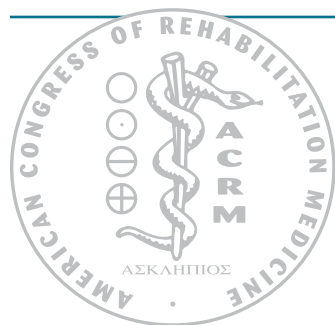


Rehabilitation OUTLOOK



Excellence in the science
of rehabilitation medicine
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collaboration

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Vol. 17, No. 1, 2012

From the President: New Initiatives for ACRM

First, as the new ACRM President, I would like to wish all of the ACRM community a Happy New Year. The year 2012 should bring exciting changes and developments to ACRM, with the spotlight on new initiatives being put in place to serve both long-standing and new ACRM membership. Preparation for the 2012 ACRM Annual Conference, to be held in Vancouver, BC is already underway! Based on feedback received following the 2011 ACRM Annual Conference, the joint ACRM/ASNR program committee is working to enhance the upcoming 2012 Annual Conference. Potential additions to the conference for next year include:



*ACRM President,
Tamara Bushnik, PhD,
FACRM*

- Instructional Courses (formerly known as pre-courses) to be scheduled both prior to the start of the conference and after the conference has concluded. This would accommodate more conference attendees and their varying schedules.
- Use of color-coding by subject matter in order to make the conference program easier to navigate, both in print format and online.
- More aggressive solicitation for cutting-edge content in conference subject areas.
- And, for those attendees at the conference wishing that they could attend two (or more) concurrent sessions at once, there is the possibility of making conference content available in on-line streaming format!

Rehabilitation OUTLOOK

Adam B. Warshowsky, PhD, Editor

Stephen Page, PhD, Chair
Communications Committee

HIGHLIGHTS

Call to Action in Support
of Disability & Rehabilitation
Research 3 – 4

ACRM BI-ISIG Offers
New Cognitive Rehabilitation
Manual 5

2011 Conference Evaluation
Survey Reports Rave Reviews 6 – 7

ACRM Seeks Editor-in-Chief
of Scientific Journal 8

Rehabmeasures.org Invites
ACRM Members to Author
& Review Instrument Summaries ... 9

Research Ethics Review:
An International Flavor 10

Call for Proposals 2012
Annual Conference 11

Membership continues to be one of our top priorities. I strongly believe that over the next three to five years, ACRM will be able to position itself as **THE** interdisciplinary rehabilitation research organization. ACRM would then be recognized as the primary source for evidence-based, translational research to support the clinical practice of professionals in the field, and to further rehabilitation research initiatives of rehabilitation-based organizations world-wide. To that end, with the help of the Liaison Committee, past ACRM President Gary Ulicny and I are attempting to forge connections with other organizations that might be motivated to come together in an “Uber Summit,” which would provide the opportunity for cross-fertilization of ideas and demonstrate strength in numbers.

I look forward to seeing everyone in the New Year, and stay tuned for more exciting initiatives in the months to come.

Tamara Bushnik, PhD, FACRM
ACRM, President ■

ACRM Seeks Worthy Successor to Archives Editor-in-Chief

Jeffrey Basford, MD, PhD, who has ably served as Editor-in-Chief of the Archives of Physical Medicine and Rehabilitation for the past five years, will complete his term on December 31, 2012. The ACRM and the Editorial Board of Archives are now seeking a worthy successor to Dr. Basford.
See ARCHIVES continued on page 5

Plan to Attend!

ISC Pre-Conference Symposium:

Innovative Clinical Practice in Stroke Rehabilitation

January 31, 2012

Ernest N. Morial Convention Center - New Orleans, Louisiana

ISC Pre-Conference Symposium:

*Innovative Clinical Practice in Stroke Rehabilitation**



Programming Highlights:

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- ◆ Practical Issues on Driving Post-stroke
- ◆ Role of Antidepressants in Post-stroke Recovery
- ◆ Painful Post-stroke Syndromes: Spotlight on the Shoulder
- ◆ Spasticity: Prevention, Predictors, Therapies and Follow-up
- ◆ Novel Treatments in Stroke Rehab: Robotics, Virtual Reality and Electrical Stimulation

