

## Request From The President



**Mike Reding, MD**

Our Annual Meeting, our journal of Neurorehabilitation & Neural Repair, our Workshops and our Web Site require significant financial support to assure their

continued excellence.

The ASNR Finance Committee requests that each of us actively solicit our respective institutions for sponsorship support for the upcoming ACRM/ASNR Annual Meeting in Montreal, for our Web Site, our journal NNR, and our Workshops.

Sponsorships for the upcoming ACRM/ASNR Annual Meeting in Montreal October 20-23, 2010 can be targeted for a specific symposium, or program activity of interest to your institution. This is an ideal way to promote interest within the rehabilitation community about activities that are being developed or promoted by your organization. Sponsorship will be in compliance with ACGME standards as all speakers and program content have already been determined.

Sponsorship for videotaping of relevant lectures will be featured on our Web Site throughout the following year. These Videotaped lectures will be available to all who visit our ASNR web site.

Sponsorship is also available for support of social activities at the meeting. These social events help establish productive networking among our society members. They are an ideal way to show support for the free exchange of ideas and collaboration among our rehabilitation facilities, and to establish the framework for future multi-center research initiatives.

Booths for Exhibitors will be available and can be another way of showcasing the special features, research activities, and job opportunities available at your institution. Those attending the annual ACRM/ASNR meeting are the thought leaders within the Rehabilitation Community. Their opinions, suggestions, and potential recruitment can be an invaluable resource for your institution.

Please encourage your institution to support our ASNR annual meeting. Contact Shannon Wild, our ASNR Associate Executive Director, for specific details and price listings. [shannonwild@lmsi.com](mailto:shannonwild@lmsi.com) 5841 Cedar Lake Road, Suite 204, Minneapolis, MN 55416.

## Participate In A New Clinical Trial For Stroke Inpatient Rehabilitation

The multi-center SIRROWS trial (see Dobkin et al. Neurorehabil Neural Repair 2010; 24:235), which included 18 sites from members of the ASNR and WFNR, showed that simple reinforcement about walking speed each day improved walking-related outcomes at discharge from inpatient stroke rehab.

The next group randomized clinical trial, Stroke Inpatient Rehabilitation Reinforcement of ACTivity (SIRRACT), will utilize sensors that reveal the type, quantity, and aspects of quality of patient activities. SIRRACT will deploy inexpensive triaxial accelerometers worn on the ankles. Trained machine-learning algorithms developed by engineers and computer scientists at UCLA can identify and characterize typical movements from sensor data in real-world settings, such as how often, at what speeds, and with what level of leg symmetry the subjects walk.

This randomized, multi-center clinical trial will bring these measures into daily care to monitor activity on the inpatient rehabilitation unit, assess compliance with exercise and skills practice, and test the utility of providing feedback to patients about the type and quantity of their daily skills practice and exercise related to mobility.

No funding is available for sites, but the sensors will be provided at no cost. You would incur modest costs for a blinded observer and coordinator working part-time. All data is managed over the Internet. We ask each of the 20 sites who sign on to aim to enter at least 12 subjects within 1 year, starting in September, 2010. Outpatient follow-up is optional. If interested in participating, contact Bruce Dobkin, MD to receive a protocol and a template for your Review Board submission: [bdobkin@mednet.ucla.edu](mailto:bdobkin@mednet.ucla.edu)

The ASNR Program Committee has been busy in the first quarter of 2010. The programming for *Progress in Rehabilitation Research – The ACRM/ASNR Joint Educational Conference* in Montréal (20-23 October 2010) is almost finalized. There were almost 50 symposium proposals and 200 abstract submissions, which meant more reviewing work for the committee, but a higher quality program in the end. The ASNR has a plenary directed by Monica Perez entitled, *Bilateral Arm Movements: From Neurophysiology to Therapeutic Interventions*, a bench-to bedside pre-conference course on upper and lower extremity rehabilitation robotics, directed by Igo Krebs and me, and a proposal for a satellite meeting that was submitted to the Society for Neuroscience. The satellite, *Optimal Timing for Rehabilitation Interventions*, would be in San Diego in the morning of November 12, and will have a poster session/lunch after the presentations to give rehabilitation researchers a chance to interact both scientifically and socially.

