

Rehabilitation **OUTLOOK**

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ACRM

AMERICAN CONGRESS OF
REHABILITATION MEDICINE

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INSIDE THIS ISSUE:

From the President 2

Exciting, Informative
Neurodegenerative Diseases
Programming for 2014 4

Helping Clinicians and Researchers
Influence Healthcare Policy 4

Seeking Nominations for Early Career
Networking Group Chair-Elect 5

Leading the Call for Quality
Standards in Research Reporting 5

2014 ACRM Board of Governors
Election 7

Early Career Networking Group:
Physicians Task Force Update 9

Meet the Board 11

Position Open for Director of the
National Center for Medical
Rehabilitation Research 12

Seeking Nominations for 2014
Fellow of ACRM 12



Rehabilitation **OUTLOOK**

Chelsea T. Day, PsyD EDITOR

John Morris, PhD
COMMUNICATIONS
COMMITTEE CHAIR

Enhanced Research Networks and Collaboration Spur Rehabilitation Research Growth in the Netherlands

Future Rehabilitation Research Remains Vulnerable



From the ACRM International
Networking Group
By Marcel Post, PhD

INTERNATIONAL  NETWORKING
GROUP

Despite its population of 16.7 million, the Netherlands has always punched well above its weight in rehabilitation research, but in the mid 1990's the Netherlands decided it could do better, far better. In 1997, the Council for Health Research (RGO) concluded that a closer nexus between rehabilitation centers and academic medical centers was needed if rehabilitation research was to improve and compete for research funding with other medical specialties and biomedical sciences.

The RGO also called for an enhanced research infrastructure for rehabilitation research. Specifically, the Council recommended that the Netherlands:

- Establish a full professorship in rehabilitation medicine at each of the nation's eight medical schools;
- Establish contracts to facilitate collaboration between universities and clinical rehabilitation centers;
- Create research training opportunities at the PhD level for selected clinicians, especially physicians; and
- Create research coordinator positions in each participating rehabilitation center.

To achieve these aims, RGO recommended funding to support eight university-led multicenter networks, each organized around a major theme. Each theme-based network would be multidisciplinary and involve consortia of three or more universities and multiple rehabilitation centers. Each would also engage consumer organizations to help meet the need for diversity in terms of age, gender, and culture and thus foster stakeholder buy-in and utilization.

See *NETHERLANDS* continued on page 6



We had an exciting and eventful Mid-Year Meeting in Atlanta, GA. We are most grateful to the Shepherd Center for hosting the meeting, providing support for food and beverage, as well as audiovisual technology. We were able to enjoy tours of the Center as well as meet Mr. James Shepherd, himself. He shared his personal experience with a spinal cord injury and the story of how the Shepherd Center began. Hats off to **Gary Ulicny** and

his team for making us feel so welcome.

The Mid-Year Meeting is a great opportunity for the interdisciplinary special interest groups (ISIGs) and their task forces, the networking groups and the committees to gather together to advance their goals and objectives.

The Mid-Year Meeting is one of only two opportunities annually when these groups can meet face-to-face. The second opportunity, of course, is the annual conference. These face-to-face meetings provide an environment where stronger professional bonds are made and are sometimes where colleagues meet in person for the first time after speaking together on conference calls all year.

The participating Brain Injury Interdisciplinary Special Interest Group (BI-ISIG) task forces included:

- Prognosis After TBI
- Community-Based Treatment
- Mild TBI
- Girls and Women with ABI
- Cognitive Rehabilitation
- Disorders of Consciousness
- Pediatric and Adolescent

The participating Spinal Cord Injury Interdisciplinary Special Interest Group (SCI-ISIG) task forces included:

- Caregiving and Social Support
- Fitness and Wellness
- Functional Electrical Stimulation
- Secondary Conditions and Aging
- Women's Health

There were also important meetings of the International Networking Group led by **Fofi Constantinidou** and **Chris MacDonell**, the Communications Committee led by **John Morse**, and the Pain Rehabilitation Group had their kick off meeting led by **Lorraine Richie** and **Virgil Wittmer**.

The Program Committee meeting led by **Mike Jones** and **Pam Roberts** was an amazing collection of years of experience to organize all the non-stop content for all the diagnostic groups on what seemed like several "chess boards." The collective ideas generated for your annual conference in Toronto were outstanding.