Remember to register for the International Stroke Conference 2012!*

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- ◆ Advances in Stroke Rehabilitation: A Practical Approach for Clinicians
- ◆ The Long Term Continuum of Care after Stroke: Current Status and Future Opportunities
- ◆ Basic and Translational Neuroscience of Stroke Recovery Oral Abstracts
- ◆ Multidisciplinary Clinical Rehabilitation Oral Abstracts
- ◆ Basic and Translational Neuroscience of Stroke Recovery Poster Abstracts
- ◆ Multidisciplinary Clinical Rehabilitation Poster Abstracts

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CALL TO ACTION

in Support of Disability and Rehabilitation Research

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

Yes, the news from Washington DC is bleak—in November, Congress failed to reach agreement on deficit reduction, entitlement reform, and tax increases and as a result across-the-board automatic spending reductions will be triggered for FY 2013. In late December, Congress reached agreement on appropriations for FY 2012. The appropriations bill included reductions for many disability and rehabilitation research programs, and service delivery programs of critical importance to people with disabilities.

Those concerned about enhancing the quality of life of people with disabilities through research have a choice—you can become overwhelmed by “action alert fatigue” or you can be energized to take action and continue to make the case for investing in disability and rehabilitation research. ACRM takes the position that we must recognize the challenges we are facing, but transform these challenges into opportunities. ACRM is calling on its members to contact members of Congress in support of disability and rehabilitation research.

This article highlights current advocacy efforts by ACRM, describes the key provisions of the recently enacted *Budget Control Act of 2011* (raising the debt ceiling and controlling the budget deficit), and describes specific action you can take to enhance, or at least maintain the nation’s investment in disability and rehabilitation research.

CURRENT ADVOCACY EFFORTS

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

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

National Institute of Health (NIH)

In furtherance of our efforts to elevate NCMRR within NIH to independent status (either an independent Center or Institute), we met with Dr. Guttmacher, the then acting Director of the National Institute of Child Health and

Human Development. In February we helped prepare a comprehensive white paper for Dr. Collins, the NIH Director, justifying independent status, and then met with Dr. Collins and Dr. Guttmacher. The outcome of the meeting was a commitment to conduct a “landscape surveillance” of rehabilitation research at NIH and the establishment of a “Blue Ribbon Panel” to review rehabilitation research at NIH. This effort has begun in earnest and the tentative schedule calls for a report in the spring.

NIDRR

With regard to NIDRR, we are working directly with Dr. Charlie Lakin, the newly appointed director, to ensure that NIDRR’s long range plan includes a focus on health and function research as a separate domain from, but related to, employment and community participation. We expect that a draft for a long range plan will be made public in the near future. We are also working with the Administration and Capitol Hill to ensure appropriate funding for disability and rehabilitation research, and to enact positive changes to the research section (NIDRR) of Rehabilitation Act.

CDC

With regard to CDC, we were instrumental in getting CDC to appoint a chief disability and health officer to coordinate CDC rehabilitation and disability research, and to establish a CDC working group. The chief, Dr. Vince Campbell, has reported major successes at CDC in recognizing disability as a key demographic characteristic in surveillance efforts and a focus of research initiatives. CDC provided us with a summary report of major accomplishments over the past year, which we shared with members of ACRM.

ICDR

With regard to the ICDR, we were successful in securing report language directing ICDR to develop a comprehensive, interagency, government wide strategic plan for disability and rehabilitation research. Initial work products related to this effort are in the clearance process.

Affordable Care Act Implementation

We are also working with federal agencies and contractors on health care reform. The goal is to ensure that rehabilitation is truly part of the essential benefits package and recognized as a medical intervention on par with other medical interventions,

See ACTION continued on page 4

and to ensure that research, including comparative effectiveness research, addresses the needs of persons with disabilities for rehabilitative services and devices. We are also working to ensure that “disability” is highlighted in reports regarding health care disabilities among special populations.

POTENTIAL IMPACT OF BUDGET CONTROL ACT OF 2011 ON FUNDING FOR DISABILITY AND REHABILITATION RESEARCH

On August 2, 2011, President Obama signed the Budget Control Act of 2011. This section of the article analyzes the possible implications of the legislation for disability and rehabilitation research funding in FY 2012 and 2013.

