Improving lives through interdisciplinary rehabilitation research

NOW MORE THAN EVER...

ACRM
AMERICAN CONGRESS OF REHABILITATION MEDICINE

2013 REPORT TO MEMBERSHIP: FIVE EXTRAOORDINARY YEARS
2009 2013

American Congress of Rehabilitation Medicine

ACRM AMERICAN CONGRESS OF REHABILITATION MEDICINE

ACRM AMERICAN CONGRESS OF REHABILITATION MEDICINE

Improving lives through interdisciplinary rehabilitation research

2013 REPORT TO MEMBERSHIP: FIVE EXTRAORDINARY YEARS
Q: What happens when you combine:

GREAT Members +
GREAT Volunteers +
GREAT Editorial Board +
GREAT Board of Governors +
GREAT Staff +
TEAMWORK

A: EXTRAORDINARY RESULTS
Q: What is THE 6M MODEL™?

A: “The 6M MODEL™ is an analytical system that evaluates an association’s capabilities and opportunities in the following areas: Membership, Meetings, Media, Management, Mission and Marketing.

The process of constant evaluation of the trade-offs of investments and performance in each of these six areas allows an organization to align the operational activities to the board’s strategic objectives with an incredible level of self-awareness.”

— JON W. LINDBERG, MBA, CAE
ACRM Chief Executive Officer
CONTENTS: THE 6M MODEL™

1 Membership
2 Marketing
3 Meetings
4 Media (ARCHIVES)
5 Mission
6 Management
MEMBERSHIP

ACRM AMERICAN CONGRESS OF REHABILITATION MEDICINE
Improving lives through interdisciplinary rehabilitation research
MEMBERSHIP EXPLODES

965% ↑

1,821 Members

171 Members

2009 2013
INSTITUTIONAL MEMBERS

1) COURAGE CENTER
2) CRAIG HOSPITAL
3) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI
4) JOHNS HOPKINS PHYSICAL MEDICINE & REHABILITATION
5) MOSS REHABILITATION RESEARCH INSTITUTE
6) PATE REHABILITATION ENDEAVORS, INC.
7) PROSPIRA PAINCARE
8) REHAB UNIVERSITY MEDICAL CLINIC STOCKHOLM
9) REHAB WITHOUT WALLS
10) REHABILITATION HOSPITAL OF INDIANA
11) RUSK REHABILITATION AT NYU LANGONE MEDICAL CENTER
12) SHEPHERD CENTER
13) SPAULDING REHABILITATION NETWORK
14) STONY BROOK SCHOOL OF HEALTH TECHNOLOGY AND MANAGEMENT
15) SUNNAAS REHABILITATION HOSPITAL
16) THE OHIO STATE UNIVERSITY WEXNER MEDICAL CENTER DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION
17) TIRR MEMORIAL HERMANN
18) VIDANT MEDICAL CENTER
INSTITUTIONAL MEMBERSHIP GROWTH

1,800%

18 Institutional Members

2009: ZERO Institutional Members

2013: 10 Institutional Members
ACRM COMMUNITY GROUPS

2009

BI-ISIG

OM-NG

2013

BI-ISIG

SCI-ISIG

STROKE ISIG

OM-NG

EC-NG

HP-NG

INT-NG

ND-NG

MVA-NG

PED-NG

GER-G

PAIN-G

SIGs

Networking Groups
BRAIN INJURY ISIG

2013 REPORT TO MEMBERSHIP: FIVE EXTRAORDINARY YEARS
SPINAL CORD INJURY ISIG
STROKE ISIG
OUTCOME MEASUREMENT NETWORKING GROUP
HEALTH POLICY NETWORKING GROUP
EARLY CAREER NETWORKING GROUP
INTERNATIONAL NETWORKING GROUP
NEURODEGENERATIVE DISEASES GROUP
2013 REPORT TO MEMBERSHIP: FIVE EXTRAORDINARY YEARS

MEMBERSHIP

PAIN GROUP

09.27.12  10.21.12  12.1.12  1.1.13

PAIN GROUP
GERIATRIC REHABILITATION GROUP
PEDIATRIC REHABILITATION GROUP
MEMBER BENEFITS

2009
- ARCHIVES subscription
- $50 OFF Annual meeting
- FREE Mid-Year Meeting
- Sporadic ACRM eNews
- Rehabilitation Outlook 2x / year

2013
- ARCHIVES subscription
- ARCHIVES digital access
- $700 OFF Annual Conference
- FREE Mid-Year Meeting
- ACRM Rehab Job Board
- DISCOUNTS on Cognitive Rehabilitation Manual & Training
- Weekly ACRM eNews
- Rehabilitation Outlook 6x / year
- 10X MORE networking
- Moving Ahead & Stroke Matters
MARKETING
MARKETING IS CRITICAL

WHY? As a virtual association, marketing establishes ACRM’s image

◆ MEETINGS: Annual Conference, Mid-Year Meeting, online education, web pages…

◆ MEMBERSHIP: Membership marketing, SIG/Networking Group brochures, web pages…

◆ MEDIA: Archives web design, social media, Rehabilitation Outlook, eNews, SIG/Networking Group Newsletters…

