such a large group. However, look for a session at this year's annual conference in Orlando where all members can attend, get an update, and provide feedback to this group. If you have any questions, please email the Health Policy Networking Group Chair, Gary Ulicny, PhD at gary_ulicny@shepherd.org.

Priority One: A Value Oriented Consensus Position Paper

This would build on our essential benefits document that was developed last year, but be more prescriptive in nature. Given our best evidence, the paper would make a case for the value of rehabilitation, discuss the diversity of people we serve, and the implications for benefit design and reimbursement. In addition, the paper would provide specific recommendations on actions needed, both research and policy, to ensure that consumers receive the highest quality services.

Priority Two: Shared Research Document

This would be a consensus document outlining shared research priorities, especially as they relate to influencing public policy.

Priority Three: Advance the Field Of Rehabilitation in Patient-Centered Outcomes Research Institute (PCORI)

With additional funding being announced and rehabilitation's long emphasis on person-centered care, the group thought there may be opportunities to advance the rehabilitation agenda and possibly secure funding, and put rehabilitation on PCORI's radar.

Priority Four: Expand the Essential Benefits Document with Specific Recommendations on Benefit Design

Since the IOM did not expand on what benefits should be included, the group decided we need to be more assertive in outlining what services should be available using the CARF standards and existing evidence as a starting point.

Priority Five: Increase Communication amongst the Group

During the discussion it became clear that many groups were involved in activities and had information that would be useful to the entire group. As such, it was agreed that a Google Group would be developed, which would allow us to post and share relevant info.

Early Career Networking Group Highlights from the 2013 ACRM Mid-Year Meeting



by Dawn Neumann, ECNG Chair

The Early Career Networking Group (ECNG) and the ECNG Physician Task Force participated in the ACRM Mid-Year Meeting for the first time in Baltimore and what a great success it was! The energy in these meetings was almost tangible! Great ideas were exchanged, and it is obvious that our Early Career professionals want to grow and make meaningful contributions to the field of rehabilitation and to ACRM. ACRM staff also joined our meeting, demonstrating ACRM's commitment to early career professionals. They are eager to support us and our efforts in any way they can, which we truly appreciate!

Meeting highlights include:

- 1) Approval of a new ECNG logo (featured above)
- 2) Plans to recruit new ECNG and ACRM members through a grassroots effort of sending personalized email invitations to universities and rehabilitation facilities
- 3) Goals to recruit mid-career and senior professionals to join the ECNG to provide additional guidance and support
- 4) Steps to initiate and promote the usage of ACRM's LinkedIn page as a forum for early career professionals to seek answers to important career questions, exchange ideas, and to connect with potential collaborators
- 5) Ways to increase the visibility of early career members within ACRM, such as highlighting our accomplishments in the weekly *ACRM eNews*
- 6) Generating ideas for the types of information and resources that we should distribute to our members through our monthly e-blasts and *Rehabilitation Outlook*

See *COMMUNITY* continued on page 10

COMMUNITY from on page 9

7) Ways to actively integrate and engage early career attendees at the ACRM annual conference, such as:

- The preconference Early Career Development Course (planning underway-please register!)
- Introduction to ISIGs and NGs
- Early Career Reception
- Visible posters by early career attendees
- An ECNG meeting during the conference
- A potential social outing
- A physicians' meet-and-greet, and more!

As you can see, the ECNG is making great strides and is gaining lots of support and recognition from ACRM. Now is the time to voice your opinion and help continue to shape the growth of our networking group. Be a more active member by joining one of our three task forces, the Communications Task Force, the Early Career Course Planning Task Force, and the Physicians Task Force. Please visit our website, ACRM.org/earlycareer and contact task force chairs for more information about getting involved.

Early Career Networking Group: For Any Age or Career Stage



by Dawn Neumann, ECNG Chair

It appears that there may be some confusion as to what it means to be a member of the Early Career Networking Group (ECNG) versus qualifying for the ACRM Early Career membership category. They are not the same, and eligibility to participate differs.

Who Can Join the Early Career Networking Group?

The ECNG is for any rehabilitation professional at any age or career stage. The ECNG seeks members who are passionate about early career development. This includes professionals new to the field, as well as more senior professionals willing to assist young colleagues by sharing their knowledge and experience. ACRM welcomes and encourages all rehabilitation professionals, members and nonmembers alike, to participate. Our supportive network of peers strives to provide the necessary resources and networking opportunities that will help promote successful career growth. Members work together to share relevant announcements, resources, professional contacts, mentorship support, and informative discussions.

Currently, we are seeking mid-career and senior professionals to become active members of the Communications Task Force, Physicians Task Force, and Early Career Development Task Force. Additionally, we are seeking representatives at any career stage, from other ACRM ISIGs and networking groups specifically to join our Communications Task Force. For more information, contact ECNG Chair, Dawn Neumann at dneumann73@gmail.com.

