

Rehabilitation OUTLOOK



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2012 ACRM Election Results

By Gary R. Ulicny, PhD, Chair, ACRM Nominating Committee

Member participation in the 2012 Board of Governors and Nominating Committee Election was impressive – up 81% over last year with 331 members casting votes. It is my pleasure to announce the results. Please join me in congratulating our newest elected leaders. ■



Member-at-Large:
Ross Zafonte,
DO



Early Career Member-at-Large:
Dawn Neumann,
PhD



Nominating Committee Member:
Virginia Mills, MS, PT, CCM,
Lic-NHA

Rehabilitation OUTLOOK

Adam B. Warshowsky, PhD, Editor

Stephen Page, PhD, Chair
Communications Committee

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Stroke Networking Group Transitions to a Special Interest Group

The 2012 ACRM-ASNR Annual Conference will usher in the newly-approved Stroke Special Interest Group (SIG). In August, the ACRM Board of Governors endorsed the promotion of the Stroke Networking Group to SIG status.

Launched in 2008 and guided by a strong and diverse steering committee, the Stroke Networking Group grew to approximately 163 members and produced four important task forces (Movement Interventions, Cognition, Living Life after Young Stroke and Vision) that have already produced two papers for publication.

One of the Stroke Networking Group's goals was to increase educational opportunities for ACRM members working in stroke rehabilitation and research, and their success is evident in the 2012 ACRM-ASNR Annual Conference Program. Their two-part pre-conference Instructional Course, "Innovations in Stroke Rehabilitation," takes place Wednesday, 10 October. They also developed what they hope will become an annual event, the Stroke SIG Special Topics Session, which will be held on Friday, 12 October. This year's focus will be on "Translating Research into Clinical Practice: the GRASP Program."

Key offerings associated with the Stroke SIG are scheduled on **Friday, 12 October** **MORE** including:

7:15 am – 8:15 am: the First Stroke SIG Business Meeting – join them for the kick-off of the Stroke SIG and find out how you can get involved in this dynamic group.

See **BOG** continued on page 4

VANCOUVER

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ACRM American Congress of
Rehabilitation Medicine



Welcome to the Sheldon Berrol Memorial Chautauqua: When Does Treatment End, and How Do We Decide?

*By Gary R. Ulicny, PhD and Joseph T. Marcantuono,
PhD BI-ISIG Program/Awards Officers*

The Chautauqua has traditionally provided a venue for the discussion of critical and sometimes controversial issues. Indeed, Dr. Shelly Berrol, the honoree of this annual BI-ISIG sponsored event, did not shrink from the big questions in brain injury assessment, treatment, and advocacy. He always took action with the foresight and integrity that won him respect and acclaim. One of Shelly's passions was ethical practices in rehabilitation, and when John Banja and Larry Cervelli launched the inaugural Chautauqua in his name in 1994, they set the precedent for these annual sessions to explore values, ethics, and humanism in brain injury rehabilitation.

Given the current climate of healthcare reform, as well as the ongoing perceived conflict between those who advocate for brain injury treatment and those whose role is to manage treatment allocation among concerns for cost effectiveness, the topic of the 2012 Chautauqua, "When Does Treatment End, and How Do We Decide?" is a fitting topic that should generate great discussion. Since a broad range of stakeholders are typically involved in the decisions made about rehabilitation, the Chautauqua will include a panel of individuals who represent different constituencies related to this topic.

Gary R. Ulicny, PhD will serve as moderator for this year's Chautauqua that will examine the personal, professional, and health system rationales behind decisions to continue or stop brain-injury treatment. Dr. Ulicny, who was ACRM 2010-2011 President, has served as the President and CEO of Shepherd Center, Atlanta, GA, since 1994. During his tenure at Shepherd, he has overseen a major expansion of the hospital, the addition of an acquired brain injury treatment program and comprehensive pain institute, expanded research, national marketing of the hospital, and increased overall capacity from 100 to 152 beds.

