

# BI-ISIG

# Moving Ahead

A biannual publication for members of the ACRM BI-ISIG

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Number 2

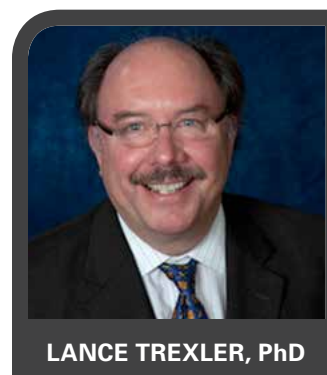


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## Message from the Chair

The BI-ISIG has always been an organization based on common professional interests, but also on collegiality and close friendships. This context frames the sadness about our loss of Dr. Joshua Cantor, the BI-ISIG Chair-Elect. The BI-ISIG Executive Committee has formed a Nominating Committee that is working to recommend election in Orlando of a new BI-ISIG Chair Elect. Also, thank you very much to all of you who contributed to the Joshua Cantor Trust Fund! For those who still may be considering a donation, please see the "In Memoriam" piece in this issue for address information.



LANCE TREXLER, PhD

the conference on mid-day Saturday 16 November, there will be two courses with BI-ISIG members presenting from the Pediatric/Adolescent Task Force and Disorders of Consciousness Task Force (see p. 8). We also have a terrific array of brain injury content throughout the conference. I am quite proud of all of the great leadership from our BI-ISIG Task Force Chairs and of the commitment evidenced by our task force members to meet in Orlando. As we move ahead, continued support of our Early Career participants remains imperative. Dr. Dawn Neumann has a done terrific job of leading the ACRM Early Career Networking Group and has developed a very important plan to promote awareness of the Task Force and ISIG initiatives immediately before the Early Career Reception in Orlando on Wednesday from 5:00-5:45pm, with ISIG, NG, and TF Chairs invited to present their mission and projects. Please remember to engage our Early Career participants in the Conference and BI-ISIG-Task Force activities.

The BI-ISIG Executive Committee (EC) has been hard at work with respect to planning

*Continued on page 2*



ACRM

91<sup>st</sup> Annual Conference

PROGRESS IN  
REHABILITATION RESEARCH

7 – 11  
OCTOBER 2014

Intercontinental, Toronto Centre and  
the Metro Toronto Convention Centre  
TORONTO, ON, CANADA

## EXECUTIVE COMMITTEE

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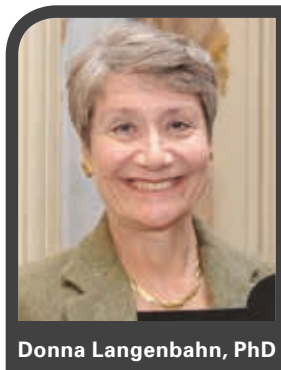
for the Annual Conference, but we have also been working to develop an Annual Plan of Work, essentially a guide to what needs to be accomplished each month for each member of the EC to carry out the aims and functions of the organization. Each EC member has been phenomenally committed, for which I am extremely grateful. We have also circulated the Plan of Work to task force chairs with the goal of better serving BI-ISIG membership value and productivity through improved organizational effectiveness and communications. Thank you again to our task force chairs for your participation in our last conference call. Of course none of this would have possible without the most valued and appreciated assistance of Jenny Richards and Terri Compos from the ACRM virtual office!

Congratulations to ACRM and to the BI-ISIG – it has been a pleasure to serve as your Chair for now almost a year; we have made much progress important to our profession and ultimately to our patients. Certainly our loss of Dr. Cantor has been painful – a reminder to do our best in work and play – but obviously the benefits of our collective commitment and effort will persist.

Thank you to you all, and all the very best.



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



**Donna Langenbahn, PhD**

## Letter from the Editor

As Editor of *Moving Ahead*, I can attest that there have been too many newsletter issues where I've added an "In Memoriam" piece. With Joshua Cantor's passing, once again we feel a gaping loss at the disappearance of a beloved colleague and friend. In Joshua's case, the suddenness of his death left us feeling stunned and unable to understand. We express our most sincere regrets to his family, Christina, Lucy, and Max, his parents and brothers. For ourselves, we know that the BI-ISIG will continue in the same spirit devoted to excellence in clinical care, research, and teaching that Joshua stood for. We miss him terribly, as we do several others who left us before him. Please plan to join us as we "drink a beer" to toast Joshua at the annual conference, a ritual that he would have found fitting and right.

This newsletter issue is once again being sent out in e-print only, with hard copies available to attendees of the BI-ISIG Business Meeting at the annual conference. The survey question that I am bringing to you by email is whether the newsletter should take on paid tasteful "advertisements," such as conferences and meeting announcements, in order to return to hard copy distribution.

