

# BI-ISIG

# Moving Ahead

A semi-annual publication for members of the ACRM BI-ISIG

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## Message from the Chair

Dear Members & Friends of BI-ISIG:

2013 –2014 has been a time of change, challenge and promise.

Firstly, I would like to address the issue of the evolving business model for ACRM's Annual Mid-Year Meeting (MYM). In November 2013, the ACRM Board of Governors (BOG) began to evaluate costs, with an eye towards maintaining the member benefit, while reducing the overall expenses. Without revenue to off-set expenditure, BOG focused their efforts in finding a more affordable venue than holding our meetings at a hotel. This left ACRM staff with little time to find an appropriate facility and subsequent delays in the planning of this year's MYM. We are therefore extremely grateful to The Shepherd Center for their kindness and generosity in agreeing to host ACRM's 2014 MYM. With continued rising costs and daunting logistics, we hope the concept of "Facility Hosting & Sponsoring" may become the kernel of a long-term solution for future MYM dates. Fortunately, the BOG and ACRM staff is already close to determining a placeholder date for the 2015 MYM which would allow our community to better plan our ACRM initiatives.

As we look forward to Atlanta and Toronto, we must take a moment to acknowledge the fantastic contributions that our BI-ISIG Task Forces are making and will make based on their productivity:



LANCE TREXLER, PhD

**THE PROGNOSIS TASK FORCE** has completed their survey of those with brain injury and their significant others regarding their perspective on the type of information they received regarding prognosis, and are completing an article for submission based on the results. Members of the task force presented at the International Brain Injury Association Congress in San Francisco. They have also had a paper accepted for presentation at the Council on Brain Injury in Pennsylvania.

**THE LONG-TERM ISSUES TASK FORCE** is working on a systematic review of the literature on medical outcomes after TBI; their members are completing a review of clinical management guidelines for depression after TBI.

**THE GIRLS AND WOMEN'S TASK FORCE** is working on a special issue for ARCHIVES. In addition, they are  
*Continued on page 2*

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### CHAIR

Lance Trexler, PhD  
Rehabilitation Hospital of Indiana  
Indianapolis, Indiana  
Tel: +1.317.879.8940, Fax: +1.317.872.0914

### CHAIR ELECT

Donna Langenbahn, PhD  
Rusk Rehabilitation  
New York, New York  
Tel: +1.212.263.6163; Fax: +1.212.263.5166

### IMMEDIATE PAST CHAIR

Ronald Seel, PhD  
Shepherd Center  
Atlanta, Georgia  
Tel: +1.404.367.1240, Fax: +1.404.350.3081

### TREASURER

Risa Nakase-Richardson, PhD  
James A. Haley Veterans Hospital  
Tampa, Florida  
Tel: +1.813.972.2000, Fax: +1.813.903.4814

### SECRETARY

Kristin Dams-O'Connor, PhD  
Mount Sinai School of Medicine  
New York, NY  
Tel: +1.212.241.8850, Fax: +1.212.241.0137

### PROGRAM/AWARDS OFFICER

Teresa Ashman, PhD  
Shepherd Center  
Atlanta, Georgia  
Tel: +1.404.350.7553; Fax: +1.404.350.7381

### EARLY CAREER OFFICER

Andrew Dennison, MD  
Shepherd Center  
Atlanta, Georgia  
Tel: +1.404.350.7353; Fax: +1.404.350.7381

### EDITOR, MOVING AHEAD

Kristine Kingsley, PsyD  
Rusk Rehabilitation  
New York, New York  
Tel: +1.212.263.6177; Fax: +1.212.263.5166

### ACRM STAFF

Jon Lindberg, MBA, CAE, ACRM CEO  
Email: Jlindberg@ACRM.org  
Tel: +1.703.435.5335, Fax: +1.866.692.1619

Terri Compos  
Email: Tcompos@ACRM.org  
Tel: +1.760.436.5033

*Continued from page 1*

working on a survey of women's health needs, as well as a systematic review on access to care.

**A NEW SYSTEMATIC REVIEW FOR TBI AND STROKE**, as well as for other diagnoses, is underway in the Cognitive Rehabilitation Task Force. The Cognitive Rehabilitation Manual sub-group will start working on the second edition this summer and has vetted new faculty for workshop presentations.

**THE DISORDERS OF CONSCIOUSNESS TASK FORCE** is incredibly active and is working on a publication regarding minimal competency guidelines for the rehabilitation of DOC patients, a publication on the development of the case definition of post dramatic confusion, identification and vetting of brain injury educational material specific to the DOC population as website resource materials, as well as multiple conference presentation and publications.

**THE PEDIATRIC AND ADOLESCENT TASK FORCE** is working on a paper regarding the models of care and product consumers.

These efforts and contributions reflect the level of commitment of the Task Force Chairs and members, serving the mission of ACRM. Congratulations to all of you!

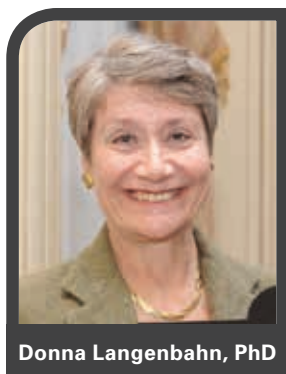
We stand at the threshold of a new era in the process of systematic reviews: the BI-ISIG leadership continues to address the necessity and value of introducing software for systematic reviews. A conference call was held in January to assess current interest, and a survey of all ACRM groups was conducted to determine the need for software that would support and expedite the systematic review process. Based on the survey responses from the ACRM ISIG's, Task Force Chairs and other ACRM Communities, there are 11 systematic reviews in progress, with an additional one in planning stages. Respondents indicated that if software were to be made available, 4 more systematic reviews would be conducted. These data strongly advise the benefit of using software to bolster the systematic review process. Our next step is to complete an organized review of software products available. The timeframe for completing this step will be determined at the MYM Board of Governor's meeting.

