

Rehabilitation **OUTLOOK**

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ACRM

AMERICAN CONGRESS OF
REHABILITATION MEDICINE

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Rehabilitation **OUTLOOK**

Adam B. Warshowsky, PhD
EDITOR

Adam B. Warshowsky, PhD
CHAIR COMMUNICATIONS
COMMITTEE

From the President

Dear ACRM Members,

This is to give you a quick summary of what has transpired in our history with ASNR and reassure you that ACRM will continue to serve your scientific, educational, and networking needs at the high level that you have come to expect.

More than ten years ago, ACRM and ASNR decided to join forces and hold annual meetings together. This made sense both in terms of the synergies of content as well as with regards to the business model. Since 2009, the annual event has grown by 250 percent, from 289 attendees to more than 700 this past fall in Vancouver.

The growth in conference attendance fueled membership growth in both associations, as well as our ability to reach out to and serve our respective communities. However, during this time, ASNR leadership felt it was necessary to develop their own sense of identity, specifically with regard to developing their own annual meeting, necessitating a departure from ACRM. While the ACRM leadership was very disappointed with this decision, we understood and respected their wishes.

Just prior to the 2011 conference in Atlanta, the ASNR leadership approached Dr. Gary Ulicny, ACRM president at that time, and requested to be released from their obligations in the partnership agreement. ACRM honored this request and agreed that ASNR could be released immediately from the partnership agreement, so long as it adhered to the following provisions:

- 1) ASNR was to continue to support the program committee and conference content through the 2012 annual conference in Vancouver.
- 2) The Vancouver conference would be marketed under its historical brand of "ACRM-ASNR."
- 3) ASNR was not to hold a competing event to the annual conference in Vancouver, but would hold a pre-conference meeting on the Wednesday prior to the start of the annual conference utilizing the official conference hotel (Sheraton Wall Centre).
- 4) ASNR would market the Vancouver conference and promote the Sheraton Wall Centre Hotel to conference attendees in order to ensure that guest room, as well as food and beverage minimums, would be reached.



ACRM President,
Tamara Bushnik, PhD, FACRM

See *FROM THE PRESIDENT* continued on page 5



Call for PROPOSALS

Seeking content in the following areas:

- Brain Injury • Spinal Cord Injury
- Stroke • Neurodegenerative Diseases
- Musculoskeletal / Pain

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CALL FOR NOMINATIONS | ACRM Board of Governors

This is your opportunity to nominate candidates for the ACRM Board of Governors (BOG) whom you feel would make a significant contribution to the organization. As the governing board of a membership organization, the BOG is elected from the membership at large.

ACRM eligibility criteria require that candidates:

- 1) Must be ACRM members in good standing
- 2) Must support the ACRM mission and objectives
- 3) Demonstrate a special commitment to ACRM through tenure of membership and active participation in the organization
- 4) Demonstrate the ability to accomplish tasks and work effectively with other members
- 5) Agree to make a time commitment to meet BOG obligations

The following positions are up for election to a three-year term:



- Two (2) Members-at-Large
- One (1) Officer: Treasurer
- One (1) Officer: Secretary
- One (1) Nominating Committee Member

To Submit a Nomination

Please email the names of your candidates and a brief explanation of why you believe they are well-qualified to serve on the ACRM BOG to:

Gary Ulicny, PhD
Nominating Committee Chair
gary_ulicny@shepherd.org

BY 15 FEBRUARY 2013

Be sure to specify the position for which you are nominating each candidate. Self-nominations are permissible.



During this memorable 90th year in ACRM history, maximize the visibility of your institution by co-branding with ACRM. View the 2013 Sponsorship Opportunities brochure <<http://www.acrmconference.org/sponsor-exhibit.html>> to learn how or contact Jenny Richard <jrichard@acrm.org> +1.703.574.5845.

YOU are the Face of ACRM

In this 90th anniversary year, we want to throw out the stock photos and show the world who ACRM really is — the researchers and educators, the providers and administrators who daily strive to improve lives through interdisciplinary rehabilitation research. Many attendees of the 2012 ACRM Annual Conference, Progress in Rehabilitation Research are already featured on the ACRM website, in web banners, advertisements, and here in *Rehabilitation Outlook*. Don't see yourself? Send your photos to sroberts@ACRM.org.