◆ MISSION: Cognitive Rehabilitation Manual and Training, web pages for SIG/Networking Group…
6 WEBSITE REDESIGNS

2010 – 2013

ACRM

ARCHIVES
**MARKETING DATABASE GROWTH**

- **2009**: 0
- **2010**: 4,500
- **2013**: 10,500

**EMAIL BLASTS**

- **2009**: 1,500 annual emails, 15 eblasts
- **2012**: 293,596 annual emails, 228 eblasts
SPONSORSHIP MATERIALS

2009

Word of mouth

2013

Professional Prospectus
Media Blitz
ACRM EXHIBITS AT BIG MEETINGS

2009
None

2013
- ASCIP
- AAPM
- AOTA
- APTA
- APA
- ASHA
- ASIA
- ISPRM
- NNS
- BRAINTREE TBI
- SANTA CLARA VALLEY TBI
- Scripps Brain Injury Conference
- International Stroke Conference
MEMBERSHIP OUTREACH PIN

ACRM AMBASSADOR

(Coming soon. Creation of ACRM Ambassador roles.)
Many people experience some problems with attention after a brain injury, although not everyone does so. Common problems can include:

1. Trouble keeping your mind on one thing
2. Being easily distracted by noises that would not have bothered you before
3. Difficulty doing more than one thing at a time (like cooking and answering the phone)
4. Difficulty “switching gears” or shifting focus from one thing to another
5. Difficulty keeping up with what others are saying, especially in a group
6. Trouble reading or watching movies for more than a few minutes

The type and extent of the attention problem can vary, depending on several factors. These factors include:

1. The severity of the injury: More severe injuries typically result in more kinds of problems and greater difficulties.
2. Certain brain areas are thought to be more important for certain types of attention functions. So, the kind of attention problems that occur will be related to what area or areas of the brain were hurt.

Attention and concentration problems may improve over time. Some people may find eventually that attention is no longer a problem for them. However, for other people attention difficulties will be long-lasting.
90TH ANNIVERSARY CELEBRATION 1923–2013

AWARENESS LOGO

- Developed to reinforce the relevance and longevity of ACRM
- Designed to coordinate with the new ACRM lotus logo and to stand strong on its own
- Infusing the anniversary logo through website and communications
AD SALES ON ACRM.ORG

Gross revenue $100,000+ per year
ANNUAL CONFERENCE & ACRM AWARENESS CAMPAIGN

Massive coordinated multimedia plan underway...

- Email blasts
- Direct mail
- Press releases
- Social Media
- ARCHIVES advertising
- Advertising first time outside of ACRM vehicles

NON-STOP CONTENT FOR:

“The ACRM Progress in Rehabilitation Research Conference is all about improving lives through sharing and networking in a positive supportive environment. ACRM is all-inclusive and welcoming to all disciplines on the rehabilitation team. This is the ONE event you don’t want to miss.”

“With a collegial harmonious atmosphere, rare in mega-medical conferences, ACRM functions as powerful “glue” that joins together professionals from all specialty areas and disciplines for intellectual exchange and improved rehabilitative outcomes.”

“The ACRM Annual Conference has grown to become the world’s largest interdisciplinary conference in the field of rehabilitation research, and as a result, the peer-to-peer networking is second to none.”

“You can’t beat the value of the ACRM conference. The interdisciplinary program is relevant to your whole team, and the content is cutting-edge. Whether your specialty is stroke, brain injury, spinal cord injury or neuro-degenerative diseases, ACRM is presenting the evidence you need.”

REGISTER NOW for best pricing www.ACRM.org

SAVE 54%
ANNUAL CONFERENCE ATTENDANCE INCREASES

346% ↑

2009 289 DENVER
2013 1,000+ ANTICIPATED
ANNUAL CONFERENCE ATTENDANCE INCREASES

2013 EXPECTATION = 1000+

HISTORIC EARLY REGISTRATIONS!
APRIL 21, 2013

2013 ACRM Annual Meeting Registration Chart
(cumulative numbers)

CUMULATIVE REGISTRATIONS

2013 Cumulative Registrations (Orlando)
2012 Cumulative Registrations (Vancouver)
2010 Cumulative Registrations (Montreal)
2009 Cumulative Registrations (Denver)

Orlando:
- 2013: 206
- 2012: 191
- 2010: 168
- 2009: 148

Vancouver:
- 2013: 191
- 2012: 168
- 2010: 135
- 2009: 110

Atlanta:
- 2013: 176
- 2012: 129
- 2010: 81
- 2009: 37

Montreal:
- 2013: 100
- 2012: 69
- 2010: 26
- 2009: 6

Denver:
- 2013: 0
- 2012: 0
- 2010: 0
- 2009: 0

Projected Registrations as of April 21, 2013:
- Orlando: 1000+
- Vancouver: 700+
- Atlanta: 500+
- Montreal: 300+
- Denver: 100+
# ANNUAL CONFERENCE OFFERING TRIPLES

