



Message from the Chair

Phil Morse, Stroke ISIG Chair

Time really flies when you're having fun as the Stroke ISIG Chair! It's hard to believe that the Annual ACRM Conference in Toronto marks the end of my 2-year term as Chair. It has been a real honor to have had the privilege of serving as your Chair during these formative years. As I look back on the past 2 years, the Stroke ISIG has so much to be proud of.

Working together we have:

- Put together a top-notch management (executive) team to lead the Stroke ISIG. Not only is this a leadership encompassing all therapy disciplines, but one which now includes rehab nursing and psychiatry – making it a truly interdisciplinary team. In fact, I'm the token neuropsychologist
- Consistently offered excellent non-stop pre-conference workshops and conference programming in Stroke
- Developed a Hot Topics Symposium that is now a regular feature of the annual conference – to challenge us to address a visionary topic in stroke rehabilitation
- Developed and published twice a year *Stroke Matters*, a first-rate newsletter helping our members to network and be informed of the many activities and opportunities of the ISIG
- Developed 4 task forces that have been very productive in generating and publishing work products related to stroke rehabilitation. The co-chairs and members of these task forces have forged a magnet that attracts and engages new members and really does all the hard work behind the products of the ISIG. Please take time to read about these ventures in this issue of *Stroke*

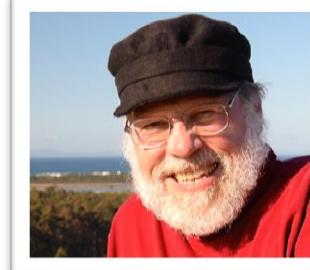
Matters and to get involved in the task force(s) of your choice

- Grown the membership of the Stroke ISIG to over 250 members.
- Joined forces with the BI-ISIG and International Networking Group around common areas of interest. A perfect example of this is the Hot Topics Symposium this year focusing on International Models of Stroke Rehabilitation

The impact of the accomplishments of the Stroke ISIG has also been appreciated throughout ACRM. As the newest ISIG "on the block" in ACRM we have repeatedly been acknowledged by the ACRM Board and newly developing interest groups as the model for how to grow an interest group from an informal Networking Group into a dynamic powerhouse of an ISIG. This leadership role for us has been key as ACRM has exploded with new Networking groups, attracting a wider range of rehabilitation professionals in an impressive campaign to double/triple the ACRM membership.

Finally, let me encourage all members of ACRM interested in stroke rehabilitation to attend the very rich program of offerings in stroke described elsewhere in this newsletter. I would draw your attention to the Hot Topics Symposium, the pre-conference workshop led by Steve Page and the many symposia, paper presentations and posters on stroke.

Most importantly, get up early on Thursday and [START WITH STROKE: Kick-off the ACRM Conference with Stroke at 7 am.](#)



Phil Morse enjoying a local New Zealand vineyard.

Come meet experts on stroke (Elliot Roth, Bob Teasell and Chris MacDonell) and hear what they have to say about cutting-edge topics in stroke rehabilitation. Meet the Stroke ISIG Executive Committee and task forces and enjoy an opportunity to network with new and old colleagues interested in stroke – the perfect way to get supercharged for the opening of the ACRM conference in Toronto!

All the best, Phil

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Letter from the Editor

Sarah E. Wallace, Communications Officer

It has been a thrill to work with the new Communication Committee! With a lot of hard work, we have added some features to this month's newsletter.

The *International Perspectives in Stroke* (p.4-5) feature compiled by Jonathan Armstrong features an in-depth interview focused on stroke issues in New Zealand. Ginny Abernethy, the Clinical Coordinator for the New Zealand Stroke Foundation, shares her insights into some of the challenges faced by the New Zealand stroke community and the future goals of the hard working committees striving to improve stroke care services.

We have added comments from your Stroke ISIG colleagues highlighting the benefits they receive from ISIG membership (p. 3).

As is now tradition within *Stroke Matters*, we have celebrated one of our own Stroke ISIG

members, Prudence Plummer, in Kelly Hargadon's interview for the *Stroke ISIG Member Spotlight* (p. 8). As you'll see within this article, Prue generously gives her time and energy in an effort to mentor students and clinicians all as part of her goal of improving the lives of people with stroke.