So you can see how productive the Mid-Year Meeting was—why not consider gathering your group at next year's Mid-Year Meeting to be held **8 – 10 April 2015 at the IU Health NeuroScience Center in Indianapolis?** Many thanks to BI-ISIG Chair, Lance Trexler for helping to plan this important meeting. **MARK YOUR CALENDARS!**

The Mid-Year Meeting is also one of two times in which our Board of Governors (BOG) meets face-to-face. Here we hear updates from the Chairs Council (the collective leaders of all ACRM working groups led by President-Elect, **Doug Katz**), plan strategies for our journal, the *Archives of Physical Medicine and Rehabilitation* and the upcoming annual conference, including the Instructional Courses, Early Career activities, and the Henry B. Betts Awards Dinner.

If you want to get involved in our board or learn more about our activities, please contact me at Sue.sisto@stonybrook.edu.

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

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ACRM PROGRAM
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Exciting, Informative Neurodegenerative Diseases Programming Coming to ACRM Conference



Watch for these symposia coming to the ACRM 91st Annual Conference, Progress in Rehabilitation Research, 7 – 11 October, in Toronto, Canada.

REGISTER
CONFERENCE DETAILS

Function in MS

Michelle Cameron, MD, PhD, Elizabeth Petersen, PhD, OTR/L, Jacob Sosnoff, PhD, and Marcia Finlayson, PhD, OT Reg (Ont), OTR, will discuss factors associated with past and future falls in individuals with MS, as well as the potential consequences of these falls. This multidisciplinary team will outline rehabilitation strategies to prevent falls, and discuss the next steps in research related to falls in people with MS.

Tania Bruno, MD, FRCPC, CSCN Dip (EMG), FAAPMR brings together a collaboration of researchers, clinicians, and exercise specialists interested in understanding the role of exercise in people with MS. Amy E. Latimer-Cheung, PhD, Jo-Anne Howe DipP&OT, BScPT, Blake Burdett, ES;BScKin, and Deborah Backus, PT, PhD, will discuss current research evaluating different exercise options for people along the MS spectrum. They will end their session with a discussion of novel ways to overcome barriers to exercise in people with MS.

Cognitive Function in MS

Cognitive-motor interference is a significant issue in people with Parkinson's Disease (PD) and MS. Lisa Muratori, PT, EdD, Jacob J. Sosnoff, PhD, Joanne Wagner, PT, PhD, and John DeLuca, PhD, will define cognitive-motor interference and provide current evidence for unique interference characteristics in neurodegenerative diseases. The team will outline the types of assessments used in dual task paradigms and potential intervention strategies, in the hopes of advancing the study of cognitive-motor interference in neurodegenerative diseases.

Pediatric MS

An alarming 5% of all cases of MS are in people under 18. Youth with MS encounter additional challenges, including fine motor deficits and cognitive impairment. Maria C. Milazzo, RN, MS, and Mary Squillace, DOT, OTR/L will provide a brief overview of the cognitive and psychosocial impact of pediatric-onset MS, discuss results of a study of barriers to access to educational accommodations within the educational system, and describe fine motor changes in gross grasp, muscle strength and fine motor manipulative skills common to youth with MS. Recommendations for working in the clinical and educational settings will be provided. Brenda Banwell, MD; Lauren Krupp, MD; Christine Till, PhD; and E. Ann Yeh, MD will present more about cognitive and psychosocial outcomes in pediatric MS, and evidence for interventions for these problems.

Aging

Two symposia will deal with changes that occur in normal and pathological aging. Patricia Heyn, PhD will discuss the research that differentiates between normal and pathological aging, and specifically as this relates to cognitive function outcomes. In addition, the role of longitudinal studies in assessing the early detection of risk for dementia and the rate of cognitive decline, and the differences in rates of decline will be discussed.

Joe Verghese, MMBS, MS; Gilles Allali, MD; Jeannette Mahoney, PhD; Roee Holtzer, PhD; and Helena Blumen, PhD comprise an international team that will discuss the epidemiology of mobility impairments in normal and pathological aging. They will present evidence related to the relationship between cognitive status and functions with mobility in aging, and the neural substrates of mobility using traditional and novel neuroimaging methods. 🌸

Helping Clinicians and Researchers Influence Healthcare Policy

Clinicians and researchers are newly challenged by healthcare reform and the new emphasis on evidence-based practice and providing value. At the ACRM 91st Annual Conference, 7 – 11 October 2014, in Toronto, Canada, a symposium called, Creating Change in Health Policy: Demonstrating the Value of Rehabilitation in the US and Canada will provide clinicians and researchers a perspective on how to participate in facilitating changes in healthcare policy.

