

Rehabilitation **OUTLOOK**

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THE OFFICIAL MEMBER NEWS OF

ACRM

AMERICAN CONGRESS OF
REHABILITATION MEDICINE

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Rehabilitation **OUTLOOK**

Adam B. Warshowsky, PhD
EDITOR

Adam B. Warshowsky, PhD
CHAIR COMMUNICATIONS
COMMITTEE

Sandy Brings Out the Best of NYU Langone

Hurricane Sandy knocked out power to the entire lower east side of Manhattan — including several hospitals, one being NYU Langone Medical Center. Over the course of 13 hours, roughly 1,000 staff, faculty, medical students, emergency crews and volunteers evacuated more than 300 patients — down many flights of stairs lit only by flashlight. But every single patient, family member and the evacuation teams made it through safely and without injury.



Rusk therapists John Corcoran, DPT, Jennifer James, DPT (pediatrics), and Jaclyn Lui, OTR/L, CAPS (cardiac, speech and OT), take a break after a long night of evacuating patients.

One of the many on the front lines was **ACRM MEMBER, JOHN COCORAN, DPT, PT, MS, CERT.MDT**, clinical assistant professor, Department of Rehabilitation Medicine, and director of inpatient rehabilitation therapy at NYU Langone's Rusk Rehabilitation. Certified as a super-user of the lightweight transport Med Sled devices, Dr. Corcoran was among those who helped coordinate and lead the teams that safely transported patients — some down 15 flights of stairs — to waiting ambulances for transfer to other hospitals.

"It could have been chaotic — but it wasn't," said Dr. Corcoran. "It was exhausting and physically demanding, but everyone was focused on their job to stay calm and well-organized to achieve our key goal of getting everyone out safely."

"It could have been chaotic — but it wasn't... it was exhausting and physically demanding, but everyone was focused on their job to stay calm and well-organized to achieve our key goal of getting everyone out safely."

— ACRM member, John Cocoran, DPT, PT, MS, Cert.MDT

Corcoran describes the sheer size of the operation and the seamless collaboration among a variety of health and safety professionals as incredibly impressive. Nurses, physicians, security personnel, physical therapists, occupational therapists, therapeutic recreation clinicians, secretaries, medical students, administrators and countless others contributed their specialized training and commitment to the patients to form truly interdisciplinary teams, a concept that hits home in the area of rehabilitation medicine.

Corcoran also noted that the therapists used their clinical expertise to ensure the safe transfer of patients as well as to monitor the physical well-being of the staff and emergency crews. This oversight became important, given the exertion and strain associated with lifting and transporting many patients down several flights of stairs.

See **RUSK REHABILITATION AT NYU** continued on page 5



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The **ACRM Live Learning Center** is ACRM's newest online resource for education that rehabilitation professionals need. This portal connects you to recorded sessions from ACRM events so you can continue your professional development between events. Catch up on sessions you didn't have time to attend at the conference, review best practices from top researchers and clinicians, and make a difference in your practice.

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Congratulations to the 2012 Fellows of ACRM

The Fellows of ACRM Committee honored three members this year as fellows for their outstanding contributions to rehabilitation and the ACRM. Committee Chair, Mark Sherer, PhD, ABPP, FACRM presented these awards to Dr. Jennifer Bogner, Dr. Susie Charlifue, and Dr. Gary R. Ulicny during the annual conference in Vancouver on 13 October 2012.

JENNIFER BOGNER, PHD, ABPP, FACRM is the vice-chair of Research and Academic Affairs, a board certified rehabilitation psychologist and associate professor in the Department of Physical Medicine and Rehabilitation at Ohio State University.



She is the author or co-author of 45 peer-reviewed publications, a book chapter on substance abuse and brain injury, more than 40 invited addresses and workshops, and serves as the associate editor of the *Journal of Head Trauma Rehabilitation*. She also serves on the board of the Central Ohio Trauma System of the Columbus Medical Association, and is a member of the American Psychological Association.

One of Dr. Bogner's areas of research is the study of factors associated with long-term outcomes following TBI. She is the co-principal investigator of the Ohio Regional TBI Model System, which is a longitudinal study to identify factors that determine the best outcomes. She is particularly interested in evaluating ideal community participation to learn how community involvement relates to an individual's happiness and health, and the study of self-regulation deficits as they relate to substance use disorders after brain injury.

Dr. Bogner has been an active contributor to ACRM since 2002. Her tireless and dedicated work on the Membership Committee have revitalized ACRM and assured a pattern of future growth. She also currently serves as a member-at-large on the board of governors.