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2013*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ATTENDANCE</strong></td>
<td>289</td>
<td>1,000</td>
</tr>
<tr>
<td><strong>POSTERS</strong></td>
<td>100</td>
<td>200+</td>
</tr>
<tr>
<td><strong>TOTAL SESSION HOURS</strong></td>
<td>66.5</td>
<td>200+</td>
</tr>
<tr>
<td><strong>INSTRUCTIONAL COURSES</strong></td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td><strong>VENUE</strong></td>
<td>2☆</td>
<td>5☆ Disney®</td>
</tr>
<tr>
<td><strong>RECORD ALL SESSIONS</strong></td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td><strong>PDA APP</strong></td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td><strong>OWNERSHIP</strong></td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>FOCUS AREAS</strong></td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td><strong>COUNTRIES</strong></td>
<td>13*</td>
<td>30+</td>
</tr>
<tr>
<td><strong>NON-MEMBERS</strong></td>
<td>8</td>
<td>400+</td>
</tr>
<tr>
<td><strong>CME / CEU CREDITS DISCIPLINES</strong></td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td><strong>CME / CEU CREDITS HOURS</strong></td>
<td>89</td>
<td>350</td>
</tr>
</tbody>
</table>

*Estimated
# MID-YEAR MEETING OFFERING

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ATTENDANCE</strong></td>
<td>34</td>
<td>350</td>
</tr>
<tr>
<td><strong>NON-MEMBER FEE</strong></td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td><strong>CLINICAL TRAINING</strong></td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td><strong>FOCUS AREAS</strong></td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td><strong>VENUE</strong></td>
<td>3☆</td>
<td>4☆</td>
</tr>
</tbody>
</table>
## COGNITIVE REHABILITATION TRAINING

$0 \text{ TO } $300,000 (2011 – 2013)

<table>
<thead>
<tr>
<th>COGNITIVE REHABILITATION TRAINING EVENTS</th>
<th>TIMEFRAME</th>
<th>ATTENDEES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contemporary Forums</td>
<td>Fall 2011</td>
<td>35</td>
</tr>
<tr>
<td>Nashville</td>
<td>May 2012</td>
<td>106</td>
</tr>
<tr>
<td>Vancouver</td>
<td>October 2012</td>
<td>30</td>
</tr>
<tr>
<td>Braintree</td>
<td>November 2012</td>
<td>30</td>
</tr>
<tr>
<td>Baltimore</td>
<td>April 2013</td>
<td>180</td>
</tr>
<tr>
<td>Spokane, Washington</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>Los Angeles, California</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>Stockholm, Sweden</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>Orlando, FL</td>
<td>November 2013</td>
<td>TBD</td>
</tr>
</tbody>
</table>
RECORDED SESSIONS

2009 No
2013 Yes
PRESS RELEASES

2009
None

2013
Professional PR service contracted with PRWeb
SOCIAL MEDIA FOR MEMBERS

2009
None

2013
Actively participating in real-time conversations on popular portals

Cloud-based VOCUS Marketing Suite tracks stats
## SOCIAL MEDIA FOR ARCHIVES

<table>
<thead>
<tr>
<th>Year</th>
<th>Status</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>Actively participating in real-time conversations on popular portals</td>
<td></td>
</tr>
</tbody>
</table>
eNEWS

2009

2013

ACRM eNews

2012 ACRM-ASNR Annual Conference: Progress in Rehabilitation Research
Reminder: CALL FOR PROPOSALS & Submission deadlines:

- Instructional Courses (half or full day): 16 December 2011
- Symposia (90 minutes): 27 January 2012
- Scientific Papers and Posters: 16 March 2012

SAVE THE DATE
ACRM Mid-Year Meeting is 18-21 May 2012 and at the Loews Vanderbilt Hotel in Nashville, TN
Learn more

ACRM Members Only Area Now Live
ACRM members are invited to access the ACRM Members Only area of the ACRM website. You can now pay your dues, update your profile and search for contact information for fellow members.

Cognitive Rehabilitation Manual: Bridging the Gap Between Clinical Research and Clinical Practice
ACRM Member Discount & FREE upgrade Offer: $70 for ACRM members.

The Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice is based on a recent review of the literature covering evidence-based cognitive rehabilitation, and features practical tools, such as decision-making trees for determining a course of action during rehabilitation, and worksheets for tracking patient progress. The manual translates evidence-based treatment recommendations into practice, by providing easy to use, standardized steps for cognitive rehabilitation approaches.

Learn more

Conferences of Interest

The 2nd Annual Santa Clara Valley Brain Injury Conference: Building on the Legacy of Cows to Community
February 23-25, 2012 | San José (California).
2009

As a famous criminal said... thanks for the memories!

Michael D. Meyers

Over the past 10 years we have shared a history—yes and... what will remain for many years to come. Therefore, it is with mixed emotions that I make public my resignation as ACRM Executive Director effective mid-April. Inducing our good times and special friendships, will not develop on my face—while recalling the good times makes me appreciate just how far we have come in our justice together.

In 2009, after the MP and ACRM entered into a successful agreement, Daniel McCormall and I drove the 1977 Cherry Toppelino to the Chicago-based management company in order to guarantee delivery of ACRM’s files to Indianapolis. When we arrived and were told that everything would be in the backyard of another car, we were distraught.

