ACRM 94th Annual Conference
PROGRESS IN REHABILITATION RESEARCH #PIRR2017
TRANSLATION TO CLINICAL PRACTICE

ACRM ATLANTA 23 – 28 OCT 2017

EARLY BIRD RATES END SOON!
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www.ACRMconference.org
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I N T E R D I S C I P L I N A R Y
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Save the most by becoming an ACRM Member before you register. ACRM is a growing and vibrant interdisciplinary community offering outstanding opportunities to connect, learn and collaborate with colleagues from around the world. Members gain full access to 20+ interdisciplinary special interest groups, committees, task forces and networking groups, subscription to the ARCHIVES of Physical Medicine & Rehabilitation — the most-cited journal in rehabilitation, discounts on all ACRM events and publications and more. Visit ACRM.org/join or contact MemberServices@ACRM.org.

SUBMIT

It's not too late to be a part of this! Now calling for late-breaking posters. Accepted abstracts are published in the ARCHIVES of PM&R. DEADLINE 28 JULY MORE: ACRM.org/posters

“This is going to be FANTASTIC. Tell your colleagues!”

“You — and your entire rehab team — are welcome at the ACRM Conference. If you’ve been to one before, it’s like coming home. If you are new to ACRM, welcome to our family.”

PAMELA ROBERTS, PHD, OTR/L, SCFES, FAOTA, CPHQ, FNAP, FACRM
STROKE INTERDISCIPLINARY SPECIAL INTEREST GROUP CHAIR AND ANNUAL CONFERENCE PROGRAM COMMITTEE CHAIR, CEDARS-SINAI HEALTH SYSTEM

Check out the ACRM Conference APP ACRM.ORG/APP
And the online program: ACRM.ORG/onlineprogram
Hello ACRM members & friends,

I am honored to invite you — and every member of your rehabilitation team — to experience the most exciting ACRM event ever — the ACRM 94th Annual Conference: Progress in Rehabilitation Research (#PIRR2017).

While the ACRM Conference has exploded in depth and breadth in recent years, ACRM will always make QUALITY the #1 priority and will maintain that sense of intimacy and the opportunities for close interactions within our communities that is so much a part of ACRM.

Exciting new additions again this year are the result of the incredible Program Committee led by the tireless Pamela Roberts, PhD, OTR/L, SCFES, FAOTA, CPHQ, FNAP, Cedars-Sinai Health System. NEW in 2017:

- **EXPANDED GRAND ROUNDS** — curated tours of award-winning scientific posters
- **“CHAT WITH AN EXPERT”** series — allowing up-close networking and exchanges
- **MORE EXCITING SPECIAL SYMPOSIA** featuring renowned presenters and hot topics
- **MORE** networking opportunities for interprofessional exchange
- **BIGGER EXPO** the exciting hub of the conference with the latest and the best rehabilitation products and services
- **MORE COMMUNITY MEETINGS** than ever! Always welcoming and inclusive — ACRM community groups are where the serious work, networking, and camaraderie come to life. Opportunities are plentiful within ACRM to get involved and make a meaningful difference in rehabilitation and IMPROVE LIVES.
- **ONLINE PROGRAM** allows you to peruse and search the conference program, by focus area, read detailed course descriptions and build your schedule: ACRM.org/onlineprogram,

**VALUE** ACRM works brutally hard to keep registration costs as low as possible in order to be affordable for the greatest number of people. And the cost per CME hour is as low as $14.26 for the student WORLD PASS versus an industry average of $40 per hour. So the added value of the WORLD PASS bundle can not be beaten. And ACRM’s discounted hotel rates can save members as much as 30 - 40% per night over the hotel’s regular market rates. So don’t get left out — register for the conference and reserve your hotel room today.

Come and be a part of the LARGEST conference in the world for interdisciplinary rehabilitation research, made even better with you.

I look forward to seeing you in Atlanta!

Douglas Katz, MD, FACRM, FAAN, FANA, FASNR
ACRM President
Boston University School of Medicine
Boston University Neurology Associates
HealthSouth Braintree Rehabilitation Hospital
everyone is filing in to ACRM...

ACROSS DISCIPLINES & AROUND THE WORLD — ACRM IS KNOWN FOR HAVING QUALITY RESEARCH. ACRM IS WHERE THE RESEARCHERS MEET THE CLINICIANS & TEAM SCIENCE IS HELPING TO IMPROVE LIVES. PLEASE JOIN US.

THERE’S LOTS TO LEARN FROM EACH OTHER HERE...

Your whole rehab team belongs at ACRM

» POWERHOUSE speaker line-up — renowned names in rehab

» Network, connect, learn, grow...

» 6 days of the LATEST RESEARCH translated to practice

» NONSTOP CONTENT for 18 focus areas — all under one roof

» PLUS dozens of cross-cutting topics spanning multiple diagnoses/focus areas

» CME / CEUs for 15 Disciplines

» Up to 44 credit hours — more than any other event

» 900+ scientific paper & poster presentations

» 250+ educational sessions, symposia & lectures

» 3,000+ attendees from around the world

» DOZENS of ACRM Meetings: interdisciplinary special interest groups, networking groups & task forces—join us!

» Exciting ACRM REHAB EXPO HALL:
  » Chat with the Experts
  » Poster Grand Rounds
  » Product Theater

EARLY BIRD registration rates from:
$99.50 Instructional Course
$449 CORE Conference
$699 WORLD PASS

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CONFIRMED

**Powerhouse Speaker Lineup...**

**PLENARY I**  
**GARY R ULCNY, PHD, FACRM**  
President and CEO, GRU Healthcare

“Rehabilitation: Where are we now and where do we need to be?”

**PLENARY II**  
**JOSEPHINE P BRIGGS, MD**  
Director, National Center for Complementary and Integrative Health (NCCIH), National Institutes of Health (NIH)

“Integrative Medicine and Progress in Rehabilitation: People Really Matter”

**PLENARY III**  
**MAURIZIO CORBETTA, MD**  
Professor and Chair of Neurology, University of Padua; Founding Director, Padua Neuroscience Center; Professor of Neurology, Radiology, Neuroscience, & Bioengineering, Washington University School of Medicine

“Behavioral Clusters and Brain Network Mechanisms of Impairment and Recovery”

**PLENARY IV**  
**JAMES H RIMMER, PHD**  
Lakeshore Foundation Endowed Chair in Health Promotion & Rehabilitation Sciences; Director of Research, University of Alabama at Birmingham (UAB)

“Pathway from Acute Rehabilitation to Lifelong Health and Wellness for People with Disabilities”

Please join us...

**JOHN WHYTE, MD, PHD, FACRM**  
Director, Moss Rehabilitation Research Institute: Einstein Healthcare Network

**TESSA HART, PHD, FACRM**  
Institute Scientist, Moss Rehabilitation Research Institute

**STEVEN L WOLF, PHD, PT, FAPTA, FAHA**  
Professor, Emory University School of Medicine, Department of Rehabilitation Medicine, Division of Physical Therapy

**TERESA BRININGER, PHD, OTR/L, CHT**  
Director, Clinical and Rehabilitative Medicine Research Program, US Army Medical Research and Materiel Command

**ALISON CERNICH, PHD**  
Director, National Center for Medical Rehabilitation Research, National Institutes of Health (NIH)

**KRISTI WILSON HILL, PHD**  
Acting Director, NIDILRR, Administration for Community Living, US Department of Health and Human Services

**STEVEN KIRSHBLUM, MD**  
Senior Medical Officer and Director of SCI, Kessler Institute for Rehabilitation; Chair PM&R and Research Professor, Rutgers New Jersey Medical School

**LEORA R CHERNEY, PHD, BC-ANCDS, CCC-SLP**  
Scientific Chair: Think & Speak Lab and Professor, Physical Medicine & Rehabilitation and Communication Sciences & Disorders, Shirley Ryan AbilityLab (formerly the Rehabilitation Institute of Chicago) and Northwestern University

**ANN MCKEE, MD**  
Director, CTE Center; Professor, Boston University/VA Medical Center

**MARCEL DIJKERS, PHD, FACRM**  
Research Professor, Icahn School of Medicine at Mount Sinai

**ERIC LESKOWITZ, MD**  
Director, Integrative Medicine Task Force, Spaulding Rehabilitation Hospital

**MARK HALLETT, MD**  
Chief, Human Motor Control Section, NINDS, NIH

**ROBERT TEASELL, MD, FRCP**  
Professor and Research Director, Department of PM&R, Western University; Medical Director, Stroke Rehabilitation Program, Parkwood Institute

**DAVID CIFU, MD**  
Herman J. Flax, MD Professor and Chairman, Virginia Commonwealth University School of Medicine

**STACY SUSKAUER, MD**  
Associate Professor, Kennedy Krieger Institute

**DONALD G STEIN, PHD**  
Asa G Candler Professor, Emory University

**DAVID RHEW, MD**  
Chief Medical Officer (CMO) and Head of Healthcare and Fitness, Samsung Electronics of America

**MICHAEL D. STUBBLEFIELD, MD**  
Medical Director for Cancer Rehabilitation, Kessler Institute for Rehabilitation; National Medical Director for Cancer Rehabilitation, Select Medical

**JULIE SILVER, MD**  
Associate Professor, Harvard Medical School, Department of Physical Medicine & Rehabilitation, Boston, MA

**SARAH ROCKSWOLD, MD**  
Medical Director, Traumatic Brain Injury Center of Excellence, Hennepin County Medical Center; Professor, University of Minnesota

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**OVERVIEW**

ACRM 94th Annual Conference

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**NONSTOP CONTENT:**
Brain Injury • Spinal Cord Injury • Stroke • Neuroplasticity • Cancer Rehabilitation • Neurodegenerative Diseases • Pain • Health/Disability Policy • International • Measurement • Military/Veterans Affairs • Pediatric Rehabilitation • Geriatric Rehabilitation • Technology • Limb Loss Rehabilitation • Arts & Neuroscience • Complementary Integrative Rehabilitation Medicine • Clinical Practice • Cross-Cutting

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**INTERDISCIPLINARY**

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**KEY**

- CORE Educational Sessions
- ACRM EXPO & Posters
- Receptions: networking + fun
- ACRM Community Group Meetings
- Pre-Conference Instructional Courses & Workshops

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**EXPO OPEN TO PUBLIC**

Friday, 27 Oct

NEW!
While these courses are included in the WORLD PASS, only these include lunch and have a separate pricing structure when purchased a la carte.

**Tuesday 24 Oct**

- **8:30 AM - 12:30 PM**
  - 289945 Integrating Outcome Measurement into Clinical Practice
  - TOPICS: CROSS-CUTTING

- **8:30 AM - 12:30 PM**
  - 293316 Neuromuscular stimulation to improve function in Pediatrics
  - TOPICS: PEDIATRIC REHABILITATION

- **3:00 PM - 5:30 PM**
  - 298080 A Clinician’s Guide to Finding and Interpreting Data to Support Your Evidence-Based Practice
  - TOPICS: CLINICAL PRACTICE

**Wednesday 25 Oct**

- **8:30 AM - 12:30 PM**
  - 294560 Management of Children With Upper and Lower Extremity Limb Deficiencies: Congenital & Acquired
  - TOPICS: CLINICAL PRACTICE

- **12:00 PM - 3:00 PM**
  - 297087 How to Deliver the Wheelchair Skills Training Program in the Clinic and Beyond
  - TOPICS: CROSS-CUTTING

**Saturday 28 Oct**

- **8:00 AM - 12:00 PM**
  - 313279 Parkinson’s Disease COURSE for Speech Language Pathologists — LUNCH INCLUDED see: ACRM.org/pdcourse
  - TOPICS: NEURODEGENERATIVE DISEASES & CP

- **8:00 AM - 12:00 PM**
  - 334413 Dance Tools to Help Physical and Occupational Therapists Broaden Vocabulary and Approach
  - TOPICS: COMPLEMENTARY INTEGRATIVE MEDICINE

- **12:00 PM - 4:00 PM**
  - 300216 Integrating Feldenkrais® Concepts Into Rehabilitation: A Systems Based Approach (Part 1)
  - TOPICS: COMPLEMENTARY INTEGRATIVE MEDICINE
The purpose of this instructional course is to provide rehabilitation providers with the rationale and guidelines for choosing outcome assessments to use routinely for ensuring data are reliable, valid, fit within clinical workflow, and clinically useful. Outcome measurement is important not only for demonstrating value, but also to increase and advance clinical knowledge.

Four distinct phases of innovation — idea generation, needs assessment, research project execution and translation to clinical practice/commercialization — produce rehabilitation researchers and clinicians with the rationale and concepts that support the application of individual growth curve modeling. Following the course, learners will be able to appraise existing data for suitability to an individual growth curve model, discuss the relevance of such models with statistical consultants, and plan for data collection in future projects which are suited to modeling outcomes longitudinally. Details: ACRM.org/ic294466

**TUESDAY**

**8:30 AM - 12:30 PM #297087**  
Enhancing TBI Research Baseline and Outcomes Measurement with Biomarkers and Biometrics  
**STYLE:** Lecture FOCUS: Brain Injury, Measurement  
**FACULTY:** Janet Niemeier, Amy Martin, Brooke Meyer, Harald Schubert  

**8:30 AM - 12:30 PM #297052**  
A Clinician's Guide to Finding and Interpreting Data to Support Your Evidence-Based Practice  
**STYLE:** Lecture FOCUS: Clinical Practice (assessment, diagnosis, treatment, knowledge translation/EBP, implementation science, program development)  
**FACULTY:** Mark Sweetman, Christine Willis  

The course is open to any interested physicians, therapists, nurses, or other healthcare professionals who seek to learn how to find and interpret evidence to support clinical practice. Participants will demonstrate the ability to utilize PubMed effectively to find published articles from peer-reviewed journals relevant to a specific clinical research question. Information will be presented to help participants understand basic statistical analysis and levels of evidence for the appropriate interpretation and application of results. The instructors will provide hands-on demonstration time for participants to apply what has been discussed in the course. ACRM.org/ic297052
and scientists from Carolinas Medical Center/University of North Carolina, Department of Physical Medicine and Rehabilitation will provide information about the current gaps in characterization of TBI symptoms, severity and outcomes. The presenters will also describe how to pull together cross-field teams and include biomarkers and biometrics in study measure lists for enhancing accuracy, increasing understanding of TBI complexities, and advancing the field. Exemplars will be provided from the research of both teams of presenters. Details: ACRM.org/ic297087

Tuesday 8:30 AM - 12:30 PM  #300062
Neuropharmacology Overview: Basic Science, Clinical Use, & Future Direction
STYLE: Lecture  FOCUS: Clinical Practice
FACULTY: Joseph Rosenthal, Arshia Ahmad, Ana Durand Sanchez, Min Jeong Graf, Douglas Katz, Cindy Ivanhoe, Sheital Bavishi
This course surveys the basic principles of neuropharmacology with an emphasis on the molecular pharmacology of drugs used to treat CNS disorders which are of particular interest to Rehabilitation Medicine Practitioners. The course will provide a description of the cellular and molecular actions of drugs on synaptic transmission with discussion of drug-induced changes in functioning of the nervous system. We will examine how the neurotransmitter systems influence nervous system as well as therapeutic targets affecting these transmitter systems. Clinical applications of neuropharmacology, current research investigating the development of drugs for neuronal targets, and pharmacogenetics will be addressed. ACRM.org/ic300062

Tuesday 8:30 AM - 12:30 PM  #304782
Management of Neurodegenerative Disorders with Ayurveda and Yoga: Interdisciplinary Considerations
STYLE: Lecture  FOCUS: Neurodegenerative Disease (e.g. MS, Parkinson’s disease), Complementary Integrative Rehabilitation Medicine
FACULTY: Rajiv Dalal, Kavita Dalal
This course will introduce Ayurveda from a theoretical standpoint with focus on assessment and treatment of neurodegenerative disorders. There will be a strong focus on the science of Ayurveda, namely the tridosha theory, with correlation to established biochemical models. The participants will learn the connections between Ayurveda to common established therapeutic techniques such as physical therapy and pharmacotherapy for treatment of Parkinson’s and Alzheimer’s. Subsequently, treatment techniques will be discussed and demonstrated, which encompass the use of breathing exercises, yoga postures, diet modification and herbal therapy. Finally, these concepts will all be integrated with the utilization of a case study. ACRM.org/ic304782

Tuesday 12:30 PM - 5:30 PM  #284670
Integrative Management of Chronic Pain using Autonomic Self-Regulation
STYLE: Hands-on Workshop  FOCUS: Complementary Integrative Rehabilitation Medicine, Pain
FACULTY: JP (Jack) Ginsberg, Raouf (Ron) S. Garho, Melanie Berry, Aubrey Berry
Heart rate variability biofeedback and Mindfulness are integrative health care techniques that together form the intervention called ‘Autonomic Self-Regulation (ASR). ASR is an easily learned, non-invasive, non-pharmaceutical way of managing centrally sensitized chronic pain. This instructional course uses case studies, lecture, and live hands-on demonstration to provide attendees a clear understanding of how ASR benefits works to reduce centrally sensitized chronic pain. Information explaining the shared central nervous system pathways of sensitized chronic pain and ASR will be shared, and recent research results from studies of the effect of ASR on chronic pain will also be presented. ACRM.org/ic284670

Tuesday 12:30 PM - 5:30 PM  #294818
Reducing the Likelihood of Post-Concussive Syndrome Through Effective Assessment, Education, and Treatment
STYLE: Lecture  FOCUS: Clinical Practice, Brain Injury
FACULTY: Suzanne Penna, Logan Kaleta
Unlike moderate to severe traumatic brain injuries (TBI), recovery from mild TBI is not directly related to severity of injury. Recovery from concussion is related to pre and post-morbid cognitive, physiological, and psychological variables. The goal of this course is to provide a review of concussion management in order to either prevent post concussion syndrome (PCS) or improve functioning in those with PCS symptoms. While the material presented will be applicable to all individuals with concussion, a special focus will be on challenges in treating veterans, and considerations in assessment and treatment of athletes regarding return to play/referring from sport. ACRM.org/ic284670

Tuesday 12:30 PM - 5:30 PM  #284384
Applied Longitudinal Data Analysis Using R (Part 2)
STYLE: Hands-on Workshop  FOCUS: Measurement
FACULTY: Keith Lohse, Allan Kozlowski
Building off Part 1 (#294466), this hands-on workshop will introduce clinicians and researchers to building and comparing statistical models for longitudinal data using individual growth curve (IGC) analysis. IGC is an advanced data analysis technique that is extremely useful for anyone who works with data collected over time. IGC has real advantages over repeated measures ANOVA in terms of its flexibility (e.g., works even with missing data) and statistical power (e.g., test only the contrasts you are interested in), making it ideal for the clinical sciences. Details: ACRM.org/ic294384

Tuesday 12:30 PM - 5:30 PM  #294693
Implementing a Patient/Family Driven Care Program using Goal Attainment Scaling
STYLE: Lecture  FOCUS: Cross-Cutting
FACULTY: Susan Johnson, Tiffany Lecroy, Virginia Martin, Tracey Wallace, Allison Cwick
Patient/Family driven patient care models are emerging to extend traditional health care delivery models to empower patients and families in self care and safety. This presentation will provide hands on training and implementation strategies for developing a patient family centered care model in a rehabilitation setting using goal attainment scaling. Specific tools, training modules, and measures of success will be described. ACRM.org/ic294693

Tuesday 12:30 PM - 5:30 PM  #297040
New EEG and Multimodal Tools for Communication and Rehabilitation for Users with Severe Motor Disabilities
STYLE: Hands-on Workshop  FOCUS: Neurodegenerative Disease (e.g. MS, Parkinson’s disease), Brain Injury
FACULTY: Brendan Allison, Melody Jackson, Vivek Prabhakaran, Dean Krusinski
This instructional course will provide hands-on demonstrations and workshops with different systems that use the EEG and other multimodal signals to enable communication or provide rehabilitation for persons with severe motor disabilities. Attendees can don electrode caps and other head-mounted equipment and use systems and methods from different groups. We will help attendees proceed through the stages of mounting equipment, launching software, training the classifier, practicing communication, and other activities. This course may be of interest to persons who work with patients with severe motor disabilities, as well as those interested in neuroscience, engineering, medicine, movement therapy, psychology, signal processing, and HCI. ACRM.org/ic297040
Believe it or not — all of these courses are included in the WORLD PASS (see page 49)

### Program Development: An Instructional Course and Workshop For Rehabilitation Clinicians and Physicians
- **STYLE:** Lecture FOCUS: Clinical Practice Quality Improvement and Implementation Science
- **FACULTY:** Andrew Dennison, Brad Kurowski, Susan Johnson, Christine MacDonell, Susannah Kidwell

Skills in strategic planning and administration are extremely important when seeking to develop and maintain rehabilitation programs; however, education in these concepts is often lacking in training. This half-day course will provide education in several areas that are critically important for successful program development: assessing your program’s gaps and identifying barriers to success, implementing continuous improvement and judiciously applying new technologies and therapy techniques, successfully navigating business and financial issues, promoting a positive culture and obtaining and retaining staff, and effectively preparing for certification surveys. Participants will engage in planning and brainstorm ideas with help from the panel between lectures.