We're looking for images of members in their work environments — especially photos of interdisciplinary teams. One great example is the spinal cord injury team featured in a photo submitted by Institutional Member, Gary Ulicny, PhD of Shepherd Center in Atlanta, GA. It can now be seen on ACRM.org.

All photos submitted must be print quality (minimum 300 dpi) and must include written permission from individuals pictured and/or from the institution to which the image belongs granting ACRM use of the image for promotional purposes. All photos submitted by institutions will be credited, if used.



2012 U.S. Presidential Election Overview and Implications

By Peter W. Thomas and Theresa T. Morgan, Powers, Pyles, Sutter and Verville PC

President Barack Obama won his re-election bid against former Massachusetts Governor Mitt Romney after a lengthy and expensive campaign which resulted in unprecedented political spending over the past year, but only slight changes to the political power structure in Washington. Democrats remain the majority party in the Senate, adding two seats, and Republicans continue to be the majority party in the House.

As Congress returns to confront a long list of unfinished business, questions remain about how or if the results of the election will help to break the budget impasse the two major parties in Congress have faced over the past two years.

While Congress may struggle to reach compromise on a number of issues, it is clear that leadership in the White House will continue to push for a “balanced approach” (revenues and spending cuts) to deficit reduction. The president’s reelection also signals that the Affordable Care Act (ACA), which was the subject of numerous legislative attacks and a legal challenge decided by the U.S. Supreme Court in June, will continue to be implemented over the next four years. While certain provisions may be delayed or adjusted to help achieve deficit reduction targets, the vast majority of the ACA is expected to go into effect. In fact, a flurry of regulations is expected to be issued by the HHS secretary in the very near future.

Overview of Election Results

Election’s Impact on Senate Caucus and Committee Seats:

Senator Kent Conrad (D-ND) is retiring, leaving open the Chair of the Senate Committee on Budget and the Chair of the Subcommittee on Taxation and IRS Oversight. Senator Herb Kohl (D-WI) also is retiring and he was the Chair of the Senate Special Committee on Aging and the Chair of the Senate Subcommittee on Agriculture, Rural Development, Food and Drug Administration and Related Agencies. A notable loss for the disability community was the Senate race in Nebraska, where former Senator Bob Kerrey, a Democrat, Vietnam veteran and lower limb amputee, was not able to overcome his Republican opponent, Deb Fischer. In addition, Congresswoman Berkley lost her Senate race in Nevada. Senator Berkley was a leader in health care issues including End Stage Renal Disease and orthotic and prosthetic issues.

U.S. House of Representatives:

Notable races included a win in Illinois by Tammy Duckworth (D), a former Iraq veteran and bilateral amputee, and a loss in New York State by Rep. Ann Marie Buerkle (R), current Chair of the House VA Health Subcommittee.

Election’s Impact on House Caucus and Committee Seats:

Representative Pete Stark (D-CA) lost his re-election bid, opening up the Ranking Member seat for the House Subcommittee on Health. Representative Bob Filner (D-CA)

retired from his seat, leaving open the Ranking Member position for the House Committee on Veterans’ Affairs. David Dreier (R-CA) is retiring and will no longer be the Chair of the House Committee on Rules. Representative Bill Pascrell (D-NJ) won re-election and will remain Chair of the Congressional Brain Injury Task Force and retain his seats on the Ways and Means Health Subcommittee and House Budget Committee.

Representative Wally Herger (R-CA) is retiring from Congress, leaving open the Chair of the House Ways and Means Subcommittee on Health. Dale Kildee (D-MI) also retired and was the Ranking Member of the House Subcommittee on Early Childhood, Elementary and Secondary Education. Representative Jim Langevin, co-chair of the Bipartisan House Disabilities Caucus, successfully defended his seat against Republican Michael Riley and Independent Abel Collins.

Representative Judy Biggert (R-IL) lost her seat and, consequently, will no longer chair the House Financial Services Subcommittee on Insurance, Housing and Community Opportunity. Representative Russ Carnahan (D-MO) lost his seat and will no longer serve as Ranking Member of the House Subcommittee on Oversight and Investigations.

