The year 2012 will be full of rich opportunities for the American Society of Neurorehabilitation. In this year, we will be building financial stability in our organization – as well as building resources to increase the value of membership.

The Joel S. Feigenson Patient Resource Page will be launching this year on our website, thanks to donations made in his name to a fund we will maintain at the American Society of Neurorehabilitation Research and Educational Foundation. Please consider making a donation to the Foundation in the memory of Dr. Feigenson, who was one of our most committed members and a role model to many in this field. We will use the funds to support setup and maintenance of webpages listing expanded resources on Neurorehabilitation for patients and families.

Although it is early in the year, we are already looking forward to our annual meeting in October. Program Chair Robert Wagenaar, PhD and his committee are already at work on a one-day ASNR event, a special opportunity to showcase neuroscience, on Wednesday, October 10th in Vancouver. This event will supplement and accompany our joint meeting with the ACRM. In the coming months we will share more information about the presentations to be included, and we look forward to seeing you there.

The Liaison Committee, led by Krish Sathian, continues to work actively to align our efforts with those of other organizations, and Treasurer George Wittenberg and Fellow Mickey Seltzer are working with them to further ASNR’s involvement with the World Federation of Neurorehabilitation. The ASNR Clinical Trials Task Force, now under the leadership of Carolee Winstein, PhD, continues to move forward and will be addressing the membership in 2012 about specific opportunities for clinical neurorehabilitationists to take part in multi-site clinical studies.

We thank Michael Reding, MD, ASNREF President, for also continuing to organize the UCNS process of certification for Neurorehabilitation. Please check the ASNR website for the latest developments.

Discussions of the Liaison Committee which include Drs. Krish Sathian, Judy Deutsch, Gail Eskes, Doug Katz, Steve Page, and Jeff Samuels, centered on ways to interface with other professional organizations and to attract their members to also join ASNR and attend our annual meeting. It is clear that the financial viability of ASNR depends critically on an active membership base interested in the annual meeting. Thus, membership incentives, particularly at an introductory level for new members who also belong to other organizations, would be very helpful. Each and every one of our members can also serve as a powerful recruitment channel by educating colleagues and trainees about the ASNR and encouraging them to join.

The ASNR intends to present a bid in May 2012, at the World Congress of Rehabilitation in Melbourne, Australia, to host the 2016 WCNR in Philadelphia.

Krish Sathian, MD, PhD (Chair)
The ACRM/ASNR Joint Education Conference committee has already had three conference calls. The preparation of the 2012 ACRM/ASNR conference which will take place in Vancouver from October 9th-13th, 2012 is in full swing. The committee was very pleased with the outcomes of the evaluations by participants of the 2011 ACRM/ASNR conference which took place last October in Atlanta. Remarkable was the shared observation that the scientific content of the meeting was really strong. We had more pre-conference-, symposium- and poster-submissions than previous years. Also the number of participants was larger than previous years. It is, however, still disappointing that we are not able to get the majority of the ASNR membership to attend the conference.

We have the same ASNR committee membership as last year, that is: Richard Bohannon, Stanley Thomas Carmichael, Jim Lynskey, Douglas Katz, Michael Macko, Michael Reding, Michael Weinrich and Barbara Weissman. During the last three conference calls we discussed the survey outcomes of the 2011 conference, the 2012 conference template, and the submitted proposals for pre-conference workshops (or instructional courses). Currently, we have accepted nine proposals for instructional courses. Five proposals were conditionally accepted, and three proposals were rejected. As a result we may have twelve half day instructional courses scheduled in the final program. The topics range from rehabilitation in multiple sclerosis to instrumentation of clinical balance and gait test for rehabilitation assessment, and will take place on Wednesday (October 10th) or Saturday October 13th, the last conference day.

On the Wednesday October 19th ASNR will plan its own scientific/educational meeting with at least two high quality symposia. By organizing our separate ASNR meeting we try attract the majority of the ASNR membership. We will keep you posted on the topics and logistics.