Lastly, I think it is evident already that Toronto is going to be rich and diverse in content. The Program Committee has been working feverishly to offer an expanded program and multiple BI-ISIG Task Forces have been preparing for and completed submissions. It well may be the case that our attendance for Toronto will be even larger than for Orlando!

I hope you enjoy reading our activities and further thinking about our ideas. I look forward to our continuing dialogue about them. Thank you for all of your efforts and commitments on behalf of ACRM and the BI-ISIG! It is decidedly a pleasure to serve you as the Chair. All the very best.



**Lance Trexler, PhD**, BI-ISIG Chair



Donna Langenbahn, PhD

## Letter from the Outgoing Editor

In editorial farewell, I will note the pleasure and challenge of being Editor of *Moving Ahead* for what grew to be 11 years. I have had the privilege of opining and voting in BI-ISIG Executive Committee meetings (even when I was still “ex officio” member), as well as gaining a larger-picture perspective as a member of the ACRM Communications Committee. I have gotten to harass (six) BI-ISIG chairs, several EC committee members, and various task force chairs for pieces to populate *Moving Ahead*. I have been apprised of BI-ISIG people and projects around the world as many of you have gamely sent me “News Briefs” twice yearly. I have watched our ACRM web site blossom with information, and have been introduced to the “social” aspects of media as our committee grew with the times. I have met every new BI-ISIG member. I have tried to take a picture of every BI-ISIG member I could. I know your names and your faces. I have welcomed our new members in print and sadly also logged the passing of some dear BI-ISIG colleagues and friends. I have appreciated and thank Media Committee members Mary Pat Murphy and Michael Fraas for their enduring effort, advice, and encouragement. I have worked with, and give thanks to, ACRM staff extending from my dear Judy Reuter to the gracious Jenny Richard and Terri Compos, to the magically graphical Signy Roberts.

I also appreciate Kristine Kingsley for being willing to assume the responsibility for this newsletter, as well as the leadership of the Media Committee. It is a joy to see this role taken on by someone so able and creative. To all BI-ISIG members, you have all been responsive with your thoughts and words — generous with your time and affection. Thank you for a great time.

Donna Langenbahn, PhD, Editor



Kristine Kingsley, PhD

## Letter from the Incoming Editor

It is a great honor to be appointed as the next Communications Officer of BI-ISIG. Dr. Donna Langenbahn, as the outgoing officer and editor of *Moving Ahead*, has established a great legacy that would be hard to repeat. My primary goal in accepting this position is to expand upon her vision, and continue to enable a forum for BI-ISIG members to share information and inspire one another. Keeping pace with projects and other endeavors in which members of our community are engaged into remains of utmost importance. However, personal reflections, dreams and accounts are equally valued and shared. In the words of the Dalai Lama, “the planet does not need more successful people”. To this I would comment that in my years involved as an ACRM member, I have been privileged to have met many successful people who also happen to be great healers, storytellers, and lovers of all kinds. In the months to come, I hope to become the conduit which will allow them to share their narratives.

Kristine Kingsley, PhD, Editor



BRAIN  
INJURY



INTERDISCIPLINARY  
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ACRM

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## Welcome and Announcements

### Lance Trexler, Chair

The Annual Meeting of the Brain Injury Special Interest Group (BI-ISIG) of the American Congress of Rehabilitation Medicine (ACRM) was convened in Orlando, FL on November 14, 2013, at Disney's Contemporary Resort. BI-ISIG Chair Lance Trexler welcomed returning members, new members, and first-time attendees. He reviewed the mission and goals of the BI-ISIG, and displayed the newly developed organizational chart to illustrate the BI-ISIG structure.

Dr. Teresa Ashman provided a beautiful acknowledgement of Joshua Cantor, PhD, ABPP-Rh, Chair Elect of the BI-ISIG, who passed away in September, 2013, and who will be missed by his BI-ISIG friends and colleagues. Dr. Ashman announced the creation of the BI-ISIG- sponsored Cantor Scholar Award; details for this award will be provided in the coming months.

Dr. Trexler described the procedures as documented in the by-laws for electing a new Chair-Elect of the BI-ISIG. An email was sent to BI-ISIG membership in September 2013 to solicit nominations; no nominations were made. A nomination committee comprising two BI-ISIG executive committee members and at least one additional BI-ISIG member nominated Donna Langenbahn. At the BI-ISIG summit, Dr. Langenbahn was asked to leave the room so that voting could take place anonymously. Her nomination was unanimously approved.

Dr. Trexler noted that the by-laws allowed for Dr. Langenbahn's newly vacant position as Communications Officer to be filled by appointment of the BI-ISIG Chair. He announced that this position would be filled by Dr. Kristine Kingsley, who was acknowledged by the group.



## Secretary's Report

### Kristen Dams O'Connor, Secretary

Dr. Dams-O'Connor directed members to the Minutes from the 2013 Mid-year Meeting (MYM), which were printed in *Moving Ahead*, for their review. Dr. Morse made a motion to approve the minutes from the 2013 MYM. Dr. Cicerone seconded this motion. Dr. Dams-O'Connor announced that the Minutes from the 2013 MYM were approved.

## Treasurer's Report

### Risa Nakase-Richardson, Treasurer

Dr. Nakase-Richardson gave a Treasurer's Report. There is a growing revenue stream from the Cognitive Rehabilitation Task Force's *Cognitive Rehabilitation Manual Training*. It was estimated that there is a profit of approximately \$9k at the time of the meeting. Total BI-ISIG budget, including ACRM's in-kind contribution from membership revenue, was estimated to be \$26k. The budget was reviewed, but not finalized due to strategic plan implementation. It was decided that the BI-ISIG





Lance Trexler, Kristen Dams-O'Connor



Risa Nakase-Richardson

Executive Committee would determine how the surplus would be spent at its December 2013 meeting. Dr. Cicerone suggested that the BI-ISIG negotiate an increase in the cap that ACRM places on the amount of surplus funds the BI-ISIG can reserve. No vote was called.