Who Qualifies for ACRM's Early Career Rates?

One of the many ways that ACRM supports early career professionals is by offering a special reduced rate for membership, trainings, annual conference registration and other events. To qualify for Early Career rates, one must be within five years of completing their professional training. The clock starts ticking after your postdoctoral or fellowship training is complete. If you did not complete postdoctoral or fellowship training, the clock starts after you complete your degree. Be sure to look for this price option when you register for the conference or join ACRM and enjoy significant savings!

If you have any questions, or are interested in joining the ECNG, please contact Dawn Neumann at dneumann73@gmail.com. If you have questions with respect to your qualification for Early Career rates, please contact Jenny Richard, Director of Member Services, at jrichard@acrm.org.

BOSTON continued from page 4

to the bombing and the care of the survivors. One of the things we have been hearing over and over is the ways in which caring for the survivors has helped them heal from the trauma of the bombing.

So far, the survivors and their families have done well. They are progressing in their therapies and, as we say here, finding their strength through support from their families and the community. Most have recovered from their initial acute traumatic reactions. Some are still having a difficult time adjusting to what has happened and we are monitoring them for indications of PTSD. Many still have a long road ahead of them as they come to terms with the new realities and challenges they face. We will continue to follow many of them through the course of their rehabilitation as they transition from inpatient to home and outpatient rehabilitation. Some will return to the CRU for dedicated inpatient prosthetic training and again transition home and to outpatient therapy. Overall, rehabilitation success will be measured less than a year from now on 21 April 2014, when many of these survivors and their families will return to Boston to finish the race. We will be at their side. 🌸



Cognitive Rehabilitation Training Comes to Stockholm and Orlando

Authors of the ACRM *Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice* led the largest training to date in conjunction with the ACRM Mid-Year Meeting in Baltimore. Sponsored by the Johns Hopkins Department of Physical Medicine and Rehabilitation, nearly 180 professionals attended including individuals from as far away as Switzerland.

Three clinicians from the Sunnaas Rehabilitation Hospital in Norway were excited about the training. **"It's quite concrete, so it's easy for us to bring it back home,"** said Hanne Jorunn Egeland, OT.

Sunnaas has been working over the past year to renew their sub-acute brain injury treatment program, making it more efficient and evidence-based. About 200 clinicians comprise their Department of Head Injury, with 50 to 60 clinicians working in the TBI program for severe cognitive and physical deficits.

Back home, a group of their own clinicians conducted a review of the scientific literature for cognitive rehabilitation and used the ACRM *Cognitive Rehabilitation Manual* for many of their treatment guidelines.

"We're starting to write the procedures now to implement the guidelines in clinical practice," said Anne-Marthe Sanders, Senior OT at Sunnaas. **"The training is really specific and easy to comprehend. I'm thinking about all the things we can get into our clinic and how we can use it with our patients,"** she said.

Rehabilitation nurse, Christina Iversen, explained that the information presented in the training would help them add more structure to the many good things their program is

already doing. **"This will help us integrate the guidelines into our system to be more evidence-based,"** she said.

In addition to trainings conducted in conjunction with ACRM events, BI-ISIG members of the Cognitive Rehabilitation Committee who lead and manage the trainings, are expanding opportunities to include private courses, such as the one scheduled in October at the Rehabilitation Medicine University Clinic in Stockholm, Sweden. If your institution is interested in hosting a private training, contact Jenny Richard, Director of Member Services at jrichard@ACRM.org or +1.703.574.5845 to learn more.

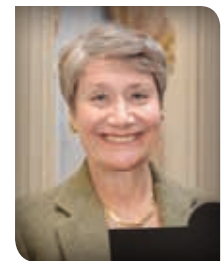
The next Cognitive Rehabilitation Training will be held in conjunction with the ACRM 90th Annual Conference, 12 - 13 November 2013, at the Disney Contemporary Resort in Florida. Authors of the manual, including **Lance Trexler, PhD**, from the Rehabilitation Hospital of Indiana in Indianapolis; **Keith Cicerone, PhD, ABPP-Cn, FACRM** from the JFK Johnson Rehabilitation Institute in Edison, NJ; and **Donna Langenbahn, PhD, FACRM** from Rusk Institute of Rehabilitation Medicine in New York, NY will lead the two-day introductory training. Visit ACRM.org/COG for details. 🌸



Keith Cicerone, PhD,
ABPP-Cn, FACRM



Lance Trexler, PhD



Donna Langenbahn,
PhD, FACRM



left to right: Christina Iversen, Anne-Marthe Sanders and Hanne Jorunn Egeland, OT, Sunnaas Rehabilitation Hospital, Norway

Cognitive Rehabilitation Training

with Authors of the Manual

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**ACRM member
shares experiences
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Marathon Bombing**

cover story

Page 1

Andrew Ference from Boston
Bruins (left) with bombing victims
Paul Norden and Jim Costello.

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