FY 2012

Under Stage 1 of the legislation for FY 2012, Congress must cut non-security discretionary spending from last year by about \$3.5 billion. Labor-HHS-Ed is the largest component of non-security discretionary spending. The Labor/Health and Human Services/Education/Related Agencies appropriation for FY 2012 was cut by \$1.4 billion compared to FY 2011.

FY 2013 and Beyond

For FY 2013, the legislation calls for cuts totaling approximately \$3 billion (\$1.5 from non-security programs). Using the formula described above for FY 2012, the Labor/Health and Human Services/Education Subcommittee can expect an allocation \$600 million below FY 2012. In addition, for FY 2013 the Labor/HHS/Education Subcommittee can expect cuts of an indeterminate amount.

There were several possible scenarios that could have played out for FY 2013. Because of the failure by Congress to reach a budget deficit agreement, the scenario mandated by the law which will be effective for FY 2013 is called “sequestration,” which according to the nonpartisan Center for Budget Policy and Priorities would result in non-defense programs being cut across the board by a total of \$55 billion each year from 2013 through 2021.

The \$55 billion would come from both mandatory (entitlement) and discretionary programs. The mandatory cuts would include cuts in Medicare payments to providers and insurance plans, limited to 2 percent of such payments in any year. A number of key mandatory programs are exempt from sequestration, including Social Security, Medicaid, Supplemental Security Income (SSI), refundable tax credits such as the Earned Income Tax Credit, veterans’ benefits, and federal retirement.

About \$17 billion of the \$55 billion would come from mandatory programs. About \$38 billion would come from discretionary programs. For fiscal year 2013, the cuts would occur through across-the-board, proportional reductions in the new funding for each discretionary program in the appropriations bills for the fiscal year, which Congress would already have enacted. For fiscal years 2014 through 2021, the cuts would occur through reductions in the statutory cap on total funding for non-defense discretionary programs for each of those years.

The \$38 billion reduction in the non-defense discretionary caps would shrink slightly from year to year, because the mandatory cuts would grow slightly and thus would account for a little more each year of the \$55 billion in total non-defense cuts.

ACRM will continue to monitor the budget outlook and the impact of various scenarios on disability and rehabilitation research funding for FY 2013 and beyond.

CALL TO ACTION

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

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

For further information regarding highlights of the Budget Control Act and other government action, please contact Bobby Silverstein (Bobby.Silverstein@PPSV.COM) or Marilyn Spivack (mspivack@partners.org). ■

ACRM BI-ISIG Offers New Cognitive Rehabilitation Manual

By Kristen Dams-O'Connor, PhD, Mount Sinai School of Medicine

The *Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice* is a guide for clinicians who wish to effectively deliver evidence-based rehabilitation interventions in everyday clinical practice. It is based on a series of scientific literature reviews published in the *Archives of Physical Medicine and Rehabilitation* (Cicerone et al., 2000; 2005; 2011) putting forth standards and guidelines for clinical practice. The *Manual* “translates” these guidelines into step-by-step procedures that can be used by clinicians who treat individuals with brain injury.

The volume is organized into six chapters presenting practical guides for the implementation of evidence-based interventions for impairments in Executive Functions, Memory, Attention, Hemispatial Neglect, and Social Communication.

The *Manual* is ideally suited for clinicians who possess some formal training and experience in cognitive rehabilitation. The interventions described can be readily used by occupational therapists, speech and language therapists, psychologists, and other rehabilitation professionals.

Visit www.ACRM.org or contact Jenny Richard at jrichard@acrm.org to order the Beta Edition at the introductory price with a free upgrade to the First Edition. Member and volume discounts apply. A two-day training event will be held following the Mid-Year Meeting (see back cover page 12). ■



The *Cognitive Rehabilitation Manual: Translating Evidence-Based Recommendations into Practice*, Beta Edition was published this year by the ACRM Brain Injury Interdisciplinary Special Interest Group (BI-ISIG) and ACRM Publishing.

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May issue — Reserve by 9 April

July issue — Reserve by 4 Jun

Sept issue — Reserve by 6 Aug

Nov issue — Reserve by 19 Oct



Rehabilitation OUTLOOK

PLEASE CONTACT Cindy Robinson: crobinson@acrm.org



ARCHIVES continued from page 1

The Archives is the scientific journal of ACRM. It has a high impact factor, annually publishes more papers of high scientific quality than any other rehabilitation journal, and allows ACRM members, both researchers and clinicians, to remain at the cutting edge of rehabilitation scholarship. Dr. Basford effectively led the journal through a number of developments, including the separation of ACRM from the American Academy of PM&R as co-owner of the journal, the blossoming of open journals and the development of social media to communicate scientific results, all the while

improving the overall quality of the journal for readers and authors.