## Early Career Report

### Andrew Dennison, Early Career Officer

Dr. Dennison reported that the early career development course with cocktail reception was a great success. Attendees were introduced to ACRM and the BI-ISIG, as well as other ISIGs and networking groups (NGs). There is increased involvement in the early career networking group. Early Career Physicians Task Force met in Orlando and is discussing a product related to improving collaboration between researchers and primary clinicians. Early career e-blasts are ongoing with regular information on grants, fellowship training, and other

opportunities. He encouraged mid- and late-career member involvement in the early career networking group as well. Finally, Dr. Dennison encouraged early career participants to apply for the MYM scholarships to become more familiar with the inner workings of the task forces: the workhorses of the BI-ISIG. An application form will be sent out via email to the ACRM membership prior to the MYM.

## Communications Report

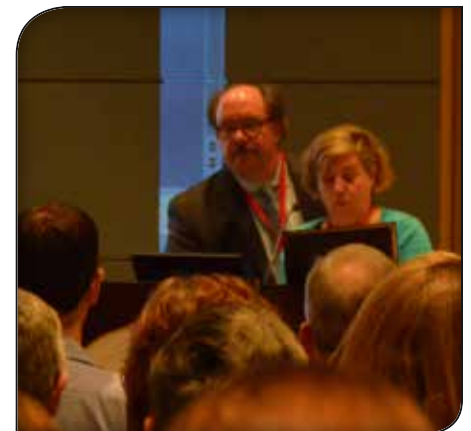
### Donna Langenbahn, Communications Officer

Dr. Langenbahn provided a communications update as chair of the BI-ISIG Media Committee. She reported that the BI-ISIG brochure was updated, and the fall, 2013 issue of the newsletter, *Moving Ahead*, was sent out electronically. She encouraged the membership to "Like" the BI-ISIG Facebook Page and join the LinkedIn page for ACRM BI-ISIG.

## Program/Awards Report

### Teresa Ashman, Program/Awards Officer

Dr. Ashman announced BI-ISIG awards. The BI-ISIG Early Career Poster Award winner was Barbara Zupen; the BI-ISIG David Strauss Poster Award winner was Yelena Goldin.



Lance Trexler, Teresa Ashman



Andrew Dennison



Donna Langenbahn



Jenny Richard, Lance Trexler



Lance Trexler, Angela Colantonio, Yelena Goldin

## Recognition of Jenny Richards

**Lance Trexler**

Dr. Trexler recognized Jenny Richard with the Outstanding Service Award for her extensive contributions to the BI-ISIG and its membership in 2013.

## Task Force Updates

Task Force chairs provided updates on each BI-ISIG Task Force:

### COGNITIVE REHABILITATION

**Keith Cicerone & Donna Langenbahn, Co-Chairs**

Dr. Cicerone is in the process of certifying reviewers for its 4th systematic review of the CR effectiveness for TBI and Stroke. The group is also updating its review of CR for other medical conditions. The TF is promoting opportunities for training and dissemination by seeking new faculty for the *Cognitive Rehabilitation Manual* training. The TF is also sponsoring a presentation by Robyn Tate at the annual conference on single-case experimental designs.

### COMMUNITY-BASED TREATMENT

**Nina Geier & Ann Marie McLaughlin, Co-chairs**

TF members are collecting responses to a provider survey on community-based treatment. The link to the survey can be accessed on the CARF website,

and BI-ISIG members were invited to participate.

### DISORDERS OF CONSCIOUSNESS

**Risa Nakase-Richardson & John Whyte, Co-Chairs**

The DOC TF is focusing its work in four areas: clinical work, education, research, and advocacy. Members are working on revising and vetting minimal care guidelines for individuals with DOC. An impressive agenda for DOC meetings and educational seminars at ACRM was announced.

### GIRLS AND WOMAN WITH ABI

**Angela Colantonio & Yelena Goldin, Co-chairs**

is organizing a Special Issue on Sex, Gender, and Acquired TBI in collaboration with the Women with SCI TF of the SCI Networking Group. CPC Submission status is pending for a review of Medical, Behavioral, and Social issues in Women with TBI.

### MILD TBI

**Ronald Seel, Chair**

Mild TBI TF members are resetting its goals; possible work plans include revising the ACRM definition of mTBI, and reviewing existing guidelines for the management of mTBI. The group is also interested in developing a position statement on media reporting of mTBI.

### PROGNOSIS AFTER TBI

**Rosette Biester & David Krych, Co-chairs**

The Prognosis TF has completed data collection via survey on the information about prognosis that consumers and their families received after TBI. The survey was available for input from June 2012-June 2013. A total of 117 significant others and 149 individuals with TBI completed the survey. Initial results indicate that people are dissatisfied with the amount of information imparted by clinicians soon after injury, and that satisfaction with services increases with time since injury. The TF is working on a manuscript of these results.

### PEDIATRIC/ADOLESCENTS

**Julie Haarbauer-Krupa, Chair**

This task force is building its membership and working on conference programming.

### LONG-TERM ISSUES

**Kristen Dams-O'Connor & Flora Hammond, Co-chairs**

Task force chairs outlined plans for new projects, to include a review of existing clinical management guidelines for common post-TBI challenges (e.g., mood disorders, seizures, headache, etc.) and a systematic review of medical outcomes after TBI.



Angela Colantonio



Risa Nakase-Richardson



Lance Trexler

Dr. Trexler commended the impressive work that TF chairs and members are doing.

### Other Business:

Dr. Trexler stated that there is possible positive cash flow income from sales of the *Cognitive Rehabilitation Manual*. The floor was opened to discussion of suggestions for using these funds.

There was some discussion of investing in systematic review software. Dr. Doug Katz described a free method developed by Matt Dorian that uses Google Docs and Excel. Further research is needed to determine costs and usability of existing programs. Dr. Tessa Hart suggested reimbursement for TF activities and instrumental support (use of ACRM staff time, conference lines, etc.) for TF work.

Dr. Nakase-Richardson suggested that, rather than requesting specific budget items, we consider as a group what we want to see happen.

### Meeting Adjournment:

The meeting was adjourned by Dr. Trexler at 1:28pm, setting a record that will go down in history as the first BI-ISIG Summit that did not exceed its allocated time.



