

DEPARTMENT OF Rehabilitation Medicine

VOLUME I, ISSUE 2 WINTER 2008

LETTER FROM THE CHAIRMAN



Peter Esselman, MD
Professor & Chair

Welcome to the Winter 2008 edition of the University of Washington (UW) Department of Rehabilitation Medicine newsletter. For more than eleven years, the Department has been ranked in the top 3 Rehabilitation programs in the country by *U.S. News & World Report* for its innovative research, clinical, and educational programs. We also continue to be a leader in conducting research and obtaining research grants from federal agencies and other sources. We hope you enjoy receiving these updates about the work of our faculty and staff here at the UW.

This newsletter highlights the activities of the Department in the area of Traumatic Brain Injury (TBI). The clinical care of individuals with TBI and research aimed at understanding and improving the outcome of individuals with TBI has been a cornerstone of the department for the last 30 years. You will read about Drs. Sureyya Dikmen and Nancy Temkin who have led a program that greatly enhanced our understanding of the neurobehavioral consequences of TBI and conducted clinical trials to improve outcome. You will also read about the recent clinical trials by Dr. Kathleen Bell using telemedicine to improve outcome. Drs. Charles Bombardier's and Jesse Fann's research has focused on the understanding and treatment of depression after TBI and they will be presenting the Science in Medicine Lecture on January 16th. In addition to research on TBI, we have excellent clinical programs across the UW Medicine system and strong education and training programs where we teach the evaluation and treatment of individuals with TBI.

Thanks for reading the newsletter. Let us hear from you if you have any comments and let us know what you would like to see in future editions.

UW REHAB MEDICINE: A LEADER IN TBI RESEARCH & CARE

The UW Department of Rehabilitation Medicine is a nationally recognized leader in TBI clinical care and research. TBI is of major public health significance as it affects 1.4 million people in the United States each year. Of these, 50,000 die, 230,000 are admitted to an acute care hospital and survive until discharge. About 1.1 million are seen in emergency rooms and discharged, and countless others are either not reported or are seen in private doctor's offices. An estimated 80,000 to 90,000 people are left with long term disabilities.

In 2006, UW Rehabilitation Medicine admitted 349 patients for acquired brain injury. The Department cares for most patients with serious brain injuries from 5 states including Washington, Idaho, Oregon, Montana and Alaska. Since TBI affects such a large population—both regionally and nationally—our mission at the UW is to promote the best health and recovery in persons with TBI by using information gained from cutting edge research in clinical care.

CALENDAR

- **January 16, 2008**
Dr. Charles Bombardier Science in Medicine Lecture Series.
UW Hogness Auditorium, 12 PM
- **January 27, 2008**
NBC to air coverage of the "Last Desert" featuring Dr. Brian Krabak, 5 PM EST
- **April 14-20, 2008**
PM&R & MSK Review Courses
UW Kane Hall
- **May 9, 2008**
Lehmann Day at the Urban Horticultural Center

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HISTORY OF TRAUMATIC BRAIN INJURY RESEARCH AT THE UW

The Beginning: Neurobehavioral Consequences of TBI - Early Discoveries



Traumatic Brain Injury (TBI) research at the University of Washington (UW) dates back to the early 1970's when Dr. Ralph Reitan, one of the grandfathers of neuropsychology and a professor of Neurosurgery, received a National Institutes on Health (NIH) award to perform the first civilian longitudinal study of recovery from TBI. Dr. Sureyya Dikmen, then a graduate student of Dr. Reitan and currently a Professor of Rehabilitation Medicine, became involved in this area of research. Among other important findings, this study pointed out the critical need for appropriate

Drs. Dikmen & Temkin comparison subjects in order to be able to identify the generalized and sometimes subtle effects of closed TBI, particularly given the absence of objective information about pre-injury function. Realizing the methodological complexities of research in this area, Dr. Dikmen recruited Dr. Nancy Temkin, a biostatistician, and Dr. James Gale, an epidemiologist, to join her in her efforts in the early 80's.