2013

2013 REPORT TO MEMBERSHIP: FIVE EXTRAORDINARY YEARS

ACRM Focus Statement

The American Congress of Rehabilitation Medicine serves people with disabilities through interdisciplinary collaboration and cooperation in research.

The American Congress of Rehabilitation Medicine honors members in a variety of ways. This year, two awards include the opportunity for the award winner to present a lecture during the 2013 Annual Conference, Progress in Rehabilitation Research, in Orlando, Florida.

The John Stanley Coulter Lecturer Award honors John Stanley Coulter, MD, in celebration of his many contributions to rehabilitation. A past president of ACRM (1925), he also served as treasurer and editor of the Archives of Physical Medicine and Rehabilitation. The recipient of this award will be someone with a long history of contributions to rehabilitation research.

The Deborah L. Wilkerson Early Career Award recognizes an ACRM early career member who is within five years of completion of their training. This award winner is making a significant contribution to rehabilitation research, and has been the senior author on research papers. This award is named for Deborah L. Wilkerson, who said of her experience as an ACRM member: "The personal and professional reward for me has been enormous, and I hope we can attract more young researchers into this opportunity."

Other awards recognize service to ACRM and the cause of rehabilitation. The Edward Lowman Award is given to a member whose career reflects an energetic promotion of the spirit of interdisciplinary rehabilitation. The Distinguished Member Award recognizes leadership and volunteer contributions to ACRM.

ACRM ME DIA

www.acrm.org
Message from the Chair
Ronald S. Seel, PhD

I hope everyone had a terrific summer, was able to enjoy some down-time, and is looking forward to a productive fall season. As of this writing, at the end of August, 2011, ACRM is moving in a positive direction. The number of ACRM paid memberships and conference registrations are up from this time last year. Ownership of the Archives of Physical Medicine and Rehabilitation remains our biggest financial asset, with over one million article requests last year. Focus groups have indicated that the Archives biggest selling points are the diversity and quality of the research published. A two-year project to transition ACRM’s internal operating systems into the 21st century has been a success. The ACRM virtual office is also evaluating RFP responses submitted from hotels in Miami, DC, and the Baltimore waterfront area for the 2012 annual meeting, as well as from hotels in Vancouver and Toronto for the 2012 annual meeting. Selected sites will be announced at the ACRM 2011 Annual Conference in Atlanta, GA.

In this positive context, the BI-ISIG and its task forces continue to thrive. The Cognitive Rehabilitation Task Force, having published its most recent systematic review in April, has compiled a Final Task of the ACRM Cognitive Rehabilitation Manual that will be available for purchase at the end of September. The Pediatric and Adolescent Task Force is sponsoring a full-day pre-conference course before the annual meeting, and we hope to inform attendees into that task force and ACRM. The Girls and Women with ABI Task Force will conduct a systematic review and develop practice guidelines in this area. The task force has submitted a research development plan to ACRM’s Clinical Practice Committee for funding. The BI-ISIG Executive Committee (EC) remains focused on what we could be doing better to meet our core BI-ISIG mission and member needs. We had a well-attended BI-ISIG mid-year meeting in Chicago, with an informative town-hall dialogue on mission and membership. I’d like to share a few updates on recommendations you made at that meeting.

Policy and Legislation (P&L) Members commented that ACRM and the BI-ISIG should do more in the area of policy and legislation and in particular be more involved in clinical policy issues. These BI-ISIG interests were brought to the ACRM Board. Currently, ACRM is one of two primary funders of the Disability and Rehabilitation Research and Training Center (DRTC), an umbrella group of 22 associations who lobby for rehabilitation research funding. Adding clinical legislation to that lobbying contract would be cost prohibitive. Alternatively, ACRM’s P&L Committee is exploring ACRM membership in the Coalition of Citizens with Disabilities (CCD), a large umbrella group of organizations (BIAA is a member) that lobbies for clinical rehabilitation issues. An update on P&L issues is now a set article in the quarterly ACRM publication, Rehabilitation Outlook. The BI-ISIG EC briefly explored developing a technical infrastructure for member articles, but also found it to be cost prohibitive. The P&L Committee recommended continuing with our current system of contacting ACRM members whose congresses are on appropriations or other relevant committees and encouraging them to write emails to these members of Congress prior to critical votes.