Rose Biester



Nina Geier, Lance Trexler



Lance Trexler, Julie Haarbauer-Krupa

Respectfully submitted,  
Kristen Dams-O'Connor, PhD  
BI-ISIG Secretary





# BI-ISIG Task Force (TF) Updates

## COMMUNITY-BASED TREATMENT TF TO ANALYZE PROGRAM SURVEY RESULTS


The **COMMUNITY-BASED TREATMENT TF** has completed a survey of providers regarding models of care/approaches used in home and community-based programs. The survey was disseminated primarily through the CARF website, but also via the ACRM website. Areas investigated include program emphasis, clinical challenges, and outcome measurement. Co-chairs **Nina Geier** and **Ann Marie McLaughlin** are pleased with the overall response and will be reviewing data at the mid-year task force meeting. Going forward, the task force plans to disseminate results with recommendations regarding best practices. The group also plans to complete a comprehensive review of outcome measures related to community-based treatment. This review will include a listing of pertinent outcome measures, characteristics of those tools/scales (e.g., reliability, validity), published research, and collaborative projects.

## COGNITIVE REHABILITATION TF: CR MANUAL TRAINING TAKES ON NEW FACULTY FOR NATIONAL AND INTERNATIONAL TRAVELS

**Lance Trexler** and the original group of authors of the *Cognitive Rehabilitation Manual* from the **COGNITIVE REHABILITATION TF** have been joined by new faculty. The following individuals will begin to participate in workshop presentations: Andrew Bateman, Tom Bergquist, Deirdre Dawson, Michael Fraas, Sheldon Herring, Kristine Kingsley, Linda Laatsch, Bonnie Schaudé, Jennifer Wethe, and Angela Yi.

Starting off at the end of summer, new faculty member **Angela Yi** will join **Rebecca Eberle**, and **Donna Langenbahn** in a two-day Cognitive Rehabilitation Manual Training workshop 16 and 17 August 2014, to be presented at Cedar Sinai Hospital in Los Angeles, CA. On 24 and 25 September. 2014, CR Manual Training will return to Europe, this time to Sunnaas Rehabilitation Hospital in Oslo, Norway. Making this trip will be faculty **Lance Trexler**, **Donna Langenbahn**, and **Michael Fraas**. There is also a plan to provide a CR Manual Training workshop prior to the ACRM Annual Conference in Toronto, but faculty has not yet been set for that venue.

## DISORDERS OF CONSCIOUSNESS TF TAKES ON A HOST OF PROJECTS

DOC TF co-chairs **John Whyte** and **Risa Nakase-Richardson** note progress on a number of impressive projects across areas of clinical work, education, research, and advocacy. They are partnering with the NIDRR TBI Model System DOC SIG on many of these projects: 1) to explore and review statistics on frequency and cause of death in DOC versus non-DOC patients in the TBIMS database, 2) to complete a systematic review of disorders of consciousness, 3) to develop and publish guidelines for rehabilitation treatment of DOC patients, 4) to develop a consensus-based definition of the post-traumatic confusional state, 5) to develop a centralized resource of educational materials for DOC survivors, families, administrators and other stakeholders in DOC care, 6) to give a series of educational presentations surrounding DOC issues at professional conferences, and 7) to update guidelines on rehabilitation eligibility published by the McKesson Group with the end goal of affording the opportunity for rehabilitation to individuals with Rancho Los Amigos Level of 4 or less. The TF is also considering ideas for new projects and welcomes new members. 



Disorders of Consciousness Task Force Meeting // Annual Conference Orlando 2013





Girls & Women Task Force // Annual Conference Orlando 2013



Summer Ibarra, Samantha Backhaus, Donna Langenbahn

BRAIN INJURY  
INTERDISCIPLINARY  
SPECIAL INTEREST GROUP



Quratulain Khan, Samantha Backhaus, Summer Ibarra, Devan Parrott



Tessa Hart, Angela Colantonio, Yelena Goldin



Ron Seel, Samantha Backhaus



Terri Compos, Dawn Neumann



Phil Morse, Lance Trexler, Larissa Swan



< Liat Rabinovitz,  
Amy Shapiro-  
Rosenbaum



Heather Glubo,  
Maria Kajankova >



# Traumatic Brain Injury Model Systems:

A conversation with Dr. Tamara Bushnik

The Traumatic Brain Injury Model Systems (TBIMS) Program began in 1987 with funding from the National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education, to improve care and outcomes for individuals who had sustained a TBI. Originally there were four designated centers, that were able to provide emergency medical, acute medical and post-acute rehabilitation services. These centers were to foster clinical and research endeavors in the area of traumatic brain injury. Some initial TBIMS accomplishments included: a. the development of practice guidelines in medical care & rehabilitation, b. the creation of diagnostic procedures and objective measures, c. the description of how people recover in the first years, d. the identification of persistent problems that follow TBI, and e. the development of new assistive technologies to be used by survivors with cognitive difficulties in order to increase independent functioning. The three main components of the TBIMS Program are the Traumatic Brain Injury (TBI) National Data and Statistical Center, the Model Systems Knowledge Translation Center (MSKTC) and The Center for Outcome Measurement in Brain Injury (COMBI).

Across the years, more than 500 peer-reviewed publications have resulted from TBIMS research, including 6 special issues in leading journals in the field of rehabilitation. There is strong involvement in conferences and journals to increase knowledge and visibility of findings. Finally, dissemination of information through the website allows individuals interested in research to access the database after following a predetermined process.

To ensure that research is translated into practice, NIDRR separately funds a Model Systems Knowledge Translation Center, which promotes the adoption of research findings by stakeholders, rehabilitation professionals and consumers. The Knowledge Translation Center is currently under the directorship of **Tamara Bushnik, PhD, FACRM**; she has been involved with TBIMS since 1999, the year she joined Santa Clara Valley Medical Center, in San Jose, CA. Dr. Bushnik is Past President of ACRM, having served from October 2011 until November 2013. She has been the director of rehabilitation research at Rusk Rehabilitation at New York University Langone School of Medicine since August 2009. Her research focus is firmly in the realm of post-acute recovery following acquired brain injury with a particular emphasis on the underlying mechanisms creating the common debilitating sequelae of fatigue, sleep problems, and decreased community participation.