Impact of Election on Entitlement Programs and the Affordable Care Act

The results of this election will have far-reaching implications for America’s health care system. Congress will undoubtedly continue to debate entitlement reform to find ways to reduce federal expenditures for these programs. Significantly, momentum will be curtailed to convert the Medicare entitlement into a partially private system (commonly referred to as a “voucher” program) and to block grant Medicaid.

In addition, the programs and spending cuts outlined in the Affordable Care Act will continue to be implemented. Over the next few years, the small group and individual insurance markets will see dramatic reforms and restructuring. Since the administration has given much leeway to states on the pace and scope of these reforms, the election results for gubernatorial and state legislative races will also impact the fate of healthcare reform on a state-by-state basis. It can also be expected that any politically sensitive Affordable Care Act regulations that may have been delayed for the election will be released over the next few weeks and months.

Implementation of the state insurance exchanges and federal subsidies to purchase insurance may be delayed as Congress debates ways to trim federal spending in the coming months. The work of the Center for Medicare and Medicaid Innovation (CMMI) will likely continue at its current pace, unless a lack of funding impacts these programs. For example, stakeholders can expect to continue to see movement on the Independence

See *ELECTION OVERVIEW* continued on page 5

As many of you know, ASNR did, in fact, hold their pre-conference at another hotel in Vancouver and the leadership of ASNR was not present at the jointly programmed general sessions at the "ACRM-ASNR" event. Thus, ASNR did not honor its agreement with ACRM.

Despite ACRM's accommodations for ASNR's changing requests, it was communicated to me that there is some sentiment among the membership that ACRM was somehow not as collegial as we could have been. Personally, I find this disturbing, because we worked very hard and in good faith to honor every request and to deliver on every promise made to ASNR.

In addition, concern has been raised that there may be some loss of "traditional ASNR" content at future ACRM annual meetings. I can assure you that this will not be the case. The Program Committee, led by Dr. Mike Jones and Dr. Robert Wagenaar, is committed to delivering the same robust content, supporting the diverse interests of the ACRM community, as reflected by our topic areas of Traumatic Brain Injury, Spinal Cord Injury, Stroke, Neurodegenerative Disease and Musculoskeletal Pain. In fact,

the content at our annual conference more than doubled over the past couple of years and we reserved even more space, for additional sessions at the 2013 annual conference at Disney World in Orlando, Florida.

I hope that in reading this, you will be confident and assured that ACRM will continue to offer you the same wonderful program content as we have historically, as well as much, much more. We are fully committed to delivering the very best interdisciplinary rehabilitation research conference in the world.

Again, if you have any questions or concerns, please feel free to contact me directly.



Tamara Bushnik, PhD
ACRM President 🌸

ELECTION OVERVIEW continued from page 4

at Home Program and Care Transition program under Medicare; Medicaid medical homes and dual eligible demonstrations; and continued work on the bundling, accountable care organizations and pay for performance efforts.

Conclusion

Health care reform—including entitlement reform—could be among the issues most affected by the results of the recent election. While it is extremely unlikely that the Affordable Care Act will be repealed in the next two years, Republican leadership has pledged publicly to try to eliminate or delay funding or measures they do not support while allowing others to go into effect. The Obama Administration has indicated that it plans to implement as many of the reform measures as possible as quickly as possible on the assumption that the public will support health reform once the key provisions begin to take effect.

This likely means that the next two years will see a struggle over funding measures and a series of hearings conducted particularly in the House on the potential adverse effects of health reform. At the same time, there may be some compromise on these issues in order to reach overarching consensus on deficit reduction. The net result is that health reform measures which can be implemented without additional funding or which reduce costs will likely proceed unopposed while more controversial measures that add costs, even in the near term, will face continued opposition. 🌸

MEET THE ACRM BOARD



Dawn Neumann, PhD

As a nonprofit professional association, ACRM is led by an elected board of governors who has the authority to act and speak for ACRM, oversee the general operation of the association and develop specific plans of action. Over the next several issues, please watch *Rehabilitation Outlook* for introductions to these dedicated men and women and also members of ACRM staff.