We also share within this newsletter the dedicated work and accomplishments of the Stroke ISIG Task Forces. Robin Sekerak and Ianessa Humbert have gathered the most current information about the happenings within these groups (p. 6-7). Please review these updates and contact the Task Force Chairs if you are interested in becoming more involved.

I offer my sincerest thanks to Stroke Matters Newsletter Committee for all of their work to make this the best issue yet. I also want to thank Terri Compos and Signy Roberts for their assistance in creating this newsletter.

On behalf of the ACRM and Stroke ISIG, I would like to extend my heartfelt thanks to Phil Morse for his guidance, support, and mentorship during his time as Stroke ISIG chair. His leadership will be greatly missed. I also want to welcome Steve Page as our new Stroke ISIG chair. Steve has already been working diligently on behalf of Stroke ISIG members and ACRM since the formation of



Sarah Wallace providing instruction in the Augmentative and Alternative Communication Lab.

the Stroke Networking group, so we are excited to see all that he will do as he takes on this new position.

Finally, please stay in touch with your comments, concerns, and ideas for upcoming issues. We are always pleased to hear from the Stroke ISIG membership.

Sincerely, Sarah

STROKE



**INTERDISCIPLINARY
SPECIAL INTEREST GROUP**

Stroke ISIG Executive Committee

Chair – Phil Morse

Chair Elect – Steve Page

Secretary – Pam Roberts

Treasurer – Jocelyn Harris

Communications Officer – Sarah E. Wallace

Member-at-Large – Elizabeth Skidmore

Member-at-Large – Kris Mauk



Phil Morse and incoming Stroke ISIG Chair Steve Page at the 2013 ACRM Conference

What does Stroke ISIG mean to you?

Complied by Sarah Wallace

"Through my involvement in ACRM and the Stroke ISIG, I have had expanded opportunities for new national and international interprofessional collaborations in rehabilitation research, training and practice."

Elizabeth Skidmore

Stroke ISIG Executive Committee Member-at-Large

Stroke ISIG member since 2008



"The Stroke ISIG gives me wonderful opportunities to interact with professionals who are passionate about stroke, and to collaborate with them on products that tangibly advance the field, and care for stroke survivors. While the annual conference is an outstanding networking and education opportunity, I learn a great deal about intervention, assessment, and legislation from my colleagues throughout the year through the various meetings and networking opportunities available through the ISIG."

Steve Page

Stroke ISIG Chair-elect

ACRM member since 1999

"Being a member of the Stroke ISIG provides a wonderful opportunity to engage and collaborate with clinicians and researchers from a variety of disciplines. It affords members the ability to make meaningful interdisciplinary contributions to the field of stroke rehabilitation."

Michael Fraas

Cognitive Motor Interference Workgroup Co-Chair

Stroke ISIG member since 2010



"Stroke ISIG provides opportunities to share and build ideas with other professionals from a wide range of settings. I'm an Occupational Therapist and a Certified Health Education Specialist who is very concerned about the well-being of family after someone has a stroke. I'm learning more about their needs and developing resources to enhance their quality of life. Through the Living Life after Young Stroke task force, I get inspiration, encouragement and support from very talented and dedicated experts who share passion and knowledge."

Kathy Kniepmann

Living Life after Young Stroke Task Force Co-Chair

Stroke ISIG member since 2012



International Stroke Perspectives

Complied by Jonathan Armstrong

Interview with Ginny Abernethy

Clinical Coordinator New Zealand Stroke Foundation

Jonathan: Explain the work that the Stroke Foundation does across New Zealand.

Ginny: The New Zealand Stroke Foundation is dedicated to reducing the incidence of stroke, improving treatment outcomes, and supporting people affected by stroke. The Foundation is a not-for-profit organization that supports a team of Community Stroke Advisors and dozens of stroke clubs.

Jonathan: Describe your role within the New Zealand Stroke Foundation

Ginny: As the Clinical Networks Coordinator I provide coordination and project management support to the National Stroke Leadership Group and the project or working groups that operate as part of the broader national work. I serve as a central liaison point and maintain relationships with many people involved in stroke service provision across the 20 District Health Boards (DHBs). Initially this was a very 'green fields' project aimed at implementation of the 2010 New Zealand Stroke Management Clinical Guidelines and the National Leadership Group was required to design an implementation plan to target some key priorities that would make a difference in stroke care in New Zealand.