Robert C. Wagenaar
ASNR Program Chair

The official ASNR website (www.asnr.com) is a great source of information for both ASNR members and non-members. Health professionals and patients from around the world visit the site each year to keep up-to-date on the latest developments at the ASNR and in the field of Neurorehabilitation. Junior members can find information regarding jobs and fellowship positions. The site also contains sections on patient advocacy, upcoming meetings, ASNR membership, and links to the official journal of the ASNR-Neurorehabilitation and Neural Repair.

Over the coming year we plan to add additional content for both providers and patients and make it a one stop source for information Neurorehabilitation.

In the coming year look for the Joel S. Feigenson Memorial Patient Resource Webpage which will be a valuable resource for patients and clinicians regarding the latest advances in Neurorehabilitation research and treatment.

Information regarding UCNS certification in Neural Repair and Rehabilitation is also available on the ASNR website.

I encourage you to check out the website and find out what is going on in your ASNR.
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Request for donations in support of the Joel S. Feigneson Memorial Patient Resource Web page.

The ASNR Foundation is dedicated to supporting the Research and Educational activities of the ASNR. As a Not-For-Profit Organization, the ASNR Foundation seeks donor support from our members, from the patients and families we serve, and from Biotechnology and Neuropharmaceutical Industries dedicated to advancing the Neuroscience base for our Neurorehabilitation approaches to recovery following stroke, traumatic brain injury, and spinal cord injury.

The ASNR Foundation recently established the Joel S. Feigneson Memorial Patient Resource Web page. This is a tribute to Joel’s many years of service to our organization and to the patients and families we serve. Joel was the founder of our ASNR Web Page and has nurtured its development over the years. His energy and enthusiasm for improving the care of patients requiring Neurologic Rehabilitation was an inspiration for us all. The Memorial Fund for Dr. Feigenson was inaugurated by an anonymous gift of $1,000.00 and will seek to develop an escrow account which we can use to support the development of our Patient Resource Web page named in his honor.

Dr. Barbara Weissman, one of Dr. Feigneson’s, associates on the ASNR Board of Directors, and friend, prepared the following obituary which is listed on our ASNR web site.

On February 18, 2011, the Neurorehabilitation community lost a dedicated, passionate advocate who was also one of the initial practitioners of the Neurorehabilitation field. Joel S. Feigenson, MD passed way at St. Vincent’s Medical Center in Bridgeport, Connecticut, USA. Dr. Feigenson was a dedicated Neurologist for 40 years. He was one of the most humane and compassionate physicians one is fortunate to be acquainted with as a fellow professional and friend.

Following a childhood in White Plains, N.Y, USA, Dr. Feigenson attended Columbia University in New York. He then studied medicine at New York University (NYU) Medical School. Dr. Feigenson completed his residency in Neurology at NYU. Following his residency, Dr. Feigenson developed the Stroke Unit at the Burke Rehabilitation Hospital. Dr. Feigenson later joined Associated Neurologists in Bridgeport, Connecticut. He designed and directed their dedicated inpatient rehabilitation units, first at Park City and then at St. Vincent’s Hospitals. Dr. Feigenson was also medical director of Rehabilitation at these Hospitals.

Dr. Feigenson wrote a number of neurorehabilitation papers published in Stroke, Archives of Neurology, and JAMA, regarding stroke rehabilitation and stroke outcome. His initial papers were published beginning in 1974, many years before the Neurology Section on Neurorehabilitation of the American Academy of Neurology was established in 1985. The American Society of Neurorehabilitation (ASNR) was not created until 1990.

Dr. Feigenson was active in the Neurorehabilitation community. He served on the Board of Directors of the ASNR from 2004 until 2010. He additionally served as the Webmaster for the ASNR web page from its inception to the time of his death in 2011. Dr. Feigenson was also active in the American Heart Association Stoke Council as well.

Aside from his wonderful talent as a physician, Dr. Feigenson also had a gift as a photographer. His superb photographs can be viewed on his website, ficusphoto.com. The Rehabilitation Community will truly miss Dr. Feigenson; his experience and his compassion are vital tributes of his work that will remain as lasting evidence of his contributions to Neurorehabilitation.