The following comprise the 2012 Chautauqua panel:

- Charles Wheeler III, a brain injury survivor, is currently completing his PhD in Rehabilitation Counseling;
- Ryan Tisinger, a family member of a brain injury survivor, is also a community and web-based advocate for obtaining appropriate services for people with brain injuries;
- Mark Bayley, MD, FRCPC, medical director of Toronto Rehabilitation Institute's Neuro-Rehabilitation Program, and researcher in brain injury recovery and rehabilitation best practice, has sought to identify the most effective rehabilitation approaches and to advocate for their adoption as standards of care;
- Adam Seidner, MD, MPH, medical director of the Workers Compensation Division of Travelers Insurance, has presented widely on topics surrounding cost effectiveness and decision-making in rehabilitation treatment;
- Leslie Small, MS, vice president of clinical operations for Paradigm's Catastrophic Care Division, and previously at Learning Services, has been involved extensively in developing and implementing new programs and facilities focused on providing post-acute healthcare delivery in a cost-effective environment.

In addition to hearing the perspectives of these panel members, each attendee will have an opportunity to participate in the discussion. As moderator, Dr. Ulicny may take occasion to invite comments from attendees he knows to be knowledgeable in areas being discussed.

Participants are sure to find this Chautauqua interesting, enlightening, and provocative as we explore ethical, financial and logistical issues related to the continuation or cessation of rehabilitation treatment for people with brain injury. ■

Deborah L. Wilkerson Early Career Award Lecture Focuses on Stroke

Elizabeth Skidmore, PhD, OTR/L will present the Deborah L. Wilkerson Early Career Award Lecture at the 2012 ACRM-ASNR Annual Conference in Vancouver. Her presentation, *Closing the Gap: Early Intervention for Cognitive Disability after Stroke*, will examine the feasibility and preliminary efficacy of a strategy training program administered during acute inpatient rehabilitation.

Depending on how cognitive impairments are defined and measured, 20% to 50% of individuals sustain cognitive impairments after stroke. Those who sustain cognitive impairments are likely to require extended rehabilitation and to obtain less benefit, as indicated by more severe and more persistent disability over time. Evidence suggests that selected interventions show promise for minimizing

disability in adults with cognitive impairments after chronic stroke and traumatic brain injury.



Elizabeth R. Skidmore,
PhD, OTR/L

In light of this evidence, Dr. Skidmore's NIH-funded research program examines whether administration of selected interventions in the acute phase of rehabilitation alters the trajectory of recovery for individuals with cognitive impairments after stroke. Dr. Skidmore will present the findings from Phase I and Phase II trials examining the feasibility and acceptability of a strategy training program administered as an adjunct to usual rehabilitation. In addition, Dr. Skidmore will discuss ongoing trials examining key active ingredients in the strategy training program, and highlight implications for future research and clinical practice. ■

News from the Girls and Women with ABI Task Force

The BI-ISIG Girls and Women with TBI Task Force continues to grow and is an active part of the ACRM. Their meeting at the Mid-Year Meeting in Nashville, led by Yelena Goldin-Lauretta, was productive and well-attended, with four new members joining the task force. Special thanks to Ron Seel for providing speakers to support teleconferencing at the meeting.

All are encouraged to attend their symposium entitled, *Women with Traumatic Brain Injury: What We Know and What Do We Need to Know?* scheduled for Saturday, 13 October at the Annual Conference in Vancouver. The Girls and Women with TBI Task Force will meet on Thursday, 11 October, and the next conference call will take place on 17 September. Anyone interested in joining the task force, is encouraged to contact Angela Colantonio.

EMAIL angela.colantonio@utoronto.ca

BOG... *continued from page 1*

9:00am – 10:00am: Deborah L. Wilkerson Early Career Awardee, Beth Skidmore, PhD, OTR/L will present "Closing the Gap: Early Intervention for Cognitive Disability after Stroke."

3:30 pm – 5:00 pm: Stroke SIG Special Topics Session: "Translating Research into Clinical Practice: the GRASP Program" with Janice Eng, PT, PhD moderating a panel of experts.

Other stroke rehabilitation programming includes:

Thursday, 11 October Symposia:

- "Recovery of Aphasia and Timing of Language Treatment"

- "Changing Practice to Improve Cardiovascular Health and Promote Active Lifestyles after Stroke"

Friday, 12 October:

- Symposia: "Neuromodulatory Rehabilitation: Stroke Motor Recovery and Beyond"
- Oral Presentation of Scientific Papers (6 stroke-related papers)

Saturday, 13 October Symposium:

"Comparing of Function across Post-Acute Rehabilitation Settings after Co-calibration of Self-care and Mobility Items."