SUSAN W. CHARLIFUE, PHD, FACRM is a highly qualified researcher with more than 30 years of experience in SCI research and quality assurance. Author or co-author of more than 70 peer-reviewed manuscripts and more than 130 presentations, she is recognized nationally and internationally for her work on aging with SCI as well as the study of issues faced by those who provide care.



She is co-principal investigator for the SCI Model System at Craig Hospital in Englewood, CO and is also the principal

investigator for both NIDRR and Department of Defense SCI grants. Since 1990 she has completed seven major investigations of aging with SCI in the US and Great Britain.

Dr. Charlifue serves on the Executive Committee of the International SCI Data Sets, is chair of the Scientific Committee of the International Spinal Cord Society (ISCoS), and a member of the Editorial and Education Committees of ISCoS. She is also a member of the board of directors of the American Spinal Injury Association, and serves on the editorial boards for the journals *Spinal Cord* and *Topics in Spinal Cord Injury Rehabilitation*. She is also a board member of the Colorado Traumatic Brain Injury Trust Fund.

As an active member of ACRM, Dr. Charlifue has an outstanding record, including service on the Awards Committee, the Liaison Committee, and the International Networking Group. She also serves as vice-chair of the Spinal Cord Injury ISIG.

GARY R. ULICNY, PHD, FACRM has served as president and CEO of Shepherd Center in Atlanta, GA, a 150-bed hospital specializing in the treatment of individuals with spinal cord injury, brain injury and other neuromuscular disorders since 1994. During his tenure, Shepherd Center has for 10 years been ranked by *US News & World Report* as one of the best rehabilitation hospitals in the nation, and received the Edward Loveland Award for Distinguished Contributions in Healthcare by the American College of Physicians.



Early in his career, Dr. Ulicny made significant contributions to the research literature related to independent living, community transition, vocational rehabilitation, and behavior management, co-authoring more than 25 journal articles, three book chapters, four technical manuals and 80 presentations and workshops. He served as adjunct faculty for the Department of Psychiatry at the University of North Carolina School of Medicine at Chapel Hill, NC and was a CARF surveyor for more than 25 years.

Dr. Ulicny has been an active member of ACRM for 18 years, serving on the board as treasurer, president elect and president. He played a pivotal role in the stabilization of ACRM finances and the board's transition to a governance model. In his current role as past president, he organized a multi-organization summit led by ACRM to facilitate collaboration on policy issues that impact the delivery of rehabilitation services. Out of this summit, Dr. Ulicny formed and now chairs a new ACRM Health Policy Networking Group. 🍀

News from the International Networking Group

By Fofi Constantinidou, PhD, International Networking Group Chair

The 2012 ACRM Annual Conference in Vancouver was indeed an international affair! More than 260 of the nearly 700 attendees came from countries outside of the United States. Rehabilitation researchers, clinicians, and providers representing more than 20 nations from North and South America, Europe, and Asia participated in the many activities of the conference. The presentations and posters also reflected the growing international flavor of the conference with the largest number of international attendees and presenters ever.

The culmination of the International Networking Group (ING) activities was the 5th Annual Brucker International Luncheon. The luncheon was established in 2008 in memory of our colleague, Dr. Bernie Brucker, who passed away suddenly. The luncheon has become an ACRM tradition with a record number of 60 registrants in Vancouver. This year's luncheon featured a presentation by Marcel Post, PhD, senior researcher at the Rehabilitation Centre De Hoogstraat, Utrecht, Netherlands, who presented a stimulating talk on "Need and Opportunities for Cross-Cultural Studies on Quality of Life in Rehabilitation Medicine." Our goal is to continue to grow this important



Brucker International Luncheon at ACRM Annual Conference 11 October 2012, Vancouver, Canada

conference activity which serves as a catalyst for information exchange and collaboration among participants.

In Vancouver, the inaugural business meeting of the ING was held. This interdisciplinary group aims to expand the activities of the previously established International Committee and will interact with ACRM groups and committees in order to facilitate collaboration with international organizations, researchers, and service providers. ACRM members who are interested in becoming involved with the ING may contact Fofi Constantinidou at fofic@ucy.ac.cy. 🌸



^
< Inaugural meeting of the International Networking Group held at the ACRM Annual Conference, 11 October 2012 in Vancouver

Seeking Topics of Interest in Outcomes Measurement

By Allen W. Heinemann, PhD, ABPP (RP), FACRM; Outcomes Measurement Networking Group Chair

The Outcomes Measurement Networking Group (OMNG) is seeking program topics for the 2013 ACRM Annual Conference. At this year's conference in Vancouver, networking group members contributed to a preconference course titled "Evidence, Theory and Experience: Implementing Evidence into Rehabilitation Practice," and two symposia titled "Outcome Measurement Resources for Rehabilitation Clinicians," and "Promoting Adoption of Outcomes Data Collection in Rehabilitation Practice." These were well attended and appeared to be valued by participants.