The symposium will focus on how rehabilitation researchers can design projects to address these emerging issues, use the results of rehabilitation research to influence public policy and demonstrate best practice by incorporating appropriate outcome measures along the rehabilitation care continuum.

Participants will understand the most critical rehabilitation issues facing the US and Canada, develop an understanding of how research data can be used to influence public policy and what data is needed to do so, and understand why demonstrating our value is critical to the future of rehabilitation.

Join presenters, Gary Ulicny, PhD, Gerben DeJong, PhD, Deborah Backus, PT, PhD, and Judy Murray, PT to find out how you can influence healthcare policy. 🌸

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ACRM 91st Annual Conference PROGRESS IN REHABILITATION RESEARCH



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Seeking Nominations for Early Career Networking Group Chair-Elect

EARLY CAREER  NETWORKING GROUP

By Dawn Neumann, PhD (ECNG Chair), Megan Mitchell, PhD (Chair-Elect), and Chari I. Hirshon, PhD (Secretary)

In October 2014, the position of ECNG chair-elect will be open and we are currently soliciting nominations. Chair-elect is one of three positions on our executive committee. Chair-elect is responsible for assisting the ECNG Chair with any activities and functions carried out by the executive committee. This primarily includes active participation in teleconference calls every two months.

The aim of these bi-monthly calls is to:

1. Ensure that the three ECNG task forces (Communications Task Force; Early Career Development Course Task Force; and the Physicians Task Force) are upholding the mission of the networking group and ACRM as a whole
2. Discuss ideas for new activities and ways to accomplish our mission
3. Increase communication between the different task forces so each task force is aware of what the others are doing

The position of chair-elect is for two years, after which time the chair-elect will become the chair of the ECNG. In order to be chair-elect (or any executive position), one must be an ACRM member. Although it is not required, it is strongly encouraged that the person who will hold the chair-elect position, is or becomes, an active member on at least one of the ECNG task forces. Also not a requirement, but strongly encouraged, is that this person should be willing/able to attend ACRM Annual Conferences.

You can self-nominate or someone else can nominate you. Please send your nominations to the ECNG Secretary, Chari Hirshon, PhD at chari@centralparkphysical.com. Nominations are due 1 August 2014. With the nomination, please include a short bio paragraph about yourself, including where you work, your job title, how long you have been an ACRM member, what ISIG and networking groups you are a member of, and why you would like to be the chair-elect of the ECNG.

After 1 August, we will present all candidates to our ECNG members for a vote to fill the position. The new chair-elect will take office at the ACRM Annual Conference in October 2014, in Toronto during the ECNG Business Meeting on Friday, 10 October from 7:00 AM – 8:30 AM. 🍁

Leading the Call for Quality Standards in Research Reporting

In March 2014, the co-editors in chief of the ACRM scientific journal, *Archives of Physical Medicine and Rehabilitation*, launched an initiative to improve the quality of research reporting.

By spearheading a collaborative initiative among all major rehabilitation journals, they hope to establish a universal requirement that authors adhere to standardized reporting guidelines from initial design to submitting their manuscripts. These guidelines help authors report research methods and findings in a systematic manner. They are typically presented as checklists or flow diagrams that ensure manuscripts submitted contain key elements.

There are reporting guidelines available for nearly every type of research paper, from systematic reviews to randomized trials; they are available through the EQUATOR Network, a nonprofit organization dedicated to improving the quality of medical research.

This week EQUATOR highlighted the editorial, noting the rehabilitation and disability journals that have already published the Archives editorial as part of the collaborative mandate. Please visit the EQUATOR Network at <http://www.equator-network.org/2014/04/09/collaborative-initiative-involving-28-rehabilitation-and-disability-journals/> to view the highlights of the Archives article. The mandatory inclusion of reporting guidelines is expected to be in place by January 2015. 🍁

Eight Rehabilitation Theme-Based Research Networks*

- Functional prognosis in neurological conditions (Amsterdam)
- Restoration of mobility after spinal cord injury (Amsterdam)
- Restoration of walking after stroke (Nijmegen)
- Rehabilitation of chronic low-back pain (Groningen)
- Technical devices and appliances (Enschede)
- Rehabilitation research in children (Utrecht)
- Rehabilitation research in the elderly (Amsterdam)
- Cognitive rehabilitation after brain injury (Nijmegen)

*Locations in parentheses indicate location of host university. Each program was a collaboration that involved 3-5 universities and multiple rehabilitation centers.

Implementation of RGO's recommendations fell to the Netherlands Organization for Health Research and Development (ZonMW) with funding from government ministries responsible for health and science. During the first wave of funding, from 1999 to 2005, ZonMW allocated €16.7 million for rehabilitation research that also included funds from both private sources and rehabilitation institutions themselves.