Make a Donation Now!

ASNR Memership Report

The goals of the Membership Committee include: attract a diversity of new members to join the ASNR, retain current members, review levels of membership to reflect appropriate levels for association and maintain relations with Fellows who train with ASNR sponsored programs. With consideration for the first goal, the ASNR supported a meeting special at the annual meeting. Several members joined due to this initiative. The new members will now receive subscriptions to Neurorehabilitation and Neural Repair, the rehabilitation journal with the highest impact rating. The new members will have to renew their membership in six months to continue to enjoy their subscription. The ASNR is also evaluating relationships with other appropriate organizations with similar interests; some of the organizations include the Neuroscience Physical Therapy as well as the Neurotrauma group.

The Membership Committee is reviewing the appropriateness of the levels of membership in light of certification through the UCNS. The committee will discuss with the ASNR Board proposals for modifying the current levels of membership. In considering these levels, the committee wishes to honor those members with a commitment to the ASNR.

With a number of fellowship programs and UCNS certification, the Membership Committee is seeking to support relations with ASNR trained fellows. The trained fellows are important future for the ASNR. The trainees should receive support when attending meetings and their involvement in ASNR is encouraged. Any member or trainee who wishes to join the Membership Committee is welcome to join. Please contact Anna Barrett, MD or Barbara Weissman, MD at bweissm@emory.edu.
The ASNR held its second satellite meeting in conjunction with the Society for Neuroscience Annual Meeting on 11 November 2011, in Washington DC. We have been calling this series, “The New Science of Brain Repair and Rehabilitation” and this year’s theme was “CNS Physiology in Recovery of Function after Injury or ‘Back to the Mechanisms.’” Registration for the meeting exceeded expectations and room capacity but we did what we could to accommodate everyone. We especially appreciate Roy Hamilton of University of Pennsylvania volunteering to help people check in.

The meeting featured plenary talks by Dr. Jörn Diedrichsen, Senior Lecturer at the Institute of Cognitive Neuroscience in London and Dr. Pablo Celnik, an Adelson award winner, ASNR member, and Vice Chair for Research in the Department of Physical Medicine and Rehabilitation at Johns Hopkins University. There were shorter talks by Michael Dimyan, Karen Bunday, Holly Rossiter, Robin Cash, Mar Cortes and Kelly Tennant, representing laboratories from around the world.

Major themes in the half-day session were interhemispheric interactions, multiple motor representations, and use of non-invasive physiological methods. Dr. Diedrichsen presented evidence for a distinct representation of ipsilateral movements, using fMRI. And Dr. Rossiter showed evidence from MEG that the ipsilateral representation is relevant to movement after stroke. Dr. Dimyan provided results from studies of interhemispheric interactions, with one finding that the non-affected hemisphere fails to release inhibition of the other hemisphere prior to voluntary movement of the stroke-affected side. Dr. Celnick showed that direct current stimulation could alter cerebellar effects on motor output, with effects on motor learning.

Methodological advances were presented. Dr. Cash presented an interesting TMS method, “iIMS,” that used stimulation at the natural frequency of motor cortex discharges to increase excitability. A small difference in interstimulus interval of only 0.5 ms made a difference between increased and decreased excitability. Karen Bunday and Mar Cortes demonstrated spike-timing dependent plasticity that has therapeutic relevance to disorders of movement after spinal cord injury. Dr. Tennant reminded us of the potential of animal models to understand the issues of aging and motor learning, demonstrating that behavior changes are not always coupled to obvious physiological changes.

There was also a poster session in which participants were able to present their work to an interested, multidisciplinary audience. Most participants were very enthusiastic about this year’s satellite. Last year’s satellite resulted in a Point of View paper currently in press in NNR (Getting Neurorehabilitation Right – What Can We Learn From Animal Models) that will be most edifying and thought-provoking. We are looking forward to another satellite in 2012 and also the idea of an expanded satellite that would include more directly clinical components. As always, I am interested in feedback that will help meet the educational and scientific goals of our members.

Prepared by Mike Reding, MD
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