Two subsequent natural history studies of TBI funded by the Agency for Healthcare Research and Quality examined TBI effects using friends of the injured persons as a comparison group in one study, and using individuals who had sustained injuries to other parts of the body as a comparison group in the other study. These studies resulted in numerous publications highlighting the various neuropsychological and psychosocial consequences of TBI, recovery of function over time, and factors determining ultimate outcome. These findings, now common knowledge, were ground-breaking and included: neuropsychological functions are sensitive to injury severity; initial severity of neuropsychological deficits determines the amount of recovery and residual deficits; neuropsychological measures are better predictors of psychosocial outcome than are neurological indicators of injury severity; length of impaired consciousness is a better predictor of outcome than depth of coma; and TBI effects are not all or nothing. The nature and magnitude of disabilities depends on the severity of the injury, time from injury to when the observation is made, and the attributes/demographics (such as age and education) of the person injured.

Other studies examining important and prevalent problems faced by persons with TBI such as substance abuse, depression, and those with mild TBI were being conducted by Drs. Charles Bombardier, Jesse Fann, Peter Esselman and Jay Uomoto during this time. Dr. Fann and colleagues carefully examined secondary psychiatric conditions and their impact among post-acute persons with TBI. Their work demonstrated a high prevalence of major depression and anxiety disorders and showed that these conditions were associated with greater impairment, worsening post-concussive symptoms and greater subjective injury severity. Dr. Bombardier and colleagues were awarded a CDC grant to study the association of substance abuse and TBI, the natural history of alcohol use after TBI and a trial designed to prevent the return to drinking after TBI. This grant led to publications demonstrating a high prevalence of pre-injury substance abuse, substantial readiness to change substance abuse following TBI, a typology of substance-related problems to guide post-injury clinical interventions, the use of motivational interviewing to reduce post-injury bingeing and the absence of measurable deleterious cognitive effects associated with alcohol intoxication during TBI.

Parallel to the adult TBI studies, Drs. Kenneth Jaffe and Teresa Massagli and their group began to study the consequences of TBI in children, utilizing well matched school peers as comparison subjects. Their series of studies with solid methodology yielded critical information about pediatric TBI.

Acute Clinical Trials to Prevent/Reduce Negative Consequences of TBI (Mid 1980's-Present)

Given the numerous negative consequences of TBI, the question became how to improve function, and so research entered another phase, namely, clinical trials. The first three studies were large, single center, acute, double blind, placebo controlled, randomized trials funded by NIH. A number of other investigators joined Drs. Dikmen and Temkin over the years (Joan Machamer, and Drs. Allen Wyler, Richard Winn, Gail Anderson, Alvin McLean, Ralph Dacey, David Newell, Richard Ellenbogen, and more recently Randy Chestnut).

The first study involved the use of prophylactic phenytoin, at that time often given for 1 to 2 years to prevent post-traumatic seizures. This landmark study found that while phenytoin prevented seizures in the 1st week after injury (early seizures), it did not prevent late seizures or epilepsy. Most importantly, treatment with phenytoin impaired neuropsychological functioning. The results were published in both the New England Journal of Medicine and the Journal of the **(cont'd on page 3)**

UW SCIENCE IN MEDICINE LECTURE SERIES



On Jan. 16th,
Dr. Charles
Bombardier,
along with
Dr. Jesse

Fann, will present:
"Nervous Breakdown:
Depression in Neuro-
logical Conditions."

(cont'd from pg 2) American Medical Association, and have been used internationally in developing evidence-based guidelines for seizure prophylaxis following severe head injury. The subsequent study (involving valproate) similarly failed to show significant effects in preventing late seizures. Finally, early treatment with magnesium also did not show neuroprotective effects. These results, although disappointing, clearly showed the importance of such studies in determining efficacy before incorporating an intervention into clinical care. Untested treatments may not be beneficial, and may actually cause harm.

Clinical Trials to Improve Behavioral Consequences of Traumatic Brain Injury (1998 to present)



University of Washington (UW) researchers then began investigations into post acute rehabilitation interventions for those with TBI. A number of new researchers joined Drs. Dikmen and Temkin, including Drs. Kathleen Bell, Peter Esselman, Charles Bombardier, Jesse Fann, Robert Fraser, Jason Doctor, Leighton Chan, Janet Powell, Jeanne Hoffmann, and Jo Ann Brockway. This phase of TBI research has targeted improving the outcomes of persons with TBI and their caregivers rather than to *prevent* negative consequences of TBI.

Funding of three consecutive TBI Model Systems (TBIMS) grants from the National Institute on Disability and Rehabilitation Research (NIDRR), beginning in 1998 have provided the support for both clinical trials and observational studies. Drs. Dikmen and Bell have led these efforts with research involving randomized clinical trials on telephone counseling, and on exercise. Observational studies have included return to work, prediction of outcome, the effects of insurance type on provision of care, effects of Medicare prospective payment system, and natural history of post-traumatic headache which is currently underway with UW leading the effort with 7 other sites.