A position description and call for candidates appears on page eight of this issue. Please share this information with esteemed colleagues or friends who may be interested in this opportunity. Candidates for the Editor-in-Chief position must be eminent rehabilitation scholars experienced in editing a scientific journal, but do not have to be located in the USA, and are not required to be members of ACRM. ■

2011 ACRM-ASNR Progress in Rehabilitation Research

Record-Breaking Conference!

2011 Conference Evaluation Survey Reports Rave Reviews

If you missed the 2011 ACRM-ASNR Progress in Rehabilitation Research Conference in Atlanta, you missed a BIG one! Everyone is still abuzz with the excitement and energy generated by outstanding presenters, and international researchers and clinicians, so passionate about their work. We hope you enjoy this glimpse of that record-breaking event...



76% of evaluations rated this year's plenary speakers "excellent" or "above average."

65% of survey respondents rated papers and poster presentations "excellent" or "above average."

"Great opportunity to meet the pioneers and experts in the field!"

—*Michiel van Nunen, Move Institute, VU University Amsterdam*



"Having worked with TBI patients for the past 26 years it is nice to find a conference that provides cutting-edge information from exceptionally well-qualified speakers."

—*Alison M. O'Shanick, MS, CCC-SLP*



"This was the most amazing gathering of international researchers and wonderful presenters I have ever had the pleasure to enjoy. The plenary sessions were cutting edge..."

—*Kathryn Oden, PhD, Director of Assessment, Pate Rehabilitation Endeavors*



"Excellent format for scientists and clinicians to meet, share and interact to learn frontline research and trends...Provided many ideas to think about when providing clinical services."

—*Scott A. Miller, OTR/L*

"The annual ACRM-ASNR conference is a great way to stay current on issues in rehabilitation research. As a researcher, I always find this meeting a highlight of the year and a good way to meet colleagues. The scientific merit of the posters and sessions is exciting."

Mary Stuart, ScD, VA Investigator



“The opportunity to reach our peers from across the country at *Progress in Rehabilitation Research* is a wonderful chance to highlight the amazing research and clinical care that happens at Spaulding each day.”

—Dianne Lamb,
Regional Director of Admissions,
Spaulding Rehabilitation Network



90% of conference evaluation respondents rated the faculty “excellent” or “above average.”

More than half of survey respondents say the conference fully “satisfied” their expectations (55%) while **31%** say the conference “exceeded” their expectations.

SPECIAL THANKS to all respondents of the conference evaluation survey. Your feedback will help inform decisions and shape the 2012 Conference in Vancouver.

Congratulations to Sheri Bartel, MS, CBIS and Liv Nyankori, winners of the survey incentive drawing! Each received a \$100 American Express Gift Card.



“Fantastic meeting, great networking opportunity for young investigators.”

—Carolyn Dohle, MD

“Enjoyed the variety of speakers from different disciplines. The workshop [I attended] was excellent.”

—Samuel M. Bierner, MD



“This conference exceeded my expectations. As both a clinician and a researcher, I gained valuable knowledge that will change both aspects of my practice.”

—Casey Riley, PT, DPT

“As a first time participant, my only regret is that I did not: 1) Join this organization sooner in my career and 2) Attend meetings earlier in my career.”

—Edward L. Manning, PhD, ABPP-CL,
Professor of Neurology,
University of Mississippi Medical Center

“ACRM is very relevant to the therapy services we provide in our post-acute rehab facility, and our staff found it very beneficial and educational!”

—Sid Dickson, PhD, ABPP,
Clinical Director, Pate Rehabilitation

70% of evaluations rated the quality of the education provided “excellent” or “above average.”

ACRM Seeks Editor-in-Chief for Scientific Journal

The American Congress of Rehabilitation Medicine (ACRM) is seeking qualified candidates for Editor-in-Chief of its journal, the *Archives of Physical Medicine and Rehabilitation*.



Archives of Physical Medicine and Rehabilitation

The *Archives* is the official journal of the ACRM and has as its mission the dissemination of original information, with the goal of advancing the art and science of interdisciplinary rehabilitation, thus improving the health and welfare of persons with chronic illness and disabilities.