MEET ACRM BOARD MEMBER DAWN NEUMANN, PHD

Assistant Research Faculty, Indiana University School of Medicine Department of Physical Medicine and Rehabilitation
Rehabilitation Hospital of Indiana,
Indianapolis, IN, USA
EMAIL: dmneuman@iupui.edu

Dr. Neumann is assistant research faculty at IU School of Medicine in the Department of Physical Medicine and Rehabilitation, and clinical research faculty at Rehabilitation Hospital of Indiana in Indianapolis, IN. She was awarded the Mary E. Switzer Merit Fellowship and the Indiana Spinal Cord and Brain Injury Research Fund in 2011 to study anger and aggression after TBI. In 2011, she was awarded the Mary E. Switzer Merit Fellowship and the Indiana Spinal

See MEET NEUMANN continued on page 9





Plenary Session, **SCI Rehabilitation in the Great Northwest**, at the ACRM Annual Conference, October 2012 | Vancouver, Canada.

Early Career Networking Group **GET INVOLVED!**

By Dawn Neumann, PhD,
Early Career Networking Group Chair

Exciting news — ACRM now has an Early Career Networking Group and we are looking for members who are passionate about early career development! This includes early career professionals who are looking for networking opportunities and career guidance, as well as more senior professionals who would like to assist with this invaluable effort. The objective of the Early Career Networking Group (ECNG) is to provide members with on-going support and guidance for career development and advancement. Need direction regarding job interviews, negotiating faculty positions, or how to prepare for promotion and tenure? Want information on improving your grant writing skills, grant mechanisms for new investigators, or how to get published? Looking to network with renowned leaders in the field or for collaborative opportunities within a variety of rehabilitation disciplines? Want to learn more about ACRM and how you could be a more active and recognized member in the organization? The ECNG seeks to provide assistance with these common career development challenges. ECNG members will work together to share relevant announcements, resources, professional contacts, mentorship support, and informative discussions.



“Speed Networking activity” during the Early Career Development Course at the ACRM Annual Conference, October 2012 | Vancouver, Canada. Course participants met and conversed with panel speakers, mentors and funding-agency representatives.

Because the ECNG is new, it is the perfect time to join and help shape the growth of this important networking group. In addition to being an ECNG member, we have opportunities for joining the ECNG Steering Committee; the Early Career Course Planning Task Force (which plans the Early Career Development preconference course held at the ACRM annual meeting); and the Communications Task Force.

Cliché but true, early career professionals are the future of rehabilitation and the future of ACRM. This makes joining our networking group a worthwhile investment whether you are early or late in your career, so please consider becoming a member of the ECNG! For more information about joining the Early Career Networking Group as a general member or being more specifically involved in one of our task forces, please contact Dawn Neumann at dmneuman@iupui.edu

SCI-ISIG Enjoys Excellent Programming in Vancouver

By Deborah Backus, PT, PhD,
SCI-ISIG Chair

The SCI-ISIG's goal to increase SCI-related programming at ACRM annual meetings was achieved in grand fashion at the 2012 ACRM Annual Conference in Vancouver. Attendees were treated to an excellent plenary session with Brian Kwon, MD, Andrei Krassioukov, MD, and Andrea Townson, MD. The session was both informative and entertaining, as the speakers introduced participants to the latest advances in clinical and basic research conducted by clinicians and scientists in British Columbia in collaboration with colleagues in Canada and across the globe in the area of spinal cord injury (SCI). Highlights included insights into the latest advances in basic science research in SCI and regeneration



research, the latest international initiative by the American Spinal injury Association (ASIA) and International Spinal Cord Society (ISCOs) that addresses the poorly understood issues of autonomic dysfunctions following SCI (Dr. A. Krassioukov), and a unique SCI research evidence (SCIRE) project originating in Canada and familiar to many SCI professionals across the globe.

The SCI-ISIG luncheon featured a panel that discussed “Moving Evidence into SCI Clinical Practice: Challenges and Opportunities,” from the perspectives of a researcher (Dr. Janice Eng), a clinician (Dr. Andrea Townson), a clinician-scientist (Dr. Andrei Krassioukov) and a person with SCI who also works as a research developer (Ms. Jocelyn Tomkinson). The luncheon was well-attended, and all went away with a full belly and ideas for future research and collaboration.

One of our goals for the upcoming few months is to solicit programming ideas and submissions for the 2013 Annual Conference. Please consider submitting your work for a scientific poster or even consider putting together a symposium reflecting an area you feel should be highlighted in SCI programming.