**WED**
**8:30 AM - 12:30 PM** #284339

### How to: Administering the Kessler Foundation Neglect Assessment Process and Prism Adaptation Treatment Protocols
- **STYLE:** Hands-on Workshop FOCUS: Stroke, Clinical Practice
- **FACULTY:** Pei Chen, Kimberly Hrehia, Kelly Walloga, Natalia Noce

In this instructional course, we will first discuss the definition of spatial neglect and emphasize the clinical impact on stroke survivors. Next, we will explain the KF-NAP and offer participants the opportunity to practice using the assessment through access to patient cases and video. After, the KF-PAT will be introduced. The small groups will now learn to administer this treatment protocol by actually practicing with the equipment. Conclusions will be a discussion the practical implications of using both protocols in an inpatient rehabilitation facility.

**WED**
**8:30 AM - 12:30 PM** #285180

### How Peers Can Be Integrated Into Rehabilitation Care Provision: Learn From a Peer Support Team
- **STYLE:** Hands-on Workshop FOCUS: Spinal Cord Injury, Clinical Practice
- **FACULTY:** Julie Gassaway, Mina Hong, Pete Anziano, Karen DeVault, Zachary Bradley, Gary Ulcyn, Shanna Thorpe, Jennifer Roane

We will summarize research results validating the importance of peer mentorship and initiate discussion with participants on translating research findings into actionable items to impact current practice. We will introduce participants to our peer support team who will describe our translation of research into practice. Clinicians and an administrator will provide feedback on how peer involvement augments clinical care. Participants brainstorm ideas about using peers to supplement care provision in home environments and be provided with a course reference list that contains links for accessing peer-developed educational materials and video productions that could be used assist in program development.

**WED**
**8:30 AM - 12:30 PM** #288094

### Concussion: Managing Recovery Inertia in Complex Phenotypes: A Case Study Model
- **STYLE:** Lecture FOCUS: Brain Injury
- **FACULTY:** Steven Flanagan, Donna Langenberg, Geraldine Pagnotta, Mia Palazzo, Mary Reilly, John Rizzo, Mackenzie Root, Pamela Singer, Mara Sprool, Margaret Waskiewicz

Persisting symptoms affect 10-20% of patients with concussion. A multidisciplinary approach is essential for patient management. Presenters are from experts from an academic multi-disciplinary concussion center. Presenters will exhibit complex sports and non-sports related cases. Attendees will also bring cases which will be reviewed in workshops and presented to participants. Areas of focus will be physician management, nurse coordination, physical and vestibular therapy, vision therapy, speech language pathology, social work, and neuropsychological management. Following each interactive case presentation, faculty will lead focused, high impact discussions with clinical pearls highlighting evidence based evaluation tips, treatment approaches, and return to function goals.

**WED**
**8:30 AM - 12:30 PM** #290429

### Adapted Tango Instruction for Older Adults and People With Movement Disorders: Fundamentals
- **STYLE:** Hands-on Workshop FOCUS: Arts & Neuroscience, Neurodegenerative Disease (e.g. MS, Parkinson’s disease)
- **FACULTY:** Madeleine Hackney

In recent years, research has demonstrated the beneficial effects of diverse forms of exercise, including dance, for social, physical and emotional aspects of well being for people with parkinson’s disease (PD) and older adults. To provide services that address multiple needs of older adults as well as people with PD, this teacher training course for Adapted tango dance fundamentals has been created. This course includes background information about mobility challenges those with PD and older adults face, research that supports adapted tango classes’ efficacy, pedagogical and logistical tools for providing safe and effective partnered dance classes.

**WED**
**8:30 AM - 12:30 PM** #293937

### Optimizing Transitions of Care in Stroke Rehabilitation, From Day One to Community Reintegration
- **STYLE:** Lecture FOCUS: Stroke, Clinical Practice
- **FACULTY:** Diane Chappuis, Nancy Finn, Molly Trammell, Jill Henly, Ann Woolsey, Stacy Shamboldt, Marlene Vega, Cara Patterson

Optimizing transitions of care for stroke survivors for at least a one year period of time has the potential to improve outcomes in motor, cognitive, language and psychosocial functions. We discuss innovative programs implemented across the continuum of care at two urban rehabilitation networks in the U.S. with focus on (1) utilizing consistent outcome measures for therapy and treatment; (2) enrolling and tracking stroke survivors in care coordination beyond hospital discharge; (3) implementing proactive discharge preparedness; (4) integrating multi-dimensional health literacy principles; and (5) facilitating readiness to make lifestyle changes for secondary stroke prevention and improved quality of life.
of life. ACRM.org/ic297047

**WED** 8:30 AM - 12:30 PM #294965
Contemporary Applications of Biofeedback for Patients: Mind-body Approaches to Rehabilitation *This course includes a boxed lunch sponsored by Thought Technology*

STYLE: Lecture FOCUS: Complementary Integrative Rehabilitation Medicine, Brain Injury FACULTY: Sonya Kim, Paul Lehrer, Frank Andrasik, Steven Wolf, Trisha Kesar, Katlin Genthe, Patricia Heyn

Mounting evidence points to the efficacy of biofeedback for the treatment of various disorders, including anxiety, depression, headaches, pain, brain injury, and symptoms post-stroke. This course will cover: Heart rate variability biofeedback to improve self-regulation; data on the results of a meta-analysis on HRV-BF to treat depression; evidence on use of biofeedback to treat headaches; summarize potential advantages of using biofeedback for rehabilitation including rehabilitation of stroke gait and posture. We will also present preliminary results from our ongoing research involving the use of biofeedback to restore the deficit in parietal post-stroke. ACRM.org/ic294965

**WED** 8:30 AM - 12:30 PM #295894
**Beyond Acute Care; Promoting Self-Management and Empowering Clients to Live a Fuller Life**

STYLE: Lecture FOCUS: Clinical Practice, Quality Improvement and Implementation Science FACULTY: Veronica Rowe, Jeanne Langan, Marsha Neville, Candice Osborne, William Levack, Shelley Dean

The current healthcare environment and common approaches to rehabilitation do not emphasize training clients’ self-management skills to promote continued recovery across the lifespan. Self-management programs may facilitate the individual’s sense of self-efficacy and mastery in managing the condition during post-acute rehabilitation. The purpose of this instructional course is to present current evidence, relevant theories, models for practice, and ideas for translation of evidence into best practice to promote self-management and ultimately active engagement in health and wellness behaviors across the lifespan for persons with chronic conditions. We aim to have robust discussion on improving long-term recovery in chronic conditions. ACRM.org/ic295894

**WED** 8:30 AM - 12:30 PM #297047
**Improving Recognition and Treatment of Sleep Apnea in the Rehabilitation Setting to Improve Outcome**

STYLE: Lecture FOCUS: Cross-Cutting, Brain Injury FACULTY: Risa Nakase-Richardson, Daniel Schwartz, Karel Calero, Mo Modarres, Kathleen Bell, Kimberlye Monden

Sleep is critical for neural repair in early stages of recovery and disordered sleep may play a role in early neurodegeneration after conditions such as TBI. The Centers for Disease Control has declared insufficient sleep a public health epidemic. Further, disorders such as sleep apnea are increasingly recognized as under-diagnosed and suboptimally treated in the general population. This is particularly important because sleep apnea is a treatable condition that may alter outcomes.

This course proposes to bring together experts in rehabilitation and sleep medicine to provide current knowledge of sleep apnea diagnosis, treatment, and outcome in the neuro-rehabilitation setting. ACRM.org/ic297047

**WED** 8:30 AM - 12:30 PM #297321
**Stimulating Neurorecovery Using Transcranial Direct Current Stimulation**

STYLE: Lecture FOCUS: Neuropsychology (includes neurosciences) FACULTY: Heather Peters, Marcia Bockbrader, Lynne Gauthier, Stephen Page

Stroke remains a leading cause of disability worldwide, with survivors experiencing long-term decrements in independence and quality of life. Transcranial direct current stimulation (tDCS), a form of noninvasive brain stimulation delivers a constant, weak current that causes threshold upregulation or inhibition of targeted brain structures. tDCS is exceedingly safe, portable, and is efficacious in remedying a variety of post-stroke deficits (e.g., upper and lower extremity motor function, depression, memory), making it particularly promising for clinical practice. Despite its promise, tDCS has yet to be consistently incorporated into clinical neurorehabilitative practice. ACRM.org/ic297321

**WED** 8:30 AM - 12:30 PM #297352
**Evaluating Evidence for Use in Everyday Practice**

STYLE: Hands-on Workshop FOCUS: Clinical Practice FACULTY: Ronald Seel, Gary Gronseth, Marcel Dijkers

This course, co-sponsored by the Guideline Development, Dissemination, and Implementation Committee and the ACRM Evidence and Practice Committee, presents “how to” information that will help clinicians and researchers evaluate evidence from rehabilitation studies and translate evidence into everyday clinical practice. A primary aim is to de-mystify evidence-based practice concepts and equip participants with the knowledge and tools needed to translate evidence (e.g., a published article or a clinical trial data) into action (e.g., choosing and implementing a specific intervention). This course will use brief didactic presentations and emphasize applying new knowledge in small work groups. ACRM.org/ic297352

**WED** 8:30 AM - 12:30 PM #300300
**The NIH Toolbox: State of the Art**

Outcome Measures for Rehabilitation Practice and Research


This workshop will present a state-of-the-art measurement system for assessment of neurological and behavioral function that is designed to bring a standard of measurement to practice and research, the NIH Toolbox. ACRM.org/ic300300

**WED** 8:30 AM - 2:30 PM #302250
**Insights into an Integrative and Comprehensive Approach to Management of Multiple Sclerosis (PART 2) Continued from Tue course**

STYLE: Lecture FOCUS: Neuromuscular Disease (e.g. MS, Parkinson’s disease), Clinical Practice FACULTY: Deborah Backus, Anneke Bender, Anna Berry, Guy Buckle, Blake Burdett, Emily Cade, Julie Huerbin, Sherrill Loring, Jonathan Melbourn, Bonnie Schauder, Ben Thrower, Tracy Walker

This is the second part of two half-day instructional courses. This part will be held at the ACRM Hilton headquarters. Information will be presented in a form related to the pathophysiology of MS and an integrated, comprehensive model of care that incorporates a wellness approach to the management of MS. A combination of lecture and case study discussion will demonstrate the integration of evidence for the comprehensive management of symptoms and functional impairment in people with MS. More: ACRM.org/ic302250

**SATURDAY**

**SAT** 8:00 AM - 5:00 PM #313279
Parkinson’s Disease Course for Speech Language Pathologists

STYLE: Lecture FOCUS: Arts & Neuroscience, Clinical Practice FACULTY: Nina Browner, M.D., Lori Campbell, MA, CCC-SLP, Leslie Mahler, Jessica Huber, Karen Hegland, Ph.D., CCC-SLP, Michelle Cucci

Created by the Parkinson’s Foundation, this day-long educational program is being designed for Speech and Language Pathologists (SLPs) who deliver care to those living with Parkinson’s throughout the spectrum of the disease. Parkinson’s disease affects not only speech, voice and swallowing, but also the gestures and facial expressions that are critical to communication. We’re looking to further educate SLPs to examine the complexities that Parkinson’s has on vocalization and swallow behaviors and explore how anti-Parkinson medications influence complex sensorimotor enrichment outcomes. This program will be recorded for webcasting. Detail: ACRM.org/parkinsons

**SAT** 8:30 AM - 12:30 PM #334413
**Dance Tools to Help Physical and Occupational Therapists Broaden Vocabulary and Approach**

STYLE: Hands-on Workshop FOCUS: Arts & Neuroscience, Neurodegenerative Disease (e.g. MS, Parkinson’s disease) FACULTY: Pamela Quinn, Christina Soriano

For PTs and OTs: Music, imagery, reflex and improvisational training and entrainment are all elements of dance that can have transformative application to many physical problems. Come discover new ways of thinking and moving that can help your clients break out of the physical habits that don’t serve recovery and encourage you to find new methods to reach them. ACRM.org/ic334413

**SAT** 8:30 AM - 12:30 PM #300216
**Integrating Feldenkrais(R) Concepts into Rehabilitation: A Systems Based Approach (PART 1)**

STYLE: Hands-on Workshop FOCUS: Complementary Integrative Rehabilitation Medicine, Cross-Cutting FACULTY: Teresa Miller

1:30 PM - 5:30 PM #300216 (PART 2)

Registered yet?
More than 2,000 have already attended this popular training course.

WHO SHOULD ATTEND? Speech-language professionals, psychologists, occupational and physical therapists, physicians and other professionals serving people with brain injuries. Family members and caregivers may also benefit.

COURSE INCLUDES:

> THE MANUAL: Printed copy of the ACRM Cognitive Rehabilitation Manual ($150 value) including worksheets. Also available for purchase separately

> ONLINE COURSE: Access to previously recorded Cognitive Rehabilitation Training ($395 value) audio with slides. Also available for purchase separately

> CME/CEUs: 12 hours of continuing education in your choice of 10 disciplines

Make sure you and your team have ALL of the up-to-date cognitive rehabilitation strategies. The ACRM Manual and the LIVE training teach evidence-based interventions for impairments of: executive functions, memory, attention, hemispatial neglect, social communication — encompassing ALL of the evidence-based cognitive rehabilitation interventions.

**DISTINGUISHED FACULTY**

KEITH CICERONE, PHD, ABPP-CN, FACRM
JFK Johnson Rehabilitation Institute, Edison, NJ

THOMAS F. BERGQUIST, PHD, ABPP-CN
Mayo Clinic, Rochester, MN

DEIRDRE DAWSON, PHD
Rotman Research Institute, Baycrest Health Sciences Toronto, Canada

MICHAEL FRAAS, PHD, CCC/SLP
Western Washington University, Bellingham, WA

MORE: ACRM.org/cogatl

“This course gives a concise overview of the evidence base supporting cognitive rehabilitation therapy, and incorporates case studies to assist the learner in applying valuable therapeutic techniques to improve cognitive skills and attain functional goals.”

—Lane A. Sidebottom, PT, DHS, CPCRT

Registered yet?

This course is not included in the World Pass

LEARN MORE & REGISTER TODAY:

www.ACRM.org/cogatl

@ACRM_CogRehab

#CogRehabTraining
ACBIS TRAINING COURSE

WHO SHOULD ATTEND? The ACBIS training and certification exam are intended for paraprofessionals and professionals at all levels who want a strong foundation in the best practices in brain injury rehabilitation. This official ACBIS instructional course is designed to prepare participants to take the certification examination. Applicants may also elect to prepare for the exam through self-study.

CBIS REQUIREMENTS To obtain CBIS (Certified Brain Injury Specialist), candidates must complete the required work experience and training and pass an examination. Participants who wish to sit for the proctored certification exam immediately following the training, must apply for certification and testing no later than 17 October through ACBIS directly at www.biausa.org/acbis.

COURSE INCLUDES:
- Downloadable slides Password protected access to downloadable training materials.
- CME/CEUs: 12 hours of continuing education in your choice of 10 disciplines

ACBIS TRAINING COURSE MON - TUE 23 – 24 OCT 8:00 AM - 5:30 PM

The Academy of Certified Brain Injury Specialists (ACBIS) provides the opportunity to learn important information about brain injury, to demonstrate learning in a written examination, and to earn a nationally recognized credential.

This is the official ACBIS Course for preparation for the CBIS Exam, which will be offered at the end of Day 2 of the training for those who have been predetermined as eligible to sit for the exam. Join more than 6,000 Certified Brain Injury Specialists worldwide and enjoy the support of the Academy offering brain injury education CEUs.

DISTINGUISHED FACULTY

DREW NAGELE, PSYD, CBIST
Executive Director, Beechwood NeuroRehab

STEPHANIE A. KOLAKOWSKY-HAYNER, PHD, CBIST, FACRM
Associate Professor of Rehabilitation Medicine, Icahn School of Medicine at Mt. Sinai

HEIDI REYST, PHD, CBIST
Sage Solutions Group, Chair, ACBIS Board of Governors

DAVE ANDERS, MS, CCC-SLP, CBIST
Director of Therapy Services, On With Life, Inc.

This course is not included in the World Pass

Registered yet?

LIMITED TIME SPECIAL
ONLY $449 student, $499 member HURRY RATES go up SOON!

www.ACRMconference.org +1.703.435.5335
Held the day the CORE Conference kicks-off, the Early Career Development Course is a perennial favorite. This unique session connects early career rehabilitation researchers with seasoned professionals who serve as mentors to answer specific questions regarding career development and funding opportunities.

This year’s course is so JAM-PACKED with TOP pros to help turbo-charge your career. There is too much to list on this one page. Please see the website for all the details & all the super mentors involved: www.ACRM.org/ecdc. Here are highlights…

DISTINGUISHED PANEL SESSION
Dr. Theresa Pape, DrPH, MA, CCC-SLP/L will moderate a panel of experts, including:

» Edward D. Wirth, MD, PhD
» Dr. Ayanna Howard, PhD, MBA
» W. Scott Selbie, PhD
» Damien Bates, MD, PhD, FRACS, MBA

BREAKOUT SESSIONS
Lastly, attendees will participate in their choice of breakout sessions led by mid-career and senior rehabilitation scientists:

Productive Writing: Dr. Stephanie Kolakowsky-Hayner, PhD, CBIST, FACRM
Support of Clinical Trials: Dr. Reza Ehsanian, MD, PhD
Basics of Clinical Trial Design
Dr. Ralph Nitkin, PhD and Dr. Brooks Wingo, PhD

WHO SHOULD ATTEND? Early career researchers, clinician scientists, and clinicians interested in starting a research agenda will find the course especially beneficial. Attendees range from graduate students nearing the completion of their degree, to postdoctoral scholars and junior faculty. The course program changes annually, enabling attendees to enjoy a unique and informative experience year after year.

MENTORING LUNCH Networking, connecting and learning does not take a break at lunch. Participants sit and enjoy casual conversations with a course mentor and chat about various career development topics and address challenges to Team Science.

COURSE INCLUDES:
Coffee & light pastries, mentoring box lunch, 7 hours of live learning, networking, CME / CEUs.