The program proved very successful. By 2005, negotiations with universities led to an increase in the number of department chairs from 3 to 10, and a corresponding increase in full-time equated research positions from 5.5 to 25.1. No fewer than 70 research projects within the 8 themes were funded, resulting in 164 international peer-reviewed publications during this initial funding period. More importantly, the first wave of funding helped to firmly establish close collaborations among diverse university-based researchers and between researchers and clinicians.

A second wave of funding from 2006 to 2013 was limited to €8.0 million—a bolus of €7.4 million followed by another €1.6 million for an innovation program to translate research findings into clinical practice. A third wave of funding, led by a commitment of €1.8 million in private funding, is expected to commence later this year.

Over the last 15 years, the Netherlands has witnessed a significant growth in rehabilitation research capacity, productivity, and quality. This initial investment is gradually being tapered but has left a legacy of achievement to be celebrated. Despite these gains, the amount of rehabilitation research per university remains small and largely dependent on third-party funding. To date, rehabilitation researchers have found it difficult to compete with other emerging fields such as neuroscience that has captured the popular imagination. In an era of shrinking national funding opportunities, our challenge is to look outward and establish international consortia that will enable Dutch rehabilitation researchers to compete for European funding and possibly beyond.

Marcel Post, PhD is a senior researcher at the Center of Excellence in Rehabilitation Medicine, a collaboration between De Hoogstraat Rehabilitation Center and the University of Utrecht Medical Center in Utrecht, the Netherlands. He is a member of the ACRM International Networking Group (ING) and the 2012 ING Brucker International Luncheon speaker. 🍷

ACRM Trivia

Q. Which nation is the second most frequent contributor to the Archives of PM&R?

A. The Netherlands

U.S. presidents of Dutch origin:

- Martin van Buren
- Theodore Roosevelt
- Franklin D. Roosevelt

ACRM presidents of Dutch birth:

- Gerben DeJong, PhD (2006-07)
- Marcel Dijkers, PhD (2007-08)

The Netherlands

- **Population:** 16.7 million
- **Area:** 16,485 sq. miles; 41,526 sq. km. (about the size of Massachusetts and Connecticut combined)
- 8 general universities, 8 medical schools, 8 academic health centers (see map)
- 3 technical universities
- 21 freestanding rehabilitation centers
- Rehabilitation outpatient centers and consultation available at all hospitals and rehabilitation centers

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2014 ACRM Board of Governors Election

As a 501(c)(3) nonprofit association, ACRM is led by a volunteer board of governors elected by the membership. An electronic survey was distributed on 23 April to all voting members to elect two members-at-large to fill the board positions opening in October.

The Nominating Committee presents the following slate of candidates for your review. If you are a current member of ACRM and did not receive an email invitation to participate in the election survey, please check your Junk Folder and contact Cindy Robinson at crobinson@ACRM.org if you need assistance.

2014 CANDIDATES FOR ACRM BOARD OF GOVERNORS MEMBER-AT-LARGE:

- Michael L. Jones, PhD, FACRM
- Stephanie A. Kolakowsky-Hayner, PhD, CBIST
- Dawn Neumann, PhD
- Ronald T. Seel, PhD, FACRM

Michael L. Jones, PhD, FACRM

Vice President Research & Technology
Shepherd Center, Atlanta, GA

I am pleased and honored to be considered for a position on the Board of ACRM. Although active in the disability field for over 35 years, I am a relative newcomer to ACRM. I had a casual relationship with ACRM for many years, occasionally attending the annual meeting to present a research paper or participate in a symposium. It was not until Marcel Dijkers' term as president that I made a personal commitment to give something back to the organization as a contributing member. In his first "message from the president," Marcel made a plea to members to get involved and identified several opportunities for members to help with the "heavy lifting" that is required to advance the mission of a professional association. I contacted Marcel and offered to take on responsibility of editing *Rehab Outlook*, one of the opportunities he identified. That led to membership on the Communications Committee and the position of chair that I held for two years. I have also served on the Program Committee for the past five years, and the past three years as chair of the Committee. At this point, I have accomplished most of my own professional goals, so I have the time and energy to devote to ACRM. I look forward to the opportunity to continue my service to ACRM and, through the organization, to the broader disability community.



Stephanie A. Kolakowsky-Hayner, PhD, CBIST

Director Rehabilitation Research
Santa Clara Valley Medical Center, San Jose, CA

I am Stephanie Kolakowsky-Hayner, ACRM Member, and I am interested in serving as an ACRM Board of Governors Member-at-Large.