Jonathan: How long have you been in this role?

Ginny: I started in June 2011, after the original appointee had her direction altered by the Christchurch earthquake. The original contract was for 3 years and we now have a new contract supporting the next phase, which is wonderful.



Ginny Abernethy

Jonathan: You facilitate a number of national working groups. Can you give a brief outline of some of these groups and the outcomes that have been achieved in the last couple of years?

Ginny: To encourage stroke guideline implementation, we set up some targeted project groups with expertise in the specialist areas. To date, these have focused on Transient Ischemic Attack (TIA), Thrombolysis and Stroke Rehabilitation.

The **TIA Working Group** developed a set of minimum standard recommendations for DHBs to

address in their TIA services that were guideline based but allowed people to take into account their local situation. This group has now passed responsibility back to the regional stroke networks to monitor and implement as appropriate.

The **Thrombolysis Working Group** seeks to address both access and quality issues, particularly for clinicians establishing a new service. At the start of this project, many New Zealanders did not have access to an acute thrombolysis service in their local hospital. Geographical challenges required strong networking and collegial support for clinicians in smaller centers. The development of a 'national thrombolysis guideline template' and training days have been driven by this group.

ACRM



International Stroke Perspectives (Cont'd)

The multidisciplinary **Rehabilitation Working Group** faces a challenge because of the limited information about what rehabilitation is being provided across the DHBs - there has been no national audit of stroke rehabilitation. To this end, recommendations were provided to regional stroke groups including that stroke teams begin submitting data to the Australasian Rehabilitation Outcomes Centre to establish systematic reporting and benchmarking of rehabilitation episodes. In 2013, the group also completed an organizational survey of stroke rehabilitation describing the configuration, capacity and adherence to national stroke guideline recommendations.

Jonathan: What are the stroke rehabilitation working group's goals and directions for the coming year?

Ginny:

- Further defining of minimum standards for stroke rehabilitation
- Identifying mechanisms for improving therapy intensity for patients with stroke
- Identifying and recommending timeframes and service specifications for community therapy
- Providing educational opportunities for health professionals
- Addressing the inequities of access for people under 65 years old
- Developing appropriate stroke rehabilitation indicators for hospitals to report to the Health Ministry

Jonathan: What advice would you give to others who are trying to implement best practice in stroke rehabilitation into their health systems?

Ginny: This is a very personal view as it has been some time since I worked on the front line as a therapist. When I've had that daunting feeling pondering the enormity and the challenges of what needs to be done, I find focusing on the people we are doing this for is a good way to gain some perspective. What would I hope for if I, or someone close to me, experienced a stroke? My answer would be I would want assessment early and as much therapy as possible. I would also want my therapists up to speed with the best practice.

"I find focusing on the people we are doing this for is a good way to gain some perspective."

In the rehabilitation arena there are multiple players and contingencies to consider. You can't apply a 'one size fits all' approach. The rehabilitation service and the workforce are required to be flexible, adaptable and intuitive as well as highly skilled. My experience has been that the health professionals across New Zealand are hugely motivated to see improved services and they also see themselves as being active in making things happen. I have been

concerned that we keep that enthusiasm by getting some real actions.

One of the other important mechanisms has been to harness the power of the stroke network. Getting people together to share and discuss innovative solutions has a multiplier effect. The development of stronger stroke networks has definitely been important especially for those working in smaller centers.

"You can't apply a 'one size fits all' approach."

Finally, the value of applying a target or indicator for hospitals to achieve, that they then report to a governing body and their colleagues, is a powerful mechanism. The challenge in the rehabilitation area is finding something that is easy to measure and will actually make a difference. This is a work in progress for the Rehabilitation Working Group.

"The challenge in the rehabilitation area is finding something that is easy to measure and will actually make a difference."

Task Force Updates

Compiled by Robin Sekerak and Ianessa Humbert

Cognition Task Force

Chair: Sarah E. Wallace

The Cognitive Task force is comprised of rehabilitation practitioners and researchers invested in promoting activity-based strategies for assessing and treating cognitive impairments after stroke. The Task Force completed a review paper published in Archives of Physical Medicine and Rehabilitation. A similar paper was presented at the Annual Convention of the American Speech-Language-Hearing Association Convention in 2013. In 2012, the task force developed two workgroups to address the findings of this review.