BI-ISIG is a biannual publication for members of the ACRM BI-ISIG. A biannual publication for members of the ACRM BI-ISIG. Moving Ahead A publication of the American Congress of Rehabilitation Medicine Brain Injury Interdisciplinary Special Interest Group

Message from the Chair
Lance E. Trexler, PhD

This epoch in the history of BI-ISIG is exciting. BI-ISIG has been growing and changing in many positive ways, with more members and attendees at the Mid-Year and Annual Meetings. The BI-ISIG Task Forces are also pursuing important and relevant goals and objectives (see updated BI-ISIG website: ACROM.org/bi-isig). The ACRM Cognitive Rehabilitation Manual, which was born from the years of work and commitment prior to Dr. Keith Cicerone and his Cognitive Rehabilitation Task Force colleagues, and authored by BI-ISIG members and colleagues, has now sold almost 400 copies to rehabilitation professionals from the United States, Canada, and Europe, as well as several Pacific Rim countries. Workshops have been provided in San Francisco, Nashville, and Vancouver; and future workshops are being scheduled for Los Angeles and Stockholm. Registration for the workshop to take place on April 24 and 25, 2013, in the two days prior to the Mid-Year Meeting in Baltimore, and sponsored by Johns Hopkins Medicine, already has 125 registrants and is growing. Rehabilitation research has evolved enormously as evidenced by the growth in the Archives, but far too little of the knowledge generated by our research becomes implemented into practice and often many years later. The BI-ISIG is a unique blend of highly skilled researchers and clinicians, and therefore seems to be the perfect petri dish in which to develop, evaluate, and disseminate evidence-based treatment protocols. BI-ISIG research and knowledge transfer efforts can and should inform the Agency for Healthcare Research and Quality and the Institute of Medicine, ideally promoting a more timely synergy between rehabilitation research, policy, education and clinical practice. Certainly the work of the Cognitive Rehabilitation Task Force, but also that of the Disorders of Consciousness and Pediatric Task Forces, and emerging initiatives within the Long-Term Issues Task Force, are addressing these goals. These efforts are extremely important in the context of expectations that future health care funding will be increasingly dependent upon the quality and outcome of service delivery. The Mid-Year Meeting in Baltimore promises to be both a very well-attended and very intense experience. Please remember to engage our new Early Career and other Task Forces and attend our Research and Science Committee meetings, as these are the perfect petri dish in which to develop, evaluate, and disseminate evidence-based treatment protocols. BI-ISIG research and knowledge transfer efforts can and should inform the Agency for Healthcare Research and Quality and the Institute of Medicine, ideally promoting a more timely synergy between rehabilitation research, policy, education and clinical practice. 2013 REPORT TO MEMBERSHIP: FIVE EXTRAORDINARY YEARS

Volume 28 Number 2  ISSN # 1046-137X

Table of Contents
Message from the Chair ..................................................... 1
Letter from the Editor ....................................................... 7
ACRM BI-ISIG Mid-Year Business Meeting Minutes - 2011 ........ 3
2011 ACRM Bi-ISIG Awards ............................................. 10
2011 ACRM-ASNR Annual Conference – Schedule Highlights ...... Back page

Volume 28 Number 1

Table of Contents
Message from the Chair ..................................................... 1
Letter from the Editor ....................................................... 7
ACRM・BI-ISIG General Business Meeting Minutes .................. 3
2011 ACRM History .......................................................... 7
2011 Shields Berrol Memorial Chequeque................................. 8
Brain Injury Policy Points .................................................... 8
Task Force (TF) News ......................................................... 9
2012 ACRM & BI-ISIG Awards .......................................... 10
News Briefs ........................................................................ 11

Contents
Message from the Chair ..................................................... 1
Letter from the Editor ....................................................... 7
ACRM BI-ISIG General Business Meeting Minutes .................. 3
2011 ACRM History .......................................................... 7
2011 Shields Berrol Memorial Chequeque................................. 8
Brain Injury Policy Points .................................................... 8
Task Force (TF) News ......................................................... 9
2012 ACRM & BI-ISIG Awards .......................................... 10
News Briefs ........................................................................ 11

ACRM ANNUAL CONGRESS OF REHABILITATION PRACTITIONERS

2013 DISney’S CONTENT MpoRARy ReSoRt

90th Annual ACRM Conference Program in Rehabilitation Research Disney’s Contemporary Resort
CENITAL, FLORIDA, USA

10th Annual ACRM Conference Program in Rehabilitation Research Disney’s Contemporary Resort
CENTRAL, FLORIDA, USA

2013 ACRM Annual Conference Agenda in Rehabilitation Research
Disney’s Contemporary Resort
CENTRAL, FLORIDA, USA
STROKE ISIG’s Stroke Matters

2009

None
ACRM & ARCHIVES
GRAPHICALLY RELATED

ACRM
AMERICAN CONGRESS OF
REHABILITATION MEDICINE

Improving lives through interdisciplinary rehabilitation research
NEW WEBSITES VISUALLY COORDINATED
ARCHIVES OF PHYSICAL MEDICINE & REHABILITATION

NUMBER OF SUBMISSIONS

52% ↑

Number of submissions:
- 2008: 1,055
- 2009: 999
- 2010: 1,174
- 2011: 1,378
- 2012: 1,515

Archives of Physical Medicine & Rehabilitation
NUMBER OF DOWNLOADS

4.5 DOWN LOADS PER MINUTE

ARCHIVES
Total Number of Downloads

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Downloads</td>
<td>1,939,645</td>
<td>2,063,404</td>
<td>2,377,807</td>
</tr>
</tbody>
</table>

