Letter from the Chairman

by Steven R. Flanagan, MD
Chairman of Rehabilitation Medicine and Medical Director of the Rusk Institute

A new year and a new decade have arrived; along with them come uncertainties regarding the future of health care. While all fields of medicine must address what will certainly be a move to evidence-based approaches to patient care guided by the results of well-designed scientific inquiry, no other field appears more vulnerable to this than Physical Medicine and Rehabilitation. Several reasons account for this, including the relative youth of our specialty and the extraordinary research challenges that are unique to PM&R. To that end, the Rusk Institute of Rehabilitation Medicine has ambitiously embarked on a “Research Renaissance”, which is the theme of this edition of The Whole Story. Over the past 2 years, we made decisive moves to bolster our ability to design, implement and conduct research that will favorably impact our reputation and more importantly, improve the lives of people with disabilities.

First, a national search for a new Director of Research was initiated in the summer of 2008, which ignited a move to evidence-based approaches to patient care guided by the results of well-designed scientific inquiry. Second, the Chair of the TBI Model System project to this day. In addition to serving many nationally prominent roles, including but not limited to Vice President of the American Congress of Rehabilitation Medicine and Chair of the 3rd Federal Traumatic Brain Injury Interagency Conference, she has recruited well established researchers to assist her in moving the Department forward. Teresa Ashman, Ph.D. joined the Department of Psychology to serve many nationally prominent roles, including but not limited to Vice President of the American Congress of Rehabilitation Medicine and Chair of the 3rd Federal Traumatic Brain Injury Interagency Conference, she has recruited well established researchers to assist her in moving the Department forward. Teresa Ashman, Ph.D. joined the Department of Psychology.

Clinician Spotlight: Martha Taylor Sarno M.A., MD (hc) CCC-SLP, BC-ANCDS

by Karen Riedel, Ph. D. CCC-SLP and Angela Stolfi, PT, DPT

Just as there are many and varied reasons for patients to choose Rusk when they need rehabilitation, there are many reasons for a health care professional to seek employment at the Rusk Institute. Rusk offers those seeking a career in rehabilitation medicine the opportunity to work side by side with talented seasoned professionals who are leaders within their chosen field. One of the first such people to come to mind for those of us who are familiar with the very talented staff of the Rusk Institute is Dr. Martha Taylor Sarno.

Dr. Sarno was the first Speech-Language Pathologist employed in a comprehensive rehabilitation setting. Working with the “father of rehab medicine” Dr. Howard Rusk, she pioneered the first functional measure of communication, the Functional Communication Profile. A prolific writer and researcher, she authored over 75 articles and chapters on the subject of aphasia, edited several text books and was a founding member of the Academy of Aphasia, which was established as a multidisciplinary group devoted to the academic study of aphasia.

Committed to helping the person with aphasia and his/her family, she founded the National Aphasia Association, and served as its president for over 14 years. In fact, Dr. Sarno recently stepped down from her position as the Director of the Speech-Language Pathology Department, a position she held from 1950 – 2009, in order to focus her efforts on research in the field of aphasia. Known both nationally and internationally for her work, she has been the recipient of numerous awards and honors, including a medical doctorate (honorary causa) from the University of Goteborg, Sweden, the Honors of the Association from the American Speech-Language Hearing Association, the Louis M. DiCarlo Award for Clinical Achievement from the New York State Speech-Language Hearing Association, and most recently an Honors of the Association from the Academy of Neurogenic Communication Disorders and Sciences.

When Dr. Sarno received the 2009 Honors of the Academy of Neurologic Communication Disorders and Sciences in November, Anita Halper, Senior Education Program Director of the Rehabilitation Institute of Chicago stated, “Our Honors recipient is a consummate professional and has given a lifetime of extraordinary, continuous and dedicated leadership to our field. She has been a role model for many of us and has set a standard to which many of us aspire, but few achieve.” We at the Rusk Institute are fortunate, indeed, to have such an extraordinary clinician among us.

NYU-HJD Manager of the Year Gets the Gold

by Dr. Patrick Swift, Ph.D.

What do you get when you cross an Occupational Therapist, a person with a keen mind for research and outcomes, and a clinical administrator at Rusk Institute at 17th Street? In the case of Maria Cristina Tafurt, you get a Manager of the Year! Maria Cristina Tafurt, OTR/L, ABD was recognized by a hospital selection committee among a pool of exemplary candidates for her outstanding leadership, dedication to patients, and commitment to the medical center’s core values.

When asked about the award, Ms. Tafurt said, “I’m happy to have won the recognition, but it’s really about teamwork here, and striving for excellence in everything we do here, from research to patient care.” NYU Hospital for Joint Diseases was recognized by the Committee on Accreditation of Rehabilitation Facilities (CARF) as being within the top 3% of facilities internationally. Ms. Tafurt was responsible for leading the CARF preparation team in anticipation of the site visit.

“Maria Cristina is a leader who has the ability to bring out the best in her staff and fellow employees,” said David Dibner, Senior Vice President for NYUHJD Hospital Operations & the Musculoskeletal Strategic Area. “She exemplifies all of the characteristics of a great manager: Teamwork, Communication, Respect and Excellence.”