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Minimizing On-Ice Penalties during Your Early Career Face-Off

A course on grantsmanship and career development for early career researchers

Each year, the ACRM Early Career Committee, which includes representation from the ASNR, offers a course on career development for early career investigators. This year, in response to feedback from previous course participants, the course focuses on grantsmanship, with particular emphasis on career development and pilot/small project funding mechanisms. The course will also include tips and advice on how you can get your research started when you do not have any funding. The full-day program will comprise a combination of didactic presentation, panel discussion, one-on-one networking, and small group discussions.

Who should attend?

The course is open to all conference attendees, but targets an audience of early-career researchers, clinician scientists, and clinicians interested in starting a research agenda. Attendees range from graduate students nearing the completion of their degree, to postdoctoral scholars and junior faculty. Even if you have attended Early-Career Programs before, you can attend again! The course program changes every year, based on the needs expressed by previous course participants.

Program overview:

The morning program will provide participants with an overview of funding mechanisms for early-career investigators, from agencies in both Canada and the United States. A panel of experienced and junior researchers will discuss challenges in early-career development and offer insight about how they overcame these challenges. There is an outstanding line up for the panel discussion: **Lara Boyd, MPT, PhD; James Malec, PhD, ABPP-CN, RP, FACRM; Kenneth J. Ottenbacher, PhD, OTR; Flora Hammond, MD, Sandra Billinger, PT, PhD; Valerie Kelly, PT, PhD and Noelle Carlozzi, PhD.**

The morning session will conclude with a speed-networking activity that will allow course participants to meet and briefly chat with panel speakers,

experienced researchers and mentors, and funding-agency representatives. There will even be an expert biostatistician available, **Christopher Pretz, PhD** for participants to meet and discuss statistical questions and concerns. Speed-networking will be followed by an informal lunch to continue networking opportunities.

The afternoon program will involve a series of breakout sessions (informal discussion) led by mid-career and senior rehabilitation scientists. Participants will select three of the following session topics for their afternoon sessions:

- “Short-handed goal” — conducting pilot research with limited funding
- “Recovering from high-sticking” — interpreting and responding to reviewer comments
- “Preparing for your hat trick” — aiming for career development awards
- “Team YOU” — recruiting and assembling collaborators for your research
- “Scoring on the Goalie” — preparing for promotion and tenure
- “Home-ice advantage” — advancement suggestions for clinical researchers collecting data at their worksites

A cocktail reception will follow the course, providing a relaxed social setting for course participants to continue to interact with each other and with the mentors; breakout facilitators; course organizers; representatives for ACRM special interest groups, networking groups, and committees; and funding-agency program officers.

Please encourage your early career colleagues to REGISTER for this excellent career development workshop! ■

Introducing the 2012 NIDRR Advanced Rehabilitation Research Program Fellows

By Margaret L. Campbell, PhD,

Senior Scientist for Planning and Policy Support at the National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education

The mission of the National Institute on Disability and Rehabilitation Research (NIDRR) is to generate new knowledge and to promote its effective use to improve the abilities of people with disabilities to perform activities of their choice in the community, and to expand society's capacity to provide full opportunities and accommodations for its citizens with disabilities. NIDRR's statute also authorizes support for advanced training in disability and rehabilitation research for minority institutions, and for researchers with disabilities or from minority groups. To this end, NIDRR supports a network of Advanced Rehabilitation Research and Training Projects (ARRTs) at institutions of higher learning and funded for five-year cycles at \$150,000 per year. In any given year, NIDRR supports approximately 20 ARRTs on a range of topics that cut across the three major domains of health and function; community living and participation, and employment.

As part of the ARRT program, each year NIDRR partners with ACRM to select fellows to present at the ACRM Annual Conference as part of the ARRT Young Investigators Panel. This process starts by soliciting nominations from ARRT project directors of fellows whose research has generated findings. Each nominated fellow must submit an abstract of their research for review by Allen Heinemann, PhD, ABPP (RP), FACRM of the Rehabilitation Institute of Chicago, Ruth Brannon, Director, NIDRR Research Sciences Division, and Margaret L. Campbell, PhD, Senior Scientist for Planning and Policy Support at NIDRR.