I would like to give back to an organization that has provided me a link to other rehabilitation professionals dedicated to serving people with disabling conditions by supporting research that promotes health, independence, productivity, and quality of life, while promoting future research and knowledge translation. I hope to become even more involved with the organization and to further the mission of enhancing the lives of people living with disabilities through a multidisciplinary approach to rehabilitation.

In addition to my work as the director of rehabilitation research at Santa Clara Valley Medical Center, San Jose, CA, I hold an appointment as a clinical assistant professor affiliated in the Department of Orthopaedic Surgery, Stanford University School of Medicine, and am actively engaged in the resident education program.

I am the project director of the Northern California Traumatic Brain Injury and Spinal Cord Injury Model System of Care Follow-up Centers and the partnering-PI for the DoD-funded study of rTMS: A Treatment to Restore Function after Severe TBI. I oversee the SCVMC brain injury, stroke, spinal cord injury, spina bifida, and amputee peer support programs with over 100 active participants.

After a 15 year hiatus, I brought back and chair the multi-disciplinary, multi-day, multi-track, Santa Clara Valley Brain Injury Conference. I was also instrumental in securing funding for TBI Matters, a community-based quarterly brain injury education series. Additionally, my colleagues at the Research Center and I maintain the Center for Outcome Measurement in Brain Injury (COMBI) website, a resource used by researchers and clinicians throughout the world.

I am the Chairman of the Board for the Brain Injury Association of California, and energetically serve on the Academy of Certified Brain Injury Specialists Board of Governors, the International Brain Injury Association 10th World Congress on Brain Injury Conference Planning Committee, the American Spinal Injury Association Prevention Committee, the SCVMC Institutional Review Board, and the SCVMC Rehabilitation Leadership Team.

CANDIDATES FOR MEMBER-AT LARGE (VOTE FOR TWO)

I have nearly 20 years progressively independent experience in research related activities including literature review, database creation and maintenance, data collection, data cleaning, statistical analyses, coordination of multi-site research projects, maintaining project integrity, dissemination of findings, editing, supervision of junior and senior level research staff and students, and report, manuscript, book chapter, and grant writing. To date, I have made more than 130 professional presentations and published over 150 peer-reviewed manuscripts, book chapters, and other information materials for professionals and consumers with disabilities.

With regard to ACRM service, I actively serve on multiple committees and task forces including chairing the Early Career Development Course Task Force, and the International Networking Group Conference Task Force. I also serve on the 2014 Program Planning Committee, the Policy and Legislation Committee, and the Brain Injury Special Interest Group Communications Committee. I was the co-chair of, and presented multiple sessions during the 2013 Early Career Development Course. I was the co-chair of the 2013 International Networking Group Conference Task Force, and coordinated and moderated the International Networking Group Symposium and co-coordinated the Brucker Luncheon.

In summary, I have and would like to continue to serve people with disabling conditions by securing your vote as candidate for ACRM Board of Governors Member-at-Large.

Thank you in advance for your consideration.

Stephanie A. Kolakowsky-Hayner, PhD, CBIST

Dawn Neumann, PhD

Assistant Research Professor

Department of Physical Medicine and Rehabilitation, IU School of Medicine

Rehabilitation Hospital of Indiana (RHI), Indianapolis, IN



I am an assistant research professor at Indiana University School of Medicine in the Department of Physical Medicine and Rehabilitation. I received my doctorate in rehabilitation science from the University of Buffalo, SUNY. My research focuses on the assessment and treatment of emotional deficits after brain injury. I have been an ACRM member since 2007; in 2013, I received the Deborah L. Wilkerson Early Career Award from ACRM. For the past two years,

I have served as chair of the ACRM Early Career Networking Group and as the Early Career Member-at-Large for the Board of Governors (BOG). I have been a member of the Early Career Development Course since 2010, and a

member of the Membership Committee since 2013. My active involvement with this organization is evidence of my commitment to ACRM. From my participation in these numerous roles, I have learned a great deal about ACRM. I am eager to continue making meaningful contributions to this organization; I would like the opportunity to do this as a voting Member-at-Large on the BOG. I feel that my experiences with ACRM make me an excellent candidate for this important role.