I continue to have the pleasure of working with BI-ISIG Media Committee members Michael Fraas (managing social media) and Mary Pat Murphy (managing BI-ISIG website information). Please contact them directly with any feedback or suggestions. Thanks to Terri Compos for her kind and true guidance through production on this issue of *Moving Ahead*, and my great thanks to Signy Roberts, who has worked untold hours to put out the newsletter.



**Donna Langenbahn, PhD**, Editor



## 2012-2014 BI-ISIG EXECUTIVE COMMITTEE

LANCE TREXLER, PHD, Chair

JOSHUA CANTOR, PHD, Chair Elect (*deceased*)

RON SEEL, PHD, Immediate Past Chair

ANDREW DENNISON, MD, Early Career Officer

RISA NAKASE-RICHARDSON, PHD, Treasurer

KRISTEN DAMS-O'CONNOR, PHD, Secretary

TERESA ASHMAN, PHD, Program/Awards Officer

DONNA LANGENBAHN, PHD, Communications Officer

JON LINDBERG, MBA, CAE, ACRM Chief Executive Officer (*ex officio*)

## 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 Baltimore, MD on April 26, 2013, at the Hilton Baltimore Hotel. BI-ISIG Chair Lance Trexler welcomed meeting attendees and introduced the BI-ISIG. New members were acknowledged, and Lance explained the mission of the BI-ISIG and the role of members.

Marcel Dijkers expressed his belief that the word "Medicine" should be removed from the organization's name, and suggested the revision: American Congress of Rehabilitation (ACR). There was no motion to act upon this suggestion.

Kristen Dams-O'Connor announced BI-ISIG Early Career Scholarship Recipients: Yelena Goldin (JFK Johnson Rehabilitation), Keith Ganci (JFK Johnson Rehabilitation), Chari Hirshson (Central Park Physical Medicine & Rehabilitation), Angela Yi (Sports Concussion Institute), Stephanie Assuras (Rusk Rehabilitation), and Yelena Bogdanova (Boston University School of Medicine). Recipients were awarded with a travel scholarship to support their attendance at the MYM.

## Secretary's Report

### Kristen Dams O'Connor, Secretary

Minutes from the BI-ISIG Business Meeting held at the Annual Meeting in Vancouver were distributed for review by the membership. The minutes were approved.

Suggested modifications of the BI-ISIG By-laws were distributed for review by the membership. Modification of the by-laws was approved.

## Treasurer's Report

### Risa Nakase-Richardson, Treasurer

Risa presented a proposed budget of \$16,880 (with an in-kind contribution from ACRM, and membership revenue). An overall decrease in revenue is due to a lower-than-expected revenue from membership. Lance reported that revenue from the *Cognitive Rehabilitation Manual* may begin to increase revenue in the near future.

## Early Career Report

### Andrew Dennison, Early Career Officer

Andrew encouraged attendees to nominate candidates for the BI-ISIG Early Career Scholarship, which will be awarded again at the 2014 MYM. An overview of the Early Career Networking Group (ECNG) was provided, and Andrew encouraged members at all career levels and specialty areas to join this group. Finally, he reminded

*Continued on next page*





Allison Clark, Kacey Maestas



Andrew Dennison, Ron Seel



Ann Marie McLaughlin, Nina Geier

the membership that Early Career members are eligible for reduced membership rates for five years after the completion of their training.

## Communications Report

**Donna Langenbahn,  
Communications Officer**

Donna noted that the BI-ISIG newsletter, *Moving Ahead*, is now available on the ACRM website and can be downloaded and printed. She encouraged members and TF chairs to send website updates to Mary Pat Murphy.

## Program/Awards Report

**Teresa Ashman, Program/Awards  
Officer**

Teresa provided an update on the 2013 Chautauqua the Annual Meeting in Orlando. It will be led by Flora Hammond and will address the topic of TBI as a Chronic Condition.

## Recognition of Thomas Felicetti Lance Trexler

Lance acknowledged the contributions of Dr. Tom Felicetti to the BI-ISIG. Tom shared a few words on what the BI-ISIG has meant

to him during his career, and closed by encouraging early career members to get involved with the BI-ISIG task forces.

## Task Force Updates

### COGNITIVE REHABILITATION

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

Keith reported that the group continues to work on its 4th systematic review of cognitive rehabilitation with TBI and stroke to cover the period 2009-2013. The task force has been involved with ACRM's initiative to conduct cognitive rehabilitation training based on the new manual *Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice*, which itself stemmed from the task force's series of systematic reviews. The task force will also continue to work on producing fact sheets based on the reviews, and the updated review of cognitive rehabilitation in other medical conditions.