Drs. Bombardier and Fann with funding from NIH have co-directed natural history studies as well as a number of clinical trials aimed at the treatment of depression, including pharmacological and psychotherapy treatments. Dr. Fann, along with Drs. Esselman and Uomoto also carried out an influential open trial of sertraline for major depression in people with TBI. Their study showed that treatment with sertraline was associated with significant improvements in mood, quality of life and cognition. This study provided the groundwork for a subsequent NIH funded randomized placebo controlled trial of sertraline for major depression after TBI led by Drs. Bombardier and Fann. Most recently, Drs. Fann and Bombardier have been awarded NIH and NIDRR grants to study the efficacy of in-person and telephone-delivered cognitive-behavioral therapy for depression tailored for persons with TBI.

Currently, the application of telehealth for rural and underserved populations has become a focus of our group, led by Dr. Bell. The telephone based counseling model using self-management, problem-solving, and educational techniques has been very encouraging and exciting because it has yielded the first evidence of a treatment that has worked in improving functioning and quality of life of those with TBI. We have studied the effectiveness of these strategies with survivors of moderate to severe TBI, who were discharged from inpatient rehabilitation at HMC and the UWMC, and persons with mild TBI seen in emergency rooms. Current studies are evaluating the effectiveness of these strategies in a three center trial on a larger sample of TBI survivors in Washington, Pennsylvania and Mississippi. We have also begun a study focusing on a telephone intervention with caregivers of TBI survivors

While we have had the first published use of this model in rehabilitation medicine, these ideas are quickly being adopted by other rehabilitation venues and providers, including the VA with military personnel returning from the Iraq war.

Looking Ahead

The UW has become a leader in TBI research. This has been possible because of the multidisciplinary approach to research and close relationships between the faculty of Rehabilitation Medicine, Neurological Surgery, and Psychiatry and Behavioral Sciences. It has also been possible because of the interest, vision, and support of department chairs, beginning with Drs. Justus Lehmann, Walter Stolov, Richard Winn and more recently, Drs. Larry Robinson, Peter Esselman and Richard Ellenbogen. Stay tuned for possibilities in computer-aided function, virtual reality, genetics, biomarkers, and effectiveness trials.

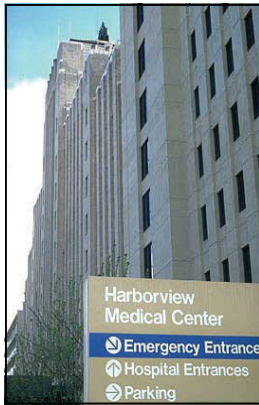
TBI Model Systems Documentary—"Living With a Traumatic Brain Injury."

The UW TBIMS in cooperation with the Trauma Foundation at Harborview, and the Washington State Department of Social and Human Services has produced a 30 minute documentary on TBI titled "Living With a Traumatic Brain Injury." The film chronicles the lives of 4 patients living with TBI and shares information from experts at HMC and the UW about the effects of brain injury. To view this film, please visit: <http://depts.washington.edu/uwtbi/Education/documentary.htm>



CLINICAL SERVICES—TBI REHABILITATION AT UW MEDICINE

Harborview Medical Center: Acute TBI Consultation and Inpatient Rehabilitation



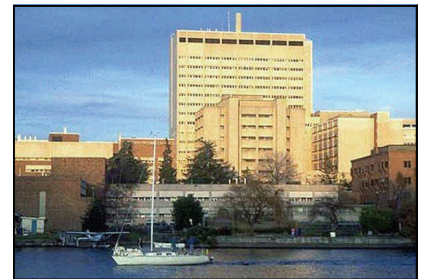
Because Harborview Medical Center (HMC) is the only Level I Trauma Center for Washington State, Idaho, Alaska, Montana and Wyoming, our consult services, led by Drs. Teresa Massagli and Kenneth Jaffe, are often the first to address functional survival issues and long-term treatment planning for patients with moderate to severe Traumatic Brain Injury (TBI) from 5 states.