Ronald T. Seel, PhD, FACRM

Director of Brain Injury Research

Shepherd Center, Atlanta, GA

I appreciate being nominated as a Member-at-Large on the ACRM Board of Governors. I have been an active member of the ACRM for over 10 years. I currently serve as a Member-at-Large on the ACRM Board of Governors, and as chair of the ACRM Evidence and Practice Committee, and the BI-ISIG Mild TBI Task force. In the past, I have chaired the BI-ISIG and the BI-ISIG Disorders of Consciousness Task Force. Primary ACRM projects I have co-led include the development of the ACRM Practice Parameter, "Assessment Scales for Disorders of Consciousness: Evidence-Based Recommendations for Clinical Practice and Research" and the ACRM CPC sponsored, June 2012 Archives of PM&R Supplement, "Developing and Using Evidence to Improve Rehabilitation Practice."

I am director of brain injury research at the Shepherd Center in Atlanta, GA. Prior to Shepherd Center, I served as executive director of the Southeastern Parkinson's Disease Research Education and Clinical Center and as associate director of research and neuropsychological services for the Defense and Veterans Brain Injury Center at the McGuire Veteran's Medical Center in Richmond, VA. My counseling psychology, neuropsychology and rehabilitation training roots started at Virginia Commonwealth University and the Medical College of Virginia.

If elected, I will be responsive to all members' needs and focus my energy on maintaining and improving ACRM membership value. I have enjoyed being part of the ACRM and the close friendships I have developed over the years. As we grow in size and evolve to better meet the needs of a diverse membership and the demands of an ever changing healthcare environment, I think it is essential that we also preserve our culture of informality, dedication, patient-centered work, and intimacy. It is these qualities that are unique to the ACRM community and keep me highly motivated to stay an active member. Thank you for considering me to represent you on the Board of Governors. 🌸



EARLY CAREER NETWORKING GROUP: Physicians Task Force Update

By Arshia Ahmad, MD, MRCP, MSc (Secretary) and
Brad Kurowski, MD, MS (Co-Chair) of the ECNG
Physicians Task Force

The ACRM Early Career Networking Group (ECNG) was initiated as a platform for early career rehabilitation professionals to expand their networking opportunities for professional development and advancement. The group consists of both early career professionals and senior professionals who provide invaluable support through their experience and skill. ACRM holds the privilege of being the only professional association representing all members of the interdisciplinary rehabilitation team, including: physicians, psychologists, rehabilitation nurses, occupational therapists, physical therapists, speech-language pathologists, recreation specialists, case managers, rehabilitation counselors, vocational counselors, and disability management specialists. As such, the ECNG of ACRM is a diverse and rich community of talented rehabilitation professionals.

The role of the ECNG includes, but is not limited to, various aspects of career development including preparing for job interviews, negotiating faculty positions, improving grant writing skills, learning about how to get published, networking with renowned leaders in the field, and finding collaborative opportunities within a variety of rehabilitation disciplines.

The Physicians Task Force is one of three subgroups of the ECNG and is comprised of rehabilitation physicians. The mission of this task force is to share resources, methods, and information; and to build expertise and develop networking contacts among physicians. It seeks to bring together people from various backgrounds and aims to enrich professional development and promote research and continuing medical education. In addition, it provides a platform for early-career rehabilitation physicians to seek the expertise and guidance of established, more senior colleagues.

Over the last year, the Physicians Task Force activities and collaborations have gained momentum and have become more structured and focused. With the administrative roles designated and outlined, we have built a robust team that draws on personal and professional strengths of all the members. The regular teleconferences and communications have been integral in building a team spirit and the delegation of tasks.

One of the primary objectives undertaken by the Physician Task Force was to focus on developing clinical and research

collaborations. A significant portion of our membership is clinicians who are highly interested in developing research initiatives as part of their careers. Incorporating research work with clinical work can be an intimidating prospect, especially for young clinicians, who may find themselves struggling to identify resources and information about research and funding, understanding how to design and conduct trials, and developing collaborations with researchers. Additionally, clinicians often find it hard to balance their time between their clinical commitments and research.

Implementation science is another area that clinicians often grapple with. Implementing new evidence into clinical practices is challenging. This concern is especially valid in the current medical environment which derives its strength from continued medical education, and keeping pace with the rapidly changing advancements in medicine.

As a first step to assisting and encouraging these clinician researchers, the Physicians Task Force has undertaken development of a questionnaire that will be distributed to more senior clinicians who have successfully managed to integrate clinical research into their practice. The responses to these questions will help to inform the development of guidelines and resources for potential clinician researchers, thus providing them a point of reference to start their journey. We hope that this endeavor will further cultivate collaboration among multiple rehabilitation medicine disciplines with a focus on improving the development of clinician researchers, implementation of research, knowledge translation, and program development.