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The National Institute on Disability and Rehabilitation Research (NIDRR) has launched a new program to support a training program for post-doctoral fellows in the allied health professions to hone their rehabilitation skills. This is a great opportunity to develop a supportive research infrastructure to build the capacity to:

- Enhance NIDRR’s reputation
- Provide entry into cutting-edge advances in technology
- Satisfy research needs of communities
- Improve clinical care through development of evidence-based guidelines
- Attract and retain clinic and research scientists
- Increase patient access
- Ensure specialty program credentialing

As the Director of Research, I am the primary contact for all projects involving rehabilitation research. These projects include studies of aging, stroke, brain injury, and collaboration or other rehabilitation facilities across the country. Some of the projects that have been developed include studies of those projects that are generated by NIDRR staff, design, feasibility, logistics, grant preparation, development, and management of multiple databases. Teresa Ashman, PhD, has been hired as the Deputy Director of Programs on Dec. 21, 2009, and, at the beginning of April 2010, Pistons, Rusk’s Research Coordinator, will coordinate all research activities and development.

Several new staff members have also been hired to enhance the Research Department. Annika Maia Ginsberg, Research Coordinator, and coordinate all research projects, multi-center studies, and major projects. Teresa Ashman, PhD, has been promoted to Director of Programs on Dec. 21, 2009, and, at the beginning of April 2010, Pistons, Rusk’s Research Coordinator, will coordinate all research activities and development.

4. Increase the visibility of the clinical staffs or moderate stroke risk factors. Dr. Kristine Kingsley is funded through departmental funds are “Barrier of Clinical Trials (OCT), Office of Sponsored Projects Department of Dec. 21, 2009, and, at the beginning of April 2010, Pistons, Rusk’s Research Coordinator, will coordinate all research activities and development.

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Cardiac Rehabilitation and Prevention Center.

A report of research completed with men and women participating in cardiac rehabilitation at the Joan and Joel Smilow Cardiac Rehabilitation and Prevention Center.

Invasive cardiac procedures such as bypass surgery and angioplasty help restore coronary artery blood flow, but they do not provide a cure for coronary artery disease. Until the late 1960’s, Cardiac Rehabilitation (CR) programs offered progressive ambulation and exercise training. Fast forward to 1994, when clinical practice guidelines established by the National Institutes of Health and the Agency for Health Care Policy and Research set new standards for CR programs as secondary prevention programs to include monitored exercise, and assessment and modification of risk factors.

Coronary Artery Disease (CAD) has long been considered a disease of men. However, older women, women of color, women at lower socioeconomic levels, and women with diabetes are the population identified at greatest risk for CAD. Overwhelming evidence shows that CR is effective in improving cardiac function, blood pressure, cholesterol levels, psychosocial function, and in reducing death from cardiac disease for both men and women. But women continue to join in CR less often and in smaller numbers than men. This indicates that, even after a cardiac event, women are unaware of the consequences of CAD and are at greater risk for a second cardiac event.

This investigation explored the relationships among quality of life, monitored exercise, perceived social support and power (control over health), in women vs. men who participated in a monitored outpatient CR program. Studies over time have consistently reported the beneficial effects of exercise. Interestingly, data from this study revealed that men achieved a 22% increase in exercise capacity, while women achieved a 61% increase. The women had greater gains over time. That may be because the women had lower pre-program exercise capacity as compared with the men.

CR encourages healthy lifestyle changes that enhance quality of life. Data analysis revealed that power accounted for 7% of the variance in quality of life for men as compared to 16% of the variance in quality of life for women. One might suppose that the men entered CR with a greater sense of control over their health than women, but the women derived a greater sense of control from the program that the men did. However one interprets these results, the CR experience clearly helped both men and women to create better patterns of healthy living that contribute to quality of life.

Programs for secondary prevention and risk reduction in CAD still do not provide us with the information necessary to understand how gender, culture, and ethnicity contribute to recruitment, participation, and lifestyle change in cardiac rehab. Are there differences between men and women participating in cardiac rehab? The answer is YES. The results of this study provide a glimpse into the perceptions of quality of life, social support and power and contribute to the growing importance of studying women who have had a cardiac event. We are encouraged to further explore patterns and assess interventions that focus on discovering and eliminating health disparities in CR.

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Cardiac Rehab—Is there a difference between men and women? Shirley Ackerman, PhD, CRRN, CDE

As Associate Director for Psychology Research and Annika Ginsberg joined as Research Coordinator. Dr. Ashman’s research interests include brain injury and mood disorders and prior to coming to the Rusk Institute of Rehabilitation Medicine (RIRM), she worked prominently on several prestigious federally funded grants from The National Institute for Disability and Rehabilitation Research and The Center for Disease Control and Prevention. She has an impressive record of dissemination and has presented her work at both national and international scientific meetings. Annika Ginsberg has a wealth of experience coordinating and managing complex projects and has made significant contributions to our research “think tank”. 

Although Dr. Bushnik and her team have been at RIRM for only a few months, they have implemented a series of actions to strengthen the foundation of the renaissance that have already led to the development and in some cases submission of grants. This issue of the Whole Story will detail many of the initiatives Dr. Bushnik has championed. However, quality research is only feasible when there is quality in clinical care. It is primarily for that reason that RIRM is extraordinarily well situated to embark on this quest to enhance our research efforts and improve the lives of people with disabilities. It is only through the collaboration of the best researchers and clinicians that our field will meet the challenges of the future.