We also continue to seek ways to provide meaningful products to our consumers in order to enhance the care, health, function and quality of life for people with SCI. We are interested in developing





Debbie Backus

Information and Education Pages (IEPs) for the *Archives of Physical Medicine and Rehabilitation* that will either educate SCI clinicians, or their patients and patient caregivers in topics related to care. These pages are designed to educate either SCI clinicians or their patients with SCI and their caregivers in topics related to their care. For instance, Therese Johnston and the Functional Electrical Stimulation (FES) Task Force are developing an education page to describe FES cycling, the benefits and the considerations of use. Susie Charlifue and the Caregiver Task Force are developing a brochure related to the needs of the caregiver that can be distributed in doctors' offices. **Let us know if you or your colleagues have an idea for an SCI-related product and we will help you get it done.**

And of course, we continue to look for active members! Looking for ways to get involved? We have task forces ready to put you to work:

- **Caregiving and Social Support Task Force**

Chair: Susie Charlifue, PhD
susie@craig-hospital.org

- **Functional Electrical Stimulation (FES) Task Force**

Chair: Therese Johnston, PT, PhD, MBA
t.johnston@uscience.edu

- **Secondary Complications and Aging Task Force**

Chair: Jeanne Zanca, PhD
jeanne.zanca@mountsinai.org

- **Fitness and Wellness Task Force**

Chair: Sue Ann Sisto, PT, MA, PhD, FACRM
ssisto@notes.cc.sunysb.edu

We are very excited about our group's growth, and hope you will join us as we move forward to advance SCI rehabilitation and research within the ACRM and the SCI community at large.

News from the BI-ISIG Girls and Women with TBI Task Force

By Angela Colantonio,
Girls & Women with TBI
Task Force Chair

Following a well-attended and productive symposium and task force meeting at the annual conference in Vancouver, the task force continues its ongoing effort to identify and address the needs of girls and women with TBI. Recent endeavors include the proposal of a Traumatic Brain Injury Model Systems module project focusing on women's health, development of a proposal for a special topic issue of the *Archives of Physical Medicine and Rehabilitation*, and collaboration with the Clinical Practice Committee and Communications Committee toward development of endorsable products to enhance screening and access to care. The task force holds monthly conference calls and meets at both the ACRM Annual Conference and Mid-Year Meeting. Anyone interested in joining this task force is encouraged to contact Angela Colantonio <angela.colantonio@utoronto.ca> or Yelena Goldin <ygoldinlauretta@jfkhealth.org>.



BI-ISIG Meeting at the ACRM Annual Conference, October 2012 | Vancouver, Canada.



Become Involved in Improving Rehabilitation for People with Neurodegenerative Diseases

By Deborah Backus, PT, PhD,
Neurodegenerative Diseases
Group Chair

In its mission to enhance the lives of all people living with disabilities, the ACRM has expanded its reach to include rehabilitation providers and researchers who are involved in research or the delivery of care for people with neurodegenerative diseases. As leaders in rehabilitation, we hope to address the needs of people with Multiple Sclerosis (MS), Amyotrophic Lateral Sclerosis (ALS) and Parkinson's Disease (PD) by facilitating evidence-based practice for improved health, wellness and quality of life, and promoting innovative research to identify ways in which these goals can be better accomplished through physical medicine and rehabilitation.

Our new Neurodegenerative Diseases group strives to grow an interdisciplinary membership of clinicians, administrators, researchers, and others interested in discussion and collaboration related to MS, ALS, and PD. We are also seeking people interested in submitting program ideas for the 2013 ACRM Annual Conference. No idea is too big or too small. Please consider submitting yours. Questions? Please contact Debbie Backus <Deborah_backus@shepherd.org>. We look forward to seeing you in Orlando at the 90th Annual ACRM Annual Conference.

SUBMISSION GUIDELINES & DEADLINES

www.ACRMconference.org/call-for-proposals.html



FROM THE ACRM INTERNATIONAL NETWORKING GROUP:

New Zealand Rehabilitation Researchers Propose Alliance to Advance Rehabilitation Research

by Gerben DeJong, PhD, FACRM



New Zealand researchers are working together to form a nationwide disability and rehabilitation alliance. Meeting at Christchurch's Allan Bean Centre, home to the Burwood Academy for Independent Living (BAIL), researchers from around the country proposed such an alliance to advance rehabilitation research training, encourage multi-site research collaboration both nationally and internationally, enhance public awareness, and advocate for increased rehabilitation funding.