Assessment of Cognition in Aphasia Workgroup

Co-Chairs: Sarah E. Wallace & Lisa Tabor Connor

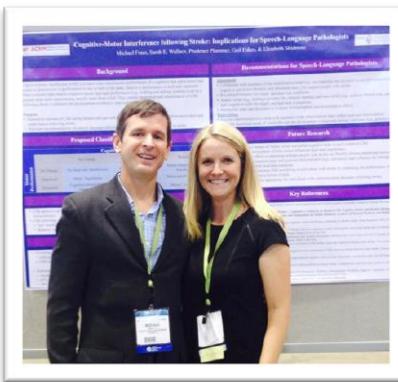
This workgroup is currently reviewing instruments commonly used to assess executive abilities in a variety of rehabilitation disciplines to examine their use and feasibility for people with aphasia. The goal of our current project is to publish a paper that will guide clinicians to select appropriate tools and to make recommendations for adapting existing assessments to be aphasia-friendly. The group has reviewed published literature and surveyed clinicians from different disciplines to determine how they typically assess executive abilities and has established a review methodology. Our standardized review process of the most common assessment instruments revealed by the survey of the literature and clinicians is nearing completion. Writing has

begun. The workgroup comprises members from speech-language pathology, neuropsychology, nursing, and occupational therapy. Our next goal is to apply a similar process to tools commonly used for evaluating general cognitive and intellectual abilities. If anyone is interested in contributing to the on-going project, please contact Lisa Connor (lconnor@mghihp.edu) or Sarah Wallace (wallaces@duq.edu).

Cognitive Motor Interference (CMI) Workgroup

Co-Chairs: Prudence Plummer & Michael Fraas

This workgroup is beginning a project that will examine CMI (i.e. dual-task, cognitive processing and gait performance) in left vs. right hemisphere stroke. We plan to begin data collection at two facilities this fall. The hope is to include additional sites with Stroke ISIG members who may be interested in collaborating. Please contact Prudence Plummer (prudence_plummer@med.unc.edu) or Michael Fraas (Michael.fraas@wwu.edu) for more information.



Michael Fraas and Sarah Wallace presenting the Cognition Task Force Poster at the American-Speech-Language-Hearing Association Annual Convention.

Movement Intervention Task Force

Co-Chairs: Arlene Schmid & Pamela Bosch

The Movement Interventions Task Force members were active participants in the annual meeting in Orlando in November. We had great attendance and a productive in-person meeting of our Task Force while in Orlando, and were happy to have several new members join the group. We have a meeting planned for the annual meeting in Toronto in October. At least three members, including Arlene, will be presenting posters. There may others we don't know about. Sadly, this is the last year for Arlene Schmid to Co-chair the Movement Interventions Task Force. We would like to thank her for her hard work and enthusiastic leadership. The Movement Intervention Task Force will need a new co-chair to start after the meeting. If you are interested in this role please step forward and put your hand up for the position at the annual meeting. For more information about the Movement Interventions Task Force contact Arlene Schmid (arlene.schmid@colostate.edu) or Pamela Bosch (Pamela.R.Bosch@nau.edu).



Pamela Bosch (left) & Arlene Schmid at the 2013 ACRM Conference.

Task Force Updates (Cont'd)

Compiled by Robin Sekerak and Ianessa Humbert

Vision Task Force

Co-Chairs: Pam Roberts & JR Rizzo

The Vision Task Force is comprised of clinicians and researchers who are dedicated to understanding how vision, visual motor, and visual perceptual training can be generalized to improve vision as it relates to functional performance and further develop the field of functional vision rehabilitation. Accomplishments of the Vision Taskforce include the following:

- (1) Development of a Conceptual Model for Vision
- (2) Completion of a vision screen that can be used by any discipline
- (3) Dissemination of vision rehabilitation information at ACRM Annual Conferences - "Innovations in Stroke Rehabilitation: Updates in Cognition and Vision" workshop (2012) and "Early Integration of Vision into Stroke Rehabilitation" workshop (2013)
- (4) Categorizing areas of vision rehabilitation into three clusters in order to identify tests that are commonly used within each cluster and determine the evidence to support these tests

In 2014 the Vision Task Force has focused on:

- 1) Completing the manuscript that describes the Conceptual Model including the vision screen and submitting the article for publication
- 2) Gathering survey results on eye-hand coordination tests, analyzing the data and writing a manuscript

3) Continuing to work on the various aspects of vision rehabilitation in determining tests that are used, including the evidence that supports each tests, in the clusters the group identified. If you or someone you know is interested in helping, please reach out to Pam Roberts (Pamela.Roberts@cshs.org) or JR Rizzo (johnrossrizzo@gmail.com) for more information.