EARLY BIRD SPECIAL: ONLY $299 student member
OR buy the WORLD PASS from $699 student member

SEE DETAILS, AGENDA & REGISTER:
www.ACRM.org/ecdc

NEW! This course is included in the WORLD PASS. Incredible value!
See ACRM.org/worldpass

ACRM LEADERSHIP
“The Early Career Development Course this year is exceptionally exciting. I look forward to meeting you here!” —Monique R. Pappadis, MEd, PhD
ACRM Early Career Development Course Chair, Assistant Professor, University of Texas Medical Branch

ATTENDEE PERSPECTIVE...

“Not only is there a broad range of professionals/academicians/researchers you can learn from and talk to, but the break outs are set up such that you are in a more intimate environment in which you can ask real, specific, pressing questions... Having attended the Early Career Development Course, I have access to any of the individuals who presented — everyone is willing and open to help support your career as much as they can.” —Dr. Valerie Hill, Postdoctoral Fellow, University of Southern California
MENTOR ALUMNI
Steve Page, OTR/L, PhD, MS, MOT, FAHA, FACRM, FAOTA, Associate Professor, Ohio State University Medical Center

WHAT DID YOU ENJOY MOST ABOUT PARTICIPATING IN THE ACRM ECDC?
I have been actively involved with ACRM since 1999, during my own postdoctoral fellowship. I have enjoyed the opportunity to connect and advise people who are in the same position that I was — seeking connections and opportunities that will advance their careers and the field.

THE ECDC IS PRIMARILY GEARED TOWARDS:
Pre-doctoral students; Post-doctoral fellows; Clinicians; Residents or Medical Fellows; Junior Faculty or Clinician Scientists

PLEASE TELL US WHAT YOU DO AND WHAT YOUR WORK TYPICALLY ENTAILS
My team’s mission is to improve stroke survivor function and stroke care delivery.
Consistently, we’ve developed many “firsts” in neurorehabilitation, including novel approaches used internationally (e.g., functional brain stimulation, modified constraint induced therapy; mental practice) and novel clinical pathways, clinician manuals and evidence bases supporting others’ approaches (e.g., the Bioness H200). We also established the clinically important difference metrics for oft-used rehabilitative measures (e.g., the Fugl Meyer; the Arm Motor Ability Test), and showed that some measures (e.g., the NIH Stroke Scale) are poor matches for post-acute contexts.

It is also extremely important to me to teach best practices to the next generation of clinicians, clinicians “in the trenches.” Therefore, I teach in one of the country’s (and my medical center’s) best-ranked programs, I teach/mentor MD, PhD, and PT students and clinicians, and I host a variety of webinars. I also speak regularly at patient events.

I am happy to help mentor. See more at ACRM.org/ecdcd

STUDENT ALUMNI
Brad Kurowski, Associate Professor, Cincinnati Children’s and University of Cincinnati COM

THE BEST PART OF THE EARLY CAREER DEVELOPMENT COURSE (ECDC) WAS...
Networking.

WHAT’S SOMETHING THAT YOU APPROACHED DIFFERENTLY BECAUSE OF WHAT YOU LEARNED DURING THE ECDC?
Building teams and approaching questions as an interdisciplinary team.

HOW HAS THE ECDC HELPED YOUR CAREER?
Created new connections and opportunities.

THE ACRM EARLY CAREER COMMUNITY IS...
Supportive.

THE ECDC IS PRIMARILY GEARED TOWARDS...
Post-doctoral fellows; Junior Faculty or Clinician Scientists.

PLEASE TELL US WHAT YOU DO AND WHAT YOUR WORK TYPICALLY ENTAILS
Clinical and translational research.

...the best advice you’ve not yet heard.
Don’t miss this career lifting experience

EARLY CAREER DEVELOPMENT COURSE
ACRM Annual Conference

Make your own great story. Turbo-charge your career here.

SEE DETAILS, AGENDA & REGISTER:
www.ACRM.org/ecdcd
Meaningful work happens here...

Visit their web pages, join the listservs and contact the chairs to get involved and make your mark. Did you know... many groups have social media pages? Many groups have Facebook pages of their own, some even have their own Twitter handle and Linkedin groups. Catch-up with the conversations, join us in Atlanta and online and make a difference with us.

“ACRM is a home where I can combine clinical interests with my research and interact with people who are making decisions about rehab research”
— Deborah Backus, PT, PhD, FACRM, Shepherd Center, ACRM President-Elect

“At ACRM we are working on really great projects — I feel like I’m really making a difference in the world of brain injury rehabilitation”
— Michael Fraas, CCC-SLP, PhD, Western Washington University
ACRM COMMUNITY MEETINGS

The lifeblood of ACRM is its family of community groups comprised of special interest and networking groups. These interdisciplinary communities advance the mission of ACRM, connect you with colleagues who share your interests and support your professional development. These interdisciplinary communities advance the mission of ACRM, connect you with colleagues who share your interests and support your professional development.

WEDNESDAY 25 OCTOBER

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<th>Time</th>
<th>Meeting</th>
<th>Focus</th>
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<tr>
<td>10:00 AM - 11:30 AM</td>
<td>Brain Injury ISIG* (BI-ISIG) Girls and Women with ABI Task Force Meeting</td>
<td>BRAIN INJURY</td>
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<tr>
<td>12:00 PM - 1:30 PM</td>
<td>Cancer Rehabilitation Networking Group Membership Group Meeting</td>
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<td>12:00 PM - 1:00 PM</td>
<td>Cognitive Rehabilitation Task Force</td>
<td>BRAIN INJURY</td>
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<td>12:30 PM - 1:30 PM</td>
<td>International Networking Group Executive Committee Meeting</td>
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THURSDAY 26 OCTOBER

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<th>Time</th>
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<tbody>
<tr>
<td>7:00 AM - 8:00 AM</td>
<td>Brain Injury ISIG (BI-ISIG) Executive Committee and Task Force Chairs Meeting (by invitation only)</td>
<td>BRAIN INJURY</td>
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<tr>
<td>7:00 AM - 8:00 AM</td>
<td>Neurodegenerative Disorder Networking Group (NDNG) Business Meeting</td>
<td>NEURODEGENERATIVE DISEASES</td>
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<tr>
<td>7:00 AM - 8:00 AM</td>
<td>Physicians &amp; Clinicians Networking Group</td>
<td>PHYSICIANS &amp; CLINICIANS</td>
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<tr>
<td>7:00 AM - 8:00 AM</td>
<td>Geriatric Networking Group Meeting</td>
<td>GERIATRIC REHABILITATION</td>
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<td>7:00 AM - 8:00 AM</td>
<td>International Networking Group Annual Business Meeting</td>
<td>INTERNATIONAL CROSS-CUTTING</td>
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<td>7:00 AM - 8:00 AM</td>
<td>Stroke ISIG Business Meeting</td>
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<td>7:00 AM - 8:00 AM</td>
<td>Spinal Cord Injury ISIG Fitness and Wellness Task Force</td>
<td>SPINAL CORD INJURY</td>
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<tr>
<td>7:00 AM - 8:00 AM</td>
<td>Pediatric Rehabilitation Networking Group Business Meeting</td>
<td>PEDIATRIC &amp; BRAIN INJURY</td>
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<td>7:00 AM - 8:00 AM</td>
<td>Military &amp; Veterans Affairs Networking Group</td>
<td>TECHNOLOGY</td>
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<td>7:00 AM - 8:00 AM</td>
<td>Technology Networking Group Meeting</td>
<td>BRAIN INJURY</td>
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<tr>
<td>12:00 PM - 1:00 PM</td>
<td>Brain Injury ISIG (BI-ISIG) SUMMIT</td>
<td>BRAIN INJURY</td>
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FRIDAY 27 OCTOBER

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<th>Time</th>
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<tr>
<td>7:00 AM - 8:00 AM</td>
<td>Arts &amp; Neuroscience Group Meeting</td>
<td>ARTS &amp; NEUROSCIENCE</td>
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<td>7:00 AM - 8:00 AM</td>
<td>Measurement Networking Group Applied Cognition Geriatric Task Force</td>
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<td>7:00 AM - 8:00 AM</td>
<td>Stroke ISIG Movement Task Force</td>
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<td>7:00 AM - 8:00 AM</td>
<td>Communication and Prognosis after TBI Task Force Meeting</td>
<td>BRAIN INJURY</td>
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<td>7:00 AM - 8:00 AM</td>
<td>Spinal Cord Injury ISIG Business Meeting</td>
<td>SPINAL CORD INJURY</td>
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<td>7:00 AM - 8:00 AM</td>
<td>Limb Restoration Rehabilitation Group Business Meeting</td>
<td>LIMB RESTORATION</td>
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<tr>
<td>7:00 AM - 8:00 AM</td>
<td>Complementary, Integrative, Rehabilitation Medicine Group Welcome Meeting</td>
<td>COMPLEMENTARY INTEGRATIVE</td>
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<tr>
<td>4:00 PM - 5:00 PM</td>
<td>Cancer Rehabilitation — Research Task Force (by invitation only)</td>
<td>CANCER</td>
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<tr>
<td>4:00 PM - 5:00 PM</td>
<td>Chronic Brain Injury Task Force (BI-ISIG)</td>
<td>BRAIN INJURY</td>
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<td>4:00 PM - 5:00 PM</td>
<td>Measurement Networking Group Business Meeting</td>
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<td>4:00 PM - 5:00 PM</td>
<td>Neuroplasticity Networking Group Meeting</td>
<td>NEUROPLASTICITY</td>
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<td>4:00 PM - 5:00 PM</td>
<td>Early Career Networking Group Informational Meeting</td>
<td>CROSS-CUTTING</td>
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<td>4:00 PM - 5:00 PM</td>
<td>Stroke ISIG Aphasia Task Force Meeting</td>
<td>STROKE</td>
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<tr>
<td>4:00 PM - 5:00 PM</td>
<td>Pain Rehabilitation Group Meeting</td>
<td>PAIN</td>
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<tr>
<td>4:00 PM - 5:00 PM</td>
<td>Cognitive Rehabilitation Manual — Second Edition Committee Meeting (by invitation only)</td>
<td>BRAIN INJURY</td>
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<tr>
<td>4:00 PM - 5:00 PM</td>
<td>Cognitive Rehabilitation Task Force Systematic Review (by invitation only)</td>
<td>BRAIN INJURY</td>
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<tr>
<td>4:00 PM - 5:00 PM</td>
<td>Stroke ISIG Vision Task Force Meeting</td>
<td>STROKE</td>
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<tr>
<td>4:00 PM - 5:00 PM</td>
<td>Complementary, Integrative, Rehabilitation Medicine Group Business Task Forces Meeting</td>
<td>COMPLEMENTARY INTEGRATIVE</td>
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<tr>
<td>5:15 PM - 6:00 PM</td>
<td>ACRM Membership Meeting — All encouraged to attend! Hear from the ACRM President &amp; get involved to help move the rehabilitation field forward.</td>
<td>CROSS-CUTTING</td>
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SATURDAY 28 OCTOBER

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<tr>
<th>Time</th>
<th>Meeting</th>
<th>Focus</th>
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<tbody>
<tr>
<td>7:00 AM - 8:00 AM</td>
<td>ACRM Program Committee Meeting (by invitation only)</td>
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* = Interdisciplinary Special Interest Group

More meetings are being scheduled. See all the latest meetings in the ACRM app and here: ACRM.org/meetings17

There may have been schedule changes since this program printed. The Conference APP has the latest. ACRM.org/APP
PLENARY SESSIONS

PLENARY I
WED 25 OCT  4:30 – 6:30 PM

GARY R ULCINCY, PHD, FACRM
President and CEO, GRU Healthcare

“Rehabilitation: Where are we now and where do we need to be?”

As professionals we tout the virtues and benefits of rehabilitation and we hear the term evidence based practice. However, if we take the time to evaluate where we are as a field it becomes clear that we have very little evidence to differentiate the outcomes of comprehensive rehabilitation from other venues. This presentation will focus on the current state of our science and is it enough to document our worth in a world that is hurtling towards demonstrating value — where have we gone wrong and what do we need to do to flourish in this new healthcare environment.

"Few are better qualified than Dr. Ulicny to tackle this critical issue and who better than ACRM to take Gary’s challenge to pave a new path for rehab medicine and research to better serve our patients and their families."

— Deborah Backus, PT, PhD, FACRM, Eula C. and Andrew C. Carlos MS Rehabilitation and Wellness Program at Shepherd Center

PLENARY II
THU 26 OCT  8:15 – 9:30 AM

JOSEPHINE P BRIGGS, MD
Director, National Center for Complementary and Integrative Health (NCCIH), National Institutes of Health (NIH)

“Integrative Medicine and Progress in Rehabilitation: People Really Matter”

It is widely recognized that our health care system does too much of some things, and too little of others. Learning what works and for whom — finding the true balance between benefit and harm — is the charge to the biomedical research enterprise. Negative findings are as important a product of evidence-based medicine as the positives. Two examples will be explored: care of the elderly and back pain management.

“ACRM membership allows one to really engage in clinical science and team science building. It’s the way research is going in the future, and ACRM really fosters that from all different disability perspectives.”

— Stephanie A. Kolakowsky-Hayner, PhD, CBIST, FACRM
ICAHN SCHOOL OF MEDICINE, MT. SINAI

“ACRM membership allows one to really engage in clinical science and team science building. It’s the way research is going in the future, and ACRM really fosters that from all different disability perspectives.”

— Stephanie A. Kolakowsky-Hayner, PhD, CBIST, FACRM
ICAHN SCHOOL OF MEDICINE, MT. SINAI

“The ACRM conference is the premier rehabilitation conference in the world with an outstanding mix of research and best practices, but also the opportunity to network with national and international leaders and contribute to the field of rehabilitation through the different task forces.”

— Lance E. Trexler, PhD, FACRM
DIRECTOR REHABILITATION NEUROPSYCHOLOGY, REHABILITATION HOSPITAL OF INDIANA

2016 ACRM Plenary speaker Pamela W. Duncan, PhD, PT, Wake Forest Baptist Health, Winston-Salem, NC
MAURIZIO CORBETTA, MD
Professor and Chair of Neurology, University of Padua; Founding Director, Padua Neuroscience Center; Professor of Neurology, Radiology, Neuroscience, & Bioengineering, Washington University School of Medicine

“Behavioral Clusters and Brain Network Mechanisms of Impairment and Recovery”

A long-held view is that stroke causes many distinct neurological syndromes due to damage of specialized cortical and subcortical centers. However, in recent studies on a large cohort of first-time stroke subjects studied longitudinally at 2 weeks, 3, and 12 months, we showed that a few clusters of behavioral deficits spanning multiple functions explained neurological impairment. These clusters are stable across recovery indicating that they represent a stable solution to describe impairment. It has been also proposed that focal lesions cause remote physiological abnormalities, but the behavioral relevance of these changes vis-a-vis structural damage is unknown. In separate studies we measured resting functional connectivity fMRI (FC), lesion topography, and behavior in multiple domains (attention, visual memory, verbal memory, language, motor, and visual), and used machine-learning models to predict neurological impairment in individual subjects. We found that visual memory and verbal memory were better predicted by FC, whereas visual and motor impairments were better predicted by lesion topography. Attention and language deficits were well predicted by both. These results link key organizational features of brain networks to brain-behavior relationships in stroke.

I am excited about Dr. Corbetta’s Plenary session. Dr. Corbetta’s cutting edge research is central to our understanding of the brain’s functional connectivity as a basis for neurologic recovery. His work provides new insights into brain-behavior relationships, and should inspire the development of novel, effective interventions for neurocognitive disorders after TBI and stroke.

—Keith D. Cicerone, PhD, ABPP-Cn, FACRM, Director of Neuropsychology, JFK Johnson Rehabilitation Institute

Maurizio’s work in brain connectivity and mechanism of neural recovery in stroke is inspired and visionary, steadily advancing the field of neuro-recovery and restoration; the Italian accented delivery of information makes it incredibly easy to digest!

—Cristina Sadowsky, MD, Kennedy Krieger Institute and Johns Hopkins School of Medicine, Baltimore MD

JAMES H RIMMER, PHD
Lakeshore Foundation Endowed Chair in Health Promotion & Rehabilitation Sciences; Director of Research, University of Alabama at Birmingham (UAB)

“Pathway from Acute Rehabilitation to Lifelong Health and Wellness for People with Disabilities”

A persistent pattern of secondary health conditions experienced by people with spinal cord injury and other disabilities has received growing attention from rehabilitation researchers. With shortened lengths of stay and multiple secondary health conditions occurring at a very high frequency post-disability, the urgency to create a self-management health promotion hub for people with spinal cord injury (SCI) and other disabilities has taken on greater importance. Dr. Rimmer will discuss how Lakeshore Foundation empowers rehabilitation professionals to provide their patients with context-driven health and wellness recommendations needed to self-manage and sustain health throughout their lifetimes. The Foundation is a health/fitness facility and residential campus committed to serving people with SCI and other physical disabilities through innovative programs, policy, advocacy and research.

For those rehabilitation researchers and clinicians working in the field of disability and exercise, Dr. Rimmer’s talk is a “must see.” His content applies to all serving people with disability.

—Sue Ann Sisto, PT, MA, PhD, FACRM, School of Health Technology and Management, Stony Brook University
Dr. Cernich has garnered recognition, support and enthusiasm for rehabilitation research across the NIH — our field couldn’t ask for a better advocate; she is determined to advance rehabilitation science.

—Kristen Dams-O’Connor, PhD, Mount Sinai Brain Injury Research Center, New York, NY

Every year there are changes — hear the latest here...

PRESENTERS:

TERESA BRININGER, PHD, OTR/L, CHT  Director, Clinical and Rehabilitative Medicine Research Program, US Army Medical Research and Materiel Command

ALISON CERNICH, PHD  Director, National Center for Medical Rehabilitation Research, National Institutes of Health (NIH)

ANN M. DELLINGER, PHD, MPH  Branch Chief, Home, Recreation and Transportation Safety Branch, Division of Unintentional Injury Prevention, CDC Injury Center

PATRICIA DORN, PHD  Department of Veterans Affairs

KRISTI WILSON HILL, PHD  Acting Director, NIDILRR Administration for Community Living, US Department of Health and Human Services

Learn about emerging changes in health care policy and the current funding climate in Washington that may impact your research agenda and future access to rehabilitation services.

This presentation will focus on the current portfolio of rehabilitation research across NIH, the focus of research funded by NCMRR, and major advances from the portfolio over the past five years. Opportunities for funding, mechanisms by which researchers can gain support for their research projects or training needs, and resources that may be of assistance to researchers in the field will be presented. Finally, the presentation will include an overview of the goals for rehabilitation research that will become part of a Rehabilitation Research Plan for the National Institutes of Health and the process by which inputs to that plan will be solicited.

While the transition from NIDRR to NIDILRR creates a world of opportunity, an environment of fiscal austerity and rapidly evolving health policy continues to present challenges. What does the future hold for individuals with disabilities, the rehabilitation research community, and the agencies that fund them?

—Stephen Page, OTR/L, PhD, MS, FAHA, FACRM, The Ohio State University

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Registered yet?
“What Have we Learned About Treating Brain Injuries From the Repeated Failures TBI Clinical Trials?”

Clinical trials for treatments for traumatic brain injury (TBI) have a 100 percent failure rate. These failures are due in part to gaps between the methods of preclinical research and those of clinical researchers. Other issues are related to clinical trial design and execution. I will discuss the problems with particular reference to the failure of the progesterone trials for TBI, and suggest some considerations that might help to guide our way forward to more successful translation of research and more productive clinical trials.