This joint initiative helps to build capacity in advanced rehabilitation research by showcasing the work of promising young scholars in diverse fields, whose presentation abstracts are disseminated through publication in the ACRM scientific journal, *Archives of Physical Medicine and Rehabilitation*. NIDRR is pleased to announce that the following five fellows were selected for 2012.

Abhijit Das, MBBS, MD, DM



Dr. Das is an ARRT Fellow at the Kessler Foundation Research Center/UMDNJ working with Dr. Nancy Chiaravalloti to understand how brain plasticity can be “remodeled for recovery” after brain injury. Dr. Das became interested in rehabilitation research during his

neurology residency, when he experienced first-hand the catastrophic effects of neurological disabilities—for the person, for the family, for society as a whole. Dr. Das's primary research area is cognitive fatigue, which is common across a wide variety of neurological conditions, but still poorly understood with no proven effective therapy. As part of the Young Investigators Panel, Dr. Das will present on “Elucidating the neurobiology of self-reported fatigue in Multiple Sclerosis: the interplay of networks.” In the future, Dr. Das plans to convert knowledge about a “brain network” underlying fatigue to treatment protocols using non-invasive brain stimulation for other populations such as Parkinson's disease.

Patricia M. McAndrew Young, PhD



Dr. McAndrew Young received her PhD in biomedical engineering from the University of Texas at Austin, and is currently an ARRT postdoctoral fellow working with Dr. Mark Rogers at the University of Maryland, Baltimore Campus. Dr. Young became interested in rehabilitation research after sustaining personal injuries that required challenging rehabilitation. Through this experience, she realized that by pursuing rehabilitation research she could combine her quantitative science background with a fascination with how people move and how individuals with disordered movement can move more effectively. Dr. Young is currently examining standing balance in older adult populations when exposed to balance perturbations. Looking beyond her postdoctoral training, Dr. Young plans to continue examining dynamic balance stability for individuals at risk for falling through an academic position. Dr. Young's ACRM presentation is titled “Leg Preference Associated with Protective Stepping Responses to Waist-Pull Perturbations of Standing Balance.”

Nathaniel Miller, PhD



Dr. Miller received his PhD in Neural and Cognitive Science from Bowling Green State University, and is currently working with Dr. Denise Tate as an ARRT Fellow at the University of Michigan (UMI). Dr. Miller's interest in rehabilitation research began after his grandfather

was diagnosed with Parkinson disease (PD). This experience re-focused Dr. Miller's research interests from the perception and production of music to learning how music and rhythm are used as interventions to improve the speech and gait for individuals with PD. Recently, Dr. Miller received a training award to continue working with a multidisciplinary team at UMI to extend his knowledge of cognitive neuroscience research techniques and clinical aspects of PD to ultimately conduct translational research on movement interventions for PD and other movement disorders. The title of Dr. Young's 2012 ACRM presentation is "Differential Recruitment of Listening Strategies for Auditory Rhythms in Parkinson Disease."

Liang-Ching Tsai, PhD, PT



Dr. Tsai received his PhD in Biokinesiology from the University of Southern California, and is currently an ARRT Fellow working with Dr. Zev Rymer at Northwestern University in Chicago. Dr. Tsai became interested in rehabilitation research as an undergraduate in physical therapy, where he realized

that the effectiveness of clinical interventions is often determined by identification of risk factors. This led to his decision to pursue a research career, dedicated to understanding underlying mechanisms and developing more effective interventions related to musculoskeletal injuries or pathologies of the lower extremity. Dr. Tsai's future objective is to continue integrating sophisticated

techniques from biomechanics, medical imaging, and biomedical engineering, and eventually to translating scientific findings to clinical applications to prevent or delay the progress of joint degeneration. Dr. Tsai's 2012 ACRM presentation is titled "Effectiveness of an Off-Axis Training Program on Improving Knee Function in Individuals with Patellofemoral Pain."