TBI survivors who need an acute inpatient rehabilitation stay may be admitted to either our acute rehabilitation unit at HMC, led by Dr. Peter Esselman (Rehabilitation Coordinator Lynn Krog 206-744-4607,) or the acute rehabilitation unit at the University of Washington Medical Center (UWMC), led by Dr. Kathleen Bell (Rehabilitation Coordinator Debra Maxon 206-598-8161). The acute inpatient rehabilitation programs feature interdisciplinary treatment focusing on integrating cognitive, behavioral, and physical treatment to return patients safely to community settings. All members of the rehabilitation treatment team including patient and family meet weekly for planning and evaluation.

Persons with mild TBI who live within commuting distance are often triaged directly to outpatient services at the HMC Comprehensive Outpatient Rehabilitation Program (CORP).

HMC and UWMC: Post Acute Rehabilitation Services

Our post-acute rehabilitation services comprise a wide spectrum of intensity and focus. Both UWMC and HMC have rehabilitation medicine clinics specializing in TBI, offering comprehensive medical evaluation and management for mild to severe TBI. Both the CORP Program at HMC and the Outpatient Rehabilitation Clinic at UWMC offer medical consultation and follow-up; physical and occupational therapy services; speech therapy for cognition, language, and swallowing; assistive technology and augmentative communication clinics. A unique feature of UW Medicine TBI rehabilitation is the presence of our rehabilitation counselors who interface between clinicians and employers/state vocational services to foster successful return to work and school. Other unique features that impact TBI treatment include an integrated multidisciplinary spasticity management clinic, seating clinics, and highly skilled neuropsychological testing. UWMC also offers a Driving Clinic for the evaluation and training in safe driving skills following TBI.



UW Medical Center

UWMC: Neuro-Rehabilitation Program (NRP)



Drs. Pepping & Bell

The University of Washington Medical Center (UWMC) Neuro-Rehabilitation Program (NRP) is a long-standing, comprehensive interdisciplinary outpatient rehabilitation program. Our core team members, led by Director Mary Pepping, Ph.D., and Medical Director Kathleen Bell, M.D., evaluate and treat people ages 16-60s with brain injury or neurologic illness and good potential to benefit from treatment for return to work, school or productive community activities such as volunteering. Four key features of our interdisciplinary outpatient treatment program are:

- (1) Group treatment for cognitive and psychotherapy (ongoing since 2000) in addition to individual therapies, so we can observe and treat patients in social settings;
- (2) Multiple weekly contacts each week among team members to coordinate care for patients and ensure we all address the primary treatment challenges;
- (3) Rehabilitation counseling involvement as an integral part of the care plan for return to work, school, and/or clarification of disability status;
- (4) On-going physician, case manager and family involvement via weekly conferences, panels and/or treatment sessions.

Last but not least, we have a wide range of support duties carried out by patient care coordinators, program assistants, triage specialists, schedulers, nurses, and front desk staff, from 8 South, 8 East, the 9th floor, and 8 North, and our clinicians, which helps make a well-coordinated program possible.

Clinical Services cont'd from page 4

HMC: Comprehensive Outpatient Rehabilitation Program (CORP)

HMC's Comprehensive Outpatient Rehabilitation Program (CORP) offers a strong interdisciplinary team approach. Individuals aged 16 and older with TBI, stroke or other neurological conditions/disorders are eligible for the program. Treatment is personalized according to the specific needs and goals of the person. Thus, a given patient may receive services from one or many disciplines depending on that patient's needs. Treatment is usually individual, but includes group treatments (e.g., cognitive-communication group) when a group treatment is indicated. Team members meet to review participants' programs regularly. Family members often attend sessions and participate in patient and family conferences.

A unique aspect of the CORP program is our therapeutic recreation program which includes transportation needs assessments, community safety evaluation and training, an aquatics program, leisure skills training and other activities to facilitate community integration based on individual needs.

Veteran's Affairs Puget Sound Health Care System: Polytrauma Unit



The Seattle Polytrauma Network Site in the Veteran's Affairs Puget Sound Health Care System (VAPSHCS) is one of twenty-one facilities in the country designed to provide long-term, comprehensive and inter-disciplinary rehabilitative care to veterans and service members who have experienced severe injuries to more than one physical region or organ system, including TBI. Other examples of Polytrauma include hearing loss, amputations, fractures, burns and visual impairments. Teams of professionals from every relevant field plan and administer individualized rehabilitation plans to help each patient recover as much as possible. Dr. Jay Uomoto is the Program Director and Dr. Lisa McPeak is the Medical Director .