The *Archives* publishes 12 monthly issues of approximately 160 to 200 pages per issue and two Supplements of 100 pages per issue each year. Because of the interdisciplinary nature of the *Archives* readership, every issue includes articles that are of interest and value to all rehabilitation professionals.

The scientific objectives of the journal include publishing (1) peer-reviewed papers representing primarily translational and clinical research findings; (2) material that informs readers on new developments and controversies relevant to rehabilitation (material in this category may include commentaries, special communications, and concept papers); and (3) appropriate announcements, meeting abstracts, letters to the editor, and editorials.

The educational objectives of the journal include helping readers develop their skills in understanding and utilizing research findings; assisting rehabilitation professionals in meeting their continuing education needs through publication of state-of-the-art reviews, research, and clinical articles; and providing CME and special education supplements.

The *Archives of Physical Medicine and Rehabilitation* is disseminated to ACRM members, other individual subscribers, and university, hospital and other libraries across the world. The *Archives* is the most highly cited journal in Rehabilitation, has the highest Eigenfactor in its category, and has an Impact Factor that has increased annually since 2008 (2010 Journal Citation Reports,® Thomson Reuters). The *Archives* garners nearly 2 million article downloads annually.

Additional information can be found on the Journal's website: www.archives-pmr.org.

Responsibilities of the Editor-in-Chief

- Establishing a vision and mission for *Archives*, in collaboration with the ACRM Board of Governors and the *Archives* Board of approximately 40 editors
- Preparing and implementing a strategic plan for growth, in collaboration with the ACRM Board of Governors and the ACRM *Archives* Management Committee
- Calling and presiding at meetings of the Editorial Board and the Executive Committee of the Editorial Board
- Making decisions at his/her discretion on behalf of the Editorial Board between meetings of the Editorial Board and/or Executive Committee
- Reviewing manuscripts submitted to the journal
- Receiving, reviewing, and acting on complaints from authors
- Reviewing and approving the journal's yearly budget, for approval by the journal's Management Committee
- Representing the Editorial Board in Management Committee negotiations with the journal's publisher
- Providing the ACRM Board of Governors with reports, as requested, on the journal as well as activities of the Editorial Board and the *Archives* editorial staff
- Representing the Editorial Board in its negotiations with other editorial boards as the need arises
- Reviewing and approving advertising and related initiatives

The individual elected as Editor-in-Chief is expected to serve in that position for 6 years, with a formal interim review after 3 years.

Qualified candidates will be persons who are recognized internationally as leading members of a rehabilitation discipline, will have worked at a strategic level within academia or health care, will have an impressive track record of publications and conference presentations arising from research and scholarship, and will have demonstrated excellence in journal peer review and editorial board service. Given that about half of all manuscripts published in *Archives* originate outside the United States, US residence is not required.

The ideal candidate will possess the following skills and knowledge:

- A record of leadership demonstrating organizational abilities
- Advanced scientific training and research experience demonstrated by receipt of competitive research grant funding and by publications
- Excellent writing and verbal communication skills; fluent in spoken and written English
- Knowledge of rehabilitation issues on an international level
- Understanding of a broad range of research methods in rehabilitation
- Editorial experience as a journal editorial board member, associate editor, or editor
- Computer literacy
- Demonstrated ability to meet deadlines
- Interest in new methods of scholarly communication, such as supplements to journals



As currently structured, the responsibilities of the Editor-in-Chief require about 10 hours per average week. A stipend paid to the person or his/her institution is available to assist in offsetting the time requirement. The Editor-in-Chief is assisted by two deputy editors who also receive a (smaller) stipend. Additional support is offered by a paid Managing Editor, and three Editorial Office Assistants. *Archives* operates via a virtual editorial office, allowing the editor to work from any location.

Applications should include:

- a short summary of your curriculum vitae including key publications, paid and unpaid positions
- a list of appointments as a reviewer, editor or editorial board member, with information on the scope of activities
- details of your involvement with ACRM and/or other relevant organizations

Finalists among candidates will be asked to submit at a later stage:

- a short, concise assessment of the strengths and weaknesses of the *Archives of Physical Medicine and Rehabilitation*, as well as its strategic opportunities for growth
- an overview listing details of the skills you will bring to this position, and
- a statement of your vision for this journal and how you would like to see it develop in the future.