It is an exciting time to be a part of this group. The potential for future endeavors and expansion of the network are extremely promising. In the future, efforts will be directed at development of conference CME activities and workshops pertaining to areas of interest to early career rehabilitation physicians. For instance, for the aspiring clinician researchers, workshops can be arranged to guide them in the process and procedures of designing and implementing trials, and writing grants and publications.

The possibilities, as they say, are endless. Physicians are invited to become part of this task force and bring their ideas and suggestions to the group. Keeping true to the spirit and mission of the task force, we see this as an opportunity for continued learning, sharing, and collaboration. 🌸

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WATCH THIS COLUMN IN EACH ISSUE OF REHABILITATION OUTLOOK TO MEET CURRENT MEMBERS OF YOUR ACRM BOARD OF GOVERNORS.

JENNIFER A. BOGNER, PHD, ABPP, FACRM **MEMBER-AT-LARGE, ACRM BOARD OF GOVERNORS**

Research Director, Ohio Valley Center for Brain Injury Prevention and Rehabilitation,
Department of Physical Medicine and Rehabilitation
Ohio State University, Columbus, OH
bogner.l@osu.edu

Jennifer Bogner, PhD, ABPP, FACRM is the co-project director for the Ohio Regional TBI Model System and the research director for the Ohio Valley Center for Brain Injury Prevention and Rehabilitation. She is also the vice-chair of research and academic affairs for the Department of Physical Medicine and Rehabilitation, Ohio State University. She has worked within the field of traumatic brain injury rehabilitation for over 20 years, is a board certified rehabilitation psychologist (ABPP) and associate professor in the Department of Physical Medicine and Rehabilitation at Ohio State University. Dr. Bogner has authored or co-authored over 50 publications in professional journals. She has presented nationally on topics related to brain injury and serves as the associate editor of the Journal of Head Trauma Rehabilitation.



DOUGLAS I. KATZ, MD, FACRM **PRESIDENT-ELECT, ACRM BOARD OF GOVERNORS**

Associate Professor Neurology, Boston University School of Medicine
Medical Director Brain Injury Programs, Braintree Rehabilitation Hospital
Braintree, MA
dkatz@bu.edu

Douglas I. Katz, MD, FACRM is professor of neurology at Boston University School of Medicine and a member of the academic neurology staff at Boston Medical Center and Boston University Neurology Associates. After medical school at SUNY Stony Brook, he trained in neurology and completed a fellowship in behavioral neurology at Boston University. After training, he focused his career on neurorehabilitation and brain injury. He has been medical director of the Brain Injury Program at Braintree Rehabilitation Hospital in Massachusetts for over 27 years, one of the first dedicated brain injury rehabilitation programs in the US that he helped develop.

In addition to his clinical work he has devoted time to clinical research in a number of areas including predictors of recovery after traumatic brain injury, disorders of consciousness, and pharmacologic treatment of cognitive problems after TBI. He has over 120 publications in these areas and has co-edited four books, including a comprehensive text on brain injury, Brain Injury Medicine (Demos), recently released in its 2nd edition.

He is director of the neurorehabilitation fellowship at Boston University, and has been a national leader in developing training and certification standards for neurorehabilitation. He serves on a number of editorial boards for major journals on brain injury and neurorehabilitation.

Dr. Katz is president-elect of the ACRM Board of Governors and was honored as a fellow of ACRM in 2002. He recently served on the boards of the American Society of Neurorehabilitation and the Brain Injury Association of America. His honors include the Sheldon Berrol Clinical Services Award from the Brain Injury Association of America (2001), the Ken Viste, Jr. award from the American Society of Neurorehabilitation (2012) and the Compassionate Care Award of the Brain Injury Association of MA (2013). 🌸





BI-ISIG: News from the Girls & Women with ABI Task Force

By Yelena Goldin, PhD and
Angela Colantonio, PhD, FACRM

The Girls and Women with ABI Task Force continues to make strides through our ongoing monthly conference calls, the active participation and dedication of its members, and ongoing support from ACRM. We wish to thank all the contributors to the special issue of the *Archives of Physical Medicine and Rehabilitation* on Sex, Gender and Acquired Brain Injury to be finalized this spring/summer.

Recent developments include an accepted symposium, in collaboration with the Girls and Women with Spinal Cord Injury Task Force, to be held at the ACRM Annual Conference in Toronto this fall, focusing on sex differences in brain injury and spinal cord injury. Our task force will also lead the BI-ISIG Chautauqua at this year's annual conference. We would like to acknowledge and express our gratitude to Teresa Ashman for her advocacy and to the Program Committee for their support of this endeavor. Further, with support from the BI-ISIG, we will be sponsoring two awards including one Early Career Award for presentations/posters addressing girls and women with ABI!