—Mark A. Hirsch, PhD, Sr. Scientist, Carolinas Rehabilitation Director, Carolinas Department of Physical Medicine and Rehabilitation Core Laboratory; Director, Resident Research Education (PM&R) Dept of Physical Medicine and Rehabilitation, Carolinas Medical Center; Adjunct Associate Professor & Associate Graduate Faculty, UNCC; Chair-Elect, Neurodegenerative Diseases Networking Group, ACRM
<table>
<thead>
<tr>
<th>Day</th>
<th>Sessions</th>
<th>Time</th>
<th>Title</th>
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<tbody>
<tr>
<td>WED</td>
<td>Concurrent Sessions</td>
<td>1:30 PM – 2:45 PM</td>
<td>Traumatic Brain Injury as a Chronic Health Condition: Long-Term Functional Change and Associated Comorbidities (Tessa Hart, Kristen Dams-O’Connor, Risa Nakase-Richardson, Tamara Bushnik, Jeanne Ketchum, John Corrigan)</td>
<td>#302021 BI, MIL</td>
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<td></td>
<td>Concurrent Sessions</td>
<td>9:45 AM – 11:00 AM</td>
<td>A Systemic Approach to Behavioral Management on an Interdisciplinary Treatment Team (Jeffrey Wertheimer, Ann Gottuso, Bryce Eric, Erin Moniz)</td>
<td>#297435 BI</td>
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<tr>
<td></td>
<td>Concurrent Sessions</td>
<td>2:30 PM – 3:45 PM</td>
<td>Understanding Concussion in Children (Juliet Haarbauler-Krupa, Kristy Arbogast, Lara DePadilla, Christina Master)</td>
<td>#296678 BI, CP</td>
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<td></td>
<td>Concurrent Sessions</td>
<td>1:45 PM – 3:00 PM</td>
<td>Perspectives on Community Reintegration of Veterans and Service Members with TBI: Clinical Practice Implications (Gail Powell-Cope, Bridget Hahn, Christina Dillahunty-Aspillaga, Jason Lind, Angelle Sander, Christine Melillo, Karen Besterman-Dahan, Kiersten Downs, Nicole Antinori)</td>
<td>#288547 BI, MIL</td>
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<tr>
<td></td>
<td>Concurrent Sessions</td>
<td>5:00 PM – 6:15 PM</td>
<td>Evidence-based Pharmacological Interventions After Traumatic Brain Injury (Sonya Kim, Lilian Hoffecker, Lauren Terhorst, Xiao Lei, Marianne Mortera, Shilpa Krishnan, Trudy Mallinson, Patricia Heyn)</td>
<td>#289738 MES, BI, MIL</td>
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<td></td>
<td>Concurrent Sessions</td>
<td>1:30 PM – 2:45 PM</td>
<td>Evidence for Individuals With Traumatic Brain Injury: Evidence and Clinical Practice (Shirley Shih, Can Ozn Tan, Mary Alexis Iaccarino, Nass Zafonte)</td>
<td>#306353 BI, CP</td>
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<tr>
<td>THU</td>
<td>Concurrent Sessions</td>
<td>10:30 AM – 11:45 AM</td>
<td>Cultural Considerations and Impacts for Individuals with TBI (Tamar Bushnik, Angelle Sander, Marlene Vega)</td>
<td>#297335 BI</td>
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<td></td>
<td>Concurrent Sessions</td>
<td>9:45 AM – 11:00 AM</td>
<td>Mark Ylvisaker Lecture: Social Communication in Adolescents with Bi: What would Mark do? (Lyn Turkstra, PhD, McMaster University)</td>
<td>#332395 PED, BI</td>
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<td></td>
<td>Concurrent Sessions</td>
<td>1:45 PM – 3:00 PM</td>
<td>From Bench to Bedside: Factors Influencing Successful Implementation of Cognitive Rehabilitation Interventions (L. Swan, C. Carter, A. Groff, V. Mykkelvert, F. Becker, A. Limestad)</td>
<td>#295855 BI, INT</td>
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<td></td>
<td>Concurrent Sessions</td>
<td>5:00 PM – 6:15 PM</td>
<td>An Innovative Approach to Auditory Processing Treatment for Mild TBI in the Military Setting (H Chae, C. Zmroczek, S Roberts, H Bronson)</td>
<td>#293856 BI, MIL</td>
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<td>Concurrent Sessions</td>
<td>1:30 PM – 2:45 PM</td>
<td>My Husband Would not Want to Live Like This: Difficult Conversations in Disorders of Consciousness (Sunil Kothari, Andrew Dennison, Susan Johnson, Katherine O’Brien, Tana Hall)</td>
<td>#296537 BI, CP</td>
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<td>Concurrent Sessions</td>
<td>2:30 PM – 3:45 PM</td>
<td>The Clubhouse Model (David Burke, Emory University)</td>
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<td>Concurrent Sessions</td>
<td>5:00 PM – 6:15 PM</td>
<td>Post-traumatic Confusional State: A Case Definition (Mark Sherer, TIRR Memorial Hermann; Douglas Katz, Boston University School of Medicine, Boston University Neurology Associates, HealthSouth Braintree Rehabilitation Hospital; Rehab Yelena Bodien, Spaulding Rehabilitation Hospital)</td>
<td>#288467 BI, CP</td>
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<td>FRI</td>
<td>Concurrent Sessions</td>
<td>10:30 AM – 11:45 AM</td>
<td>Validity Assessment In Persons With Claimed Brain Injury: Clinical and Forensic Caveats (Nathan Zasler, Scott Bender)</td>
<td>#294874 BI</td>
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<td>Concurrent Sessions</td>
<td>9:45 AM – 11:00 AM</td>
<td>The Emotional Measure of Man: Objective Approaches to Assessing Emotional Function in Traumatic Brain Injury (Prin Amorapanth, Dawn Neumann, Valerie Elois, Joseph Rast, Preeti Raghavan)</td>
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<td>Concurrent Sessions</td>
<td>1:45 PM – 3:00 PM</td>
<td>The Nature, Evolution, Predictors and Treatment of Psychiatric Disorders Following Traumatic Brain Injury (Jennie Ponsford)</td>
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<td>Concurrent Sessions</td>
<td>5:00 PM – 6:15 PM</td>
<td>Progressive Return to Activity After Concussion: Provider Training in a Mixed Method Study Modifies Practice (Karen McCulloch, Keith Sousses, Jason Baile, Wesley Cole, Mark Ettenhofer, Emma Gregory)</td>
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<td>Concurrent Sessions</td>
<td>1:30 PM – 2:45 PM</td>
<td>Translating TBI Research for Public and Policy Use: Products from CDC/NIDILRR Interagency Agreement (Juliet Haarbauler-Krupa, Gale Whitehorne, John Corrigan, Cate Miller, Ann Dellingr)</td>
<td>#297206 BI, CP, MES</td>
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<td>Concurrent Sessions</td>
<td>2:30 PM – 3:45 PM</td>
<td>Measurement of Sleep in Neurorehabilitation: The role of actigraphy (Risa Nakase-Richardson, Mo Modarres, Don Fogelberg, Jennifer Travis-Sedil)</td>
<td>#297208 BI, TEC, MIL</td>
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<td>Concurrent Sessions</td>
<td>5:00 PM – 6:15 PM</td>
<td>What You Need to Know About Assessment and Treatment of Social Cognition After Brain Injury (Dawn Neumann, Barbara Zupan, Rebecca Eberle)</td>
<td>#320259 BI, CP, ST</td>
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<td>Concurrent Sessions</td>
<td>1:30 PM – 2:45 PM</td>
<td>Exercise for Individuals With Traumatic Brain Injury: Evidence and Clinical Practice (Shirley Shih, Can Ozn Tan, Mary Alexis Iaccarino, Nass Zafonte)</td>
<td>#306353 BI, CP</td>
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<td>SAT</td>
<td>Concurrent Sessions</td>
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<td>NIDILRR ARRT Fellows Oral Presentation</td>
<td>#334312 Details online &amp; in the App</td>
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<td></td>
<td>Concurrent Sessions</td>
<td>11:30 AM – 12:45 PM</td>
<td>Advancing TBI Sleep Research: Three Multi-Center Studies within the TBI Model System Program (Risa Nakase-Richardson, Tamara Bushnik, Jeanne Hoffman)</td>
<td>#296362 BI, CP, NP</td>
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<td>Concurrent Sessions</td>
<td>1:30 PM – 2:45 PM</td>
<td>Getting the Most Out of the Traumatic Brain Injury Model Systems National Database (Jessica Ketchum, Dave Mellick)</td>
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<td>Concurrent Sessions</td>
<td>2:30 PM – 3:45 PM</td>
<td>Electronic Accommodations for Students With TBI: A Vocational Rehabilitation Demonstration’s Lessons Learned (Phil Rumrill, Deborah Hendricks, Eileen Elia)</td>
<td>#295624 BI, TEC</td>
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<td>Concurrent Sessions</td>
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<td>Evidence Based Assessment &amp; Treatment of Children and Adolescents with Mild Traumatic Brain Injury (Barry Willer, Gerard Gioia, Christina Master, John Liddy)</td>
<td>#294168 BI, CP</td>
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<td>Evidence Based Assessment &amp; Treatment of Children and Adolescents with Mild Traumatic Brain Injury (Barry Willer, Gerard Gioia, Christina Master, John Liddy)</td>
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**Time Devoted to Early Career Professionals:** Check out these Early Career Stars...

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<td>7</td>
<td>Deborah L. Wilkerson Early Career Award Winner: Emily Naider</td>
<td>Oral Presentation</td>
<td>See more page 37 &amp; more online: ACRM.org/onlineprogram</td>
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<td>8</td>
<td>SPECIAL SYMPOSIUM</td>
<td>“Updates in Chronic Traumatic Encephalopathy”</td>
<td>ANN MCKEE, MD, Director, CTE Center; Professor, Boston University/VA Medical Center</td>
</tr>
<tr>
<td>9</td>
<td>SPECIAL SYMPOSIUM</td>
<td>#334313</td>
<td>“Open to all”</td>
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**BI: Brain Injury**

**MIL: Military/Veterans Affairs**

**ACRM.org/biccontent**

ACRM.org 94th Annual Conference www.ACRM.org +1.703.435.5335 22 – 28 OCT 2017 ATLANTA HILTON USA
CHAUTAUQUA “My Personal Experience is Better Than Your Evidence: Knowledge Translation and Implementation Challenges in BI” #334355
MODERATOR: John Corrigan, PhD, FACRM

PRESENTERS: John Banja, PhD; Mark Bayley, MD, FRCPC and Larissa Swan, MS, OTR
In this interactive session, the presenters will lead a thought-provoking discussion about impediments to translation and implementation of brain injury research and share their experiences with these efforts, focusing on potential solutions and strategies to overcome the barriers to advancing evidence-based care.

SPECIAL SYMPOSIUM “Treating Fatigue And Sleep Disturbance Following Traumatic Brain Injury” #301438  JENNIE PONSFORD, BA (Hons), MA, PhD, Professor of Neuropsychology and Director, Monash Epworth Rehabilitation Research Centre, Monash University
Despite the fact that fatigue and/or sleep disturbance are reported by up to 70 percent of individuals with moderate to severe traumatic brain injury (TBI), there is still limited understanding of their causes as well as a lack of evidence-based treatments. This symposium will present findings from studies of fatigue and sleep disturbance following TBI in order to shed light on possible causative factors, which include factors relating to the brain injury, including cognitive impairments and reduced melatonin production and the injured individual’s psychological problems with depression anxiety and pain. Based on these findings our research group has developed and evaluated three treatments for fatigue and sleep disturbances: Light therapy, cognitive-behavioural therapy and melatonin. Findings from recently completed randomized controlled trials of these treatments will be presented.

“I was thrilled to learn Dr. McKee would be joining us at ACRM this year. Her program of research is informing opportunities for detection, management and prevention of brain injury, which is highly relevant to rehabilitation professionals.”
— Kristen Dams-O’Connor, PhD
Women With Disabilities and Pelvic Health: Overcoming Barriers to Health Education Using a Webinar Series (Heather Taylor, Sophie Fletcher, Leanne Beers, Margaret Nosek) #297360 SCI

Spinal Cord Injury Patient Reported Outcomes: Transition From Research to Practice (Pamela Kisala, David Tulsky, Allen Heinemann, Vanessa Noonan, Dale Strasser) #295759 SCI, MES, CP

Translating SCI Rehabilitation Patient Education Research Models Into Family Education Practice (Julie Gassaway, Tamara Young, Kimberly Queen) #288126 SCI, CP

Exercise and Cardiometabolic Health in Spinal Cord Injured Humans • Time to Raise the Intensity? (James Bilzon, Mark Nash, Tom Nightingale) #289691 SCI, POL, CP

Functional Plasticity in Neurorehabilitation of Spinal Cord Injury Survivors; Findings and Clinical Implications (Steven Wolf, Aiko Thompson, Randy Trumbower) #289911 NP, SCI CROSSTAGGED

Experimental Approaches to Enhance Physiological Function after Spinal Cord Injury (Hannah Mercier, Christopher Minson, Randy Trumbower, J. Andrew Taylor) #312775 SCI

Comparison of SCI Patient Outcomes Based on Amount of Recreation Therapy Received During Inpatient Rehabilitation (Team from Shepherd Center: Julie Gassaway, Kelly Edens, Madalyn Weber, Cecilia Rider) #302968 SCI, CP

The Impact of Traumatic Brain Injury in Persons with Spinal Cord Injury (Linda Isaac, Jeanne Hoffman, Kathleen Castillo, Thao Duong) #295053 SCI, BI

Developing Health and Wellness Community Programs After SCI • Lessons Learned (Shari McDowell, Kelly Edens, Rebecca Washburn) #295733 SCI, CP

Diet and Exercise Interventions to Improve Metabolic Health and Body Composition After Spinal Cord Injury (Ceren Yarar-Fisher, Brooks Wingo, Kevin McCully) #295850 SCI, CP

A stimulating solution: targeting spasticity through mechanical and electrical stimulation (Edelle Field-Fote, Jennifer Iddings, Stephen Estes) #292902 CC CROSSTAGGED

Data Sharing in Rehabilitation research: Accessing National Spinal Cord Injury Database and SCIRehab data (Yuying Chen, James Noonan, Dale Strasser) #295759 SCI, MES, CP

Multiple Training Paradigms of Functional Electrical Stimulation after a Spinal Cord Injury. (Gail Forrest, Ashraf Gorgey, Therese Johnston) #297353 SCI, LL

Peer Mentorship • Integrating Research Paradigms Into Rehabilitation Culture (Julie Gassaway, Pete Anziano, Karen DeVault) #289374 SCI

Performance-Based Framework for Overground Locomotor Training in Spinal Cord Injury (Jared Gollie, Andrew Guccione, Peter Jo) #311619 SCI

Psychological Issues Related to Adjustment Following Spinal Cord Injury (Casey Azuero, Zina Trost, Ceren Yara-Fisher) #311544 SCI, CP

Demographic, Cultural, Psychosocial and Health Factors Associated with Wheelchair Outcomes in Spinal Cord Injury (Denise Fryfe, Lynn Worobey, Larissa Myaskovsky) #312674 SCI

Dr. Kirshblum will also be doing a lecture luncheon THU 12:00 – 1:30 PM only $69

This talk will review a history of spinal cord injury -interdisciplinary special interest group-

SPINAL CORD INJURY • INTERDISCIPLINARY SPECIAL INTEREST GROUP

SPECIAL SYMPOSIUM

STEVEN KIRSHBLUM, Senior Medical Officer and Director of SCI, Chair of PM&R and Research Professor, Kessler Institute for Rehabilitation and Rutgers New Jersey Medical School

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DISCOVER more at ACRM.org/scicontent

Lecture Luncheon Featuring STEVEN KIRSHBLUM
“Controversies in SCI Care and Research”
Register now before this sells out!

THU 12:00 – 1:30pm only $69

Following upper motor neuron injury (i.e. SCI, MS, acquired BI and cerebral palsy), spasticity can diminish an individual’s quality of life. Given that spasticity can manifest in an array of clinical presentations, including hyperreflexia, hypertonia, and clonus, treatment can often be challenging and fail to effectively manage all symptoms. Research has provided new insight into the characterization and management of spasticity, indicating that interventions targeting spinal and supraspinal mechanisms hold the potential to be both clinically accessible and effective.

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23 – 28 OCT 2017 ATLANTA HILTON USA
“ACRM and SCI-ISIG have become a family to me, where I find loving support, unprecedented opportunities to grow, and exceptional partnership in pursuing academic dreams.”
— Yuying Chen

STEVEN KIRSHBLUM, Senior Medical Officer and Director of SCI, Chair of PM&R and Research Professor, Kessler Institute for Rehabilitation and Rutgers New Jersey Medical School.

LECTURE LUNCHEON THU 12:00 – 1:30 PM
“A View of the Past, Present and Future of SCI Care and Research”
This talk will review a history of spinal cord injury medicine, current leading areas of excitement and concern in SCI care and research, and offer a vision for the future.

SPECIAL SYMPOSIUM FRI 10:30 AM – 11:45 AM
“Controversies in SCI Care and Research”
This talk will tackle specific controversies specific to current SCI care and research directions with the goal to encourage thought, offer a greater understanding of what and why we do what we do and study, and what we need to consider moving forward. This will be followed by panelists offering their thoughts on these areas.

“I feel fortunate to be a part of the ACRM community and grateful for the many opportunities it provides for leadership, professional growth, and collaboration.”
— Jeanne M. Zanca

PARTICIPATE JOIN THE ACRM
SCI-ISIG Business Meeting
FRI 7:00 AM – 8:00 AM

SCSI-ISIG EXECUTIVE COMMITTEE

CHAIR
Yuying Chen, MD, PhD
Associate Professor & Director
University of Alabama at Birmingham, Birmingham, AL

CHAIR-ELECT
Jeanne Zanca, PhD, MPT
Senior Research Scientist
Kessler Foundation, West Orange, NJ

PAST-CHAIR
Susan Charlifue, PhD, FISCoS, FACRM
Senior Principal Investigator
Craig Hospital, Englewood, CO

TREASURER
Ceren Yarar-Fisher, PT, PhD
Assistant Professor of Physical Medicine and Rehabilitation,
University of Alabama at Birmingham, Birmingham, AL

SECRETARY
Denise Fyffe, PhD
Research Scientist, Kessler Institute for Rehabilitation, West Orange, NJ

EARLY CAREER OFFICER
Swati Mehta, PhD
Research Associate,
Parkwood Institute

COMMUNICATIONS OFFICER
Sue Ann Sisto, PT, MA, PhD
FACRM
Professor of PT & Research Director,
School of Health Technology & Management, Stony Brook University
Using Technology to Empower Home Practice of Rehabilitation: Clinician and Client Perspectives (Emily Dubais, Constant therapy; Mark Bowden, Constant therapy; Mary Borelli, Patient perspective; Swathi Kiran, Boston University) #304544 ST, TEC, BI. Constant Therapy is an evidenced based mobile application for language and cognition being used with clinicians in treatment and at home by clients.

The Next Octave in Stroke Rehabilitation: A Collaborative Approach to Music Therapy and Occupational Therapy (Danielle Porter, Danielle Parmenter) #292645 ST, AN. The symposium will include presentations on animal studies elucidating plasticity and organization of locomotor circuitry, the use of transcranial magnetic stimulation (TMS) to evaluate corticospinal neuroplasticity post-stroke, TMS as a tool to modulate lower limb corticomotor excitability post-stroke, and operant conditioning to modulate cortical excitability.