The networking group would like to participate in a similar way next year and is interested to know the outcomes

measurement topics of greatest interest to you. The proposal deadline for preconference events is rapidly approaching. Please contact the OMNG chair, Allen Heinemann, PhD, ABPP (RP), FACRM at a-heinemann@northwestern.edu to propose topics and to indicate interest in organizing and/or contributing to these events.

Those who are interested in participating in the OMNG in a leadership role are also encouraged to contact Dr. Heinemann. The group plans to form a steering committee to guide future activities. 🌸

ACRM Mid-Year Meeting



SMALL GROUPS
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MEANINGFUL WORK
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FRIENDSHIPS



COMING TO THE EAST COAST, USA
SPRING 2013

Watch ACRM.org for details

Don't miss out on the secret weapon of ACRM membership — the Mid-Year Meeting. Jump in, get involved and meet BI-ISIG task force members face-to-face in a casual setting. This event is all about “getting things done” amidst a super-charged atmosphere and a friendly collaborative environment. All this and as always, there is no registration cost for ACRM members to attend the Mid-Year Meeting.

Watch ACRM.org for details



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ACRM MID-YEAR MEETING // EAST COAST, USA // SPRING 2013 // STAY TUNED... www.ACRM.org

RUSK REHABILITATION AT NYU continued from page 1

Corcoran credits the successful evacuation in no small part to maintaining certification by the Commission on Accreditation of Rehabilitation Facilities (CARF).

“The CARF Medical Rehabilitation Standards call for training and drills in emergency evacuations and part of the Standards for Emergency Management include the physical evacuation out of the building,” he noted. *“In fact, the NYU Langone Office of Emergency Management mock disaster drills were very similar to what we experienced that night.”*

Corcoran noted that another bright spot to the successful evacuation was that it not only brought together members of the hospital — but also the community.

“My father is a retired Battalion Chief of the FDNY and that night I ended up working closely with his old company, ‘The Fire Factory’ from Harlem, New York,” added Corcoran. “It not only was an honor to work with them but I told my father that I briefly tried to step into his shoes.”

Rusk Rehabilitation at NYU Langone Medical Center has been an ACRM Institutional Member since 2010. 

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2012 ACRM-ASNR
Annual Conference

PROGRESS IN REHABILITATION RESEARCH



ANNUAL CONFERENCE

OCTOBER 9 – 13, 2012 / SHERATON WALL CENTRE / VANCOUVER, CANADA

Another Record-Breaking Conference

The 2012 ACRM Progress in Rehabilitation Research Conference held in Vancouver 9 – 13 October, was the largest, most energized, most successful event in the organization's 89-year history attracting nearly 700 attendees from more than 27 countries.

QUICK STATS:

92% of attendees say they were satisfied or more than satisfied with the knowledge and expertise of the faculty.

87% say the overall quality of education was good to excellent.

More than **16** hours of hard-working committee and task force meetings

88% of conference survey responders said the conference met or exceeded their expectations.

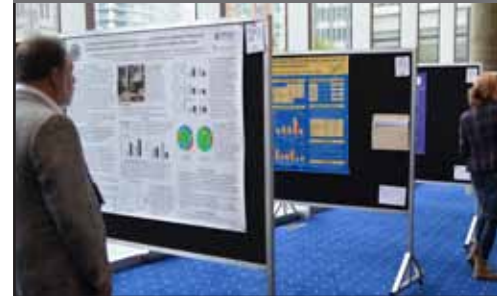


FRONT: Mieke E. van de Sandt-Koenderman, PhD, Rijndam Rehabilitation Centre, Rotterdam, Zuid, Holland, Netherlands and colleagues from the Netherlands at the Henry B. Betts Awards Gala.

Ron Seel (center) receives Distinguished Member Award from Wayne Gordon and Tamara Bushnik, ACRM President.



"ACRM's commitment to early career rehabilitation scientists and practitioners is unparalleled, not only in rehabilitation but across most professional organizations." —Attendee



"Attending the ACRM meeting has been a great experience in many levels."