**Q. Dr. Bushnik, please tell us what were some of the first areas of interest for TBIMS?**

The TBI Model Systems was an initiative that was established by NIDRR following the success of the Spinal Cord Injury Model Systems which had started in 1972. The first five centers were awarded grants with the primary rationale of setting up a National Database for individuals with TBI in an effort to ascertain what would be a good continuum of care in an acute medical setting, and to develop guidelines for standards of care in acute rehabilitation. The original variables therefore, were very medically oriented: Radiographic findings of TBI survivors or acute complications/ comorbidities following an injury such as seizures,

spinal cord injury, or intracranial pressure were of utmost interest. The original centers did an excellent job in selecting the elements/variables which clinicians and researchers were to collect. These variables however, are no longer point of interest in current data collection efforts.

**Q. What have been some challenges/developments in TBIMS history since its inception?**

In the 1990s, the Brain Injury Association of America did an impressive job to increase public awareness about brain injury and its sequelae. At the same time, NIDRR recognized the need to increase the TBIMS centers to 16-17 across the nation. This was done in an effort to augment geographical representation, as well as generalizability of outcomes. NIDRR established 5-year funding cycles, with the understanding that centers needed to re-apply at the end of each of those cycles. These are highly competitive awards and with each new round, 25 percent of existing centers may lose their funding, and thus, their capability of following up with enrolled subjects. To address this limitation, NIDRR currently has established such provisions, requesting a percentage of the money allotted to a TBIMS center to be subsequently allocated toward the support of a center, that no longer receives full funding. For example, Craig Hospital in Denver will subcontract with Santa Clara Valley Medical Center in California, deemed at the moment a follow-up center, in order to allow them to continue collecting data on their existing enrollees.

An additional development in the history of TBIMS has been the establishment of modules. The original databases were not

designed as hypothesis-driven databases; this created a rather static scenario, rendering it improbable or at least very difficult to use the Database registry for a new drug trial or a novel psychosocial intervention. Undoubtedly, the creation of modules has been useful: money is put aside to support time and topically specific ideas that are hypothesis-driven with enough power of analysis. In the last funding cycle 2006 – 2011, modules addressed drug interventions for cognitive/mood/behavioral difficulties, as well as functional improvements, and psychosocial interventions within the realm of cognitive rehabilitation, family function post TBI, insomnia and fatigue reduction, and use of acupuncture. Furthermore, modules addressed assessment and outcome measures using innovative assessment tools, predictive statistical models, and radiographic techniques and biomarkers. The results of these modules were presented at the International Brain Injury Association Conference held in San Francisco, March 2014.

#### **Q. What are some current areas of interest?**

In this current 2012-2017 cycle, TBIMS centers have established several new modules in the field of drug and psychosocial intervention, as well as outcome. We are looking at drug interventions to safely address headaches or post-traumatic aggression. We are reviewing psychosocial interventions in support of addressing substance use and TBI, motivation for treatment, sleep disorders, psychological and physical well-being, and social participation, as well as family support and skill building. Some of these interventions are conducted remotely. In the arena of prediction and

outcome, we are developing instruments on assessing quality of life, levels of pain, degree of irritability, and aggression. Furthermore, TBIMS centers are looking to evolve measures of cognitive function and assess long-term medical comorbidities and physical decline, statins and TBI, resilience, weight and health care disparities in service delivery.

#### **Q. Are there any TBIMS collaborations with other agencies?**

As one may imagine, one of the limitations of any large scale, longitudinal study would involve cost. With one single agency trying to fund such a project, TBIMS was likely to hit some road blocks. One such barrier was the cost of funding consulting radiologists to incorporate / include radiographic findings in our registry, and therefore fund consulting radiologists for their services of reading and interpreting scans. NIDRR has more recently, initiated collaborations with agencies such as the Department of Veterans Affairs (VA), the Centers for Disease Control and Prevention, the Department of Defense and the National Institutes of Health to begin to circumvent some of these financial obstacles. The TBIMS is currently engaged in several research initiatives with federal agencies such as the VA, resulting in two projects: VA TBI Database for 5 VA Poly-trauma Rehabilitation Centers, which includes most of the same variables in the TBIMS National Database, and a congressionally mandated TBI Veterans Health Registry. Representatives from these poly-trauma centers attend the bi-annual TBIMS project director meetings; meanwhile, some TBIMS centers have developed close consultation and mentoring partnerships with VA centers, e.g., Santa Clara Medical Center with the Palo Alto

VA Rehabilitation center. These teams work in the context of module meetings, special interest groups and other entities.

#### **Q. What do you foresee being a future direction for TBIMS?**

One of the things we have discussed on several occasions is establishing a Pediatrics subdivision in the National Database Registry; so far we have allotted limited resources to register and study this population, even though there is an immeasurable need to do so.

#### **Q. What do you think of international collaborations?**

Another direction we may want to consider is the increase of international collaborations. Personally, I believe that such endeavor is invaluable. For example, Canada, the European Union, Australia & New Zealand, have been collecting data concurrently with the U.S., while at the same time establishing impressive programs within the realm of service delivery and research. Furthermore, their National Health Registry programs may provide greater flexibility to track patients over time, because of a universal health care system. So far, there has been no initiative taken from NIDRR or any other U.S. funding agency, but there has been a strong interest expressed among many ACRM and specifically BI-ISIG members. 🌸



**Tamara Bushnik**



# Mid-Year Meeting Awards and Interviews

THE BI-ISIG MYM EARLY CAREER SCHOLARSHIP is a stipend, awarded each year in recognition of talent, skills, and commitment evidenced in a young professional beginning his or her career in the arena of rehabilitation. Last year, during the 2013 MYM held in Baltimore, MD, six extraordinary individuals were distinguished. Here are the stories of five out of the six young professionals.