Motor-Intentional Neglect and an Introduction to the Movement and Mobility Scale (Peili Chen, Kimberly Hreha, A Barrett, Irene Ward) #292996 ST, CP, MES. The Next Octave in Stroke Rehabilitation: A Collaborative Approach to Music Therapy and Occupational Therapy (Danielle Porter, Danielle Parmenter) #292645 ST, AN. The symposium will include presentations on animal studies elucidating plasticity and organization of locomotor circuitry, the use of transcranial magnetic stimulation (TMS) to evaluate corticospinal neuroplasticity post-stroke, TMS as a tool to modulate lower limb corticomotor excitability post-stroke, and operant conditioning to modulate cortical excitability.

B1 based motor rehabilitation for upper and lower extremities after stroke with neurofeedback (Christoph Guger, Slav Hristov, Dimov) #327985 ST, NP, TEC.
HOT TOPICS IN STROKE: STROKE REHABILITATION: #302294
ROBERT TEASELL, MD, FRCP

The evidence for stroke rehabilitation is impressive when compared with other rehab diagnostic entities, with close to 2,000 RCTs. Although the quality of RCTs has been steadily improving over time the number of subjects per RCT remains unchanged and studies with a small number of subjects is still very common. Recovery from stroke is complex and recovery trajectories depend on a number of factors, the most important being stroke severity although it is also influenced by the time to onset of rehabilitation, therapy intensity and specialized stroke rehabilitation units. Focus will be identification of how stroke rehabilitation evidence can be used to maximize stroke rehabilitation outcomes.

ACRM Community Groups are looking for members like you. To help move rehabilitation forward. CONNECT with these groups in Atlanta. Meanwhile, connect with them virtually — visit their web pages, email the chairs, sign-up for listervs, get involved and make your mark. You are welcome and wanted here. ACRM COMMUNITIES...
See: ACRM.org/meetings17

Join us. Be moved.

SPECIAL SYMPOSIUM #333769
“Emerging Technologies for Stroke Rehabilitation: Toys or Tools?”
STEVEN L WOLF, PhD, PT, FAPTA, FAHA

This seminar will feature several engineers who will dialogue on developing technologies, their relevance and application to the rehabilitation of stroke survivors, and the environments in which they can be best used. Opportunities will be provided for engaging questions and answers with attendees.

MORE: www.ACRM.org/STcontent

STROKE CONTENT: 30+ symposia, instructional courses & papers, 100+ speakers & anticipating 125+ scientific posters

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STROKE ISIG BUSINESS MEETING: THU 7:00 AM - 8:00 AM
See Stroke ISIG task force meetings page 17

PARTICIPATE JOIN THE ACRM STROKE ISIG

Stoke ISIG Business Meeting: THU 7:00 AM - 8:00 AM
See Stroke ISIG task force meetings page 17
**CANCER CAN**

**WED**

**CONCURRENT SESSIONS**

**BLOCK 1**

1:30 PM – 2:45 PM

- Cancer Care Competencies Across the Rehabilitation Disciplines (Sara Christensen Holz, University of Wisconsin School of Medicine and Public Health; Brent Braveman, MD Anderson Cancer Center; Lisa VanHoose, University of Central Arkansas) #29407 CAN, CP

- The Feasibility of Providing Occupational Therapy via Telehealth in a Breast Cancer Recovery Program (Jennifer Hayter, City of Hope National Medical Center) #317946 CAN, CP

**THU**

**CONCURRENT SESSIONS**

**BLOCK 2**

10:30 AM – 11:45 AM

- Update in Cancer Prehabilitation and Rehabilitation: New Research, Guidelines, and Practice Recommendations (Vishwa Raj, Julie Silver, Ashish Khanna) #294306 CAN

- Treating Urinary Dysfunction in Oncology Patients: Challenges of Radiation, Chemotherapy and Major Pelvic Surgery (Amy Ng, O. Lenaine Westney, Shelby Ubrich, Sandra Beals) #300456 CAN

- Pre-operative Evaluation and Education (FREE-hab) of Patients with Breast Cancer (Michael Stubblefield, Melissa Thess, Stacye Mayo) #299950 CAN, CP, PAIN

**BLOCK 3**

1:45 PM – 3:00 PM

- Inpatient Cancer Rehabilitation: Considerations for Delivery of Care (Terrence Pugh, Vishwa Raj, Jack Fu, Sarah Sangermano) #297284 CAN

- Best Practice: The Role Of Cancer Gynecological Cancers (Nasim Chowdhury, Eloise Chapman-Davis) #296413 CAN, CP

- From Silos to Synchrony: Promoting Interdisciplinary Collaboration in Integrative Cancer Rehabilitation (Diane Radford, Jennifer Hayter, Timothy Marshall, Kathryn Cantera, Lauren Thomas, Sophia Chan, Tiffany Cheung, Ariana Vora) #294427 CAN, CIRM, CP

**BLOCK 4**

5:30 PM – 6:45 PM

**SPECIAL SYMPOSIUM & AWARD LECTURE:**

**MICHAEL STUBBLEFIELD, MD**

Director of Cancer Rehabilitation, Kessler Institute for Rehabilitation

West Orange campus

**FRI**

**CONCURRENT SESSIONS**

**BLOCK 5**

10:30 AM – 11:45 AM

- Lifestyle Factors That can be Protective for Cancer-Related Cognitive Impairment (Arash Asher, Cedars-Sinai Medical Center; Kathleen Van Dyk, UCLA Jonsson Comprehensive Cancer Center; Semel Institute; Robin Newman, Boston University; Jessica Engle, Adventist HealthCare Physical Health and Rehabilitation; Lynne Padgett; American Cancer Society) #297442 CAN, CP

- Delivery of Cancer Rehabilitation Services to an Underserved Population (Yevgeniya Dvorkin Wininger, Sophia Chan, Tiffany Cheung, Carola Radford, Jennifer Hayter, City of Hope National Medical Center) #321747 CAN

**SAT**

**CONCURRENT SESSIONS**

**BLOCK 7**

9:45 AM – 11:00 AM

- Improving the Performance Status of Stem Cell Transplant Patients Along the Continuum of Care (An Ngo-Huang, University of Texas MD Anderson Cancer Center; Brent Braveman, MD Anderson Cancer Center) #314005 CAN

- Current Cancer Rehabilitation Guidelines (Sara Holz, University of Wisconsin School of Medicine and Public Health; Lynne Padgett, American Cancer Society; Jennifer Hayter, City of Hope National Medical Center; Carrie Kiddock, Bon Secours Sports Medicine & Physical Therapy) #292014 CAN, CP

- Prospective Surveillance Model (Shana Harrington, Sandra Beals) #295707 CAN

- Oncology Rehabilitation in Leukemia, Lymphoma, & Myeloma: From Diagnosis Through Bone Marrow Transplant (Suzanne Taylor, William Carter) #313784 CAN, CP

**BLOCK 8**

11:30 AM – 12:45 PM

- Delivering on the Promise of Person-Centered Care: Putting People at the Heart of Healthcare (Rebecca Kirch, National Patient Advocate Foundation; Terrence Pugh, Carolinas HealthCare System; Lynne Padgett, American Cancer Society) #300631 CAN

- Teaching Rehabilitation to Medical Students (Sarah Sangermano) #296413 CAN, CP

- Cancer Rehabilitation (Diane Radford, Jennifer Hayter, City of Hope National Medical Center) #317946 CAN, CP

**BLOCK 9**

1:00 PM – 2:15 PM

- Cancer Rehabilitation: New Research, Guidelines, and Practice Recommendations (Vishwa Raj, Julie Silver, Ashish Khanna) #294306 CAN

- Best Practice: The Role Of Cancer Gynecological Cancers (Nasim Chowdhury, Eloise Chapman-Davis) #296413 CAN, CP

- From Silos to Synchrony: Promoting Interdisciplinary Collaboration in Integrative Cancer Rehabilitation (Diane Radford, Jennifer Hayter, Timothy Marshall, Kathryn Cantera, Lauren Thomas, Sophia Chan, Tiffany Cheung, Ariana Vora) #294427 CAN, CIRM, CP

**SESSION DETAIL**

There are multiple barriers in delivering cancer rehabilitation services to an underserved population that rehabilitation professionals must be aware of to be able to overcome them by taking advantage of community resources, very close follow up and persistent encouragement in order to provide the most comprehensive cancer rehabilitation care in this growing and in need population of patients.

**REGISTERED YET?**

**REGISTER:** ACRM.org

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www.ACRM.org/CANCERcontent

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**Dr. Stubblefield is an internationally renowned expert in cancer rehabilitation. He has led many important initiatives to advance the field.**

— Julie Silver

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**Dr. Stubblefield has been a leader in the area of cancer rehabilitation for over a decade. His academic work and clinical growth has helped to place cancer rehabilitation at the forefront of care for both the rehabilitation and oncology communities.**

— Vishwa S. Raj
2017 ACRM Distinguished Lecturer in Cancer Rehabilitation and Survivorship Care: Michael Stubblefield, MD

Dr. Michael D. Stubblefield is the former Chief of Cancer Rehabilitation at Memorial Sloan-Kettering Cancer Center. He now serves as Medical Director of Cancer Rehabilitation at Kessler Institute for Rehabilitation, and National Medical Director of Cancer Rehabilitation at Select Medical Corporation. He is board certified in Physical Medicine and Rehabilitation (PM&R), Internal Medicine, and Electrodiagnostic Medicine. His primary clinical expertise is in the identification, evaluation, and rehabilitation of neuromuscular, musculoskeletal, pain, and functional disorders resulting from cancer and its treatment, particularly those caused by radiation and neurotoxic chemotherapy.

Dr. Stubblefield is an accomplished researcher who has published extensively, not only in the rehabilitation literature, but in oncology, pain management, palliative care, neurophysiology, and other journals. He has authored numerous review articles and book chapters in the field of cancer rehabilitation and is the senior editor of Cancer Rehabilitation: Principles and Practice, the only comprehensive textbook in this emerging field. Dr. Stubblefield has served on the Board of the American Association of Neuromuscular and Electrodiagnostic Medicine and as Chair of the Medical Council of the American Association of Physical Medicine and Rehabilitation. He is on the editorial board of the journal Muscle and Nerve. Dr. Stubblefield is a fierce advocate for the development of cancer rehabilitation and survivorship programs and champions their role in restoring function and quality of life to cancer patients.

2017 Excellence in Cancer Rehabilitation Award Winner: Nicole Stout, PhD

“Thank you so much! This is so exciting!! I am beyond humbled by this.”

“We encourage you to get involved with our work at ACRM and make a difference in the future of cancer rehabilitation”

— Nicole Stout, PT, DPT, CLT-LANA, Partner, 3e Services LLC, Alexandria, VA

“Thank you so much! This is so exciting!! I am beyond humbled by this.”

“We encourage you to get involved with our work at ACRM and make a difference in the future of cancer rehabilitation”

— Nicole Stout, PT, DPT, CLT-LANA, Partner, 3e Services LLC, Alexandria, VA
Functional Plasticity in Neurorehabilitation of Stroke Survivors: Findings and Clinical Implications (Steven Wolf, Emory University School of Medicine; Department of Rehabilitation Medicine; Division of Physical Therapy, Lynne Gauthier, Michael Borich) #289922 NP, ST

Functional Plasticity in Neurorehabilitation of Spinal Cord Injury Survivors; Findings and Clinical Implications (Steven Wolf, Aiko Thompson, Randy Trumbower) #289911 NP, SCI

Intensity in Aphasia Rehabilitation: Contrasting Perspectives From Neuroscience and Cognitive Psychology (Anastasia Raymer, Amy Rodriguez, Leora Cherney) #299022 NP, ST

Translational Research on Early Brain Injury: Benefits and Limitations of Neuroplasticity (Jocelyn Bachevalier, Jessica Raper, Elisabeth Wilde, Harvey Levin) #302987 NP, BI

Exploring mechanisms for alcohol abuse after TBI (Amy Herrold, John Corrigan, Alana Conti) #291889 NP, BI, CC

Neuromodulatory Effects of rTMS + Amantadine with Chronic VS/ MCS: An Interdisciplinary Approach (Theresa Pape, Dulal Bhaumik, Runa Bhaumik, Trudy Mallinson, Ann Guernon, Elyse Walsh, Sherri Livengood) #300994 NP, BI, MES

Progress in Brain-Computer Interface (BCI) Neuroprosthetics for Individuals with Motor Impairments (Marcia Bockbrader, Ian Burkhart, A. Bolu Ajiboye, Gaurav Sharma) #294487 NP, TEC, SCI

MORE:
www.ACRM.org/NPcontent

Dr. Hallett is a world-class neurologic researcher, clinician, scholar and kind mentor to many in the international rehabilitation community, and I feel extremely fortunate that the ACRM community has the opportunity to welcome him to Atlanta.

—Mark A. Hirsch, PhD, Sr. Scientist, Carolinas Rehabilitation Director, Carolinas Department of Physical Medicine and Rehabilitation Core Laboratory; Director, Resident Research Education (PM&R) Dept of Physical Medicine and Rehabilitation, Carolinas Medical Center; Adjunct Associate

CNS plasticity is maintained within bounds and this is abnormal in patients with focal hand dystonia. Using functional magnetic resonance imaging (fMRI), we have evaluated writing and other tasks in normal subjects and patients with writer’s cramp. In normal subjects when writing, there is selective activation of two regions, one in ventral premotor cortex and another in the parietal lobe, and there is strong connectivity between these two regions when writing. In patients this is impaired. If the abnormality arises from a plastic change, perhaps rehabilitation using repetitive good movements coupled with non-invasive brain stimulation can reverse the disorder.

“Neuroplasticity”

Theresa Louise-Bender Pape, DRPH, MA, CCC-SLP/L, FACRM
Clinical Neuroscientist
Hines VA Hospital

CO-CHAIR:

Lynne Gauthier, PhD
Director, Neurorecovery and Brain Imaging Lab
Ohio State University Wexner Medical Center

Stay tuned for info on the Neuroplasticity Lecture Luncheon
THU 12:00 – 1:30pm only $69

PARTICIPATE JOIN THE ACRM Neuroplasticity Networking Group Meeting
FRI 27 OCT 4:00 – 5:00 PM
Motor and Neurobehavioral Rehabilitation Approaches in Amyotrophic Lateral Sclerosis (Michele York, Mohammed Sanjak) #295848 ND

New Frontiers of Physical Rehabilitation for Multiple Sclerosis: A Synthetic View (Victor Mark, Cassandra Herman, Deborah Backus) #293866 ND, CP, NP

Non-Traditional Community-Based Group Exercise for People With Parkinson’s Disease (Madeleine Hackney, Stephanie Combs-Miller) #291663 ND, CIRM, GER

"Women in Rehabilitation Science: Impact Lives, Foster Innovation, Cultivate Change" Featuring KEYNOTE SPEAKER: PAMELA DUNCAN (Mark Hirsch, Cassandra L. Herman, Sandra Kletzel, Patricia C. Heyn, Michele K. York) #305989 ND, CC

Internally and Externally Guided Movement in Individuals With Neurodegenerative Disease (Madeleine Hackney, Keith McGregor) #299810 ND, NP, AN

Neurodegenerative Diseases Lecture Luncheon featuring Erwin E.H. van Wegen, PhD Associate Professor, Amsterdam University “Moving Towards Patient Centered Neurodegenerative Diseases Research: European and USA Comparisons”

The Exercise • Cognition Interaction in Individuals with Parkinson’s Disease (Madeleine Hackney, Emory University School of Medicine; Joe Nocera, Emory University School of Medicine and Atlanta Department of Veterans Affairs RR&D, Center for Visual and Neurocognitive Rehabilitation; Ergun Uc, University of Iowa, Carver College of Medicine; Marcos Bamman, University of Alabama at Birmingham) #299815 ND, GER, NP

Neurodegenerative Disease Networking Symposium: An Interactive Research and Mentorship Round Tables Discussion (Patricia Heyn, Deborah Backus, Mark Hirsch, Sarah Gurney, Victor Mark, Erwin van Wegen, Cassandra Herman, Shilpa Krishnan, Michele York) #296818 ND, CC, CIRM

Brain Power: How Exercise Improves Cognitive Performance (Patricia Heyn, Joe Nocera, Shilpa Krishnan, Mark Hirsch) #328544 ND, GER, NP

In the last two decades, growing interest has been generated in better understanding motor-cognitive integration and the effects exercise has upon cognition in healthy older adults as well as adults with Parkinson’s disease (PD). While PD has traditionally been considered a “movement” disorder, multiple systems are affected, compromising neurotransmitter systems and also encompassing cognitive, mood, and motivational systems. We will briefly summarize the current research landscape and explore possible mechanisms by which exercise may affect cognition in those with PD. This session will include interactive discussion with participants.

WORKGROUP STYLE: Promising interventions and emerging scientific rehabilitation opportunities for neurodegenerative disease will be discussed by senior researchers in a roundtable format. Junior level scientists and clinical professionals will especially benefit from this format that will foster mentor-mentee interactions and opportunities. Each roundtable will have an expert mentor facilitating the discussion on a specific neurodegenerative condition (i.e. Parkinson’s, Alzheimer’s, Multiple Sclerosis, ALS). Attendees will be able to participate in lively informal and interactive conversations related to their topic and areas of interest.

**PARTICIPATE**
JOIN THE ACRM Neurodegenerative Diseases Networking Group Business Meeting
THU 26 OCT 7:00 AM – 8:00 AM
The Mediterranean Diet (MD) is a plant-based diet characterized by high consumption of legumes, unrefined cereals, fruit and vegetables and olive oil, moderate consumption of dairy products, fish and wine, but low meat consumption has been linked to improved cognitive function. We will discuss recent evidence from RCTs on MD and cognition. We will conclude with our use of SEM analysis on the moderating role of metabolic syndrome and cognitive performance in a large cohort sample (n > 600) over 60, part of the Neurocognitive Study on Aging conducted in Cyprus, a Mediterranean country with high levels of adherence to MD.

**BRUCKER INTERNATIONAL SYMPOSIUM**

“The Refugee Crisis in Greece and The Response of Mental Health Professional Community” *Maria Vlassopoulos*, Assistant Professor of Language and Communication Pathology, 1st Psychiatric Department University of Athens School of Medicine, Athens, Greece

Studies have shown that the refugee experience potentially has such adverse effects that a mental health delivery system in refugee camps is imperative. In most cases, these services are provided by social workers, nurses, and other mental health personnel, such psychiatrists or psychologists. Although at some level cooperation between the different humanitarian groups, NGOs and other agencies may be present, each service provider answers to his/her respective agency and there may not be an overall plan for the operation of these programmes. This lack of leadership may result in fragmentation and poor coordination. Further barriers to treatment are, amongst others, poor working conditions, frequent staff turnover and burnout, language and cultural barriers as well as, more seriously, the lack of individual follow-up of the refugees as they move from camp to the other, often in different countries.