TBI EDUCATION IN THE UW REHABILITATION MEDICINE DEGREE PROGRAMS

Every student in each of the Department of Rehabilitation Medicine's degree programs—Occupational Therapy (OT), Physical Therapy (PT), and Prosthetics and Orthotics (P&O)—learns about the causes and typical recovery patterns of Traumatic Brain Injury (TBI) in children and adults in the Medical Sciences courses and about underlying neuroanatomical and physiological structures and mechanisms in the Neuroscience and Physiology courses. From this foundation, our students are able to layer and integrate new knowledge about TBI with clinical and therapeutic approaches as it relates to their discipline.

Occupational Therapy: The OT program covers remediation and compensatory approaches to assist people dealing with challenges in everyday activities resulting from TBI. In a series of practice courses, the students learn to evaluate and treat sensory, perceptual, cognitive, and motor impairments as well as emotional and behavioral changes. Students address prevention of secondary complications, safe and effective functioning, and restoration of skills and capacities in the home and community. Effective use of accommodations, assistive technology, and adaptive methods are also learned. Using client/family-centered problem solving, students apply this information to adults and children using video and case study presentations. Courses on activity analysis, sensory processing, behavior management, and school-based practice, along with field-work experiences, further prepare OT students to work with clients after TBI.

Physical Therapy: The PT program covers the evaluation and treatment of adults with TBI in "Applied Neurology" where students develop knowledge, skills, and behaviors for successful, evidence-based PT management of individuals with neurologic pathology. The students also learn to work with people who have communication disorders, behavior impairments, and cognitive impairments resulting from neurologic pathology. The course "Pediatric Physical Therapy" covers the unique aspects of examination, evaluation, clinical problem prioritization, developing and implementing a plan of care, coordination of care, and outcome assessment as it relates to youths after TBI. The students learn from the youths and their families through a variety of methods including a youth/parent panel and videos of rehabilitation post TBI.

Prosthetics and Orthotics: In order to address the clinical application and development of orthotic intervention plans for individuals with TBI, the students in the P&O program focus on issues relating to motor control and gait analysis. The students gain exposure to treatment options and plans through their clinical rotations in the community with their experienced preceptors. Recognizing the need to broaden their coverage of TBI, the P&O program continues to improve and expand their curriculum in this area.

UWMC SEATTLE MARATHON 2007: A FEW WORDS WITH DR. MARK HARRAST

Rehab Medicine Faculty Member, Mark Harrast, MD, is Medical Co-Director of the UWMC Seattle Marathon. Dr. Harrast, an accomplished runner and triathlete, has been involved with volunteer medical care at marathons and triathlons since 1992.

What motivated you to take on the role as Medical Co-Director for the Seattle Marathon?

Really 3 reasons: (1) It's always gratifying to be able to blend your professional life with your personal life. I've been a runner since the age of 11 and a physician since 26, so being able to blend the two in this setting has been a dream of mine; (2) "Marathon medicine" is becoming a "subspecialty" of sports medicine and the clinical, research, and educational aspects of this growing field are becoming well grounded in the scientific and medical literature as well as in other cities around the world, and thus, I felt this is a great opportunity to get our university (and in particular, our department) involved in this blossoming field; (3) Making certain that the runners who race in this event are well cared for on race day, as well as knowledgeable about the various medical and musculoskeletal issues that may arise in training for and racing in a marathon...with a goal of promoting running as a healthy activity and preventing ailments that may hamper one's ability to continue in the sport.



Residents Noh, Chen, & Singh with Dr Harrast in the Medical Tent

Who else from the Rehab Department was part of this year's Medical Team?

The entire medical team, including myself and fellow Co-Director, Jon Drezner, MD (Family Medicine), is made up of approximately 30 volunteers. Marla Kaufman, MD is the other Rehab Faculty Member involved. Our Spine and Sports fellow, Kirk Danielson, MD, volunteered as well as seven of our Physical Medicine and Rehabilitation (PM&R) residents: Maureen Noh, DJ Kennedy, Virtaj Singh, Troy Henning, Steve Chan, Allen Chen, and Ileana Howard. A number of physical therapists from the Sports Medicine Clinic and the Exercise Training Center were also a part of our medical team, as were Family Medicine residents and staff. We hope to grow in the future and have even more volunteers, particularly from the Department of Rehabilitation Medicine.

How many runners were treated at the race and what were the most common injuries?