2013 ACRM EC Scholarship Winners at Mid-Year Meeting — Keith Ganci, Chari Hirschson, Angela Yi, Yelena Bogdanova, Stephanie Assuras, Yelena Goldin

## KEITH J. GANCI, Ph.D.

### **Please tell me how did your journey begin in the field of rehabilitation?**

Well, I would say that I started graduate school knowing I wanted to pursue a career in neuropsychology in some form, but I developed a passion for rehabilitation, and in particular cognitive rehabilitation, throughout the course of my externship/internship placements. I was fortunate enough to end up in programs that exposed me to more than just assessment, and gave me the opportunity to work with patients long-term in developing and carrying out creative and functionally relevant treatment plans.

### **What have been some challenges so far for you; any words of advice, for colleagues entering this field?**

The licensing process is a really tedious and seemingly endless endeavor — especially after you've already jumped over many hurdles to get your Ph.D. (i.e., internship match; dissertation defense,

etc.). I would encourage all future colleagues to stay positive and know that there is a light at the end of the tunnel

### **How do we encourage more young professionals to join ACRM?**

I think we're already doing some good things with respect to recruitment like the early-career scholarship awards and the student/early-career reduced membership rates. Perhaps we could also reach out to graduate programs to try and enlist more students.

### **What are some upcoming projects in which you are involved (within or outside of the ACRM community)?**

As a member of the BI-ISIG Cognitive Rehabilitation Task Force I'm involved in the upcoming Systematic Review (2009-2013). It's an exciting project to work on given the real-time advances that are taking place in the field. Also, at JFK, we are focusing a lot of our research efforts on looking at the clinical utility of computerized cognitive retraining programs. I've started to incorporate it into my practice, and I've found that it's

really helpful in terms of its portability and ability to provide patients with immediate and objective feedback.

### **Tell me something or someone that inspires you?**

Seeing the strength and resiliency in someone who just sustained a life altering brain injury.

Other things that inspire me (in no particular order) are: music, my wife, an occasional glass of bourbon, Eddie Vedder, the ocean.

### **If Dr. Trexler were to walk into your office tomorrow and say you can choose the next ACRM meeting spot (all expenses paid), where would you choose and why?**

Maui, Hawaii — self-explanatory. If he scoffed and said that it was too far-fetched then I would choose New Orleans because I've never been there, and I love Cajun food.

Dr. Ganci obtained his Ph.D. in Clinical Psychology from Fairleigh Dickinson

University. Prior to joining JFK-Johnson Rehabilitation Institute in New Jersey as a staff neuropsychologist, Dr. Ganci completed a pre-doctoral internship at NYU Langone Rusk Rehabilitation and a post-doctoral fellowship in Clinical Neuropsychology and Rehabilitation Research at JFK-Johnson Rehabilitation Institute in New Jersey. His dissertation was on the evaluation of the psychometric properties of the Rudimentary Observed Cognitive Assessment (ROCA).

## Angela Yi, PHD

### **Please tell me how did your journey begin in the field of rehabilitation?**

My initial interest when beginning graduate school was in the area of health psychology. I generally knew that I wanted to practice in an area that addressed both the body and mind as it related to behavior. As I progressed through graduate school, I was exposed to the field of neuropsychology and was fascinated by learning how to measure brain function through assessment. I began to narrow my training to the field of neuropsychology but always wondered in the back of my mind if this meant that I would have to compromise my interest in working with patients within a treatment context, as much of my exposure to neuropsychology was completed in diagnostic clinics. My first introduction to rehabilitation was when I was applying for internship and became familiar with NYU Rusk's Institute's rehabilitation program. Reading the description of NYU Rusk's internship program was a pivotal moment where I saw many aspects of my clinical interests all converge in one field, which I did not know was possible. It was exciting and affirming to become acquainted with a specialty field that not only took a

body/mind holistic approach to a patient but also provided the patient with a continuum of care that didn't end at the neuropsychological assessment, but also provided support through treatment to the patient and their support system.

### **What have been some challenges so far for you; any words of advice, for colleagues entering this field?**

I feel fortunate to have had mentors during my post-doctoral fellowship years that provided tremendous support in developing my professional identity and continue to do so to this day. This most likely shielded me from experiencing significant challenges in navigating the field of rehabilitation. My advice for future colleagues is to actively seek out senior professionals who can become your mentors. I have experienced ACRM BI-ISIG as such a friendly and open environment that would eagerly help any new career individual who would be in need of advice or mentorship. Also, becoming involved in a task force is also a very easy way to network and grow your professional relationships.

### **How do we encourage more young professionals to join ACRM?**

Targeting the young professionals while they are still in graduate school or in post-doctoral training is an important time in their professional development to understand how ACRM can assist them. Trainingsupervisors providing information and opportunities to participate in ACRM activities is also critical to getting younger trainees hooked in early and increase the likelihood of continuing the relationship with the organization after leaving the training environment.

### **What are some upcoming projects in which you are involved (within or outside of the ACRM community)?**

A project that I am particularly excited about is creating a "Return to Learn" protocol, as part of our sports concussion management program, for the athletes who have sustained a sports concussion for one of our local high school districts. Typically after an athlete sustains a concussion, there are concrete guidelines in how to assess and manage symptoms in order to return an athlete back to play. Often times there can be a lack of follow through in ensuring that an athlete returns successfully back to the classroom. This protocol focuses on two levels: in-clinic decision making regarding the use and communication of academic accommodations and outreach education to the teachers and school administration.

### **Tell me something or someone that inspires you?**

I'm sure many of us have experienced going through training and taking along with us into our careers certain gems we picked up along the way. I had the privilege of being supervised by Joshua Cantor, Ph.D. during my post-doctoral fellowship years at Mount Sinai Hospital. One of the things that struck me about him was that no matter how stressful the work environment, he always saw individuals as people and not as transactions, always treating them graciously. I laugh when I remember him being absolutely delighted and overjoyed that I was finally venturing from the dark side (wine) into the world of beers, that he immediately took the time to email me a very extensive list of beers to try which to this day I still reference as a guide! Living in a culture driven by outcomes that define "success", it is easy to lose sight of the real person in front of

you, whether it is a colleague, stranger, or a patient. Joshua's "way of being" has inspired me to keep in focus what is most important in my life and career, which are the relationships that surround us.