At this point, the main challenges are putting together sponsorship and other details for Progress in Rehabilitation Research, the pre-conference robotics course, and the SfN satellite. But there is great excitement around these two meetings this Fall. The Progress in Rehab. Res. meeting is supported by

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## ASNR Satellite Event:

The New Neuroscience of  
Brain Repair and Rehabilitation  
Society for Neuroscience  
Annual Meeting

Friday, November 12, 2010  
San Diego, CA

*Watch your e-mail for additional information!*

## ASNR And The American Brain Coalition

Stay informed about issues affecting the neuroscience and patient communities, including relevant news stories, opportunities to email Congress about key legislation, and notices of events and activities. Email [akupferman@americanbraincoalition.org](mailto:akupferman@americanbraincoalition.org) today!

The American Society of Neurorehabilitation is a proud member of The American Brain Coalition (ABC), which is a non-profit organization comprised of some of the United States' leading professional neurological, psychological, and psychiatric associations and patient organizations. Together, we seek to advance the understanding of the functions of the brain and to reduce the burden of brain disorders through public advocacy. The American Brain Coalition is a voice for patients, families and professionals dealing with neurological and psychiatric disorders. ABC advocates for increased support of federal research

funding, improving care for those with chronic conditions, advocating for stem cell research, and supporting the ethical use of animals in research. We believe that our impact can be greater if we work together to improve patients' quality of life and support a national commitment towards finding cures.

The ABC's main vehicle for achieving these goals is through advocacy. We let you know about timely legislative issues, ask you to take action, and provide you with access to CapWiz, an online legislative action center where—with a few clicks of the button—you can send a pre-formulated letter to policymakers. The ABC encourages visits to Capitol Hill and even provides tips and tools. The ABC tries to make it as easy as possible for you to engage in advocacy on behalf of key legislative issues that affect professionals and patients.

Also, ABC recently launched its @AmericanBrainCo account on [www.twitter.com](http://www.twitter.com)!

Twitter 'followers' will receive tweets about: the latest news stories on neurological and psychological disorders, alerts to take action on important legislation, upcoming ABC events, and announcements about ABC members' key activities.

If you are already on Twitter, please follow us at the above account. If you are not on Twitter, signing up and following us is easy! Go to <http://www.twitter.com> and create an account and then opt to follow @AmericanBrainCo. It takes only 2 minutes.

Please contact [akupferman@americanbraincoalition.org](mailto:akupferman@americanbraincoalition.org) to sign up and receive communications from ABC today!

## Clinical Research Summit "Innovative Physiologic Treatments for Aphasia"

### Kessler Conference Center

West Orange, NJ  
8:00 am– 3:30 pm  
June 21, 2010

Join us for this exciting opportunity to learn from national opinion leaders in the field of communication disorders. Explore the latest applications of technology and pharmacology in the rehabilitation of people recovering from stroke and traumatic brain injury in civilian and military care systems. This one-day course is designed for physicians, allied health professionals and researchers interested in advancing their knowledge of language remediation and neurocognitive rehabilitation.

Plenary sessions focus on practical and timely topics...

- Micaela Cornis-Pop, PhD, VACO Programs Leader: Wounded & Aging Warriors with Communication Needs: What Now?
- Paul Rao, PhD, ASHA President-elect: Advocacy

Scientific panelists addressing how we can eliminate translational blocks in aphasia care include: Leora Cherney, SLP, PhD, Delaina Walker-Bateson, SLP, PhD, Felipe Fregni, MD, PhD, Alvaro Pascual-Leone, MD, PhD, Steven Small, MD, PhD, Ross Zafonte, DO, H. Branch Coslett, MD

Online registration available at [www.KesslerFoundation.org](http://www.KesslerFoundation.org)

**Fees:** Physicians, \$125; Other, \$95

**CME, ASHA, PT/OT credit pending. For more information, contact:**

Kessler Foundation  
Education Department  
1199 Pleasant Valley Way  
West Orange, New Jersey 07052  
973.243.6812  
[info@KesslerFoundation.org](mailto:info@KesslerFoundation.org)

*The ASNR Program Committee  
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meeting management organization newly contracted by ACRM, and we anticipate a well-run, more fiscally responsible meeting. We look forward to a large participation from members of ACRM, ASNR, CRIR, REPAR, and SfN, and also a chance to attract new members at the two ASNR-specific events.