Full tallies are not yet complete, but we treated about 130 athletes. The majority were fatigue, hypothermia, dehydration, cramps, and blisters. However, marathons do have severe medical conditions that arise and this year demonstrated that. A 37 year old male runner collapsed 30 yards prior to the finish line with a cardiac arrest. Due to our quick response, the man was resuscitated by the time Medic One arrived. He was stabilized and transported to HMC. It has a happy ending as he recovered well and was discharged home within a week to his wife and two children.

Planning for the '08 medical team is already in the works. For more information on the event, please visit: www.seattlemarathon.org

DR. BRIAN KRABAK CONTINUES 'EXTREME' RESEARCH IN ANTARCTICA



As Medical Director of the 4 Deserts Races (China, Chile, Egypt and Antarctica), a unique, world-wide endurance race series, Dr. Brian Krabak, UW Rehab Medicine Faculty Member, recently traveled to Antarctica to cover the "The Last Desert," a six-day, 250-kilometer (155 mile) footrace held in five locations on the Antarctic Peninsula. Krabak, a previous adventure racer and Spine and Sports Medicine Physician, was also there to continue his research on these seasoned competitors, who test their bodies not only with extreme distances, but with extreme conditions as well.

In order to qualify for the "The Last Desert," the participants must successfully complete the three other legs. This year, a total of 14 individuals made the voyage to Antarctica.

Krabak has been collecting information on the epidemiologic and physiologic impact of long distance running on these competitors for the past two years. "At this race, I was testing biochemical changes in several of the racers pre and post race. Several of the racers had some changes that correlated with their performance. My goal is to collect more data at future races."

Krabak, who has been involved with the 4 Deserts Races since 2004, plans to attend 1-2 races per year in order to accomplish his goal. "Hopefully, I'll be able to bring a UW resident or fellow along for this unique sports medicine experience."

Coverage of "The Last Desert 2007" is scheduled to air on NBC on January 27, 2008. Check your local listings.

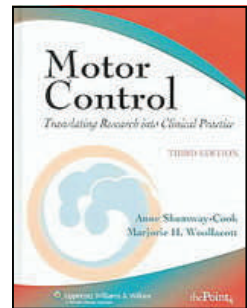
FACULTY AWARDS AND HONORS

ANNE SHUMWAY-COOK, PT, PhD, FAPTA RETIRES AFTER 10 YEARS WITH THE DEPARTMENT



After over 10 years in the Department of Rehabilitation Medicine, **Dr. Anne Shumway-Cook** retired in December, 2007. Dr. Shumway-Cook's work in the Department of Rehabilitation Medicine has been notable for her commitment and significant contributions to patient care, education, and research. Dr. Shumway-Cook received a Bachelor's degree in Physical Therapy from Indiana University, and then continued her education with a Master's degree in Special Education and a PhD in Human Physiology from the University of Oregon. Her 37-year career in physical therapy has earned wide recognition for her ability to ask salient questions about practice and pursue the answers in clinically meaningful ways.

Dr. Shumway-Cook's scholarship and research have focused on mechanisms underlying balance and mobility problems in geriatric and neurological populations, and clinical methods for assessing and treating imbalance. Her work in these areas has influenced physical therapy for patients with cerebral palsy, Down syndrome, Parkinson disease, vestibular disorders, and elders at risk for falls. She has received funding from the Foundation for Physical Therapy, the United Cerebral Palsy Foundation, and several institutes within the National Institutes of Health. Dr. Shumway-Cook has authored numerous peer-reviewed publications, including research published in the Archives of Physical Medicine and Rehabilitation and the Physical Therapy Journal. She has written many book chapters and recently published the 3rd edition of a major textbook, *Motor Control: Theory and Practical Applications* (co-authored with Dr. Marjorie Woollacott). This text is considered instrumental in providing an accessible link among science, research, and practice.



Dr. Shumway-Cook has had a great impact as an educator and is known as a gifted teacher. She has held full-time physical therapy faculty positions for 30 years and has mentored hundreds of physical therapy students as well as served on committees for many graduate projects and dissertations. She is known for filling a room to capacity whenever she is asked to speak or teach, engaging clinicians by intertwining patient care and evidence as she makes clear connections between science and practice.

[Shumway-Cook] is known for filling a room to capacity whenever she is asked to speak or teach, engaging clinicians by intertwining patient care and evidence as she makes clear connections between science and practice.