### COMMUNITY-BASED TREATMENT

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

Ann Marie reported that the task force continues to work on a review of home and community-based care research. The task force is seeking members and will hold its next conference call in early June.

### DISORDERS OF CONSCIOUSNESS

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

Risa reported that the task force is working on an *Archives* special issue that will include 8 manuscripts on DOC that is scheduled to be published in October-November 2013. They are also working on an educational program to be presented at the Annual meeting in Orlando 2013.

### GIRLS AND WOMAN WITH ABI

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

Yelena reported that the task force is focusing on research relating to women and girls with TBI and health disparities for females with TBI.



Amy Shapiro-Rosenbaum, Kristen Dams-O'Connor, Ed Haskins, Jon Lindberg, Lance Trexler, Keith Cicerone, Michael Fraas



ACRM Staff: Fiona Williams, Terri Compos, Cindy Robinson, Jenny Richard



Drew Nagele, Brad Kurowski



Brad Kurowski, Keith Cicerone, Karen McCulloch, Drew Nagele, Marcel Dijkers



BI-ISIG MYM Business Meeting

## PROGNOSIS AFTER TBI

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

Rose reported that the task force has been collecting survey data from TBI survivors and family members regarding information that they have received since their (or their family member's) brain injury. The survey has been completed by approximately 250 participants, and will remain open until May 30. Next steps include data analysis and manuscript preparation.

## PEDIATRIC/ADOLESCENTS

### Julie Haarbauer-Krupa, Chair

The task force is working on a review of cognitive rehabilitation for children with TBI, and is working on a project on pediatric concussion.

## LONG-TERM ISSUES

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

It was announced that Drs. Dams-O'Connor and Hammond will co-lead the task force. Kristen thanked Tom Felicetti again for his history of leadership and contributions

to the productivity of the task force, the latter including several journal articles and a Falls Tip Sheet (published in *Archives*). The group will collaborate with a work group from the Galveston Brain Injury Conference and TBI Model Systems Aging with TBI SIG members to develop a series of projects aimed at improving understanding of TBI as a chronic condition. The work plan includes systematic literature reviews on medical and psychological health after TBI, and a review of existing health management guidelines to evaluate their appropriateness for use in individuals with TBI.

## Meeting Adjournment

Keith Cicerone made a motion to adjourn the meeting at 2:05pm; Ron Seel seconded the motion. The meeting was adjourned by Lance Trexler.

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



BI-ISIG MYM Business Meeting:  
Joel Scholten, Karen McCulloch, Fofi Constantinidou, Drew Nagele



Jim Malec, Flora Hammond



Fofi Constantinidou, Kristine Kingsley, Ann Marie McLaughlin, Nina Geier



BI-ISIG MYM Business Meeting



# ACRM MID-YEAR MEETING MEMORIES

BALTIMORE  
MAY 2013



Keith Cicerone, Dave Krych, Tom Felicetti, Preston Harley,  
Jim Malec, Lance Trexler, Donna Langenbahn



Kristen Dams-O'Conner, Dave Krych



Mary Pat Murphy, Yelena  
Bogdanova, Preston Harley,  
Stephanie Assuras



MJ Schmidt, Helen Carmine, Chari Hirschson,  
Angela Yi, Susan Johnson



MYM EC Scholarship Winners-Keith Ganci,  
Chari Hirschson, Angela Yi, Yelena Bogdanova,  
Stephanie Assuras, Yelena Goldin



Phil Morse, Risa Nakase-Richardson, Andrew  
Dennison, Lance Trexler, Joshua Cantor



Phil Morse



Risa Nakase-Richardson, Andrew Dennison



Quratulain Khan, Malene Abell, Devan Parrott,  
Phil Morse, Murdo Dowds



Rosette Biester, Ron Seel, Flora  
Hammond



Quratulain Khan, Malene Abell, Devan Parrott

# Join us at the 2013 Sheldon Berrol Memorial Chautauqua!

“Brain Injury as a Chronic Condition: Policy, Payer, and Consumer Perspectives” MODERATOR: Flora Hammond, MD

*The 2013 Sheldon Berrol Memorial Chautauqua will take place  
Thursday, 14 November 2013 from 1:30 – 3:00pm*

The Sheldon Berrol Chautauqua is the BI-ISIG special annual venue in which we address timely and sometimes controversial issues. Named to honor Dr. Shelly Berrol's famous “Let's talk” invitation to his colleagues and friends, the Chautauqua was inaugurated in 1994 by John Banja and Larry Cervelli to explore topics that provoke questions of values, ethics, and humanism in brain injury rehabilitation, questions that reflected Shelly Berrol's intellectual passions. In this vein, the 2013 Chautauqua topic, “Brain Injury as a Chronic Condition: Policy, Payer, and Consumer Perspectives,” presents the assertion that with resources mainly directed to emergency and acute-care medical intervention and early post-injury rehabilitation, not enough is being done to improve long-term quality in these “saved” lives.