**If Dr. Trexler were to walk into your office tomorrow and say you can choose the next ACRM (all expenses paid), where would you choose and why?**

I would choose San Francisco, California! Aside from San Francisco being an incredible city, a west coast location would allow for more recruitment of professionals to become exposed to ACRM who may not have otherwise been exposed.

Dr. Yi is a clinical neuropsychologist and currently serves as the Director of Neuropsychology and Rehabilitation at the Sports Concussion Institute in Anaheim, California. She earned her M.A. and Ph.D. in Clinical Psychology at Fuller Theological Seminary, Graduate School of Psychology and M.A. in the School of Theology. Her internship training was completed at New York University, Rusk Institute of Rehabilitation Medicine and was followed by a two year clinical and research post-doctoral fellowship in neuropsychology and rehabilitation medicine at Mount Sinai School of Medicine, Department of Rehabilitation Medicine, Brain Injury Research Center (BIRC). She has received extensive training in neuropsychological assessment, psychotherapy, and cognitive rehabilitation of individuals with traumatic brain injury, stroke, and other neurological disorders. Dr. Yi's ongoing research and program development interests include improving treatment outcomes for individuals with traumatic brain injury, with an emphasis on translating scientific research into evidenced-based practice.

## Yelena Goldin, PHD

**Please tell me how did your journey begin in the field of rehabilitation?**

I have always had an interest in human cognition and brain behavior interaction. I became interested in neurophysiology early on in my college career, which led me to pursue graduate training in neuropsychology. As I gained knowledge and clinical experience in neuropsychology and psychotherapy, I was growing increasingly disappointed and unfulfilled with the limits of my training and my ability to treat patients in need of cognitive rehabilitation. I was capable of assessing every aspect of their mental operations, but lacked the capacity to do anything about it. I began to seek training in rehabilitation, which fulfilled my need for the rounded experience. This eventually led me to a post-doctoral fellowship at Mount Sinai School of Medicine, where I was able to pursue both clinical and research endeavors, and landed me in my current position at JFK under the mentorship of Dr. Keith Cicerone. I have been truly fortunate to find these experiences and wonderful mentors who believed in me enough to help shape my career.

**What have been some challenges so far for you; any words of advice, for colleagues entering this field?**

I don't think my challenges are unique or different from others in the field. As a clinician, the major challenges remain lack of universal acceptance and coverage for cognitive rehabilitation. As a researcher, funding remains a challenge. I would encourage future colleagues entering the field to become involved, build interdisciplinary collaborations and learn as much as you can from them, and always remember that our ultimate goal and definition of success is contributing

to the improvement and preservation of our consumers' quality of life.

**How do we encourage more young professionals to join ACRM?**

ACRM is unlike any other professional organization I have ever been part of, and I credit my involvement in it for a lot of my career success. From the networking opportunities with researchers and clinicians at different levels in their careers, to the numerous opportunities to get involved and make a significant contribution to the field, to the approachable accomplished senior members ready and willing to offer mentoring and support, there is no warmer and more helpful group. Increasing your professionals' awareness of this, and perhaps giving them the opportunity to experience this, may just be the key.

**What are some upcoming projects in which you are involved (within or outside of the ACRM community)?**

In our lab at JFK, we are currently working on exploring the effects of a neuroplasticity-based intervention on neuroanatomical attention networks in individuals with chronic TBI and stroke.

In the BI-ISIG task force with Dr. Angela Colantonio, we are planning a systematic review to explore disparities in access to care among women with acquired brain injury, and are working with the Clinical Practice Committee to obtain ACRM endorsement for this project. We are also planning to conduct a large-scale international consumer survey to determine what needs of girls and women with brain injury should be the focus of research - this is currently in the design stages. My colleague Dr. Charlotte Trott and I are contributing an article on screening female victims of intimate



partner violence. Finally, I am involved in the current systematic review on cognitive rehabilitation in the Cognitive Rehabilitation Task Force.

### **Tell me something or someone that inspires you?**

In this field, and in ACRM, there is no shortage of inspiration. I have been inspired by my supportive past (Wayne Gordon, Josh Cantor, Theo Tsauosides) and present mentors (Keith Cicerone, Angela Colantonio), my brilliant colleagues and peers, the ever-supportive members of ACRM. My greatest inspiration is the consumers: their amazing stamina in the face of their injuries, both physical and spiritual.

### **If Dr. Trexler were to walk into your office tomorrow and say you can choose the next ACRM meeting spot (all expenses paid), where would you choose and why?**

This is a trick question. I would choose the NY/NJ area to minimize our lab's expenses, of course. If you edit this, can you please make sure you tell Keith this was my original response :)

Dr. Goldin obtained her Ph.D. in Clinical Psychology from Ferkauf Graduate School at the Albert Einstein College of Medicine of Yeshiva University with a specialization in Neuropsychology and Geropsychology. Prior to joining JFK-Johnson Rehabilitation Institute as a clinical and research Neuropsychologist, Dr. Goldin completed a Post-Doctoral Fellowship in Clinical Neuropsychology and Rehabilitation Research at Mount Sinai School of Medicine. She is currently a research and clinical neuropsychologist at JFK-Johnson Rehabilitation Institute in New Jersey and a clinical assistant professor at the Department of Physical Medicine and Rehabilitation at Rutgers

Robert Wood Johnson Medical School. She is trained and experienced in clinical neuropsychology and rehabilitation with a specific focus and interest on sexuality and reproductive health, aging and rehabilitation in individuals with traumatic brain injury and acquired brain injury. She has served as a co-investigator of the TBI Model System at JFK-JRI. Her main research interests focus on cognitive rehabilitation, mechanisms of injury and recovery, and women's issues after TBI. She is the co-chair of the BI-ISIG Girls and Women with ABI task force and an active member of the BI-ISIG Cognitive Rehabilitation task force. She is also the recipient of the David Strauss Research Award from the ACRM Brain Injury Interdisciplinary Special Interest Group.