Dr. Shumway-Cook at her retirement party with sister Chris, husband Carl, & Dr. Woollacott

Dr. Shumway-Cook has been recognized with various awards, including APTA's Outstanding Dissertation Award, Chattanooga Research Award, and Helen J. Hislop Award for Outstanding Contributions to Professional Literature. She also has received the Section on Pediatrics' Outstanding Researcher Award, and the Geriatrics' and Neurology Sections' Excellence in Research Awards. The American Academy of Physical Medicine and Rehabilitation honored her with the Presidential Citation Award, and the Journal of Neurologic Physical Therapy presented her with the Golden Synapse Award for Outstanding Paper. Dr. Shumway-Cook became a Catherine Worthingham Fellow in 2006, an honor given "to recognize those persons whose work has resulted in lasting and significant advances in the science, education, and practice of the profession of physical therapy."

While Anne's full-time presence in the Department will be greatly missed, we are grateful that she will continue her work as Professor Emeritus. We wish Anne and her husband Carl, many happy hours of camping and hiking, traveling, and time with their family, including their new granddaughter. Congratulations, Anne!

A research fund has been established in Dr. Shumway-Cook's name. For more information please contact Laura Robinson, PT Program Manager and Advisor, at 206-598-5370 or gleep@u.washington.edu.



UNIVERSITY OF WASHINGTON
DEPARTMENT OF REHABILITATION
MEDICINE

1959 NE Pacific Street
Box 356490
Seattle, WA 98195

Phone: 206-543-3600
Fax: 206-685-3244
E-mail: rehab@u.washington.edu

MAXIMIZING POTENTIAL ACROSS THE
LIFESPAN.

We are sending this electronic newsletter via a U of W Mailman List. Please let us know if there are others who might be interested in receiving the newsletter or if you would like to have your name removed from the list.

If you have feedback on this edition of the newsletter or an item that you think should be included in a future newsletter, please send an email to Randi Blaisdell: blaisr@u.washington.edu

For those of you interested in seeing past issues of our newsletters:

VISIT US ON THE WEB!
[HTTP://DEPTS.WASHINGTON.EDU/REHAB/](http://depts.washington.edu/rehab/)

Faculty Awards and Honors Continued



Dr. Nancy Worsham was recently named University of Washington (UW) Rehabilitation Medicine Alumna of the Year for her many contributions to the Department. Dr. Worsham, a part time Clinical Associate Professor, completed her residency here at the UW in Physical Medicine & Rehabilitation (PM&R) in 1973, and became a member of our clinical faculty in 1984. Dr. Worsham continues to demonstrate her dedication to the UW Department of Rehabilitation Medicine not only as an attending on our University of Washington Medical Center (UWMC) inpatient unit, but as a volunteer as well, on a weekly basis, in our Harborview Medical Center (HMC) Traumatic Brain Injury Clinic.

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Myron Goldberg, PhD, ABPP-CN, Clinical Associate Professor, Division of Rehabilitation Psychology, recently obtained Board certification in Clinical Neuropsychology (CN) from the American Board of Professional Psychology (ABPP). This distinction marks a significant accomplishment as very few people in the state of Washington have attained such a certification. Congratulations to Dr. Goldberg.



WELCOME NEW FACULTY



We are very pleased to welcome **Sally Westcott-McCoy, PT, PhD**, to the Division of Physical Therapy faculty as an Associate Professor. Sally brings a wealth of expertise in neuroscience and pediatrics. She served on the faculty and as director of research in the Department of Physical Therapy at Hahnemann/Allegheny University 1993-99, and most recently in a similar position at the University of Puget Sound. Sally graduated from our initial Master of Physical Therapy program in 1979. Welcome home Sally!

AAPM&R REVIEW COURSE

Save the date: April 14 - 20, 2008. The American Academy of Physical Medicine and Rehabilitation Review (AAPM&R) Course at the University of Washington presents an expert faculty providing a thorough review for the American Board of Physical Medicine and Rehabilitation (ABPM&R) certification or re-certification exams. The curriculum focuses on methodology, with a comprehensive Electromyography (EMG) review and Mock Oral Examinations. Attendance to the Musculoskeletal Mini-Course, "The Hip and Pelvis in Function and Dysfunction: Biomechanical and Clinical Aspects of Hip and Pelvic Pain," is included.

For information or to register, please click forward to the University of Washington Continuing Medical Education website: <http://depts.washington.edu/cme/home/>.