Hongwu Wang, PhD



Dr. Wang received his PhD in Rehabilitation Science and Technology, Biomedical Engineering, and is currently an ARRT fellow with Dr. Dan Ding at the University of Pittsburgh. Dr. Wang discovered his passion for rehabilitation-related research as an undergraduate, when he and his

team designed an automatic page-turner for people with upper limb impairment and seniors based on consumer input. For Dr. Wang, rehabilitation research gives him the opportunity to tackle challenging real world, problems that are rewarding to solve. In the future, Dr. Wang plans to conduct research on the development of mobility devices, rehabilitation robotics and human robotic interaction and the translation of research findings into clinical practice and commercial products to improve quality of life for people living with disabilities. Dr. Wang's 2012 ACRM presentation is titled "Development and Evaluation of a Terrain Dependent Electrical Powered Wheelchair Driver Assistance System." ■

First Annual Stroke Special Topics Session

At this year's ACRM-ASNR Annual Conference in Vancouver, the Stroke Networking Group will launch what they hope will become the First Annual Stroke Special Topics Session. It will feature the Canadian research team responsible for developing the Graded Repetitive Arm Supplementary Program (GRASP) for stroke. The workshop, *Translating knowledge: Using GRASP as a model for change*, will take place on Friday, 12 October.

We've heard the pitiful statistics: it takes two decades to translate new interventions into health care practice. The Canadian research team led by Janice Eng, PT/OT, PhD of the University of British Columbia and GF Strong Rehab Centre will tell us how they are countering these statistics with their efforts to translate the GRASP program into clinical practice.

GRASP is a self-administered program for upper extremity recovery after stroke. A multi-site randomized controlled trial validated GRASP as a supplemental program to increase

upper extremity rehabilitation intensity during in-patient stroke rehabilitation, with gains in function and daily arm use (Stroke, 2009, 40: 2123-2128). The self-administered design of the program allows it to be a cost-effective option with minimal increases to direct therapy time and without the requirement of expensive equipment.



Janice Eng, PT, PhD

The discussion team, Andrew Dawson, MD, FRCPC; Sarah Rowe, PT; Linda Boronowski, OT; Adele MacNeil, OT, led by moderator, Janice Eng, PhD, PT/OT, will be discussing the development of the GRASP program and evidence resulting from the multi-site clinical trial. The team will discuss barriers to and facilitators for implementing the intervention, and strategies that were utilized to facilitate uptake of the intervention in the clinical setting. GRASP is now used in over 500 sites and 20 countries around the world, and this workshop will show how to get research into practice in your local health care setting. ■

Politics, Policy, and Funding-Support for Disability and Rehabilitation Research

*By Robert “Bobby” Silverstein,
Principal, Powers, Pyles, Sutter & Verville PC;
Marilyn Price Spivack and Wayne Gordon, PhD*

The Presidential election is only a month away and many members of Congress are seeking re-election. Those concerned with enhancing the quality of life of people with disabilities and chronic conditions through research have a choice—you can stay on the sidelines or you can get involved and make the case for investing in disability and rehabilitation research. ACRM takes the position that we must recognize the fiscal challenges we are facing, but transform these challenges into opportunities. ACRM is calling on its members to contact the presidential campaigns and members of Congress in support of disability and rehabilitation research.

This article highlights current advocacy efforts by ACRM and describes specific actions you can take to enhance our nation’s investment in disability and rehabilitation research.

Current Advocacy Efforts

ACRM maintains a leadership role in expanding and improving disability and rehabilitation research in the federal government, particularly research related to health and function of people with disabilities and chronic conditions. The focus of our efforts includes:

- National Center on Medical and Rehabilitation Research (NCMRR)
- National Institute on Disability and Rehabilitation Research (NIDRR)
- Center for Disease Control and Prevention (CDC)
- Interagency Committee on Disability Research (ICDR)
- Affordable Care Act Implementation

NATIONAL INSTITUTE OF HEALTH (NIH)

In furtherance of our efforts to elevate NCMRR within NIH to independent status (either an independent Center or Institute), we met with Dr. Guttmacher, the director of the National Institute of Child Health and Human Development and Dr. Collins, the NIH director. The outcome of the meeting was the establishment of a “Blue Ribbon Panel” to review rehabilitation research at NIH. The findings, conclusions, and recommendations of the Panel have been presented to the NIH, including a recommendation to elevate the status of NCMRR. Relying

on the Panel’s report, ACRM and others will be pursuing legislative authority during the next Congress to elevate NCMRR to independent status.