Some state that TBI is seen by the insurance industry and many health care providers as an “event.” Once treated and provided with a brief period of rehabilitation, the perception is that patients with a TBI require little further treatment and face no lasting effects on the central nervous system or other organ systems.<sup>1</sup> Yet growing evidence indicates that TBI is a dynamic condition that continues to change years after onset, with a subset of individuals with TBI showing progressive neurodegenerative processes, perhaps correlated with comorbid conditions, aging, behavioral choices, and/or psychosocial factors.<sup>2</sup> TBI fits the World Health Organization definition of a chronic disease process, and is associated with increased incidences of seizures, sleep disorders, neurodegenerative diseases, neuroendocrine dysregulation, and psychiatric diseases, as well as non-neurological disorders such as sexual

dysfunction, bladder and bowel incontinence, and systemic metabolic dysregulation, any of which arise and persist for months/years.<sup>1</sup> A course of deterioration necessitates a clinical approach that includes identification of risk and protective factors, protocols for early identification, evidence-based preventive and ameliorative treatment, and training in self-management.<sup>2</sup> Recognition of the chronic nature of TBI by government and private funding agencies may not only add to current care regimens, but also can result in research for treatments that may interrupt ensuing disease processes.<sup>1</sup> Such a change in perspective would additionally impact public policy, education, and models of psychosocial intervention.<sup>3</sup>


At the 2013 Chautauqua, we will discuss the implications of TBI care within a chronic disease management framework via a moderated panel discussion. Representatives from the diverse worlds of policy maker, insurance provider, and consumer will share their perspectives on this emerging issue.

**MODERATOR: FLORA HAMMOND, MD** is Professor and Chair of the Department of Physical Medicine and Rehabilitation at Indiana School of Medicine, Chief of Medical Affairs and Brain Injury Medical Director at Rehabilitation Hospital of Indiana, Medical Director at St. Vincent Acute Rehabilitation Unit, and Medical Director for NeuroRestorative in Indiana. Currently also Project Director of the Indiana TBI Model System, she is an experienced researcher who has conducted numerous studies on the long-term issues confronting individuals with brain injury and the effectiveness of treatment strategies to improve outcomes.

## PANELISTS:

**TOM TATLOCK, MD** a psychiatrist in Appleton, WI from 1978 until 2000, was forced to retire after sustaining a “mild” TBI in 1999. He is well-known locally as an advocate for people with TBI, and thus has been inspired by both his own and their stories to make numerous informative presentations to medical professionals and various other groups. Dr. Tatlock will share his perspectives on TBI as a chronic condition, enhanced by his experience as a person with a TBI, a physician, and an active TBI advocate and educator.

**JOHN T. HINTON, MD** is Senior Medical Director for ADVANTAGE Health Solutions in Indianapolis, IN, managing admission and extension requests for the TBI Program for Indiana Medicaid, as well as other Medicaid and Medicare programs. He has participated on the Policy Working Group of the Galveston Brain Injury Conference and serves on the Board of the Indiana HRSA TBI Implementation Grant. Dr. Hinton also continues to see patients in a hospital-affiliated clinic.

**PETER W. THOMAS**, Principal, Powers Pyles Sutter & Verville, PC, has a federal law and legislative practice in health care and disability policy, Medicare coverage and reimbursement policy, medical rehabilitation services, devices and research, appropriations, and vocational and community services and supports. Personally experienced with disability, he is co-author of *The Americans with Disabilities Act: A Guidebook for Management and People with Disabilities* (1993). 

<sup>1</sup>Masel BE, DeWitt DS. Traumatic brain injury: a disease process, not an event. *J Neurotrauma*. 2010 Aug;27(8):1529-40.

<sup>2</sup>Corrigan JD, Hammond FM. Traumatic brain injury as a chronic health condition. *Arch Phys Med Rehabil*. 2013 Jun;94(6):1199-201.

<sup>3</sup>*Brain Inj Professional*, Volume 10, Issue 1, 2012.

Read “Sheldon Berrol Memorial Chautauqua: Present & Past” at [www.acrm.org/brain-injury/chautauqua](http://www.acrm.org/brain-injury/chautauqua).