— Mar Cortes, MD. Clinical Research
Burke Medical Research Institute. White Plains, NY



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VANCOUVER RECAP

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"I enjoyed the combination of clinically and scientifically oriented contributions and the interdisciplinary nature of the conference."
—GM Ribbers, MD PhD, Rotterdam Neurorehabilitation Resea

Gary Ulicny, PhD, FACRM shares his Fellows of ACRM award with friends.

BELOW LEFT: Deborah Backus, PhD, PT, Spinal Cord Injury SIG (SCI-SIG) Chair speaking at the SCI Luncheon. BELOW RIGHT: Henry B. Betts Awards Gala event entertainment, ABRA Cadabra, brought everyone to their feet.



James E. Graham, University of Texas Medical Branch, Galveston, TX, discusses his research poster, "Regional Variation in Hospital Readmission Following Inpatient Stroke Rehabilitation."

"I have had an amazing experience as a participant in this conference. Thanks for everything!"
—Diana Krasteva, Physiotherapist
NROP (Neurological Outpatient Program)
Lion's Gate Hospital, North Vancouver, BC



The ACRM Conference Program committee is already hard at work designing the 2013 Conference to be even **MORE ROBUST** with even **MORE** interdisciplinary content. Be a part of the excitement — see *page 12* for CALL FOR PROPOSAL deadlines.



PROGRESS IN
REHABILITATION
RESEARCH
2013
SEE PAGE 12

New! Member Guide to Product Development

The Communications Committee is pleased to introduce a new resource designed to help ACRM groups gain approval and support for the tangible items (products) they produce. Often these products summarize and publicize the group's work, and the mission of ACRM. There are many types of products created within ACRM; examples include fact sheets, information/ education pages (IEPs), journal articles, practice parameters, position papers, manuals or kits, and special projects designed to facilitate research.

Why Develop a Product?

LEND VISIBILITY TO THE ORGANIZATION. Products raise the visibility of ACRM and its committees, SIGs, NGs, and task forces, benefiting all members.

FOSTER COLLABORATION. Products can be a great vehicle to network and collaborate with people who have common interests.

GUIDE THE ACTIVITY OF A TASK FORCE. A product can help task force members to focus on plans that lead to tangible achievements.

DEVELOP EXPERTISE. Creating a product allows developers to learn a lot about something they're already interested in. Product developers can become the "go-to" people in a certain area by creating a product about it.

HELP ADVANCE REHABILITATION. Products help advance the field of rehabilitation via new information and resources.

FAME AND FORTUNE—OR AT LEAST, THE FAME PART. A good product that gains notoriety brings name recognition to its developers. Some products can be listed on CVs and contribute to career advancement.

Learn who may be involved in product development, what materials may be included, who oversees and distributes products, and the steps involved in gaining approval for ACRM-branded products. This useful guide also includes a handy Product Development Worksheet and the Product Review Request Form needed for official approval.

Look for the ACRM *Member Guide to Product Development* on ACRM.org located in the "Professional Resources" tab and directly at http://bit.ly/ACRM_ProfResources. 🌸



Reaching Out to China

How do you get from ACRM to Hong Kong?
Through Sweden, of course!

Did you know that with the help of **CHRIS MACDONELL**, ACRM board member and managing director of Medical Rehabilitation for CARF International, 2012 ACRM conference marketing reached rehabilitation professionals in China?

JINLING HUANG, executive manager, at Nordic Rehabilitation Management Research Center (NRMR), a subsidiary of Okeway in Stockholm, translated an ACRM conference brochure into Chinese, then printed and distributed it to some 400 participants at a rehabilitation forum in Hong Kong.



"Rehabilitation has no boundaries," Huang said. "The vision of NRMR is that our efforts at research and communication will remove the cultural and linguistic obstacles between countries, and someday people living in the remote villages in western China can access the same quality rehabilitation as their counterparts in Stockholm, Sweden."

The company's CEO, Kevin Cai, addressed forum attendees during the opening session with a few words about CARF accreditation and the 2012 ACRM Annual Conference in Vancouver, Canada. 🌸



< ACRM Materials distributed at a rehabilitation forum in Hong Kong.