NIDRR

With regard to NIDRR, we have met directly with Dr. Charlie Lakin, the newly appointed director. We are pleased to report that the proposed long-range plan published in the Federal Register embraces the health and function domain. We are also pleased to report that ACRM’s advocacy helped secure level funding for NIDRR, despite a recommendation by the Obama Administration to cut the budget by \$2 million.

CDC

ACRM was instrumental in getting CDC to appoint a chief disability and health officer to coordinate CDC rehabilitation and disability research, and to establish a CDC working group. The chief, Dr. Vince Campbell, has reported major successes at CDC in recognizing disability as a key demographic characteristic in surveillance efforts and a focus of research initiatives. CDC will be preparing its second annual summary report of major accomplishments over the past two years in the near term, which we will share with members of ACRM.

ICDR

We were successful in securing report language directing ICDR to develop a comprehensive, interagency, government wide strategic plan for disability and rehabilitation research. We are working with others to secure commitments to make this strategic plan a reality.

AFFORDABLE CARE ACT IMPLEMENTATION

We are also working with federal agencies and contractors on health care reform. The goal is to ensure that rehabilitation is truly part of the essential benefits package and recognized as a medical intervention on par with other medical interventions, and to ensure that research, including comparative effectiveness research, addresses the needs of persons with disabilities for rehabilitative services and devices. We are also working to ensure that “disability” is highlighted in reports regarding health care disparities among special populations.

Call to Action

There is no question that funding for disability and rehabilitation research will be facing difficult challenges in the coming years. However, now is **not** the time to become overwhelmed by these challenges! Now is the time to refocus our collective advocacy efforts and make the most compelling case possible that investments in disability and rehabilitation research will continue to result in positive outcomes that enhance the quality of life for persons with disabilities and chronic conditions. Now is the time to:

- Invite members of Congress and their staff to visit with you and your colleagues to discuss your research;
- Share the outcomes of research previously undertaken;
- Identify gaps in the research and highlight the research agenda for the future; and
- Write letters to Congress when requested to do so by ACRM leadership.

For further information please contact Bobby Silverstein (Bobby.Silverstein@PPSV.COM) or Marilyn Spivack (mspivack@partners.org). ■

How Do You Like This So Far?

This issue of *Rehabilitation Outlook* was delivered to you in a new electronic format. Smartphone and iPad users, in particular, will appreciate the speedy delivery and easy accessibility. Members outside of North America will no longer have to wait three weeks or more for association news, and this is an environmentally and fiscally responsible alternative to a printed and mailed newsletter.

Now we want to know how it appeals to YOU! Please take a moment to respond to this very brief survey. [CLICK HERE](http://bit.ly/ROfeedback) (<http://bit.ly/ROfeedback>).

Your feedback helps ACRM to provide truly valuable member communications.

Melbourne Hosts 7th World Congress of World Federation of NeuroRehabilitation

By Martin Grabois, MD

The 7th World Congress of the World Federation of NeuroRehabilitation met in Melbourne, Australia, 16-19 May 2012. It was held at the spectacular Melbourne Convention Center and attracted more than 1800 participants. Before the meeting on 15 May there was a meeting of the first International Society of Restorative Neurology honoring Dr. Milam Dimitrijevic, founder of the restorative neurology field. The meeting concentrated on the principles of restorative neurology, assessing new anatomy and physiology and how to capitalize on residual neurological function. It also addressed the future of restorative neurology and how one can improve function for people with neurological disabilities.