Please contact me with any questions or suggestions. I am always happy to work with individuals and groups on developing content that will be stimulating to our membership and beyond.

**George F. Wittenberg, M.D., Ph.D.**

Deputy Director, VA Maryland Exercise and Robotics Center of Excellence  
Staff Physician, VA GRECC  
Associate Physician, Dept. of Neurology,  
University of Maryland SOM, Baltimore

## Neurorehabilitation in India

**Dr.Nirmal Surya, MD, DNB**

Director, Neurorehabilitation Department  
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### Background

India is currently passing through a period of great socio-economic change largely fuelled by its booming economy. The world's largest democracy is poised to become the most populous country and the world's second largest economy over taking China and the US. India is also witnessing a period of unprecedented demographic upheaval whereby its young people are quickly dominating the workforce while at the same time the nation is accruing a significant geriatric population. India ,traditionally has been a large multiethnic , multilingual ,multi religious and multicultural nation with an enormous vibrant diversity spread across a terrain of continental dimension , With in this diversity exist a number of paradox in which large slums stand in contrast to equally stupendous sky scrapers and urban modernity walks shoulder to shoulder with ancient rural traditions. Interestingly all these coexist in perfect harmony.

**To provide low cost, easily accessible and acceptable, Neurorehabilitation services in such a vast country is indeed a herculean task.**

### Health Care system-Infrastructure

Of its 1.8 billion strong population 70% resides in rural areas and 30% are below the poverty line which limited access to modern amenities of health care .While the majority of the urban population has access to private medical services, the large proportion of rural poor have nothing but public health institutions to fall back on .This paradox of amenities and opportunities has led to unique healthcare system in India which draws on both public and private institutions in varying proportions. In this system modern traditional and alternative medicine working together, largely driven and facilitated by the disproportionate number of trained professionals vis-a-

vis the giant population. For example there are only 1200 neurologists, 400 physiatrists, a few hundred therapists and a dozen neuropsychologists catering to the entire population. From the organizational perspective there is a rehabilitation council in place as well as an articulated national policy on the disabled and rehabilitation with stringent provisions but the infrastructure to execute provisions of the Disability Act is scarce. As such India spends only 3% of its GDP on health care.

### Rehabilitation Services

While the concept of rehabilitation is not new in India, the modern face of rehabilitation is being shaped by the principles of neuroplasticity, a new idea that is being increasingly accepted. Rehabilitation is no longer a luxury of rich but is being recognized essential for the masses. BYL Nair Hospital in Mumbai is India's first public hospital to introduce a multidisciplinary Neurorehabilitation clinic 10 years ago. There are only a handful of such modern rehabilitation centers that are well equipped with state of the arts instruments and teams of skilled speech, occupational and physical therapists that can be considered as centers of excellence. On the other hand individual therapists serve various levels of the rural population .These trained therapists play a very important role in abridging the gap between rehabilitation services available in urban and rural centers .They assist in teaching simple home care skills to close relatives of patient to allow them act as trainers. Family is thereby closely involved in the rehabilitation process as they are instrumental in providing ongoing rehabilitation support (Family Based Rehabilitation) .This saves time and money and adds emotional and social support to the rehabilitation process .The much touted community based rehabilitation model by the west has in fact been operational and successful in India for several centuries .

Yet the current gap between the need and supply of rehabilitation services is astoundingly high .The awareness of and need for Neurorehabilitation both among the population and health care givers is dismal but shows signs of a modest beginning.

### Opportunities

The intimate social system and family structure helps to provide the necessary physical, emotional and spiritual support. Strong family bonds help overcome the negative impact of disability. The large extended family system ensures that the physical, social, economical burden of disease and rehabilitation is equally shared among its members. This is the biggest resource of rehabilitation services in India.