Vision Task Force Presents at the 2013 Conference from left to right: Kimberly Hreha, Richard Riggs, Pam Roberts, & JR Rizzo.

Living Life after Young Stroke

Co-Chairs: Kathy Kniepmann & Tamara Bushnik

The purpose of the Living Life after Young Stroke Task Force is to examine the unique issues faced by caregivers and spouses of individuals who have experienced stroke at a young age. The task force has been working in small groups to address our year-long goals. The task force's current goals are:

- 1. Develop a plan to disseminate survey data collected by the previous task force conducted

with caregivers of young individuals with stroke.

- 2. Explore and disseminate networking opportunities for caregivers of young individuals with stroke including peer mentoring networks.
- 3. Develop and disseminate a list of resources for caregivers of young individuals with stroke.
- 4. Review and revise a list of unique issues of young individuals with stroke to further identify specific objectives for this task force directed at supporting the individual with stroke.
- 5. Explore a potential conference with a focus on the issues of young individuals with stroke.

The task force meets on a regular basis to review progress. We are exploring options to disseminate the products of our small group goals via the ACRM website and other web-based media. The task force welcomes new members who are interested in working with this group. You may contact Kathy Kniepmann or Tamara Bushnik if you are interested in the LLAYS task force (kniepmannk@wusm.wustl.edu) or tamara.bushnik@nyumc.org).



Stroke ISIG Member Spotlight

By Kelly S. Hargadon

Prudence Plummer, PhD, BPhyso (Hons) is not only an impressive educator; she also conducts promising clinical research and serves as co-chair of the Stroke ISIG Cognitive Task Force Cognitive-Motor Inference (CMI) Workgroup. Prue is an Assistant Professor in the Department of Allied Health Sciences Division of Physical Therapy and faculty in the Human Movement Sciences PhD program at the University of North Carolina at Chapel Hill. Her primary responsibilities include conducting clinical research, as well as teaching and advising students. She teaches *Evidence-Based Practice* and *Neurological Rehabilitation* and advises DPT students selected into the Multiple Sclerosis Scholarship and Learning track. Prue also mentors PhD students and postdoctoral fellows in her lab.

I asked Prue a few questions to highlight her current research. When asked: "What are some of the clinical implications of your CMI research?" Prue responded: "Understanding how cognitive and motor functions interact during walking has important clinical implications. We know that adults with stroke have a diminished ability to walk and simultaneously perform cognitive tasks (referred to as dual-task interference). Our current research will inform clinicians about how dual-task gait training versus single-task gait training improves the ability of adults with stroke to perform dual-tasks while walking, negotiate obstacles, and whether improvements in dual-task walking are associated with increases in spontaneous physical activity in the

community. Our current research also addresses how walking in the real world differs from walking in laboratory settings, which will provide insight into whether traditional gait assessments adequately capture the extent of gait limitations in real-world environments." Prue continued, "My CMI research has revealed that although older adults and adults with stroke, on average, experience considerable dual-task interference during walking, there is tremendous variability between individuals. Our current and future research aims to identify the extrinsic and intrinsic factors that contribute to dual-task interference after stroke so that we may be better able to understand the personal characteristics and environmental and task circumstances that contribute to dual-task interference."

Prue was asked to comment on the impact she feels her research will have on the future of stroke rehabilitation. She replied, "It is our hope that this research will identify valid clinical assessments to accurately evaluate dual-task performance in the real world, the type of intervention activities to optimize gait-related dual-task performance, and the individuals most susceptible to clinically meaningful dual-task interference and who would benefit from targeted intervention. Ultimately, the goal of this research is to improve locomotor adaptability and community safety for stroke survivors."