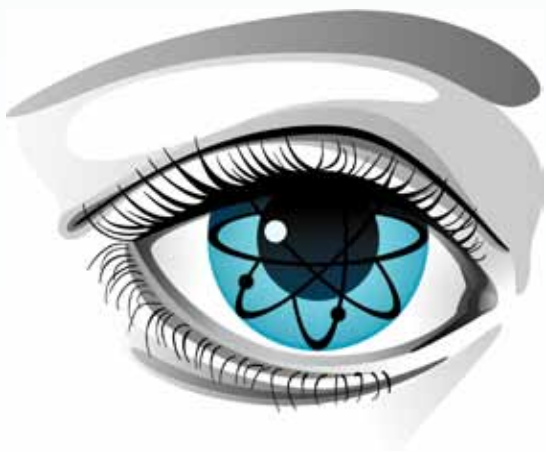
The Congress, under the theme, *Innovations in NeuroRehab*, consisted of pregress workshops, plenary sessions,

symposia, and papers and posters. It emphasized current practice and future research in neurological disorders such as Multiple Sclerosis, Parkinson's, Stroke, SCI, and pain. Pregress workshop topics included International Classification of Functioning (ICF), Parkinsonism, Physical Activity and Exercise, and upper limb recovery in SCI. ACRM member, Martin Grabois, MD, organized and spoke at a well-attended symposium on Neuropathic Pain Syndrome.

Future Meetings: 8th World Congress will meet in Istanbul in 2014, and in 2016, the World Congress will be held in Philadelphia, PA. ■

Incorporating Vision Science into Clinician-and User-Friendly Tools

By JR Rizzo, MD; Pam Roberts, PhD, CPHQ; Andrew Abdou



The visual system is one of our most important senses. It enables us to gather and process information and determines how we will interact with our dynamic environment. Neurological diseases or insults can leave patients with some degree of visual, perceptual, and/or cognitive dysfunction. A neglected component in therapies to improve function is a clear understanding of vision function and functional vision. The mission of this task force is to understand how vision, visual motor, and visual perceptual training can be generalized to improve vision as it relates to functional performance and develop the field of functional vision rehabilitation.

The Vision Task Force of the Stroke Special Interest Group is a group comprised of clinicians and researchers who are dedicated to elucidating these serious concerns. Aside from the development of functional vision rehabilitation for ocular ailments, our secondary goals involve promulgating information regarding the importance of visual deficits and the clinical situations where they may be prevalent, in addition to advocating for public policy to take a stronger stance on assisting those with vision impediments and allocating healthcare resources appropriately.

One of the first projects that the Vision Task Force focused on was developing a conceptual framework for vision. Colenbrander (2009) distinguishes between visual function and functional vision. Visual function describes how the eye functions from an organ-based perspective and functional vision describes how the person functions. The Vision Task Force has taken these two concepts and built a conceptual framework for vision-centric healthcare. As our field progresses within the domains of ophthalmology, optometry, rehabilitation medicine, neurology, and

neurosurgery, it behooves us as clinicians to combine this burgeoning field of evidence-based medicine into reliable and valid diagnostic and treatment algorithms that can be utilized in a multitude of clinical specialties.

Our goals are to begin to piece the individual facets of vision science both organically and functionally into clinician-friendly or user-friendly tools that can assist the diagnosis and treatment of patients with vision-related deficits secondary to brain injury. Let's put this in action to give you a hypothetical example. A patient with a stroke affecting the right hemisphere with parietal lobe involvement comes to your office and you suspect hemispatial neglect. At bedside, what test or combination of tests will yield the most sensitive and specific information to the clinician? The institution at which you practice may use the Modified Clock Dial Test or the Behavioral Inattention Test (BIT), still others may use the Letter Cancellation Test. But what if you combined two or three of these tests or even added a fourth? Would you improve your diagnostic ability? This is one of our goals. We would also like to take this one step further.

Let's say that you suspect neglect but are not sure if there is a hemianopsia or a quadrantanopia. What additional tests would you add to the potential battery you would perform to correctly diagnosis the problem at hand? Then, at the next logical step, what treatment or combination of treatments would you then offer this patient once the correct diagnosis was achieved? Again, hypothetically, let's say that we diagnosed hemianopsia. Some institutions may offer saccadic eye movement training plus or minus optical visual field expanders; additionally, one may target reading skill training or even go as far as to offer vision restitution therapy (VRT). Now, based on current literature, what would we offer as our evidence-based treatment approach?

These are the questions and goals that the Vision Task Force has set out to accomplish. The scope of the project is considerable, but the potential is great! If you or someone you know is interested in helping this cause please reach out to either chair, Pam Roberts, PhD, or JR Rizzo, MD, for more information and to learn how you can help.