The computer technology revolution has proved that India may be the seat of a low cost yet world standard technology. An artificial robotic hand made by an Indian engineering institute is available for only about \$200. Telemedicine, Kalam Callipers (made from a lightweight alloy used in rockets etc.) are inventions of the Indian space program. The Jaipur foot is another classic example of how technological innovations can be exploited in generating low cost rehabilitation tools.

The number of NGOs, self- help groups, societies, charitable trusts and philanthropy supporting rehabilitation services at the Village and District level is increasing. In addition the government has created various national institutes and vocational centers for different disabilities which are acting as centers for training and advising.

The future of Neurorehabilitation largely depends upon this kind of close comradeship between public and private endeavors.

The most significant aspect of rehabilitation in India is that it is delivered through the harmonious amalgamation of modern and ancient systems of medicine and social based, community oriented, family centered model including the spiritual dimension.

The following lines by Robert Frost best sum up the long road ahead for Neurorehabilitation in India.

*The woods are lonely, dark and deep,  
 But I have promises to keep,  
 And miles to go before I sleep,  
 And miles to go before I sleep.*

**Robert Frost**

## New Website Heralds New Mission for the ASNR

[www.asnr.com](http://www.asnr.com)

The old boring, static and uninformative ASNR website is history. Welcome to Web 2 with interactive features that include video lectures for patients and clinicians, a Presidential Letter from Mike Reding clearly outlining the new mission and goals of the ASNR, and a host of other features that add value to [www.asnr.com](http://www.asnr.com).

We are pleased to present the 2009 video of the Viste Award Lecture and the 2009 video of the Outstanding Neurorehabilitation Clinician Scientist Award.

Bruce Dobkin has posted 4 very informative patient-oriented videos on stroke and stroke recovery and we are looking into offering online CME credit for neurorehab courses and workshops through our website.

Pay your dues through the website portal and sign up for courses through the website. We will soon start an ASNR store so you can purchase related items directly through [www.asnr.com](http://www.asnr.com)

Do you or your patients need links to diseases or illnesses or the organizations that deal with them? Do you need access to clinical trials or do you want to know more about neurorehab fellowship opportunities? Go to [www.asnr.com](http://www.asnr.com)

Our new membership section is very inclusive and invites physicians, scientists, nurses, therapists, behavioral interventionalists and bioengineers to join us and our fee structure has been adjusted to accommodate just about anyone who wants to be part of our Society.

We are linked to related societies for advocacy issues. Timely newsletters and announcements will keep you up to date on current issues. Look to the site also for job opportunities (posted at NO COST), links to our Journal (Neural Repair and Recovery) and upcoming courses and workshops.

If you have trouble keep up with your Journals, click on Journal Watch and you will be able to download links to articles carefully chosen by George Wittenberg for their impact and relevance. If you just want to query the membership, join the listserv hosted by Jeff Samuels.

To donate to our Foundation, click on "About ASNR" and "Foundation." If you want to become a sponsor for our organization [or have access to mailing labels], please check our sponsorship section. I urge all of our members to carry this message to back to their organizations: sponsorship of the ASNR will benefit your institution and will enhance our ability to disseminate information about

the science of neurorehabilitation, best practices, basic research, clinical care, and interdisciplinary cooperation. Even a small gift will help us accomplish our mission.

To be useful, a website has to be dynamic and offer good content. Please use the Contact Us section to send in suggestions, especially if you wish to add content (yes, those podcasts or videotaped lectures can be posted). We look forward to website development.

Many thanks to Shannon Wild, our Associate Executive Director for the many hours she put in to transition to this new website format, to the website development team at internet4associations, and to Jeffrey Samuels and Stephen Page who served with me on the Website Committee.

*Respectfully submitted,*

**Joel S. Feigenson**

*Chairman, Website Committee*

## Membership Committee Notes

**Barbara M. Weissman, MD**

Goals of the Membership Committee include facilitating information as well as services for members of the American Society of Neurorehabilitation. Thus, the introduction of an internet support to pay dues online is a system that should assist the membership.

Members have requested more online capabilities of the ASNR webpage and the ASNR has responded to these requests. Thus, please pay your dues and visit the webpage to observe the new updates as they emerge.