In addition to her research, Prue mentors PhD students and postdoctoral fellows. Prue commented on her role as a mentor by saying, "I love to teach, so I have always wanted to be a mentor to students and clinicians interested in

becoming clinical researchers. The opportunity to mentor students was one of the main reasons that I moved to UNC last year. I was fortunate to have excellent mentors during my PhD and postdoctoral training (Meg Morris, Judy Dunai, Andrea Behrman, Pamela Duncan, Michael Marsiske, and Bruce Dobkin). From them I gained very valuable skills in clinical trial design and management as well as skills and habits for writing for publication and writing productivity. I continue to have excellent mentors and senior collaborators (Carol Giuliani, Lori Altmann), who are very important for ongoing career development."

Outside of her professional duties, Prue has many personal interests too. She loves to travel, "I have relocated 4 times since finishing my PhD in 2004, chasing new career challenges, and I really enjoy the adventure (and temporary anonymity) that comes with moving to a new city or country. I like to cook and I enjoy learning about food and wine. I like listening to live music and going to concerts. If I had more time, I'm sure I'd be a better golfer!"

We thank Prue for her knowledge and efforts, and we applaud her contributions to the progress and future progress of stroke care!

Welcome New Stroke ISIG Members!

Janelle	Anderson	Mentis Neuro Rehabilitation	United States
Chih-Hung	Chang	Rehabilitation Institute of Chicago	United States
Heather	Adair	UTSW	United States
Meghan	Geiss	Hunter Holmes McGuire VA Medical Center	United States
Kelly	Owen	Scripps Memorial Hospital Encinitas	United States
Ely	Simon	NeuroTrax	United States
Paitra	Surerus	NRIO	Canada
Sarah	Coleson	CSUSM	United States
Farha	Ikramuddin	University of Minnesota	United States
Kitsum	Li	Dominican University of California	United States
Michael	Weinstein	Eisenhower Medical Center	United States
Ayan	Dey	Rotman Research Institute at Baycrest	Canada
Hee Song	Lee	Bundang CHA Medical Center	South Korea
Jon	Van Doren	Rehab Without Walls	United States
Akira	Kimura	Gunma PAZ College	Japan
Seok Tae	Lee	CHA Bundang Medical Center	South Korea
Mieke	van de Sandt-Koenderman	Rijndam Rehabilitation Center	Netherlands
Sandra	Wielbaert	Rijndam Rehabilitationcentre	Netherlands
Bart	Zegers	Rijndam Revalidatiecentrum	Netherlands
Kaylee	Skidmore	University of Colorado Hospital	United States
Alyssa	Komar	University of Toronto	Canada
Jared	Olson	University of Washington	United States
Maura	Whittaker	FES Mobility Ltd.	Canada
Gillian	Crockford	CIR Systems/Gaitrite	United States
Karen	Toepper	CIR Systems/Gaitrite	United States
Laura	Brach	Sheltering Arms Rehabilitation Center	United States
Barbara	Lutz	University of North Carolina-Wilmington	United States
Jill	Cameron	University of Toronto	Canada
Emily	Rosario	Casa Colina Centers for Rehabilitation	United States
Catherine	Lowrey	Queens University	Canada
Tânia	Hirochi	Universidade Federal de Minas Gerais	Brazil
Kay	Cunningham	ABI Rehabilitation New Zealand Ltd	New Zealand
Katja	Sebestyen	Quality Living, Inc	United States
Esperanza	Guillermety	MedStar Health Research Institute	United States
Muhammad Arslan	Ali	Royal Leamington Spa Rehabilitation Hospital	United Kingdom
Hitoshi	Asai	Kanazawa University	Japan
Claire	Davies	University of Auckland	New Zealand
Ana	Gollega	Association for the Rehabilitation of the Brain Injured	Canada
Eleni	Karagiorgos	The Johns Hopkins Hospital	United States
Daniela	Montalverne	UNIVERSIDADE FEDERAL DO CEARÁ	Brazil
Alicia	Fry	WellSpan Health	United States
Beth	Linkewich	Sunnybrook Health Sciences Centre	Canada
Wendy	Crowther-Rakochy	Health Sciences North	Canada
Kimberly	Frey	Craig Hospital	United States
Charlene	Allen	Centric Health	Canada
Rachel	Feld-Glazman	Burke Rehabilitation Hospital	United States
Simma	Poznanski	Private Practitioner	Canada
Laurent	Delavaux	JFK Johnson Rehabilitation Institute	United States

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STROKE

INTERDISCIPLINARY
SPECIAL INTEREST GROUP

START WITH STROKE

**KICK-OFF YOUR ANNUAL MEETING
FOCUSING ON THE WORLD'S LEADING
CAUSE OF DISABILITY.**

Our Nonstop Content Includes:

Weds., October 8th:

- Stroke Instructional Course: Mental Practice for Movement After Stroke: An Instructional Course for Clinicians.