Auckland University of Technology's Kath McPherson, PhD, noted that rehabilitation research has strengthened much over the last decade in New Zealand with the establishment of a number of dedicated research centers. However, funding is tight and very competitive. She states, "We are at a stage where leadership and capacity can address the significant health and disability issues we face, but our development and contribution will be limited if the competitive environment restricts collaboration."

It is difficult for research centers to individually recruit sufficient numbers of research participants at any one site due to New Zealand's small population of 4.4 million. "We sometimes cannot achieve sufficiently large clinical populations at any one center to achieve meaningful levels of statistical significance," explains BAIL's Deborah Snell, PhD. "This limits our ability to train new researchers and compete globally. In today's world, we need to think globally, and act locally in rehabilitation research. One New Zealand advantage is that we are an English-speaking country and English is the global language of science."

New Zealand shares an experience with many other countries with respect to minority populations. Approximately 15 percent of New Zealand's population is Maori, an indigenous population who came to largely uninhabited New Zealand in about 1350 AD only to be displaced culturally by European settlers who came later. In recent years, there has been an increased emphasis on making sure that Maori populations are adequately represented both in decision making and in research studies, and that studies be made culturally relevant to Maori concerns. In many ways, say New Zealand researchers, the Maori experience is a microcosm of what other countries must address in meeting the rehabilitation needs of minority populations.

To help implement the Alliance's agenda, the organizing group established a steering committee comprised of representatives from New Zealand's major rehabilitation research centers (see sidebar). The Steering Committee also includes a Maori health advisor from one of New Zealand's District Health Boards. Steering Committee member and graduate student Johnny Burke of BAIL noted that the committee has substantial work ahead. "We are still at the very early stages and many of our noble intentions and ideas about collaboration have yet to be operationalized and road-tested."

More about rehabilitation research in New Zealand can be found on the website of the New Zealand Rehabilitation Association (NZRA). <http://www.rehabilitation.org.nz/links> NZRA will have its next biannual meeting in Nelson, New Zealand's South Island, 8 – 10 March 2013. 🌸

REHABILITATION RESEARCH IN NEW ZEALAND, NORTH TO SOUTH

IN AUCKLAND

Health and Rehabilitation Institute
Auckland University of Technology
Peter, McNair, PhD, Director
Kathryn McPherson, PhD, Professor of Rehabilitation
<http://www.aut.ac.nz/research/research-institutes/hrrc>

IN PALMERSTON NORTH:

School of Health, Disability and Rehabilitation
Massey University
Steve LaGrow, PhD, Head of School
<http://www.massey.ac.nz>

IN CHRISTCHURCH:

Burwood Academy of Independent Living
Deborah Snell, PhD, Academic Director
Anne Sinnott, PT, Lead Researcher
<http://www.burwood.org.nz>

IN DUNEDIN AND WELLINGTON:

Rehabilitation Teaching and Research Unit (RTRU)
University of Otago
Will Taylor, PhD, MBChB, Director
William Levak, PhD, Associate Dean for Research (Wellington)
<http://www.otago.ac.nz/wellington/study/rehabilitation>

Dr. DeJong is with the MedStar Rehabilitation Hospital, MedStar Health Research Institute, and the Georgetown University Department of Rehabilitation Medicine in Washington, DC. He serves as an international advisor to the Burwood Academy for Independent Living associated with Burwood Hospital and its spinal unit in Christchurch. He is also a former president of ACRM (2006-07) and member of ACRM's International Committee (Fofi Constantinidou, PhD, chair).

ACRM Continues Push to Elevate NCMRR to Independent Status

The goal of elevating the National Center for Medical Rehabilitation Research (NCMRR) at the National Institutes of Health (NIH) to an independent center or institute has been a long-standing goal since the center's inception in 1990. There is consensus throughout the rehabilitation and disability research field that NCMRR has not met its promise as originally conceived, despite meaningful advances over the years.

The next two years offers the Disability and Rehabilitation Research Coalition (DRRC) the best opportunity to date to mount a major campaign to elevate the NCMRR to independent status. ACRM will continue to function as one of the leaders pushing this initiative forward within the DRRC.