# BI-ISIG Task Force (TF) Updates

## DOC TF PUBLISHES A BUNDLE OF 11 PAPERS IN ARCHIVES

One of many projects and products the **DISORDERS OF CONSCIOUSNESS TF** has been the publication of a bundle of 11 papers on DOC issues in the October 2013 special topical focus issue of *Archives of PM & R*. Many of the articles also include authors from the TBI Model Systems DOC SIG. Included articles examine recent literature challenging the belief that patients under the umbrella category of DOC do not improve and cannot benefit from rehabilitation efforts. The topical focus coverage includes issues of functional recovery of individuals with DOC, new tools for assessing prognosis, and patterns of comorbidity that complicate recovery. Authors also examine models of care from the United States and Europe that attempt to meet the needs of patients with DOC. Archives staff invited **John Whyte** and **Risa Nakase-Richardson**, editors of the bundle, to participate in a podcast interview, which can be accessed at this link: <https://www.dropbox.com/s/2y9z6dccb6gnemc/Archives-October-2013-Whyte-Nakase-Richardson.mp3>

## COGNITIVE REHABILITATION MANUAL TRAINING GOES TO EUROPE!

More than 100 participants are expected to attend the two-day *Cognitive Rehabilitation Training* workshop 17 and 18 October 2013, to be presented in Stockholm, Sweden, in cooperation with faculty at the ~~Karolinska Institutet~~, **Lance Trexler**, **Rebecca Eberle**, and **Donna Langenbahn** will make this trip to present evidence-based techniques from the Cognitive Rehabilitation TF CR Manual to attendees primarily from ~~the Institute and from Karolinska University Hospital~~, as well as a few attendees from Sunnaas Rehabilitation Hospital in Oslo, Norway.

# 2013 Pre- and Post-Conference Educational Offerings by BI-ISIG Task Forces

Three BI-ISIG Task Forces are involved in offering diverse and unique interdisciplinary training and networking opportunities prior to and after the 2013 ACRM Annual Conference.

## COGNITIVE REHABILITATION TASK FORCE: "COGNITIVE REHABILITATION MANUAL TRAINING"

**TUESDAY & WEDNESDAY, 12 – 13 NOV.**  
8:00 AM – 5:00 PM

This two-day introductory workshop once again will offer unique training for rehabilitation professionals on use of the *Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice*. The course teaches evidence-based interventions for impairments of executive functions, memory, attention, hemispatial neglect, and social communication. Led by **Lance E. Trexler**, and featuring **Lance, Keith Cicerone**, and **Donna Langenbahn**, the emphasis is on presentation of evidence-based procedures featured in the Manual and stemming from the **Cognitive Rehabilitation Task Force's** three reviews of the effectiveness of cognitive rehabilitation. There will also be the inclusion of specific case examples and targeted presenter/audience discussions.

## PEDIATRIC AND ADOLESCENT TASK FORCE: "COGNITIVE REHABILITATION FOR CHILDREN: PAST AND PRESENT"

**SATURDAY, 16 NOVEMBER**  
11:30 AM – 3:30 PM

Children with traumatic brain injuries are unique in that they encounter two models of service for their care: medical and educational. With medical lengths of stay limited, schools have become long-term rehabilitation providers, with cognitive rehabilitation remaining ill-defined in current education models. Topics covered include history and theoretical foundation, current delivery models in the medical setting, scientific evidence, applicability of the ACRM *Cognitive Rehabilitation Manual*, computerized programs in the community, research on models for children and the role of the

school. A moderator facilitated discussion with panel and audience members will be offered. Course faculty include BI-ISIG P/A TF members **Julie Haarbauer-Krupa** (Director), **Joseph T. Marcantuono**, **Bonnie Todis**, **Adam Politis**, **Lyn S. Turkstra**, and **Gillian Hotz**, as well as Cynthia Beaulieu, McKay Moore Sohlberg, and Deborah Jean Ettel.

## DISORDERS OF CONSCIOUSNESS TASK FORCE: "DIAGNOSIS, SERIAL TRACKING, AND PROGNOSIS OF THE SEVERELY BRAIN INJURED PATIENT: A SKILL BUILDING COURSE"

**SATURDAY, 16 NOVEMBER**  
11:30 AM – 3:30 PM

Although optimistic outcomes support early rehabilitation intervention and chronic management in the post-acute stages of recovery for those with severe TBI, no established guidelines exist for acute and chronic management, and formal education for the care of this patient group typically is not readily accessible to professional audiences. The purpose of this course is to 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. Highlights include: 1) a status update on rehabilitation guidelines for persons with DOC, 2) an overview of standardized and individualized approaches to accurate diagnosis and serial tracking, and (3) small-group, in-depth discussion of cases to further reinforce course concepts. The course will conclude with comments by a senior panel of DOC providers. Course faculty include BI-ISIG DOC TF members **John Whyte**, **Joe Giacino**, **Douglas Katz**, **Risa Nakase-Richardson**, **Brian D. Greenwald**, and **Kathleen Kalmar**.