CONNECTING THE WORLD TO STROKE SCIENCE



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ISC Pre-Conference Symposium:

Primary Care for Stroke Patients, A Surfside View

INTERNATIONAL
STROKE 2013
CONFERENCE

Nursing Symposium: February 5
ISC Pre-Conference: February 5
Sessions: February 6-8
Exhibits: February 6-7
Honolulu, Hawaii
strokeconference.org

February 5-8, 2013

Hawaii Convention Center - Honolulu, Hawaii

Join us for the world's largest meeting dedicated to the science and treatment of cerebrovascular disease and choose from more than 1,300 presentations that emphasize basic, clinical and translational sciences in 21 cerebrovascular topics. Network with international leaders and colleagues in the stroke field from around the world with wide-ranging research and clinical expertise.

ISC 2013 Programming – Selected Highlights

- Overcoming Challenges in Advancing Understanding of Cerebral Small Vessel Disease – an International Effort
- IMS III: Results and Perspective
- The Next Big Thing in Stroke (at Lightning Speed)
- State of Affairs: Stroke Care and Outcomes among Pacific Islanders, Asians and Native Populations
- MicroRNA's in Cardio and Cardio & Cerebrovascular Disease
- Building Definitive Evidence for Acute Endovascular Stroke Therapies
- Improving Stroke Care Quality Through System-level Reorganization: Worldwide Examples for Integrated Healthcare Delivery Systems
- Ethical Decisions on Life Sustaining Treatments after Severe Stroke
- Complementary and Alternative Medicine in Stroke Patients
- Outcomes from Stroke in the Developing or the Mature Brain: The Impact of Age

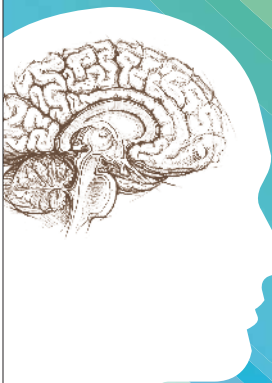
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TAKE ACTION: Advocate for Those We Serve

By Gary Ulicny, PhD, FACRM, Chair of the Health Policy Networking Group

The field of rehabilitation has always taken great pride in being interdisciplinary. However, because each discipline has its own association which sponsors its own lobbying effort, it has sometimes been difficult to provide a consensus position on policy and legislation issues. At the ACRM Mid-Year Meeting last May, the ACRM Health Policy Networking Group sponsored a “Rehabilitation Summit” designed to bring together the interdisciplinary rehabilitation community to develop consensus positions on health policy issues that affect our field. We are pleased to say that as a result of the Summit we have produced our first document entitled, “Determining an Essential Benefits Plan for Rehabilitation and Habilitation Services and Devices: A Value-Based Approach.”

As you may know, the Affordable Care Act (ACA) mandates each state must identify a “benchmark” health plan that

they will use as a template to design a plan that meets the essential benefits provisions outlined in the ACA. We know that many of these small plans provide limited coverage or time-limited benefits (e.g., 15 inpatient rehab days).

In September each organization that participated in the Rehabilitation Summit reached out to its members to contact their state officials to initiate a grassroots effort to ensure that each Federal Health Exchange adopts a benefit philosophy that meets the diverse needs of the people we serve. The guidelines set forth in our position paper represent the principles that should be used by each state and the Federal Health Exchanges, and serve as talking points for our members. Provided below is the Essential Benefits document and we encourage ACRM members to continue to advocate for this extremely important issue.

Determining an Essential Benefits Plan for Rehabilitation and Habilitation Services and Devices: A Value-Based Approach

Rehabilitation, habilitation services and devices were included in the essential benefits package because they are consistent with the Affordable Care Act's focus on value, namely, achieving better outcomes at less overall cost.

The outcomes of rehabilitation and habilitation services and devices are consistent with core American values because they enable people to:

- **Maximize independence in the least restrictive environment;**
- **Live active and productive lifestyles that embrace family, work, education, and community; and**
- **Avert medical complications and minimize hospital readmissions.**

These outcomes are important to individuals, families, and society. By promoting these outcomes, overall health care costs can be reduced, and thus provide significant value to American taxpayers.

The organizations listed below have developed and unanimously support this document and believe that, in order to achieve these outcomes, a number of guiding principles need to be incorporated into rehabilitation and habilitation services and devices benefits design. They include:

- 1) Medically necessary services in habilitation and rehabilitation services and devices (1) promote medical recovery, (2) enhance and maintain function, (3) promote participation in life roles and activities, (4) avert medical complications, and (5) assist in learning, improving and acquiring skills. Enhancing and maintaining function is essential to maintaining health and averting medical complications.
- 2) Rehabilitation, habilitation, and prosthetic/orthotic, assistive and adaptive devices should be provided by qualified professionals as defined by State and/or National standards for their respective professions.
- 3) There should be no arbitrary limits or caps on medically necessary services.
- 4) Services may be delivered across a variety of care settings based on the individual needs and may include inpatient,



Remembering Two ACRM Past Presidents

It is with heavy hearts that we recognize the death of two ACRM past presidents this year, Herman J. Flax, MD, and Jerome S. Tobis, MD.