Further communications about this initiative will be forthcoming, and ACRM asks that you read these messages promptly and respond when asked. 🌸



Early Career networking at ACRM Annual Conference.

MEET NEUMANN continued from page 4

Cord and Brain Injury Research Fund to study anger and aggression after TBI. Dr. Neumann joined ACRM about six years ago and values the opportunities membership affords her for making connections with leaders in the field of TBI and rehabilitation research. She is the first Early Career member-at-large to serve on the ACRM board of governors, and she is current chair of the newly formed Early Career Networking Group. Dr. Neumann welcomes the opportunity to network with colleagues and collaborators on issues and research related to socio-emotional deficits after TBI. She also encourages contact to learn about the work of the Early Career Networking Group and ways to become involved. 🌸

ACRM Mid-Year Meeting



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A Special Gift to ACRM

Allison Kinter is a student at Towson University in Maryland studying cognitive psychology as part of her master's degree program. She is also an instructor at Bikram Yoga Baltimore, Cockeysville where two long-time students, Genny McNamara, who suffered a traumatic brain injury in 2011, and Ben Sutley, who suffered a stroke earlier this year, confirmed her belief that yoga has the ability to significantly affect the central nervous system.

In honor of these students and in recognition of the role yoga played in their recovery, Allison spearheaded a fundraising effort during the U.S. Thanksgiving holiday. In celebration of all the things for which they were thankful, especially their health, 80 students gathered for a donations-only yoga class. "All of the students were touched," Allison said. "This was truly an amazing way to give back this holiday season."

"We all understand the important role of research in allowing this to happen [Genny and Ben's recoveries]," she explained. "I began searching for organizations to receive our donations and I was impressed with ACRM. The class raised more than \$1,400 for ACRM in support of rehabilitation research."

Genny's Story

Genny suffered a traumatic brain injury on June 16, 2011 due to a fall. She was taken to Shock Trauma where she spent five days and was then discharged to begin her long recovery. Her injury resulted in headaches, memory loss, disorganization, emotional overload in noisy or crowded settings, anomia, severe fatigue, dizziness, poor concentration, anxiety and the sensory loss of taste and smell.

Doctors said she was lucky to be alive and she was fortunate to have plenty of support from family and friends, so she really felt lucky and ready to tackle her recovery with a positive attitude and lots of patience. Improvements came on a weekly basis, so she did not initially seek help, but ten months post-injury she was still struggling. Finally, she found a doctor who specialized in TBI and was sent to rehabilitation. It helped her tremendously.

In addition to rehab, Bikram Yoga was an almost magical therapy for her. Not only did it reduce anxiety and help restore her balance, stamina and focus, it also increased her self-confidence.

Genny accepts that she may never recover 100 percent, and she believes so much more research is needed regarding brain injuries and rehabilitation. However, She has already come such a long way and is grateful for that progress. "I highly recommend immediate rehabilitation after any kind of brain trauma," she said. She will continue the journey and enjoy a full life.



BEN'S STORY

Ben was 43 years old when he suffered a stroke on January 13, 2012. At the time, he was regularly participating in yoga classes, had not eaten red meat in more than a year and had not consumed alcohol in more than four years. During the four months preceding his stroke, he had completed two triathlons and was in the best physical shape he had been in for years.

The stroke left him with weakness on his right side, slowed speech, difficulty reading, intense headaches, balance problems, and bouts of confusion. He went through three months of physical, occupational and speech/language therapy and had recovered significantly when he was discharged due to insurance reasons. However, problems with concentration, headaches, confusion and balance remained and he had no clear understanding of whether he would ever return to normalcy.

When he was finally cleared to exercise at the end of April, he went back to yoga classes and began to improve both physically and emotionally. His balance problems were largely caused by movement of the head beyond his center of gravity and he has seen tremendous improvement in this area. Further, the focus needed in the practice of yoga caused his concentration deficits to improve.

Depression is a significant by-product of a stroke. During the time he was inactive he gained about 25 pounds and had been reduced from a courtroom trial attorney to someone who struggled reading a newspaper article. Yoga greatly helped the depression. He was able to exercise in a way that did not immediately trigger a headache and began to feel better about getting in shape again.