2.5M
2.25M
2M
1.75M

2013 REPORT TO MEMBERSHIP: FIVE EXTRAORDINARY YEARS
Archives of Physical Medicine & Rehabilitation

IMPACT FACTOR

$21\%$

ARCHIVES Impact Factor

<table>
<thead>
<tr>
<th>Year</th>
<th>Impact Factor</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>1.814</td>
</tr>
<tr>
<td>2008</td>
<td>2.159</td>
</tr>
<tr>
<td>2009</td>
<td>2.184</td>
</tr>
<tr>
<td>2010</td>
<td>2.254</td>
</tr>
<tr>
<td>2011</td>
<td>2.284</td>
</tr>
</tbody>
</table>

2013 REPORT TO MEMBERSHIP: FIVE EXTRAORDINARY YEARS
ARCHIVES OPERATIONS ARE RUNNING LIKE A SWISS WATCH

- ACRM restructured staffing model and contracted with ORIGIN EDITORIAL which delivers world-class operations
- ARCHIVES editorial leadership, ACRM’s executive leadership and staff all work together in near perfect synchronicity
- Outsourced ALL day-to-day operations
ARCHIVES LEADERSHIP

Thank you
Dr. Jeffrey Basford, MD, PhD
Years of Service
2006 – 2012

Congratulations
New Co-Editors-in-Chief
2013 – 2018
Leighton Chan, MD, MPH
and
Allen W. Heinemann, PhD, ABPP
IMPROVING LIVES
Through SIGs and Networking Groups
STAFF SUPPORT
for
ISIGs & NETWORKING GROUPS

2009
None

2013
ONE FTE
POLICY AND LEGISLATION

2009
ACRM funding was $25,000

2013
- ACRM funding = $50,000
- DRRC Coalition commitment for 2013 – 2014 = $400,000 …
  Single focus objective to have the BLUE RIBBON PANEL recommendations fully implemented.
- Policy Summit held at Mid-Year Meeting 2012+
The financial information for the short year (June 30, 2012 – December 31, 2012) is not represented in this graph since it is not reflective of a full operating year.

<table>
<thead>
<tr>
<th>Year</th>
<th>Revenue</th>
<th>Expense</th>
<th>Net Income/(Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>1,721,851</td>
<td>(117,870)</td>
<td>1,603,981</td>
</tr>
<tr>
<td>2009</td>
<td>1,923,792</td>
<td>(158,655)</td>
<td>1,765,137</td>
</tr>
<tr>
<td>2010</td>
<td>2,616,209</td>
<td>(120,502)</td>
<td>2,736,711</td>
</tr>
<tr>
<td>2011</td>
<td>2,884,019</td>
<td>(62,492)</td>
<td>2,946,511</td>
</tr>
<tr>
<td>2012</td>
<td>3,906,825</td>
<td>813,118</td>
<td>3,093,707</td>
</tr>
<tr>
<td>2013</td>
<td>3,554,449</td>
<td>(18,542)</td>
<td>3,535,907</td>
</tr>
</tbody>
</table>

At the end of FY2012 it was voted to switch ACRM’s year end from June 30 to December 31. The financial information for the short year then following (June 30, 2012 – December 31, 2012) is not represented in this graph since it is not reflective of a full operating year.
GROSS REVENUES MORE THAN DOUBLED

At the end of FY2012 it was voted to switch ACRM’s year end from June 30 to December 31. The financial information for the short year then following (June 30, 2012 – December 31, 2012) is not represented in this graph since it is not reflective of a full operating year.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td>1,730,415</td>
<td>1,990,244</td>
<td>2,566,466</td>
<td>2,801,528</td>
<td>3,902,851</td>
<td>3,537,949</td>
</tr>
<tr>
<td><strong>EXPENSE</strong></td>
<td>1,818,478</td>
<td>2,053,730</td>
<td>2,653,329</td>
<td>2,900,533</td>
<td>3,055,184</td>
<td>3,570,891</td>
</tr>
<tr>
<td><strong>NET INCOME/(LOSS)</strong></td>
<td>(88,063)</td>
<td>(63,486)</td>
<td>(86,863)</td>
<td>(99,005)</td>
<td>847,667</td>
<td>(32,942)</td>
</tr>
</tbody>
</table>
ARCHIVES REVENUE EXPLODES

$3,214,074

Medical Journal Income/(Loss)

At the end of FY2012 it was voted to switch ACRM’s year end from June 30 to December 31. The financial information for the short year then following (June 30, 2012 – December 31, 2012) is not represented in this graph since it is not reflective of a full operating year.
At the end of FY2012 it was voted to switch ACRM’s year end from June 30 to December 31. The financial information for the short year then following (June 30, 2012 – December 31, 2012) is not represented in this graph since it is not reflective of a full operating year.
At the end of FY2012 it was voted to switch ACRM’s year end from June 30 to December 31. The financial information for the short year then following (June 30, 2012 – December 31, 2012) is not represented in this graph since it is not reflective of a full operating year.