## Senators Commended by Disability and Rehabilitation Research Coalition (DRRC)

*Kirk-Johnson Rehabilitation Improvement Act Spotlights  
Importance of Advancing NIH Rehabilitation Research*

In May, 2013, Senator Mark Kirk (R-IL) and Senator Tim Johnson (D-SD) introduced S.1027, the Kirk-Johnson Rehabilitation Improvement Act, legislation designed to improve, coordinate, and enhance rehabilitation research at NIH. The bill calls for eliminating duplication in research by establishing a working group within NIH to update and streamline rehabilitation priorities, enhances future research by training and promoting interagency cooperation between NIH and other agencies, and modernizes existing language to reflect recent growth and need in therapy innovation. The DRRC, a group of nearly 30 consumer, disability, provider, and scientific organizations with a mission to promote/enhance rehabilitation research across federal agencies, endorsed the legislation and commended the senator's bipartisan introduction of this legislation to spotlight the importance of advancing rehabilitation research at NIH and across other federal agencies. ACRM was among the 24 DRRC members endorsing the bill.

In June, 2013 the two senators introduced S. 1220, the Preserving Rehabilitation Centers Act of 2013. The bill designates a national network of inpatient rehabilitation facilities that are leaders in research and care for individuals with complex rehabilitation needs.

Both Senators have experienced firsthand the benefits of rehabilitation in recovering from physical and neurological events, Kirk, an ischemic stroke in 2012 and Johnson a bleed from a congenital AVM in 2006.

### Analysis of the President's Budget

In this autumn of 2013, as we endure conflicts between US Government executive and legislative branches over federal funding and health care, it may be helpful to understand an overview of the reductions pertinent to rehabilitation in the FY 2014 budget proposed by President Obama in April 2013. Post-acute care, including inpatient hospital rehabilitation is hit particularly hard, as are hospitals and pharmaceuticals. Some specific proposals (with noted money savings over 10 years) include:

- **Post-Acute Care:** Reduce Medicare market basket updates for Inpatient Rehabilitation Hospitals and Units (IRFs), Long-Term Acute Care Hospitals, Skilled Nursing Facilities (SNFs) and Home Health Agencies (-\$80 billion).
- **Bundling of Post-Acute Care Services:** In 2018 implement bundled payment for post acute care providers, including LTCHs, IRFs, SNFs and home health providers (-\$8.2 billion).
- **Access to Inpatient Hospital Rehabilitation:** Return to the 75% Rule in 2014, making it more difficult for Medicare beneficiaries to qualify for coverage in inpatient rehabilitation (-\$2.5 billion).
- **Site-Neutral Payment:** Equalize Medicare payment for some conditions treated in IRFs or SNFs; lower payments to IRFs to encourage treatment in a SNF (-\$2 billion).
- **Home Health Care:** Impose co-payment of \$100 per home-health episode for new beneficiaries, when not preceded by inpatient stay (-\$730 million)

- **Hospital Cuts:** Reduce funding for hospital-incurred debt due to non-payment of deductibles and co-insurance, indirect graduate medical education, and critical access hospitals (-\$25.5 billion, -\$11 billion, -\$1.5 billion respectively).
- **Physician Practices Impact:** Exclude certain services associated with physician practices including radiation therapy, rehabilitation therapy, and advanced imaging (-\$6.1 billion).
- **Beneficiary Impact:** Place higher financial burdens on Medicare beneficiaries to pay for a larger share of their Medicare expenses (-\$56.2 billion).

**Rehabilitation Research at NIH:** The National Institute of Child Health and Human Development (housing the National Center for Medical Rehabilitation Research), would have a \$20 million increase, for a total budget of \$1.339 million. Justification alludes to recent recommendations of a Blue Ribbon Panel Report on rehabilitation science.

**National Institute on Disability and Rehabilitation Research (NIDRR):** The Administration requests \$110 million for NIDRR, an increase of \$1.183 million over the fiscal year 2012 level for this program. More than half of new award funds would be for three NIDRR programs—Rehabilitation Research and Training Centers, Rehabilitation Engineering Research Centers, and domain-specific awards under Disability and Rehabilitation Research Projects.

For the complete analysis, performed by *Peter Thomas et al.*, please access the ACRM website at: <http://www.ACRM.org/about/legislative-updates>.



# BI-ISIG News Briefs

## Publications and Projects

**Carolina Bottari, erg., PhD, Assistant Professor, School of Rehabilitation, Erotherapy Program, University of Montreal, and Researcher, Interdisciplinary Rehabilitation Research Center, Montreal, ON,** reports an article with colleagues in press (*American Journal of Occupational Therapy*) on self-generated strategic behavior in an ecological shopping task.