**FRI**

**SAT**

**PAPER SESSIONS**

Community Integration and Family Adjustment after ABI: Practical Solutions in a Rapidly Changing World

(JanetNiemeier, Kathy Kniepmann, Arshia Ahmad, Lucia Smith-Wexler, Marlene Vega) #297399 INT, BI, ST

Metabolic syndrome and dietary patterns: A tale of two continents

(Chetan Phadke, BPht PhD, West Park Healthcare Centre; Hubert Vuagnat, MD; University Hospitals of Geneva) #290842 INT, ST, CP

Community Reintegration in Low-Resource Settings: Unmet Needs and Family Participation in Rehabilitation Process

(Amit Kumar, Brown University; Jonathan Armstrong, ABI Rehabilitation; Carlos Marquez de la Plata, Pate Rehabilitation; Kristine Kingsley, New York University Langone Medical Center, Rusk Rehabilitation) #301820 INT, BI, ST

The Netherlands Presents — Lessons From The #1 Healthcare System in Europe (Remco Hoogendijk, Hans Rietman, Robert O’Dowd, Pauline Aarts, Ilse van Nes, Rienny Reinen, Frederik Tonis, Mark van Houdenhoven) #300412 INT, SCI, PED

The leading Rehab Institute in the Netherlands will present their approach towards successful innovative patient included rehab pathways. Topics include: Differences of the Dutch and the American Rehab Healthcare System - Leading treatment approaches in the Netherlands - Adaptation and use of newer technologies (robots, virtual reality, sensor technology, ehealth and serious gaming) - Patient Included taken to the next level - Measuring Outcome and Success - Lessons for America

Dr. Vlassopoulos will inspire us! The refugee crisis in Europe resonates with rehabilitation professionals around the world. This symposium will explore significant unmet needs and the contribution of rehabilitation specialists working in teams.”

— Fofi Constantindou

The ACRM International Networking Group (ING) is a community of rehabilitation professionals from around the world whose mission is to communicate and collaborate across international boundaries to advance rehabilitation research and evidence-based practice. **Join them in Atlanta: Annual Group Business Meeting: THU 7:00 AM – 8:00 AM.** Meanwhile — connect with them virtually here: ACRM.org/international

“The ACRM conference is international. So many countries participate and bring the best of their thinking to the table”

— Chris MacDonell, FACRM, Managing Director of Medical Rehabilitation, CARF International
A VALUE ADDED MODEL FOR TREATMENT OF CHRONIC PAIN
(Virgil Wittmer, Brooks Rehabilitation; Mark Pew, Brooks Rehabilitation; Anita Davis, PT DPT DAAPM ATRIC CEASII; LaDonna Saxon, PhD, Brooks Rehabilitation) #294316 PAIN, CP

This session introduces concepts of psychologically informed practice to rehabilitation professionals treating patients with chronic pain. Psychologically informed practice is associated with cognitive behavioral training as provided by psychologists. Pain coping strategies are paramount for those with chronic pain. However, for those with chronic pain, psychological support is frequently not available. These strategies allow the clinician to share effective pain coping skills along with their discipline specific interventions. Some pain coping strategies may be familiar to rehabilitation professionals treating patients with chronic pain.

More information is available for 
Enabling Patient Engagement in Chronic Pain Self-Management Practices to Optimize Pain Treatment Outcomes (Team from James A. Haley Veterans’ Hospital: Stacey Sandusky, Polina Feldman, Nicole Angeli, Kerry Allen) #293323 PAIN, CP

New Guidelines by the ACP for Non Invasive Pain Therapies Special Focus on Wearable Technologies (Polina Feldman, Recovery Force; Virgil Wittmer, Brooks Rehabilitation) #300998 CC, CROSSTAGGED

The National Pain Strategy (NPS) was released in 2016, and strongly encourages interdisciplinary assessment and treatment for patients at risk for development of chronic pain. These guidelines recommend the biopsychosocial model for evaluation and treatment of chronic pain, and are inclusive of all strategies of behavioral and medical rehabilitation. There are many models for interdisciplinary implementation of the NPS guidelines. This symposium will provide evidenced based recommendations for integration of these services/programs within a variety of healthcare settings. Staffing structure, philosophy, outcomes, and practical issues related to operations (revenue and expenses) will all be addressed within various healthcare delivery systems.
The Center for Medicare and Medicaid Services’ Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP) was implemented in October 2012, and now includes quality measures focused on health-care acquired infections, self-care, mobility, resource use and other measures. Public reporting of quality data began in December 2016, with the launch of a “Inpatient Rehabilitation Facility Compare” website. This session provides an overview of the CMS IRF QRP, a description of the development, testing and findings from an IRF Experience of Care Survey, and a review of a study examining the representativeness of experience-of-care survey respondents.

The purpose of this session is to help physicians & non-physician practitioners improve effectiveness and efficiency in documenting medical necessity and facilitate timely provision of appropriate wheeled mobility equipment for patients. Upon completion participants shall be able to: 1) distinguish features of complex rehab technology (CRT) wheelchairs and standard durable medical equipment (DME) wheelchairs, 2) describe the elements of the physician face to face examination and documentation requirements, 3) access resources for policy & advocacy, 4) improve beneficiary access to appropriate and necessary CRT & DME. Knowledge translation and dissemination resources will be shared for use at your home organization.

TOO MUCH GREAT STUFF TO PRINT!
There is no way to squeeze all the great aspects of this event into one brochure. Fortunately we have two handy ways you can access and scroll through all of the juicy conference details:

1) Conference App: ACRM.org/app
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View, search, and filter the conference schedule, see faculty and session descriptions, check out exhibitors and start planning your ACRM experience.

TO REGISTER: www.ACRM.org/2017 or call +1.703.435.5335
David Rhew, MD
Chief Medical Officer (CMO) and Head of Healthcare and Fitness for Samsung Electronics of America

Dr. Rhew has served as CMO and Vice-President for Global Healthcare at Samsung SDS; Senior Vice-President and CMO at Zynx Health Incorporated; clinician/researcher in the Division of Infectious Diseases at the VA Greater Los Angeles Healthcare System; and Associate Clinical Professor of Medicine at UCLA. Dr. Rhew has served on the National Quality Forum’s (NQF) Steering Committee for Pulmonary and Critical Care quality indicators and is currently on the NQF Consensus Standards and Approval Committee. He co-holds six U.S. technology patents that enable the authoring, mapping, and integration of clinical decision support into the electronic health record.

To register: www.ACRM.org/2017 or call +1.703.435.5335
Perinatal arterial ischemic stroke/Hypoxic Injury clinical overview/etiology, management and outcome (Ryan Felling, Christine Koterba, Amy Houtrow, Shelley Dean, Roberta O’Shea) #283576 PED, ST, NP

Acute Flaccid Myelitis (AFM) in Pediatric Population; Case Reports and Rehabilitation Considerations (Cristina Sadowsky, Julie Cagney, Kaitlin MacDonald) #284186 PED, SCI

Mark Ylvisaker Lecture: Social communication in adolescents with brain injury: What would Mark do? (Lyn Turkstra) #332395 PED, BI

Pediatric Rehabilitation Award Lecture: "Pediatric Concussion — What Science Tells Us About the Art of Management“
Stacey Suskauer, MD, Kennedy Krieger Institute and Department of Physical Medicine & Rehabilitation

HOT TOPICS in Rehabilitation of Young Children Age 0-5: Clinical & Research Blitz (Angela Ciccia, Leann Kerr, Jennifer Lundine, Roberta O’Shea, Juliet Haabarauer-Krpea, Amber Sheehan, Jorge R. Vasquez Rios, Cristina L. Sadowsky, Glendaliz Bosques, Mark Pedrotty, Christian Niedzwecki, Jessica Kramer, Shelley Dean) #304635 PED, CC, CP

Integrating Top Pediatric Rehabilitation Research into Practice: a Review of Recent Clinically Influential Papers (Matthew McLaughlin, Children’s Mercy Hospital; Molly Fuentes, Seattle Children’s Hospital; Robyn Howarth, Children’s Healthcare of Atlanta) #281463 PED, CP

Management and Outcomes in Pediatric Severe Traumatic Brain Injury (TBI): Current Research and Practice (Andrew Reisner, Chia-Yi Kuan, Joshua Yova, Lindsay Labrot, Laura Bisewski, Robyn Howarth) #294076 PED, BI

CDC: THE REPORT TO CONGRESS ON THE MANAGEMENT OF TRAUMATIC BRAIN INJURY IN CHILDREN (Juliet Haabarauer-Krpea, Centers for Disease Control and Prevention; Ann Glng, University of Oregon; Brad Kurowski, Cincinnati Children’s Hospital Medical Center and University of Cincinnati College of Medicine) #296634 BI, PED

Spina Bifida Across the Life Span: An Evolving Multidisciplinary Clinical Model (Team from UAB/Children’s of Alabama: Drew Davis, UAB/Children’s of Alabama, Betsy Hopson, Brandon Rocque) #299541 PED, CP, CC

This session will provide a review of recent literature pertaining to spina bifida outcomes, the evolution of Lifetime Care Model at UAB/Children’s of Alabama and preliminary results of the Spina Bifida Transition Program.

Medical Management and Outcomes of Pediatric Patients Diagnosed With Anti-NMDA Receptor Encephalitis (Team from Children’s Healthcare of Atlanta: Robyn Howarth, Laura Blackwell, Joshua Yova, Udayan Kulkarni, MD, Fallon Crews, C-PNP, Anna-Lisa Tarabicos, C-FNP) #296879 PED, BI

A Multidisciplinary Approach to Feeding and Swallowing Management for Children Post Traumatic Brain Injury (Team from Childrens Hospital Colorado: Amanda Chestnut, Caroline Freer) #304715 PED, CP This will be a case study presentation to educate clinicians on a multidisciplinary approach to the evaluation, treatment and management of feeding and swallowing disorders for children who sustain traumatic brain injuries.

ACRM is serious about pediatric rehabilitation with not one, but two groups devoted to it: the Pediatric Rehabilitation Networking Group and the Pediatric-Adolescent Task Force within the BI-ISIG (Brain Injury Interdisciplinary Special Interest Group).

Dr. Turkstra’s work is seamlessly aligned with all that Dr. Ylvisaker advocated for in the care of those with brain injury. I am thrilled she will be speaking at this year’s ACRM Conference.
—Angela Ciccia, Ph.D., Case Western Reserve University

Dr. Suskauer is an innovative clinician and researcher in the area of pediatric brain injury and I look forward to hearing about her recent work.
—Juliet Haabarauer-Krpea, PhD, Centers for Disease Control and Prevention

Anti-NMDA receptor encephalitis is an auto-immune disorder with a predictable clinical course. The clinical presentation and response to treatment are variable; hence, medical professionals utilize various treatments and medications to achieve medical stability. This symposium will review the current research on medical management and treatment for pediatric patients with anti-NMDA receptor encephalitis, specifically focusing on an overview of this disease and its effect on the developing brain, the medical and symptom management, the role of rehabilitation in recovery, as well as functional and cognitive outcomes in a pediatric sample.
Multidisciplinary Approaches to Exercise Therapy in the Prevention of Late-Life Disability (Monica Serra, Atlanta Dept of Veterans Affairs GRECC; Joe Nocera, Emory University School of Medicine and Atlanta Department of Veterans Affairs R&D, Center for Visual and Neurocognitive Rehabilitation; Thomas Buford, University of Florida; Keith McGregor, Atlanta Dept of Veterans Affairs R&D Center for Visual and Neurocognitive Rehabilitation) #294444 GER

RE-CONCEPTUALIZING OUTPATIENT GERIATRIC REHABILITATION: DELIVERING PREVENTATIVE CARE THROUGH CONNECTED HEALTH

(Jonathan Bean, VA Boston Healthcare System; Meng Ni, Harvard Medical School; Terri Ellis, Boston University; Jennifer Perloff, Brandeis University) #293393 GER, CP For older adults, a decline in mobility skills is a signal event, identifying higher risk for disability and healthcare utilization. Our study evaluates the benefits of rehabilitation before these adverse events occur. The intervention targets risk factors for mobility decline and utilizes mobile health technology to deliver care more efficiently. This study evaluates the benefit of this unconventional care program on physical function and health care utilization after one year of follow up. We will present: 1) study background and rationale; 2) the study methods; 3) a description of the intervention; and 4) the findings addressing improvements in physical function.

Supports to Enable the Participation of Individuals Aging with Disability: Evidence From Rehabilitation Science (Emily Nalder, University of Toronto; Denise Dubois, University of Toronto; Carrie-Marine Marshall, Queens University) #300733 GER, BI, TEC

Reablement and Restorative Care for Older People with Functional Decline — New Paradigm or Old? (Christopher J. Poulos, HammondCare, University of New South Wales; Andrew Cole, HammondCare, University of New South Wales; Michelle Anthony, HammondCare; Natalie Robson, HammondCare) #309871 GER, INT, POL

To Improve Balance in Older Adults With Tai Chi As Therapeutic Intervention (Howe Liu, Physical Therapy Department of UNT Health Science Center, the 2nd Affiliated Hospital of Nanchang University; Hong Zhang, Yueyang Hospital of Integrated Chinese and Western Medicine, Shanghai University of Traditional Chinese Medicine) #297410 GER, CIRM

Leveraging Existing Data to Answer Novel Research Questions: Perspectives on Archiving and Using Research Data (Kenneth Ottenbacher, University of Texas Medical Branch; Rachel Ward, VA Boston; Addie Middleton, Department of UNT Health Science Center, the 2nd Affiliated Hospital of Nanchang University; Hong Zhang, Yueyang Hospital of Integrated Chinese and Western Medicine, Shanghai University of Traditional Chinese Medicine) #294444 GER, CP

Rehabilitative Care in Aging Adults with Blood Cancer — A Multidisciplinary Model (Team from The Ohio State University: Geetika Bhatt, Hilary Paige Erdeljac, KeRNa Owens, Anna Maria Bittoni, Amy Custer, Kathryn Halliday, Shelley Foster, Desiree Jones, Ashley Rosko) #296408 CP, CAN, GER CROSSTAGGED A Geriatric Assessment (GA) is a multi-disciplinary assessment tool designed to address the unique needs of the aging adult population with subspecialty evaluations by a physician, pharmacist, case manager, nutritionist, physical therapist and audiologist, all in a single visit to improve morbidity, mortality, and quality of life. We describe our clinic model using GA in hematologic malignancies and discuss implementations to improve treatment outcomes in this population.

We warmly welcome our presenters

from Australia

and from China

This panel will provide a broad overview of current data sharing attitudes and practices in disability and rehabilitation research, as well as recent success stories from both the archiving and accessing data perspectives. Following the symposium, participants will have a better understanding of 1) the importance of sharing data, 2) the process of sharing data through archiving, and 3) opportunities for leveraging shared datasets to answer novel, timely research questions.

Congratulations to...

<<< DEB WILKERSON AWARD RECIPIENT:
Emily Nalder, PhD BOccThy (Hons).
Assistant Professor, University of Toronto will present paper lecture, “Proposing a Traumatic Brain Injury (TBI) Resiliency Model to guide rehabilitation research and practice.”
The symposium has 3 main goals: 1. Explore the cutting edge of prosthetic research and care of persons with limb loss. 2. Foster a dialogue between researchers, clinicians, and persons with limb loss. 3. Motivate the next generation to improve upon limb loss care and prosthetic technologies.

KIRSTIN ZHAO
Mayo Clinic

The number of people living with concurrent comorbidities as well as the aging population has given rapid rise to the number of people expected to be living with amputation. A collaborative longitudinal database focusing on translational research intending to enhance the treatment, rehabilitation, and quality of life of people living with amputation was created in response to a report from NIDILRR citing an increased need for the development of research and treatment options for people expecting to undergo amputation. The database helps fill this research void by providing information on physical and psychosocial adjustment related to prosthetic outcomes.

TAMARA BUSHNIK
PhD, FACRM, Associate Professor, Rusk Rehabilitation

JOIN THE ACRM Limb Restoration Rehabilitation Group Business Meeting
FRI 7:00 AM – 8:00 AM

Too much to print!
See more in the App ACRM.org/app & in the online program ACRM.org/onlineprogram
Evidence for the use of Brain Gaming in Older Adults with Cognitive Impairment
(Sandra Kletzel, Pallavi Sood, Xiaolei Hu, Ahmed Negm, Shilpa Krishnan, Patricia Heyn) #294645 MES, ND, GER

Quality Measurement in Inpatient Rehabilitation
(Anne Deutsch, Roberta Constantine, Sara Zuckerbraun, Allen Heinemann) #294024 POL, MES CROSSTAGGED

Health Services Research Efforts within ACRM: Part I
(James Graham, Risa Nakase-Richardson, Trudy Mallinson, Jason Benecki, Pamela Roberts, Natalie Leland, Amol Karmarkar) #297666 MES

Promoting Adoption of Standardized Outcome Measures Using the Rehabilitation Measures Database
(Linda Ehrlich-Jones, Kristian Nitsch, Allen Heinemann, Trudy Mallinson) #290666 MES

Defining rehabilitation treatments: Implications for clinical education, supervision, and treatment planning
(John Whyte, Tessa Hart, Marcel Dijkers) #294063 CP, MES, CC See Page 42

Health Services Research Efforts within ACRM: Part II
(Risa Nakase-Richardson, James Graham, Addie Middleton, Amit Kumar, Timothy Reistetter, Tracy Mrroz, Ickpyo Hong) #297666 MES, POL

Evidence-based Pharmacological Interventions After TBI
(Sonya Kim, Lilian Hoffecker, Lauren Terhorst, Xiaolei Hu, Marianne Mortera, Marianne Mortera, Shilpa Krishnan, Trudy Mallinson, Patricia Heyn) #289738 MES, BI, MIL

Recent Advances in Outcomes Measurement after Amputation and Major Extremity Trauma
(David Tulsky, Linda Resnik, Renan Castillo, Jerry Slotkin, Callie Tyner, Stephen Wegener) #288471 MES

Neuromodulatory Effects of rTMS + Amantadine with Chronic VS/ MCS: An Interdisciplinary Approach
(Theresa Pape, Dulal Bhaukim, Runa Bhaukim, Trudy Mallinson, Ann Guernon, Elyse Walsh, Sherri Livengood) #300994 NP, BI, MES CROSSTAGGED

Outcomes Measurement in Rehabilitation Research and Practice — The State of Science
(Deepan C Kamaraj, Jason Raad, Trudy Mallinson, Deborah Backus) #300658 MES, CP

Treatment Outcomes for Individuals With Acquired Brain Injury and the Significance of Social Participation
(Sonya Kim, Marie Cavallo, Yuka Matsuzawa, Kristine Kingsley) #304065 MES, BI
Rehabilitation with Music: What is Known and How We Collaborate As NMTs (Erin Wegener, Alika Seu, Kathleen Howland) #294343

Arts & Neuroscience: Review of Evidence for Dance-based Interventions in Neurorehabilitation (Lise Worthen-Chaudhari, The Ohio State University; Madeleine Hackney) #297003

GOT RHYTHM? The Music and Motor Connection in Neurorehabilitation (Dwyer Conklyn, Francois Bethoux, Darlene Stough, Lisa Gallagher, Elizabeth Stegemoller) #294023

Cognition And The Role of Music in Clinical Neurorehabilitation (Kathleen Howland, Berklee College of Music) #299326 AN, BI, PED Attention is the bedrock of all cognition. As a temporal art, music has the capacity to engage and sustain attention for extended periods. This is an important clinical tool in the assessment and treatment of attention-based issues, notably in dementia, stroke and brain injury including disorders of consciousness. The neurologic circuitry of attention will be presented along with a discussion and demonstration of how music therapy protocols can address this area of functioning.

SPECIAL SYMPOSIUM (TENTATIVE) STROKESTRA: Holistic Stroke Rehabilitation Through Creative Music-Making (Lisa Rodio, Carol Hargreaves, Clare Nicholson, Tim Steiner) #300065 AN, ST

Speaking of the Arts...The Interplay of Music and Speech in the Neurorehabilitation Process (Kathleen Howland, Ellayne Ganzfried, Dwyer Conklin) #300354

The Next Octave in Stroke Rehabilitation: A Collaborative Approach to Music Therapy and Occupational Therapy (Danielle Porter, Danielle Parmenter) CROSS-TAGGED WITH ST #292645 ST, AN

Sensory Stimulation and Music Therapy Programs for Treating Disorders of Consciousness (Wendy Magee, Caroline Schnakers) #296506 AN

The IMPROVment Method: Brain Body Health for Older Adults (Christina Soriano, Christina Hugenschmidt) #299144 AN, GER

Rhythmic auditory stimulation (RAS) was shown to improve gait in patients with central nervous system disorders. Patterns of cortical activation on functional MRI (fMRI) were identified in relation to walking and mental imagery of walking, in various populations. Seeking to determine the efficacy of RAS for the treatment of gait disturbance in patients with MS our team conducted three studies. These studies demonstrated improvement of gait parameters after a home walking program using RAS in individuals with MS while also showing changes in the pattern of cortical activation associated with mental imagery of walking.