INVESTMENT IN MISSION INCREASES

SIGs & Networking Groups

2,227%

<table>
<thead>
<tr>
<th>Year</th>
<th>Revenue</th>
<th>Expense</th>
<th>Net Income/(Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008 AUDITED YEAR ENDING JUNE 30</td>
<td>23,432</td>
<td>10,188</td>
<td>13,244</td>
</tr>
<tr>
<td>2009 AUDITED YEAR ENDING JUNE 30</td>
<td>19,652</td>
<td>10,455</td>
<td>9,197</td>
</tr>
<tr>
<td>2010 AUDITED YEAR ENDING JUNE 30</td>
<td>4,377</td>
<td>5,732</td>
<td>(1,355)</td>
</tr>
<tr>
<td>2011 AUDITED YEAR ENDING JUNE 30</td>
<td>3,752</td>
<td>88,671</td>
<td>(84,919)</td>
</tr>
<tr>
<td>2012 UNAUDITED YEAR ENDING JUNE 30</td>
<td>52,556</td>
<td>214,677</td>
<td>(162,121)</td>
</tr>
<tr>
<td>2013 BUDGET 12 MONTHS ENDED DECEMBER 31</td>
<td>141,417</td>
<td>226,887</td>
<td>(85,470)</td>
</tr>
</tbody>
</table>

At the end of FY2012 it was voted to switch ACRM’s year end from June 30 to December 31. The financial information for the short year then following (June 30, 2012 – December 31, 2012) is not represented in this graph since it is not reflective of a full operating year.
At the end of FY2012 it was voted to switch ACRM’s year end from June 30 to December 31. The financial information for the short year then following (June 30, 2012 – December 31, 2012) is not represented in this graph since it is not reflective of a full operating year.
OPERATIONS EXPANSION

Went 100% Virtual

- **SAVING** $2,000,000 in rent and common areas maintenance alone in 10-year period

- **REBUILT ENTIRE TECHNOLOGY INFRASTRUCTURE**, from the ground up, to support a virtual environment

- **REBUILT ENTIRE ACCOUNTING SYSTEM** to support the virtual environment and produce a world-class management reporting and financial analysis.
Created cutting-edge hybrid team of employees and contractors, who surgically operate for just the right amount of time at just the right level of experience to achieve optimal efficiency, resulting in a 500+% increase in total staff hours for a fraction of the FTE equivalent employee cost.
ACRM = IMPROVING LIVES THROUGH TEAMWORK

“Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishment toward organizational objectives. It is the fuel that allows common people to attain uncommon results.”

—CREDIT SUCCESSORIES
ACRM  BOARD OF GOVERNORS

EXECUTIVE COMMITTEE

PRESIDENT  Tamara Bushnik, PhD, FACRM
PRESIDENT-ELECT Sue Ann Sisto, PT, PhD, FACRM
VICE PRESIDENT Douglas Katz, MD, FACRM, FAAN
TREASURER Wayne A. Gordon, PhD ABPP-CN FACRM
PAST PRESIDENT Gary Ulicny, PhD, FACRM
SECRETARY Cindy Harrison-Felix, PhD
CHIEF EXECUTIVE OFFICER Jon W. Lindberg, MBA, CAE

MEMBERS-AT-LARGE

Jennifer Bogner, PhD, ABPP, FACRM
Joshua Cantor, PhD
Anne Deutsch, PhD
Dawn Neumann, PhD
Gale Whiteneck, PhD FACRM
Ross Zafonte, DO

EX-OFFICIO MEMBERS

BRAIN INJURY INTERDISCIPLINARY SPECIAL INTEREST GROUP (ISIG)
CHAIR Lance Trexler, PhD

SPINAL CORD INJURY ISIG CHAIR Deborah Backus, PhD, PT

STROKE ISIG CHAIR Phil Morse, PhD, FACRM,

ARCHIVES OF PHYSICAL MEDICINE & REHABILITATION
CO-EDITOR-IN-CHIEF Allen Heinemann, PhD, ABPP (RP), FACRM

ARCHIVES OF PHYSICAL MEDICINE & REHABILITATION
CO-EDITOR-IN-CHIEF Leighton Chan, MD, MPH

2013 REPORT TO MEMBERSHIP: FIVE EXTRAORDINARY YEARS
LEADERSHIP

BRAIN INJURY INTERDISCIPLINARY SPECIAL INTEREST GROUP (BI-ISIG)

CHAIR Lance Trexler, PhD
CHAIR ELECT Joshua Cantor, PhD

SPINAL CORD INJURY INTERDISCIPLINARY SPECIAL INTEREST GROUP (SCI-ISIG)

CHAIR Debbie Backus, PhD, PT
CHAIR ELECT Susan Charlifue, PhD, FACRM

STROKE INTERDISCIPLINARY SPECIAL INTEREST GROUP (STROKE-ISIG)

CHAIR Phil Morse, PhD, FACRM
CHAIR ELECT Stephen Page, PhD
NETWORKING GROUP

OUTCOMES MEASUREMENT NETWORKING GROUP
CHAIR Allen Heinemann, PhD, ABPP (RP), FACRM

HEALTH POLICY NETWORKING GROUP
CHAIR Gary Ulicny, PhD, FACRM

INTERNATIONAL NETWORKING GROUP
CHAIR Fofi Constantinidou, PhD

EARLY CAREER NETWORKING GROUP
CHAIR Dawn Neumann, PhD

NEURODEGENERATIVE DISEASES NETWORKING GROUP
CHAIR Debbie Backus, PhD, PT

PEDIATRIC REHABILITATION NETWORKING GROUP
CHAIR Angela Hein Ciccia, PhD, CCC-SLP

MILITARY / VETERANS AFFAIRS NETWORKING GROUP
CHAIR Risa Nakase-Richardson, PhD and Joel D. Scholten, MD