Thurs., October 9th:

- Stroke ISIG Networking and “Kick-Off” Meeting 7-8am: “Visions for Stroke Rehabilitation” presented by *Elliot Roth, MD, Robert Teasell, MD, and Chris MacDonell* • Network with colleagues • Become active in the Stroke ISIG
- Improving Walking Ability in Patients After Stroke: Different Roads Lead to Rome
- Rehabilitation Robotics and Neuro-Stimulation
- Hot Topics in Stroke Rehabilitation: Differences in Models of Stroke Rehabilitation Across International Settings

Fri., October 10th:

- Identifying and Addressing the Needs of Vulnerable Populations in Stroke
- The Selective Tibial Neurotomy in the Treatment of the Spastic Equinovarus Foot Among Stroke Patients

AND MUCH MORE!!!

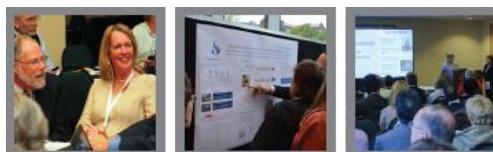
For a complete list of our programming visit: <http://www.acrm.org/stroke-content/>



ACRM

AMERICAN CONGRESS OF
REHABILITATION MEDICINE

Improving lives through interdisciplinary rehabilitation research



Conference Preview

Compiled by Sarah Wallace

Steve Page, PhD, OTR/L is the incoming chair of the Stroke ISIG and will be presenting an instructional course and 4 posters at the annual meeting, all in the area of stroke. We caught up with him about his instructional course.

What is the focus of your course?

The course focuses in on the practical application of mental practice in clinical situations with stroke patients. If someone is interested in the science underlying mental practice/motor imagery, we present some of that. But the exciting aspect of this technique is how readily and easily it can be clinically applied as well as the treatment effect associated with its use in stroke as well as other groups. We expect to focus much of our talk on the practical application of this technique, with the hope that it will attract a clinical audience who can apply the technique with their patients.

How did you get interested in this technique?

I was a swimmer in college and afterwards and this technique is commonly used in athletics to “prime” the athlete for the upcoming competition and practice. I had some pilot data on this technique that I had collected just prior to my postdoctoral fellowship and was able to secure funding during my postdoc to continue this work. We’ve been doing this work ever since, with increasingly positive results at least thus far, in the stroke population.

How long have you been attending the annual meeting and what does the ACRM meeting mean to you?

I have been attending the meeting since the late nineties, when my fellowship mentors – SueAnn Sisto and Mark Johnston – encouraged me to go. The meeting was very small, and I remember that there had just been a hurricane or one was expected around the time that we attended that meeting. I am indebted to these two folks in a lot of ways, but one particular way is that they advised me to attend and encouraged me to become involved. I am so glad that I did, and glad that I continue to be involved; the networking and scientific rigor are fabulous. Additionally, it has been great getting to see the organization grow, and very deservedly so in my opinion. The committee structure and the collegiality really are conducive to a young investigator being able to grow with ACRM.



STROKE-ISIG

STROKE



INTERDISCIPLINARY
SPECIAL INTEREST GROUP



START WITH STROKE

The Stroke Interdisciplinary Special Interest Group (ISIG) invites anyone interested in Stroke Rehabilitation to attend our **SPECIAL KICKOFF** of the ACRM Conference at **7 - 8 am on Thursday morning: SPRING INTO ACRM WITH STROKE! - just before the opening Plenary session of the conference.**

KICK OFF THE ACRM CONFERENCE the best way - with other colleagues interested in stroke rehabilitation over a cup of coffee or tea!



ACRM AMERICAN CONGRESS OF
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Improving lives through interdisciplinary rehabilitation research