## **Yelena Bogdanova, PhD,**

### **What have been some challenges so far for you; any words of advice, for colleagues entering this field?**

Challenge: Clinical trials are very expensive, time-consuming and labor-intensive. It is hard to obtain the funding and to maintain the level of productivity necessary to successfully compete for funding.

Collaboration with colleagues in your field may allow you to work on multiple projects, and to generate some pilot data, critical for obtaining the funding for the next project/s.

### **How do we encourage more young professionals to join ACRM?**

Start with students/trainees, who are likely to "stay" with ACRM in the future:

- » Student / postdoc "Best poster" award (it could be very modest - \$250)

- » Best Dissertation award... (Does not need to be monetary — maybe a plaque, and publish their profile in *Moving Ahead* — if resources are limited).
- » Early career award (& potentially talk at the appropriate symposium)
- » Student networking event/s (w/some food served) at the ACRM meeting
- » Publishing/ Grant writing workshop for students/ early career professionals
- » Mentoring program for students/ early career ACRM members\*\*

\*\* I established and chaired the Mentoring Program for students and early career professionals while serving on the Board of Directors at the Massachusetts Neuropsychological Society, and would be happy to share how I did it and what I learned in the process.

### **What are some upcoming projects in which you are involved (within or outside of the ACRM community)?**

#### **VA:**

- (1) Development of multimodal treatment program for veterans with TBI & PTSD comorbidity.
- (2) Clinical trial of novel neuromodulation treatment (LED therapy) to improve cognitive function and neuropsychiatric symptoms, and to optimize recovery in returning Veterans with blast TBI.

#### **ACRM:**

- (1) BI-ISIG Cognitive Rehab TF — evidence-based review;
- (2) Prescription of Technology TF of Military & Veteran Networking Group

— lit review and clinical best practice guidelines development.

Dr. Bogdanova is a Principal Investigator at the VA Boston Healthcare System and an Assistant Professor of Psychiatry at the Boston University School of Medicine. She currently directs the federally funded clinical trials of cognitive rehabilitation and noninvasive brain stimulation in blast-induced traumatic brain injury. Dr. Bogdanova holds a Ph.D. in Behavioral Neurosciences and a Ph.D. in Clinical Neuropsychology. She is the recipient of multiple NIH, APA, and VA awards, including Individual Predoctoral National Research Service Award (F31) and Rehabilitation Research & Development Career Development Award (CDA-2). Her program of research focuses on mechanisms of cognitive impairment and recovery in brain injury, and development and evaluation of neurorehabilitation treatment program (neuromodulation and multimodal intervention) for patients with TBI & PTSD.

Last but not least, Dr. Bogdanova serves on the Cognitive Rehabilitation Task Force of the Brain Injury Interdisciplinary Special Interest Group of the American Congress of Rehabilitation Medicine. She also served as a Panel Member on the Committee on Cognitive Rehabilitation Therapy for Traumatic Brain Injury consensus study by the Institute of Medicine of the National Academies & U.S. Department of Defense.

## Chari Hirshson, PHD

**Please tell me how did your journey begin in the field of rehabilitation?**

My journey into the field of rehabilitation was one that I was not expecting. I started as an extern at Mount Sinai during the summer of my second year

of graduate school looking to “expand my horizons” and learn something new within the confines of psychology and neuropsychology. I quickly fell in love with the practice of rehabilitation psychology and my career path was ultimately changed. I never went searching again....

**What have been some challenges so far for you; any words of advice, for colleagues entering this field?**

I think the recognition of what a rehabilitation psychologist does has been a challenge- I don't think a lot of people in the field of psychology understand the types of patients we can treat and the work we can do. ACRM has definitely helped make that definition clearer to other professionals.

**How do we encourage more young professionals to join ACRM?**

My first ACRM conference was in 2006 when i was a graduate student; it was my first poster presentation. The community was so warm and welcoming and really interested in collaboration and work; it was different than any other annual meeting and/or professional organization that I had been a part of. I think coming in early was a great way for me (and others) to learn what ACRM is all about. My desire to bring more young people in and get them hooked early is part of the focus of work on the Early Career Networking Group right now!

**What are some upcoming projects in which you are involved (within or outside of the ACRM community)?**

Within ACRM, I am currently the secretary of the Early Career Networking Group, and am active in the Long Term Issues Task Force and Prognosis Task Force. With Prognosis, I just submitted a symposium for Toronto, and in Long

Term Issues we are starting a systematic review on medical outcomes. Since I'm currently doing mostly clinical work now, my collaborations through ACRM are my only current research projects.

**Tell me something or someone that inspires you?**

When I first came to Mount Sinai I knew very little about rehabilitation medicine and traumatic brain injury. Drs. Teresa Ashman and Joshua Cantor gave me a chance, and in turn they taught me everything I know about TBI and rehabilitation. I still go to Teresa with every big question I have professionally- she has always been and will always be my mentor. Joshua, I miss every day. I strive to be the best I can be for him.

**If Dr. Trexler were to walk into your office tomorrow and ask you to choose the next ACRM annual meeting spot (all expenses paid), where would you choose to have it and why?**

After the winter we've had here in the northeast...somewhere warm!! San Diego sounds good right about now!

Dr. Hirshson has attended Brandeis University, received a Master's in Clinical Psychology from Columbia University, and completed a Ph.D. in Clinical Health Psychology at Yeshiva University. She subsequently pursued a postdoctoral fellowship at Mount Sinai School of Medicine, Department of Rehabilitation Medicine, New York, and has taught psychology at Stern College for Women at Yeshiva University. She has had an active involvement in TBI Model Systems projects. She is currently working as a staff psychologist at NYU Langone Rusk Rehabilitation, at the Adult Outpatient Psychology & Neuropsychology Service.



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