GERIATRIC REHABILITATION GROUP (FORMING)
CHAIR Jonathan Bean, MD and Deirdre Dawson, PhD

PAIN NETWORKING GROUP (FORMING)
CHAIR Lorraine Riche, BMR, PT, DipMDT, MPA

LEADERSHIP
ACRM

EDITORS-IN-CHIEF
Leighton Chan, MD, MPH
Allen W. Heinemann, PhD, ABPP

SENIOR STATISTICAL CONSULTANT
Gary Bond, PhD

MANAGING EDITOR
Kristen Overstreet

EDITORS-EMERITUS
Marc Bond, PhD
Janet M. Powell, PhD, OTR/L
Mary M. Rodgers, PhD, PT
Mary M. Rodgers, PhD, PT

ASSISTANT MANAGING EDITOR
Diane D. Drexler

EDITORYAL COORDINATOR
Lupe Soto

EDITORIAL ASSISTANTS
Karen K. Parks
Carolyn Sperry

EDITORIAL BOARD
Duncan Babbage, PhD (Senior Media Editor)
Jeffrey R. Basford, MD, PhD
Jonathan F. Bean, MD, MS, MPH
Saurabha Bhatnagar, MD (Media Editor)
Leora R. Cherney, PhD, CCC-SLP
Li-Shan Chou, PhD
Wendy J. Coster, PhD, OTR/L, FAOTA
John DeLuca, PhD, ABPP
Brad E. DiCianno, MD
Dawn M. Ehde, PhD
Stefania Fatone, PhD, BPO (Hons)
Nadine E. Foster, DPhil, MCSP
Janna Friedly, MD
Marlis González-Fernández, MD, PhD
Daniel E. Graves, PhD, (Supplements Editor)
Helen Hoenig, MD, MPH, OT
Martin D. Hoffman, MD
Amy J. Houtrow, MD, MPH
Kenneth M. Jaffe, MD
Mark S. Kaplan, MD
James F. Malec, PhD, ABPP
Christina M. Marciniak, MD
Jay M. Meythaler, MD, JD
Patrick K. Murray, MD
Kenneth J. Ottenbacher, PhD, OTR
Marcel W. Post, PhD
Janet M. Powell, PhD, OTR/L
Mary M. Rodgers, PhD, PT
Mary M. Rodgers, PhD, PT

William Z. Rymer, MD
Bruce Shapiro, MD
Mark Sherer, PhD, ABPP-Cn
Fong-Chin Su, PhD
Robert W. Teasell, MD, FRCPC
Alex R. Ward, PhD
Bing Yu, PhD
Richard D. Zorowitz, MD

2013 REPORT TO MEMBERSHIP: FIVE EXTRAORDINARY YEARS
**MANAGEMENT**

Jon W. Lindberg, MBA, CAE, Chief Executive Officer  
Dinara Suleymanova, Director of Operations

**MARKETING**

Jon W. Lindberg, MBA, CAE, Chief Executive Officer  
Signy Roberts, Marketing and Graphics  
Cindy Robinson, Marketing

**MEDICAL JOURNAL**

Fiona Williams, Publications Director  
Kristie Overstreet, Managing Editor, Archives of Physical Medicine & Rehabilitation  
Diane D. Drexler, Assistant Managing Editor  
Lupe Soto, Editorial Coordinator  
Karen Parks, Editorial Assistant  
Carolyn Sperry, Editorial Assistant

**MEETINGS**

Margo Holen, Chief Meetings Officer  
Lise A. Puckorius, Global Event Strategist  
Jamie M. Devins, Education and Meetings Coordinator

**MEMBERSHIP**

Jenny Richard, Director of Member Services  
Barbara Buscema, Member Services Representative  
Sarah Barrah, Data Administrator

**MISSION**

Jenny Richard, Community Relations Director  
Terri Compos, Community Relations Manager
FOR MORE INFORMATION CONTACT

JON W. LINDBERG, MBA, CAE
ACRM Chief Executive Officer
TEL: +1.703.435.5335
jlindberg@ACRM.org

JENNY RICHARD
ACRM Director Member Services | Missions
TEL: +1.703.435.5335
jrichard@ACRM.org

www.ACRM.org
90th Annual ACRM Conference

PROGRESS IN REHABILITATION RESEARCH

12 – 16 NOVEMBER 2013
DISNEY’S CONTEMPORARY RESORT
WALT DISNEY WORLD® RESORT, FL, USA

NON-STOP CONTENT IN: BRAIN INJURY • SPINAL CORD INJURY • STROKE • NEURODEGENERATIVE DISEASES • PAIN

IMPROVING LIVES THROUGH INTERDISCIPLINARY REHABILITATION RESEARCH

www.ACRM.org