**Margaret Brown, PhD, Director of Dissemination, Brain Injury Research Center, Mount Sinai School of Medicine, NY, NY,** reports several publications by Mount Sinai colleagues (**Joshua Cantor, Kristen Dams-O'Connor, Marcel Dijkers, Wayne Gordon, Brian Greenwald** [no longer at MSSM], **Shinakee Gumber, Chari Hirshson, Theo Tsaousides**), some in collaboration with BI-ISIG and other colleagues in *Archives*, *Brain Impairment*, *JHTR*, *Journal of Neurotrauma*, and *Neurorehabilitation* on: evaluation of STEP intervention for EF deficits after TBI, fall risk factors among older adults, TBI in older adults at Level I and II trauma centers, integrating top-down and bottom-up interventions after TBI, theory-driven rehab classification models, MRI prediction in mild TBI, fatigue and sexual functioning after TBI, diagnosis and treatment of depression following TBI, and several articles on acute and chronic impact/correlates of TBI.

**Pat Brown, EdD, Clinical Associate Professor, University of Washington, Department of Rehabilitation Medicine, Seattle, WA,** reports two articles with colleagues in press: one in *Work*, on aging with a disability and state vocational rehab services, and one in *Disability and Rehabilitation:AT* on cognitive support technologies for people with TBI.

**Li-Shan Chou, PhD, Professor, Department of Human Physiology, University of Oregon, Eugene, OR,** reports a project with colleagues on the acute and chronic effects of sport-related TBI on motor cortex function, cognition, and locomotion in adolescents and adults.

**Deirdre R. Dawson, PhD, OT Reg, Senior Scientist, Rotman Research Institute, University of Toronto, Toronto, ON,** reports several articles on EF in *Archives*, *Brain Injury*, and *Clinical Rehabilitation*, and *Neuropsychological Rehabilitation*: a review of the EF domain, occupation-based strategy

training, training of EF in older adults, and a tele-rehabilitation study.

**Marcel P.J.M. Dijkers, PhD, Research Professor of Rehabilitation Medicine, Mount Sinai School of Medicine, New York NY,** reports several articles on rehabilitation treatment taxonomy, as well as studies on inpatient TBI rehabilitation, and morality among older adults (*Archives*, *Brain Injury*, and *NeuroRehabilitation*).

**Michael R. Fraas, PhD, CCC-SLP, Assistant Professor, Department of Communication Sciences and Disorders, Western Washington University, Bellingham, WA,** reports two articles in press: one in *Archives* on cognitive-motor interference during functional mobility after CVA, with BI-ISIG and Stroke ISIG colleagues **Prue Plummer, Gail Eskes, Sarah Wallace, Claire Guiffida, Grace Campbell, and Elizabeth Skidmore**, and one on concussion history and rates in Irish rugby players in *Physical Therapy in Sport*.

**Rolf B. Gainer, PhD, CEO, Brookhaven Hospital, Tulsa, OK, and Neurologic Rehabilitation Institute of Ontario, Etobicoke, ON,** notes an article with Ontario and Nova Scotia colleagues in *JHTR*, reporting results of an RCT on effectiveness of mindfulness-based cognitive therapy in treating depression in people with TBI.

**Allen W. Heinemann, PhD, Director, Center for Rehabilitation Outcomes Research, Rehabilitation Institute of Chicago, Chicago, IL,** notes three papers in *Archives* on modeling of longitudinal outcome measures in TBI, joined with BI-ISIG members **John Corrigan, Kristen Dams-O'Connor, and Gale Whiteneck**, and papers on development/validation of the positive affect and well-being scale for QOL, measurement of enfranchisement for individuals with disability, development/use of a knowledge translation tool, and substance use and disability. He notes a new NIDRR project on quality metrics from patient-reported outcomes.

**Douglas I. Katz MD, Medical Director Brain Injury Programs, Braintree Rehabilitation Hospital,**

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

**Braintree, MA,** notes a publication with **Joe Giacino** and **John Whyte** in *Seminars in Neurology* on neurorehabilitation in disorders of consciousness.

**Dawn Neumann, PhD, Assistant Research Professor, Department of Physical Medicine and Rehabilitation, IU School of Medicine, Rehabilitation Hospital of Indiana, Indianapolis, IN,** along with **Barbra Zupan, PhD, Associate Professor, Department of Applied Linguistics, Brock University, St. Catharines, ON,** report three articles with colleagues in press (*Brain Injury & JHTR*), all surrounding the topic of affect recognition and processing after TBI.


**Joel Scholten, MD, Special Projects Director, PM&R Program Office, VACO, ACOS Rehab Services, Washington DC VA Medical Center, Washington, DC,** reports a recent publication with colleagues in *JHTR* on the TBI Screening and Evaluation Program at the Department of Veterans Affairs. Promoting Individualized Interdisciplinary Care for Symptomatic Veterans.