The task force has been working with the Clinical Practice Committee (CPC) to develop a systematic review focusing on healthcare disparities among women with brain injury and part of the meeting at the Mid-Year Meeting in Atlanta was devoted to refining the proposal and addressing the comments and feedback from the CPC. In addition we are in the process of developing a survey for stakeholders to identify their research priorities.



We also wish to congratulate <<< **MARILYN SPIVACK**, the woman who inspired the creation of the task force, for her well-deserved Lifetime Achievement Award from the International Brain Injury Association.



SEEKING NOMINATIONS for 2014 Fellows of ACRM

The Fellow of ACRM designation recognizes individuals who make significant contributions to the field of medical rehabilitation and to ACRM. Please take a moment to consider outstanding members deserving of this recognition and submit a nomination. A list of current fellows is available on the ACRM website along with instructions for nominating a colleague or even yourself for this distinguished honor.

NOMINATIONS WILL BE ACCEPTED THROUGH 1 JUNE

Visit: <http://www.ACRM.org/about/fellows> for complete details. 



Some of the 2013 Fellows of ACRM awarded at the 2013 Annual Conference in Orlando, FL.

Left to right: Mark Sherer and Tamara Bushnik presenting to Cindy Harrison-Felix, PhD, FACRM. Recipients Mike Jones, PhD, FACRM; Lance Trexler, PhD, FACRM, Virginia "Ginna" Mills, MS, PT, CCM, LicNHA, FACRM, and Ronald T. Seel, PhD, FACRM



POSITION OPEN FOR DIRECTOR OF THE NATIONAL CENTER FOR MEDICAL REHABILITATION RESEARCH

The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) is currently conducting a search to fill the position of Director, National Center for Medical Rehabilitation Research (NCMRR). This position is located in Rockville, Maryland.

To recommend highly qualified individuals for consideration, please contact Mr. Michael Rosenthal, NCMRR Search Committee Executive Secretary, by e-mail at rosentm@mail.nih.gov, with the names of outstanding candidates for this important position of scientific leadership within the NICHD. Your referral of minority and female candidates is particularly encouraged.

The NCMRR is a major source at NIH of research and training to promote the health, productivity, independence, and quality of life for people with disabilities. The NCMRR focuses on such areas of research as: improving movement, promoting recovery, adapting to a disability, and understanding body-injury responses; health promotion and prevention of injury and disability; technology development to improve the diagnosis, treatment and everyday functioning of people with disabilities; developing assistive devices and bioengineering technologies to promote function and participation; evaluating rehabilitation effectiveness; and training researchers and medical professionals in rehabilitation methods and techniques.

This is a senior leadership position within the NICHD, involving the management of scientific, policy and administrative matters of the Center. The incumbent serves as the principal advisor to the Director, NICHD, on extramural scientific and policy issues in the field of medical rehabilitation research, oversees the activities of NCMRR's research programs and manages scientific peer review, award, and post-award activities related to research, development, and training grants and contracts in

medical rehabilitation research. The incumbent guides and directs NCMRR staff on matters relevant to the conduct of its extramural research and training activities; manages resource allocations including staff, physical, and financial resources; maintains staff through recruitment and training efforts; and ensures effective program operations. The incumbent serves as a staff expert and consultant to senior level NIH and NICHD officials and staff on issues related to medical rehabilitation research. NCMRR's extramural research programs involve over 150 research projects, a budget in excess of \$66 million, and a staff of 9 individuals. In addition, there will be opportunity for the NCMRR Director to engage in independent research within the NIH intramural research community.

The successful candidate must possess an MD, PhD, or equivalent degree, and have demonstrated scientific leadership and/or senior-level research experience in a program of national and international standing in medical rehabilitation research or related fields. We are seeking candidates who have a compelling vision for the future of the field, proven experience in managing and directing a scientific research program, and well-honed administrative and interpersonal skills. Preference will be given to those known and respected within their profession, both nationally and internationally, as distinguished individuals of outstanding scientific competence and those who possess a record of achievement as a senior scientific administrator/executive leader.

Additional details about the position and the application process can be found at this link: <http://www.jobs.nih.gov/vacancies/executive/ncmrr.htm>.

Please note that applications are due by 1 June, 2014.



PROGRESS IN
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7 – 11
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