Reference:

Colenbrander, August (2009). The functional classification of brain damage-related vision loss. *Journal of Visual Impairment & Blindness*, 118-123. ■

Outcomes Measurement Networking Group Offers Opportunity to Develop Collaborations on Large Dataset Studies

ACRM's Outcomes Measurement Networking Group is excited to announce the guest speaker for their meeting during the ACRM-ASNR Annual Conference in Vancouver. Dr. Kenneth J. Ottenbacher, the Russell Shearn Moody Distinguished Chair, professor and director in the Division of Rehabilitation Sciences, and the associate director of the Sealy Center on Aging at the University of Texas Medical Branch in Galveston, will be speaking on rehabilitation research opportunities using large datasets. Members will have an opportunity to learn about and develop collaborations related to large dataset research, and Dr. Ottenbacher will discuss opportunities and challenges to investigators, building on the work of his NICHD-funded center on large datasets.

Dr. Ottenbacher's presentation will review resources available to rehabilitation investigators including the NIH-funded R24 Center for Rehabilitation Research using Large Datasets. He will describe unique challenges associated with secondary data analyses of large datasets and discuss examples that are relevant to rehabilitation outcomes research. He will also focus on identifying opportunities for collaborative outcomes research using large datasets.

The agenda provides ample time for ACRM members to identify common interests, share expertise, and explore collaborative opportunities. All ACRM members and non-members attending the Annual Conference are invited to attend this meeting scheduled on 11 October from 2:00 PM – 3:00 PM. ■

International Networking Group Invites YOU!

by Fofi Constantinidou, PhD, Chair, International Networking Group

A record number of contributions from researchers and clinicians representing over 20 countries will be incorporated into the 2012 ACRM-ASNR Annual Conference. Internationally-focused symposia include:

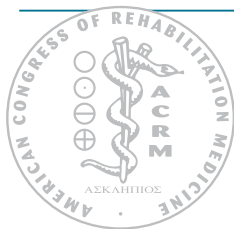
- 12 October** 1:30 pm – 3:00 pm:
An Evidence Based Approach to Treatment of Impaired Emotion Recognition Among Individuals with TBI [MORE](#)
- 13 October** 11:30 am – 1:00 pm:
Health Promotion and Disease Prevention across the Lifespan in Spinal Cord Injury: from Pediatrics to Geriatrics [MORE](#)
- 13 October** 1:30 pm – 3:00 pm:
Women Living with TBI: What Do We Know and What Do We Need to Know [MORE](#)

We are very excited about the many opportunities for interaction and professional collaboration that the annual conference provides. The **Brucker International Luncheon** to be held on Thursday, 11 October, is a great venue for information exchange. This year, we are featuring Marcel Post, PhD, Senior Researcher from Utrecht, Netherlands who will present *Need and Opportunities for Cross-Cultural Studies on Quality of Life in Rehabilitation Medicine*. If you plan to attend the luncheon, please [REGISTER](#) quickly as seats are extremely limited.

The International Networking Group's business meeting will be held on Thursday, 11 October at 10:00 am. All ACRM conference attendees are welcome to attend. We look forward to seeing you in Vancouver! ■



Rehabilitation OUTLOOK



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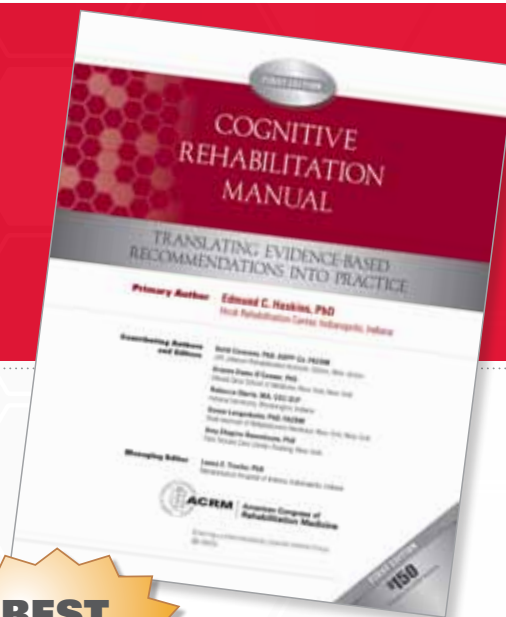
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