**Nathan Zasler, MD, CEO & Medical Director, Tree of Life Services, Concussion Care Center of Virginia, Richmond, VA,** reports articles published in *Brain Injury*, *JHTR*, *Disability and Rehabilitation* and elsewhere on functional classification for TBI, assessment of sexuality after TBI, alcohol use after BI, and sports concussion headache.

## Acknowledgements and Awards

**Allen W. Heinemann, PhD,** will be honored at the 2013 ACRM Annual Conference as the John Stanley Coulter Lecturer, November 16, 2013.

**Douglas I. Katz, MD** received the Compassionate Care Award, at the 30th Anniversary Celebration of the Brain Injury Association of Massachusetts, Oct. 9, 2013.

**Dawn Neumann, PhD** will be honored with the Deborah L. Wilkerson Early Career Award at the 2013 ACRM Annual Conference, November 14, 2013. 

# IN MEMORIAM: Joshua Cantor, PhD

BI-ISIG member and beloved colleague, Joshua Cantor, PhD, died Monday morning, September 9, 2013 in Brooklyn, New York just after finishing a morning run. He is survived by his wife Christina, children Lucy and Max, his mother, father, and two brothers. He will be deeply missed by his colleagues at Mount Sinai Medical Center, friends and colleagues from all over the country and the world, former and current students, and innumerable patients and families whom he treated.

Joshua was Associate Professor in the Department of Rehabilitation Medicine and Senior Researcher and Co-Director of the Brain Injury Research Center of Mount Sinai School of Medicine in New York City. Having completed doctoral work at Long Island University prior to beginning a postdoctoral fellowship in rehabilitation psychology and clinical neuropsychology at Mount Sinai in 1999, Joshua's intellect, talent, and energy was immediately evident to all. Across a relatively short period of time, Joshua developed a national reputation in rehabilitation psychology, with national awards and appointments, numerous peer-reviewed publications and professional presentations, participation in national and international sitting and ad hoc review boards, and involvement and leadership in many national grant-supported research projects. He was an expert teacher and mentor of both clinical and research practice in brain injury rehabilitation. His clinical work, research, and teaching spanned a broad array of TBI-related topics: cognitive rehabilitation, treatment of emotional dysregulation and problem solving, treatment of depression, positive effects of exercise, community integration, effects of fatigue and sleep disturbance, and overall TBI outcomes.

Joshua held several positions within ACRM, including memberships on the Rehabilitation Research Policy and Legislation Committee, Awards Committee, and Clinical Practice Committee. A long-time BI-ISIG member, Joshua was also 2010-2012 Secretary, 2012-2014 Chair-Elect, and an active member of the Cognitive Rehabilitation Task Force. He was three-time co-recipient of the BI-ISIG's David Strauss Award and a 2013 co-recipient of ACRM's Elizabeth and Sidney Licht Award for scientific writing in rehabilitation medicine.

As a person, Joshua was not only held in high regard by all who knew him, but he was also moved to continuing excellence by his own inexhaustible curiosity and energy. As noted by his colleagues in a *New York Times* tribute, "he was brilliant, kind, confident, humble, sharp, funny, a leader, champion for people with brain injury, mentor, insatiably curious and eager to learn." His writing and presentations enunciated clear observations and careful reflection borne by a wealth of experience with patients and a deep love of his work. He devoured information and learning not only in brain injury, but also in a variety of other side interests, including languages, music, and beer, to name a few. By his admission, he "wasted vast amounts of time and money in all kinds of music," a habit endured by his loving family and friends.

In Joshua's passing, we have lost a truly unique colleague and friend. As Wayne Gordon noted at his memorial service, Joshua was known by his colleagues and patients as someone who "got" brain injury, which allowed him to channel his intelligence, passion, and compassion to carry out truly meaningful research and clinical care. As we attend the 2013 ACRM conference, we will note that



Joshua was to have been the recipient of the Mitchell Rosenthal Award. The loss of both of these remarkable individuals leaves us with an enduring sadness, while also challenging us to continue their legacy of excellence in advancing rehabilitation research and practice.

Donations may be made to the Joshua Cantor Trust Fund, c/o The Rehabilitation Medicine Department, 3 East 101st Street, New York, NY 10029. Please forward any pictures you have of Joshua in ACRM/BI-ISIG work or play to Teresa Ashman (Teresa\_Ashman@Shepherd.org), who is compiling an album. 🌸



## ACRM MID-YEAR MEETING MEMORIES BALTIMORE MAY 2013



Rose Biester



Teresa Ashman, Kristen Dams-O'Connor, Dave Krych



Susan Johnson, Julie Haarbauer-Krupa



Tom Felicetti



Tom Felicetti, Phil Morse



Visit the ACRM website to read the BI-ISIG History  
[www.ACRM.org](http://www.ACRM.org)