The selection committee aims to interview selected candidates at an ACRM/*Archives* meeting to be held May 18-21, 2012, in Nashville, Tennessee, USA. The candidate selected will be expected to start his/her responsibilities soon thereafter, working closely with the outgoing Editor-in-Chief, Jeffrey Basford MD, PhD, whose term ends December 31, 2012.

Please send applications to Kristen Overstreet (koverstreet@acrm.org) by March 31, 2012.

ACRM Members Invited to Author Instrument Summaries

Rehabmeasures.org invites ACRM members and affiliates to author and review instrument summaries for the website.

As described during the Outcomes Measurement Networking Group meeting at the 2011 ACRM-ASNR Annual Conference in Atlanta, Rehabmeasures.org provides high quality, concise and freely available instrument summaries to rehabilitation professionals. Since the site's launch in 2011 the project has grown to include a library of nearly 100 instrument summaries, many of which are linked to copies of the measure for immediate download. The site's popularity has grown dramatically since its inception and now attracts more than 14,000 visits a month from more than 100 countries and territories.

Authors contributing to Rehabmeasures.org compose instrument summaries based on peer-reviewed research, distilling a body of work into a concise, clinically-relevant instrument summary. This summary is then peer-reviewed by at least two experts — one who assesses the scientific strength of the summary, and a second who evaluates its clinical relevance and applicability. Opportunities to publish in a more traditional venue will also be offered. Beginning in mid-2012, Rehabmeasures.org will release a monthly series of condition-specific, single-page “tear-sheets” in the *Archives of Physical Medicine and Rehabilitation*.

Researchers and clinicians interested in contributing to the Rehabmeasures.org project as either an author or reviewer should contact Jason Raad, jraad@ric.org, at the Center for Rehabilitation Outcomes Research at the Rehabilitation Institute of Chicago. ■

Research Ethics Review: An International Flavor

By Barry Willer PhD; Professor, State University of New York at Buffalo (USA)

Researchers in the US are so familiar with the acronym IRB that it has become a word in itself: “IRB approval is required” or “we will have to see what the IRB has to say about that.” The primary role of the IRB, or institutional review board, is to ensure that the rights of subjects who participate in research are protected.

We are required to submit our research plans to the IRB for approval prior to initiating a study. Generally, the IRB is institution specific and perhaps that is the origin of the descriptive title “institution review board.” However, it is only when we begin to work with collaborators in other countries that we realize how inadequately the name describes the board’s purpose: to review ethical conduct in research.

I am principal investigator of a multi-site clinical trial of a cognitive intervention for individuals with traumatic brain injury. We have data collection sites in the US, New Zealand and Canada. Outside of the US, research ethics committees must review and approve the research protocols used. It is interesting how they vary in procedure and focus from the typical IRB in the US.

Like IRBs, research ethics committees in Canada, New Zealand and other countries place emphasis on providing complete information to potential subjects to ensure “informed consent.” However, research ethics committees seem to place more emphasis on the reason for the research, that is, the value of the research for public good and less emphasis on the minute details of the consent process.

The IRBs in the US are generally made up of other scientists from the host institution. In contrast, research ethics committees often include people from the community who might best be viewed as consumers of the research. IRBs require that investigators inform them of every minor change in the research protocol, whereas research ethics committees generally show more faith in the investigator to make small necessary adjustments to the research protocol without revising the consent form.

Of course, if an investigator does revise the consent form, all committees expect to be notified. Because our research is multi-national we had to meet the needs of the IRBs and research ethics committees of each site, which caused only slight delays.

Despite these various differences across review procedures, our research truly benefited by the additional questions the committees posed. We had no difficulty justifying the potential overall benefit of the project or specifying the protocol, particularly the consent procedure. We also found it quite interesting how much the local review committees enjoyed seeing the questions posed by their counterparts in other countries. They appeared to learn from the differences observed. There are many benefits to international research, but experience with research ethics review processes was one we did not anticipate. ■



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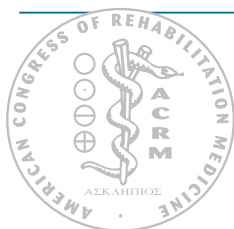
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Rehabilitation OUTLOOK



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