SAT 3:15 - 4:15 PM the conference will end on a high note with a special session. Stay tuned for info. Sign-up to receive email alerts at ACRMconference.org.
ACRMCORE CONFERENCE

THU

CONCURRENT SESSIONS

BLOCK 2

10:30 AM – 11:45 AM

Integrative Medicine and Rehabilitation: A Natural Partnership

#294142 CIRM, CP, PAIN

(ERIC (Rick) Leskowitz, Spaulding Rehabilitation Hospital & Massachusetts General Hospital; Sonya Kim, NYU School of Medicine Dept of Neurology and Dept of Rehab.; Ariana Yora, Dept of PM&R, Harvard Medical School & Spaulding Rehabilitation Network; Bridget Sheng-Fong Chin, Harvard Medical School & Spaulding Rehabilitation Hosp.; J. Quezada-Morales, Neuronmodulation Laboratory, Spaulding Rehabilitation Hosp.; Patricia Heyn, Univ. of Colorado Anschutz Medical Campus) - This course will discuss the range of martial arts, from the context of these arts as part of a trio of life skills. We will explore the healing arts, from acupuncture to natural and herbal remedies, the self exploration arts from yoga to mindfulness, and cognitively-based compassion training (from the Tibet group at Emory). Hard styles of tae kwon do to the soft styles of tai chi will be explored.

Special Symposium

SPECIAL SYMPOSIUM

Integrative Medicine in the Rehab Setting: One Hospital’s Experience (A Case Study) (Eric Leskowitz) #316790 CIRM, CP

ERIC LESKOWITZ, MD

Director, Integrative Medicine Task Force, Spaulding Rehabilitation Hospital

Yoga: A Practice with Special Relevance for Neurological Rehabilitation (Anneke Bender, Marlysa Sullivan, Kelli Bethel, Lauren Tudor, Julie Huerbin) #310644 CIRM, CP

Application of Complementary Medicine Approaches in Inpatient Rehabilitation: Findings From the SCI Rehab Project (Sally Taylor, Elaine Ooi Yan Cheung) #304175 CIRM, SCI

The Effects and Effectiveness of Structured Physical Activity at Varying Life Stages (Sonja Kim, Susan Ronan, Janet Dolot, Allan Tyson, Bonnie Marks, Richard Traum, Shilpa Krishnan, Patricia Heyn) #294151 CIRM, ND, BI

Community Approach to Interprofessional Education Transitioning to Interprofessional Practice (Beth Bright, Dawn LaBarbera, Kimberly Beran-Shepler, Ahmed Abdelmageed, Tricia Widenhoefer) #296302 CIRM, CP

Paper Sessions

INNOVATIVE SOLUTIONS FOR PAIN REHABILITATION (Nicole Sasson, Kira Charles, Lisa Ludovici, Jason Siefferman, Sonya Kim) #290017 CIRM, PAIN

Cognitively-Based Compassion Training (CBCT®) #331237 CIRM

TIMOTHY HARRISON, BSE, MArch, Assistant Director, Center for Contemplative Science & Compassion-Based Ethics, Emory University

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CHAIR & PROGRAM COMMITTEE LIAISON:

SONYA KIM, PHD, CRC, BCB

Research Scientist, Department of Rehabilitation Medicine, Clinical Instructor, Department of Neurology & Department of Rehabilitation Medicine, New York University School of Medicine

CHAIR-ELECT & COMMUNICATIONS OFFICER:

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Associate Professor of Physical Medicine and Rehabilitation School of Medicine, University of Colorado Anschutz Medical Campus

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Chief, Physical Medicine & Rehabilitation Service Veterans Affairs-New York Harbor Health Care System; Clinical Associate Professor of Rehabilitation Medicine, New York University School of Medicine, Rusk Institute

MARIANNE H. MORTERA, PHD, OTR/L

Independent Consultant, Therapeutic Resources and New York City Department of Education, Occupational Therapistof Medicine, Rusk Institute

"Dr. Eric (Rick) Leskowitz MD, ABHM from the Spaulding Rehabilitation Hospital in Boston, has over 25 years of expertise in using energy healing, meditation and hypnosis in the rehabilitation setting, and has presented workshops nationally and internationally on the integration of subtle energy techniques and theories with the allopathic medical model."

—Sonya Kim

PARTICIPATE JOIN THE ACRM CIRM Group Meeting

FRI 7:00 AM – 8:00 AM JOIN us... Be Moved.
### WED
#### CONCURRENT SESSIONS
**BLOCK 1**
1:30 PM – 2:45 PM
- Sex and Neuorrehabilitation, Time for More Evidence and Practical Action for our Patients (Hubert Vuagnat, Xiaohui Hu, Nathan Zasler) #297006 CP, INT
- Conducting Patient Engaged Research: Lessons Learned in the VA (Maheen Adamson, Karen Besterman-Dahan, Kiersten Downos, Bridget Cotner) #296075 CP, MILL, BI
- OP-ENS - A Peer Support Intervention to Promote Healthcare Access for People With Disabilities (Susan Magasi, Robert Green, Laura VanPuyrmbroek, Christina Papadimitriou) #300494 CP, CC

#### BLOCK 2
10:30 AM – 11:45 AM
- Hyperbaric Oxygen and Traumatic Brain Injury: Caveats, Controversies and Challenges (Sarah Rockswold, David Cifu)
- MODERATORS: Min Jeong Graf, Nathan Zasler #297337 CP, BI

#### BLOCK 3
1:45 PM – 3:00 PM
- Increasing Healthspan in Patients with Complex Conditions With Self-Health Empowerment and Wellness Approaches (Patricia Heyn, James Carollo, Mark Hirsch) #292581 CP, NO, CIRM
- Integrating Research into Clinical Settings: A New Model of Interdisciplinary Rehabilitation (Miri M Rafferty, Richard Lieber, Allen Heinemann, Piper Hansen, C. Hendricks Brown, James Sliva) #304728 CP
- Fatigue and mobility in persons with neurologic disability: A Framework for rehabilitation specialists. (Herb Karpatin, Evan Cohen, Stefanie DiCarrado) #307745 CP, BI, ND

#### BLOCK 4
5:00 PM – 6:15 PM
- Cross-Linguistic Transfer of Therapy Effect (CLTE) in Bilingual Individuals with Aphasia after Stroke (Pei-Fang Hung, Lei Sun) #306869 CP, ST
- Improving Medication Adherence in Rehabilitation Clients: A Review of Evidence-Based Practice (Jaclyn Schwartz) #300482 CP, CC
- Using a Systems and Knowledge Translation Lens to Frame Clinical Recommendation Development and Implementation (I Eshel, B Heintz) #297096 CP, BIL, MIL

### THU
#### CONCURRENT SESSIONS
**BLOCK 2**
10:30 AM – 11:45 AM
- Hyperbaric Oxygen and Traumatic Brain Injury: Caveats, Controversies and Challenges (Sarah Rockswold, David Cifu)
- MODERATORS: Min Jeong Graf, Nathan Zasler #297337 CP, BI

#### BLOCK 3
1:45 PM – 3:00 PM
- Is it Time to Consider Cognitive Training for Alzheimer’s, Dementia, Mild Cognitive Impairment and Parkinson’s? (Charles Shinaver) #296157 CP, TEC
- Meeting the Needs of Mentored Research in PM&R Residencies (Victor Mark, Simon Driver, Thiru Annasawamy) #293546 CP
- Evidence and Clinical Pearls to Improve the Inpatient Team Conference (Dale Strasser, Elisabeth Preston -Hsu, Suzanne Penna, Traci Veramonti, Cindy Ivanhoe, David Kushner) #294882 CP, CC
- SPECIAL SYMPOSIUM Part 2: Specifying Rehabilitation Treatments: Implementing a Common System for Clinical Education and Research Reporting (John Whyte, Lyn Turkstra, Andrew Packel, Allen Heinemann, Keith D. Ciceron) #294669 CP, MES, CC

### FRI
#### CONCURRENT SESSIONS
**BLOCK 5**
10:30 AM – 11:45 AM
- Regenerative Rehabilitation: The Role of Mechanotherapies for Optimizing Regenerative Medicine Outcomes (Fabrisia Ambrosio, Arthur English, Nick Willett, Laura Miller) #296886 CP
- Evidence and Clinical Pearls to Improve the Inpatient Team Conference (Dale Strasser, Elisabeth Preston -Hsu, Suzanne Penna, Traci Veramonti, Cindy Ivanhoe, David Kushner) #294882 CP, CC
- Intervention to Improve Emotional Regulation Following Traumatic Brain Injury (Theo Tsaoaides, Dawn Neumann) #303851 CP, BI, TEC

#### BLOCK 6
2:30 PM – 3:45 PM
- A Practical Guide for Offering Health Promotion Interventions to People With Disabilities in Virtual Worlds (Margaret Nosek, Alice Krueger, Anne Forrest, Thomas Nosek) #297446 CP, SCI, CC
- Relational Practice: A Valued And Legitimate Way Of Working In Rehabilitation (Nicola Kayes, Felicity Bright, Kathleen Galvin) #294269 CP, CC
- Metacognitive Strategy Training: Optimizing Self-Awareness and Strategy Use across Activities (Joan Toglia, Chelsea Steinberg) #294605 CP, BI, ST

### SAT
#### CONCURRENT SESSIONS
**BLOCK 7**
9:45 AM – 11:00 AM
- Metacognitive Strategy Training: Optimizing Self-Awareness and Strategy Use across Activities (Joan Toglia, Chelsea Steinberg) #294605 CP, BI, ST
- SPECIAL SYMPOSIUM Defining rehabilitation treatments: Implications for clinical education, supervision, and treatment planning (John Whyte, Tessa Hart, Marcel Dijkers) #294063 CP, MES, CC

#### BLOCK 8
11:30 AM – 12:45 PM
- A Practical Guide for Offering Health Promotion Interventions to People With Disabilities in Virtual Worlds (Margaret Nosek, Alice Krueger, Anne Forrest, Thomas Nosek) #297446 CP, SCI, CC
- Relational Practice: A Valued And Legitimate Way Of Working In Rehabilitation (Nicola Kayes, Felicity Bright, Kathleen Galvin) #294269 CP, CC
- Metacognitive Strategy Training: Optimizing Self-Awareness and Strategy Use across Activities (Joan Toglia, Chelsea Steinberg) #294605 CP, BI, ST

### PAPER SESSIONS
- Interventions to Improve Emotional Regulation Following Traumatic Brain Injury (Theo Tsaoaides, Dawn Neumann) #303851 CP, BI, TEC
- Metacognitive Strategy Training: Optimizing Self-Awareness and Strategy Use across Activities (Joan Toglia, Chelsea Steinberg) #294605 CP, BI, ST
- A Practical Guide for Offering Health Promotion Interventions to People With Disabilities in Virtual Worlds (Margaret Nosek, Alice Krueger, Anne Forrest, Thomas Nosek) #297446 CP, SCI, CC
- Relational Practice: A Valued And Legitimate Way Of Working In Rehabilitation (Nicola Kayes, Felicity Bright, Kathleen Galvin) #294269 CP, CC

### SPECIAL SYMPOSIUM
- Defining rehabilitation treatments: Implications for clinical education, supervision, and treatment planning (John Whyte, Tessa Hart, Marcel Dijkers) #294063 CP, MES, CC

### SPECIAL SYMPOSIUM
- Cross-Linguistic Transfer of Therapy Effect (CLTE) in Bilingual Individuals with Aphasia after Stroke (Pei-Fang Hung, Lei Sun) #306869 CP, ST
- Improving Medication Adherence in Rehabilitation Clients: A Review of Evidence-Based Practice (Jaclyn Schwartz) #300482 CP, CC
- Using a Systems and Knowledge Translation Lens to Frame Clinical Recommendation Development and Implementation (I Eshel, B Heintz) #297096 CP, BIL, MIL

### PROFESSIONAL VISITORS
- DAVID CIFU, MD
  Herman J. Flax, MD Professor and Chairman, Virginia Commonwealth University School of Medicine
Following upper motor neuron injury (i.e. spinal cord injury, multiple sclerosis, acquired brain injury, and cerebral palsy), spasticity can diminish an individual's quality of life. Given that spasticity can manifest in an array of clinical presentations, including hyperreflexia, hypertonia, and clonus, treatment can often be challenging and fail to effectively manage all symptoms. Research has provided new insight into the characterization and management of spasticity, indicating that interventions targeting spinal and supraspinal mechanisms hold the potential to be both clinically accessible and effective.

<<< Meet the Editors of THE ARCHIVES!

<<< DEB WILKERSON AWARD RECIPIENT:
Emily Nalder, PhD BOccThy (Hons), Assistant Professor, Department of Occupational Science & Occupational Therapy, University of Toronto will present paper lecture, “Proposing a Traumatic Brain Injury (TBI) Resiliency Model to guide rehabilitation research and practice.”

These symposia focus on three innovative models of clinical integration of services across transitions of care designed to improve flow, enhance quality and improve outcomes. These include an interactive mix of presentations, work groups for attendees and panel discussion. Philip Morse, ABI Rehabilitation New Zealand Ltd; Pamela Roberts, Cedars-Sinai Health System; Deborah Anselm, Accident Compensation Corporation (ACC); Christine Howard-Brown, Accident Compensation Corporation (ACC); Sarah Morrison, Shepherd Center; Christine MacDonell, CARF International; Michael Jones, Shepherd Center; Amy Morse, ABI Rehabilitation New Zealand, Ltd; Neonila Panko, Accidental Compensation Corporation (ACC).

REGISTER NOW!
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Registered yet?
“This is the organization for interdisciplinary rehabilitation.” —Dr. Ariana Vora, Harvard/Spaulding PM&R

“Best conference for interdisciplinary discussions” —Carol Dionne

“The scope of the offerings and the focus on future technology and treatment approaches are unmatched anywhere.” —Gregory T. Smith PhD, Psychologist, CARF surveyor

“Very useful learning experience” —Dorene Scolnic

“It was a great experience. Congratulations to ACRM.” —Denise Cunha

“Very nice conference in the world” —Katarzyna Hojan

“Truely interdisciplinary…the real team” —Asha Mathew

“This conference is an excellent opportunity to meet & connect with fellow researchers in your discipline. It is also inspiring to be with so many like-minded people in a field that may not be glamorous but is essential to recovery of wellbeing.” —Tyler Mitchell

“Something for everyone in Rehabilitation” —A. McEnroe O’Connor, PT, MBA

“The ACRM annual conference is the largest, most innovative interdisciplinary meeting in the world.” —Rosette Biester, PhD, Neuropsychologist, Polytrauma Program at the Corporal Michael Crescenz VA Medical Center

“Go Rehab” —Darlene Stough

“outstanding!!” —Margaret Thompson

“Broad spectrum of presenters with a wealth of knowledge in Rehabilitation Medicine” —Grace Fultz

“This is a tremendous event that facilitates good learning collaboration and networking” —Noellette Matthews

“The conference was truly engaging and inspiring, and the interprofessional papers on rehabilitation research were of high quality.” —Jayanti Ray

“The ACRM annual conference is an opportunity for education and professional growth at all career levels, to hear cutting-edge research findings from the source and to engage with other professionals, to meet with colleagues and friends and to develop new ties. If you haven’t been before, don’t miss Atlanta!” —Bettie Beckworth

“The ACRM 2016 Conference afforded an enjoyable and useful update in a variety of neurorehabilitative topic of value to the practicing physiatrist.” —Jeffrey S Hecht MD, Associate Professor & Chief, Division of Surgical Rehabilitation, Department of Surgery, University of Tennessee Graduate School of Medicine, Knoxville, TN

“Provided inspiring sessions that encouraged me to consider more research (especially the Researcher who headed up the award-winning poster presentation tour)” —Mary Hamilton, MSc (OT), Thesis, BSc (OT), BSc

“This is the conference to attend to network with all of the key players in medical rehabilitation.” —Marcia Scherer

“Rehab is made by a multitude of feeds of knowledge which the finality is re integrate individuals in the society.” —Sam Schinazi

“It is a unique experience to network and learn from leaders in many different fields from all over the world.” —Misti Timpson

“Extremely high quality speakers and sessions. Presenters who are passionate about the research and clinical work in which they are engaged. I enjoy learning from others who are excited about the work in which they are exploring.” —Rebecca D. Eberle, MA, CCC-SLP, BC-ANCDS, Clinical Professor, Indiana University

“ACRM conference provides wonderful opportunities to connect with other researchers, especially for early career attendees. I have made valuable contacts through the conference.” —Alison Cogan, PhD (cand.), OTR/L, University of Southern California

“ACRM is a venue for numerous rehabilitation perspectives and provides networking and educational value for a variety of rehabilitation professionals.” —Lisbeth Nilsson, PhD, OT Reg. & Specialist Associated to Lund University, Sweden

“Thank YOU! I enjoyed the conference and did meet new people, who also are enthusiastic for rehabilitation! That is very good!” —Paivi Tupalu

“It is a great place to come together with colleagues and friends in both science and clinical work in which they are engaing.” —Gordon Horn, PhD

“This conference provides unparalleled opportunities for interdisciplinary practice and networking.” —Mary Fisher

“ACRM, Motivation and training, 100% recommendable!” —Rosa Martin Mourelle, CHU A Coruña, Spain

“It was great to expand my research areas” —Ickpyo Hong, PhD, OTR/L, University of Texas Medical Branch

“The ACRM conference was an excellent learning opportunity for me as a current graduate student. It has inspired me to continue working towards the much needed interdisciplinary, evidence-based, and innovative research. I look forward to attending again in the future!” —Jackie Einerson, BS, 3rd year MOT student at the University of Utah

“Well-attended meeting with many educational options to choose from.” —Samuel Biener, MD, University of Nebraska Medical Center, Omaha, NE

“This meeting afforded so much interdisciplinary interaction and discussion of clinical and research issues of interest to all of us.” —Stacie Raymer, Ph.D., CCC-SLP, Old Dominion University

“One of the best multidisciplinary Rehabilitation conferences I have attended!” —Andrew M. Cole, MBBS, FAFRM, Chief Medical Officer, HammondCare

“I’d like to thank you all for putting on a great conference with exceptional attendees.” —Brian Satran, MBA

“Great conference with a lot to offer” —Stephanie Torrens, BSN, RNIII, CPN, Cincinnati Children’s Hospital Medical Center

“Best place to get latest research in rehabilitation under one roof.” —Padmaja Eluri
IN THEIR OWN WORDS...