In yoga, there is also a real emphasis on acceptance — accepting the way your body feels on that particular day. Acceptance is a terrific quality in theory, but to put it to practice is difficult. Regular yoga participation taught him this quality of living acceptance. Now, he rarely experiences frustration, and enjoys a more peaceful life outside of the yoga classroom. He is no longer preoccupied with returning to his former self, but rather, focuses on his present abilities and discovering new interests and skills.

Bikram yoga increases flexibility, improves circulation, and reduces stress to provide an infinite number of benefits. Visit Bikram Yoga Baltimore, Cockeysville, <<http://www.bikramyogabaltimore.com/>> to learn more.

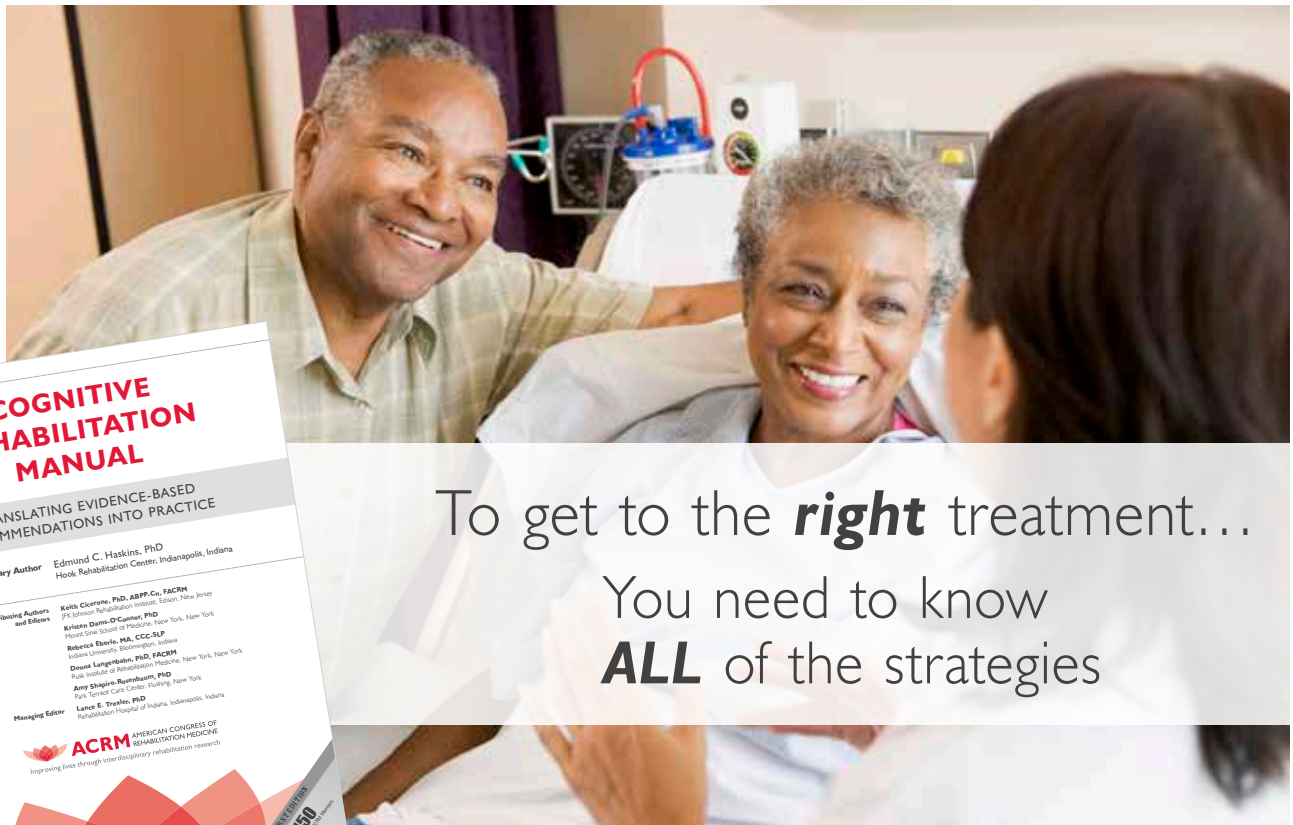
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