Dr. Jerome Tobis served as ACRM president from 1962-63. He was a graduate of the City College of New York and the Chicago Medical School. In addition to research and his medical practice, Dr. Tobis served for 42 years at the University of California, Irvine, and filled various roles including professor, chair of the PM&R Department, director of the program in Geriatric Medicine and Gerontology, and chair of the Ethics Committee. He passed away on 3 February 2012.

Dr. Herman Flax served as ACRM President from 1970-71. He was a graduate of the University of Richmond and the Medical College of Virginia, and practiced physical medicine and rehabilitation both in private practice and at the Washington, DC VA Medical Center. He retired from practicing in 1994, and passed away on 26 April 2012.

We fondly remember and honor Dr. Tobis and Dr. Flax for their service to ACRM. 🌸

outpatient, post-acute, day program, and residential settings. These services may also include the use of durable medical equipment, prosthetics, orthotics, supplies and assistive and adaptive devices that improve or maintain function.

- 5) Each Exchange Plan should develop an objective appeal process to address the denial of care determined to be appropriate by qualified professionals. The appeal should be reviewed by individuals with demonstrated expertise in rehabilitation, habilitation services and devices.
- 6) Essential benefits should reflect an appropriate range and balance of care from a variety of professions as indicated by patient need.
- 7) Benefit design should not discriminate against any individual due to disability, age, gender, religion, race, veteran's status, sexual orientation/gender identity or for any arbitrary reason.
- 8) Benefits and services should be informed by the best available evidence, professional expertise and consensus, and patient values and preferences.

There should be mechanisms to update the coverage of rehabilitation and habilitation services and devices based on new clinical evidence. 🌸

New ACRM Logo Launched in Conjunction With 90-year Anniversary



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Just in time for the 90th anniversary of ACRM in 2013, the board of governors recently engaged in a branding study and logo redesign. After months of work and careful consideration, the board unanimously approved the logo you see in this issue.

The new ACRM logo has a clean, modern look in keeping with the focus on cutting-edge research and innovation. The overlapping petals of the new lotus flower icon visually communicate the interdisciplinary culture of ACRM. As we dig deeper into the physical attributes and symbolism of the lotus, we find many qualities that aptly represent ACRM.

The seeds of the lotus, like ACRM, may remain viable for many, many years. The oldest lotus seeds known to exist are 1300 years old. Going into its 90th year, ACRM is vibrant and growing. The lotus is a symbol of rebirth, rising from dark and murky waters. Similarly, ACRM fosters a diverse global community, centered around rehabilitation research, to bring about new beginnings and to IMPROVE THE LIVES of those living with disabling conditions. 🌸

The following organizations, representing a broad consensus in the field of rehabilitation, developed and support these guidelines.

Academy of Spinal Cord Injury Professionals
American Academy of Orthotists and Prosthetists
American Congress of Rehabilitation Medicine
American Music Therapy Association
American Occupational Therapy Association American Physical Therapy Association
American Psychological Association, Division 22 (Rehabilitation Psychology)
American Speech-Language-Hearing Association
American Spinal Injury Association
American Therapeutic Recreation Association
Amputee Coalition of America
Association of Rehabilitation Nurses
Brain Injury Association of America
CARF International
Insurance Rehabilitation Study Group
National Association of Social Workers
National Association of State Head Injury Administrators
North American Brain Injury Society
United Spinal Association



Rehabilitation **OUTLOOK**



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PROGRESS IN
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RESEARCH

ACRM Conference Vancouver Recap

INSIDE

Pages 6 – 7

"The conference provided a rich environment for interprofessional education that is needed for collaborative clinical practice and research! A must-attend conference for all team members."

— Genevieve Pinto Zipp PT, EdD

Call for PROPOSALS

Seeking content in the following areas:

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

ADVANCE YOUR CAREER HERE



PROPOSAL SUBMISSION DEADLINES

Pre-Conference Event: 18 January 2013

Symposia: 22 February 2013

Scientific Papers & Posters: 12 April 2013

ACRM Annual
Conference

PROGRESS IN REHABILITATION RESEARCH

12 – 16
NOVEMBER **2013**

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