“A unique interdisciplinary conference providing research and clinical information in an extraordinary collegial setting.”
—J. Preston Harley, PhD, FACRM, Neuropsychologist, Advocate Christ Medical Center, Chicago, IL

“As a student, the PIRR conference was a great opportunity to meet fellow students, professors, and learn about the array of research currently out there.”
—Jessica Bauxa

“As an early career educator and researcher, the most valuable part of this conference is the ability to join ISIG’s and collaborate with colleagues from multiple disciplines. I was fortunate enough have the opportunity to collaborate with colleagues from other disciplines, other areas of practice, and other parts of the country to come together to present on a common topic and to learn from each other. Aside from the valuable topics, presentations from leaders in the field, and the networking opportunities, the ability to collaborate in ISIG’s is one of the most valuable experiences about this organization. I am grateful to have the opportunity to be a part of it.”
—Shannon L. Scott OTD, OTR/L, SUNY Stony Brook Southampton NY

“Enjoyed being in Chicago when the Cubs won the World Series.”
—Patricia Hodson

“Amazing, Curious, Rehab, Movement”
—Pamela Quinn, PD, Movement Therapist

“Thank you for letting me to be the Presenter of Instructional Course.”
—Felix Laevsky, Biofeedback therapist of RIC

“ACRM is the excellent venue for rehabilitation professionals to gather and learn about the latest developments”
—Evelyn Quinones, MSN, RN

“As a post-doctoral ARRT fellow, I received great tips on grant writing during the Early Career pre-conference training.”
—Nuri Erkut Kucukboyaci, PhD

“The access to the many experts in the field of Brain Injury was amazing; I learned something from each presentation I attended. I also received validation that the evidence-based treatment protocols I use in therapy are the appropriate way to treat my clients.”
—Beth Helton, MA/CCC-SLP, CBIS, Speech Pathologist, Rehabilitation Hospital of Indiana-Neuro Rehab Center

“The Arts and Neuroscience track is a great way to integrate my background in music, dance, and medicine. It is a unique field and I'm excited to see it grow.”
—Carrie McShane, MD, East Carolina University

“A great conference with high research and interactive possibilities”
—Fofi Constantinidou, PhD, University of Cyprus

“I had a great time with good content and excellent colleagues”
—Erwin van Wegen

“Having the multidisciplinary and multi-stream crossovers offered an excellent conference experience.”
—Deidre Sperry, Speech Language Pathologist

“Thank you!”
—Reza Ehsanian

“Perhaps THE most interdisciplinary conference I have ever been to — content of presentations was applicable to a wide variety of rehab professionals and researchers, and the atmosphere was extremely welcoming. It was easy to network, especially for a first time attendee.”
—Alexandra Terrill

“ACRM is a great conference with a large range of valuable information. Thank you ACRM!”
—Bethany Woodyatt, Occupational Therapy Student, Rush University

“This is a great interdisciplinary conference that embraces the essence of excellent rehabilitation care!”
—Joel Scholten

“The place to be to stay abreast of current topics in rehabilitation.”
—Shannon Swick

“ACRM is a great opportunity to immerse yourself in the cutting-edge research in your clinical interest area of rehabilitation.”
—Edita Dragusin PT, DPT

“If you like interdisciplinary learning about rehabilitation research, then ACRM Conference is THE conference for you!”
—Susan Lin, ScD, OTR/L, FAOTA, MGH Institute of Health Professions

“ACRM’s PIRR Conference is one of the most informative, engaging, and thought-provoking conferences I have ever attended. Outstanding multidiscipline, multi-disability content from all over the world is shared. ACRM PIRR offers the best opportunities for networking; from First-time and Early Career attendees to Leaders in the field, everyone is welcoming. It’s more like a family than a Congress!”
—Stephanie A. Kolakowsky-Hayner, PhD, CBIST, FACRM

“The only truly interdisciplinary conference that researchers and practitioners gain equal value.”
—David Krych

“Love the ongoing innovation when planning the conference; there is always something new, fresh and exciting going on here.”
—Cristina Sadowsky, MD, Kennedy Krieger Institute/Johns Hopkins School of Medicine Baltimore

“This is an incredible opportunity to link internationally, you hear and meet the trailblazers in their field of rehabilitation and you leave up to date with the latest research.”
—Barbara O’Connell, MBA, DipCOT, ABI Ireland

“ACRM is the only conference that brings together rehabilitation engineers, clinicians, federal funders, researchers, and policymakers under one roof. It is one of the most friendly conferences and provides early career researchers a ton of opportunities to network and at the same time collaborate with experts in the field. I look forward to attend this conference each year.”
—Shilpa Krishnan, PT, PhD, University of Texas Medical Branch

“ACRM was a great conference with impeccable knowledge and opportunities for networking.”
—Ian Burkhart

“An excellent venue to present and learn future perspective of Rehabilitation. A rainbow of Rehab team members”
—Sami Ullah, FCPS (PM&R), Department of PM&R, Rehabilitation Hospital, King Fahad Medical City, Riyadh, Saudi Arabia

ACRM is grateful for the support of all attendees (past & future), presenters, faculty, our esteemed program committee (next page) and sponsors & exhibitors (page 50). This is a remarkable collaboration. And to continually improve each year, shows the tremendous passion within this strong & welcoming community. HATS OFF TO YOU ALL!
### 2017 ACRM Conference Program Committee

**Program Committee Chair**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pamela Roberts, PhD, OTR/L, SCFES, FAOTA, CPHQ, FNAP, FACRM</td>
<td></td>
<td>Cedars-Sinai Medical Center, Los Angeles, CA</td>
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- Maria Cecilia Alpasan, MA, OTR/L
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- Sarah Wallace, PhD, CCC-SLP
- Jeffrey Wertheimer, PhD, ABPP-CN
- Eric Wisotzky, MD, FAAPMR

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**See the Online Program & Planner**

**DIVE INTO ALL THE DETAILS >>>** Scroll through the faculty, read details on every session. View, search, and filter the conference schedule and exhibitors and start planning your conference experience. Manage your time by deciding in advance what to attend. Search and browse the program your way using the various options & search functions. [ACRM.org/onlineprogram](http://ACRM.org/onlineprogram)
MEET the EDITORS

How to get published: Authorship, Reporting Guidelines, Reviewing in Medical Rehabilitation
FRIDAY 27 OCT 10:30 – 11:45 AM

Leighton Chan, MD, MPH, FACRM, BETHESDA, MD
Allen Heinemann, PhD, ABPP (RP), FACRM, CHICAGO
Helen Hoenig, MD, Durham VA

ACRM Annual Conference

Parkinson’s Disease Course for Speech Language Pathologists #313279

SAT 28 OCT 2017 // 8:00 AM – 5:00 PM (lunch included)

Created by the Parkinson’s Foundation, this day-long educational program is being designed for Speech and Language Pathologists (SLPs) who deliver care to those living with Parkinson’s throughout the spectrum of the disease. Parkinson’s disease affects not only speech, voice and swallowing, but also the gestures and facial expressions that are critical to communication. We’re looking to further educate SLPs to examine the complexities that Parkinson’s has on vocalization and swallow behaviors and explore how anti-Parkinson medications influence complex sensorimotor enrichment outcomes. This program will be recorded for webcasting.

INCLUDES: All-day live instruction, lunch, CME / CEUs. Non-member registration includes a 6-month introductory membership to ACRM.

For incredible value, this course is included in the WORLD PASS. DETAILS: ACRM.org/parkinsons

While this course is included in the WORLD PASS, unlike other courses, lunch is included, therefore this course a separate pricing structure applies when purchasing this course a la carte. Advance registration is required. This course will likely sell-out.
HILTON ATLANTA is the optimum headquarters for the ACRM Conference. Superb onsite amenities + easy access to the best of Atlanta right outside the door — make this the ultimate venue for efficient collaboration, interdisciplinary magic, and an extraordinary stay. A limited number of rooms are reserved with ACRM-negotiated discounted rates: $189 / night regular rooms (single/double) and $140** / night for Government rooms (single/double)** plus taxes, pending change later this year.

BOOK HOTEL: Book through the ACRM website ACRM.org/hotel or call Hilton +1.800.445.8667. When calling, be sure to use these group codes to receive the ACRM-only discounted rate: “ACRM” and or government rooms: “ACRM3.”

ACRM VALUE: ACRM’s discounted rates can save members as much as up to 30 - 40% per night over the hotel’s regular market rates. So the savings can be significant by booking your room through ACRM. But don’t delay — rooms at these rates are selling fast. BOOK NOW!

TOP REASONS to BOOK & STAY at ACRM HEADQUARTERS HOTEL:

◆ SAVE TIME — staying right in the ACTION
◆ SAVE MONEY — book your room through ACRM and SAVE
◆ CONVENIENCE — you are only an elevator ride away from everything ACRM
◆ HEALTH CLUB — stay fit in the hotel gym. Enjoy the rooftop basketball court and running track with city views
◆ SURPRISES — Bonus surprises available only to those staying at Hilton Atlanta, including 10% discounts in the newly reinvented Southern Elements restaurant and Marketplace, the 24-hour quick-serve café serving Starbucks® coffee, Krispy Kreme donuts and more.
◆ HILTON HONORS — Join Hilton Honors through the ACRM Fast Track to GOLD program and get EXTRA points and all the cool member benefits including digital check-in.
◆ GET THE HILTON HONORS APP — TIP: It’s really VERY handy!

DID YOU KNOW? ACRM and HILTON have partnered for multi-year events locking in the best room rates for you. CHECK OUT FUTURE ACRM EVENTS: ACRM.org/meetings

More travel info: www.ACRM.org/venue
#6-DAY WORLD PASS

**SAVE NEARLY 50% OFF a la carte pricing**

Includes access to all SIX days*: CORE registration PLUS access to all Pre-Conference Instructional Courses, Early Career Development Course, Parkinson’s Disease Course for Speech Language Pathologists, up to 44 CME/CEU credits, ticket to the Henry B. Betts Awards Dinner & Gala, and conference slides (PDFs).

**PASS COMPARISON**

(Prices in parenthesis below indicate the a la carte cost if purchased separately from the WORLD PASS.)

<table>
<thead>
<tr>
<th>CORE CONFERENCE:</th>
<th>3.5 DAY CORE PASS</th>
<th>6-DAY WORLD PASS</th>
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<tbody>
<tr>
<td>Educational Symposia WED – FRI: 250+ sessions &amp; lectures</td>
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<tr>
<td>4 Plenary Sessions (Ulicny, Briggs, Corbetta, Rimmer)</td>
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<tr>
<td>Moderated Panel Discussions</td>
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<td>Awards Lectures</td>
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<td>Scientific Posters — hundreds!</td>
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<tr>
<td>ACRM Community Meetings: Interdisciplinary Special Interest Groups (ISIGs), Networking Groups, Task Forces &amp; Committees. A few are invitation only</td>
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<tr>
<td>Henry B. Betts Awards Gala: FRI evening ($149 - 199)</td>
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<tr>
<td>CME/CEU credits for CORE CONFERENCE ($149)</td>
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<td>ACRM EXPO:</td>
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<td>Poster Grand Rounds</td>
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<td>Chat with the Experts</td>
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<tr>
<td>Product Theater</td>
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<tr>
<td>Reception I in EXPO / POSTER Hall: WED evening</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Reception II in EXPO / POSTER Hall: THU evening</td>
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| INSTRUCTIONAL COURSES: MON, TUE, WED, SAT ($99.50 - 499) | ✔ |
| Early Career Development Course: WED ($299 - 599) | ✔ |
| Parkinson’s Disease Course for Speech Language Pathologists: SAT ($249 - 599) | ✔ |

| Conference Slides / PDFs ($99 - $749) Digital access to all available symposia and pre-conference instructional course slide presentations (PDFs). A few content leaders elect not to have their slides available to attendees, therefore some sessions may not be included. Cognitive Rehabilitation Training and Early Career Development Course are not included. | ✔ |

*Some meetings are by invitation only.

Please note: these SPECIAL COURSES are available for purchase separately and are NOT included in the WORLD PASS: Cognitive Rehabilitation Training, ACBIS National Certification Training Program, and ticketed luncheon lectures.

See pricing details and terms & conditions at: ACRM.org/pricing

**3 WAYS TO REGISTER:**

1. **ONLINE** [www.ACRMconference.org](http://www.ACRMconference.org)
2. **REG FORM** [www.ACRM.org/regform](http://www.ACRM.org/regform) (print/ mail/ fax/ email)
3. **PHONE** +1.703.435.5335

**SAVE BIG!**

EARLY BIRD RATES END SOON

Registered yet?

**“Welcome First-timers!”**

If this will be your first time at ACRM, you are in good company. Each year we welcome many newcomers into this friendly family. We have special plans to help you feel at home here. You and the whole rehab team are welcome at ACRM.

**#ACRM Annual Conference**

**PROGRESS IN REHABILITATION RESEARCH #PIRR2017 #ACRM2017**
Lioresal® Intrathecal (baclofen injection)

Important Safety Information

Indications and Usage

- Lioresal® Intrathecal (baclofen injection) is a muscle relaxant and antispastic that is indicated for use in the management of severe spasticity of cerebral or spinal origin.
- Lioresal Intrathecal is intended for use by the intrathecal route in single bolus test doses (via spinal catheter or lumbar puncture) and, for chronic use, only in implantable pumps approved by the FDA specifically for the administration of Lioresal® Intrathecal into the intrathecal space.
- Lioresal® Intrathecal via an implantable pump should be reserved for patients unresponsive to oral baclofen therapy or those who experience intolerable CNS side effects at effective doses.
- Patients with spasticity due to traumatic brain injury should wait at least one year after the injury before consideration of long term intrathecal baclofen therapy.
- Prior to implantation of a device for chronic intrathecal infusion of Lioresal® Intrathecal, patients must show a response to Lioresal® Intrathecal in a screening trial. Please review the dosing and administration section of the Lioresal® Intrathecal prescribing information for further details.

Abrupt discontinuation of intrathecal baclofen, regardless of the cause, has resulted in sequelae that include high fever, altered mental status, exaggerated rebound spasticity, and muscle rigidity, that in rare cases has advanced to rhabdomyolysis, multiple organ-system failure and death.

Prevention of abrupt discontinuation of intrathecal baclofen requires careful attention to programming and monitoring of the infusion system, refill scheduling and procedures, and pump alarms. Patients and caregivers should be advised of the importance of keeping scheduled refill visits and should be educated on the early symptoms of baclofen withdrawal. Special attention should be given to patients at apparent risk (e.g. spinal cord injuries at T-6 or above, communication difficulties, history of withdrawal symptoms from oral or intrathecal baclofen).

Consult the technical manual of the implantable infusion system for additional postimplant clinician and patient information (see WARNINGS).

Contraindications

- Hypersensitivity to baclofen
- Lioresal® Intrathecal is not recommended for intravenous, intramuscular, subcaneous, or epidural administration

Select Warnings and Precautions

- It is mandatory that all patients, caregivers, and treating physicians receive adequate information regarding the risks of the mode of treatment. Instruction should be given on signs and symptoms of overdose, procedures to be followed in the event of an overdose, and proper home care of the pump and insertion site.
- Due to the possibility of life-threatening CNS depression, cardiovascular collapse, and/or respiratory failure, physicians must be adequately trained and educated on chronic intrathecal infusion therapy.
- Patients should be infection-free prior to both a screening trial and a pump implantation. The presence of infection may interfere with an assessment of the patient’s response to bolus Lioresal® Intrathecal, increase the risk of surgical complications and complicate dosing.
- Reservoir refilling must be performed by fully trained and qualified personnel following the directions provided by the pump manufacturer. Extreme caution must be used when filling an FDA approved implantable pump, following strict aseptic technique and ensuring refill directly into the reservoir and not the catheter access port.
- An attempt should be made to discontinue concomitant oral antispasticity medication to avoid possible overdose or adverse drug interactions, either prior to screening or following implant and initiation of chronic Lioresal® Intrathecal infusion.
- Following pump implantation, and for each adjustment of the dosing rate of the pump and/or concentration of Lioresal® Intrathecal, the patient should be monitored closely until it is certain the patient’s response to the infusion is acceptable and reasonably stable.
- Early symptoms of baclofen withdrawal may include return of baseline spasticity, pruritus, hypotension and paresthesias.

Adverse Reactions

Common Adverse Reactions

- The most frequent drug adverse events vary by indication but include: hypotonia (34.7%), somnolence (20.9%), headache (10.7%), convulsion (10.0%), dizziness (8.0%), urinary retention (8.0%), nausea (7.3%), and paresthesia (6.7%). Dosing and programming errors may result in clinically significant overdose or withdrawal. Acute massive overdose may result in coma and may be life threatening.
- Drowsiness has been reported in patients on Lioresal® Intrathecal. Patients should be cautioned regarding the operation of automobiles or other dangerous machinery and activities made hazardous by decreased alertness. Patients should also be cautioned that the central nervous system depressant effects of Lioresal Intrathecal may be additive to those of alcohol and other CNS depressants.

Serious Adverse Reactions

- Seizures have been reported during overdose and with withdrawal from Lioresal® Intrathecal as well as in patients maintained on therapeutic doses of Lioresal® Intrathecal.
- Fatalities have been reported with Lioresal® Intrathecal use.

Postmarketing Experience

- The following adverse events have been reported during post-approval use of Lioresal® Intrathecal.
  - Musculoskeletal – The onset of scoliosis or worsening of a pre-existing scoliosis has been reported.
  - Urogenital – Sexual dysfunction in men and women including decreased libido and orgasm dysfunction have been reported.

Use in Specific Populations

- There are no adequate and well controlled studies in pregnant women. Lioresal® Intrathecal should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
- Nursing mothers should exercise caution, as oral baclofen has been shown to pass into milk at therapeutic doses.
- Safety and effectiveness in pediatric patients below the age of 4 have not been established.
- Patients suffering from psychotic disorders, schizophrenia, or confusional states should be treated cautiously with Lioresal® Intrathecal and kept under careful surveillance.
- Lioresal® Intrathecal should be given with caution in patients with impaired renal function. Dose reduction may be necessary.
- Lioresal Intrathecal should be used with caution in patients with a history of autonomic dysreflexia.

For more information, including BOX WARNING, refer to Lioresal® Intrathecal (baclofen injection) prescribing information located on www.lioresal.com.

References:

2. Lioresal® Intrathecal (baclofen injection) for intrathecal injection [prescribing information]. Roswell, GA, Saol Therapeutics; Revised September 2016.
Abrupt discontinuation of intrathecal baclofen, regardless of the cause, has resulted in sequelae that include high fever, altered mental status, exaggerated rebound spasticity, and muscle rigidity, that in rare cases has advanced to rhabdomyolysis, multiple organ-system failure and death.

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Consult the technical manual of the implantable infusion system for additional postimplant clinician and patient information (see WARNINGS).

**Indication:**
Lioresal® Intrathecal (baclofen injection) is indicated for use in the management of severe spasticity. Patients should first respond to a screening dose of intrathecal baclofen prior to consideration for long term infusion via an implantable pump. For spasticity of spinal cord origin, chronic infusion of Lioresal® Intrathecal via an implantable pump should be reserved for patients unresponsive to oral baclofen therapy, or those who experience intolerable CNS side effects at effective doses. Patients with spasticity due to traumatic brain injury should wait at least one year after the injury before consideration of long term intrathecal baclofen therapy. Lioresal® Intrathecal is intended for use by the intrathecal route in single bolus test doses (via spinal catheter or lumbar puncture) and, for chronic use, only in implantable pumps approved by the FDA specifically for the administration of Lioresal® Intrathecal into the intrathecal space.

**Redefining severe spasticity**
Severe spasticity may best be defined not with a number, but with how problematic it is to a patient and caregiver.

**Time-tested**
Physicians have counted on the established safety and efficacy profile of Lioresal® Intrathecal for over 20 years.

**Personalized dosing—right where it’s needed**
ITB Therapy™ with Lioresal® Intrathecal delivers customized doses directly to the CSF to treat severe spasticity.

**Satisfaction**
94% of caregivers reported they would elect for ITB Therapy™ with Lioresal® Intrathecal once again if needed.

Please see additional Important Safety Information, including BOX WARNING on previous page.

For information on ordering, call 877.594.9546