



# SCI SIG NEWSLETTER

APTA Neurology Section  
Fall 2010

## MESSAGE FROM THE CHAIR

First, I was remiss in not introducing our new SIG officer in the last newsletter. Our outstanding Vice Chair for the last three years was Therese Johnston, and she left office in June. Our incoming Vice Chair is Sue Ann Sisto (see another section of this newsletter for her bio), and we are excited to have her join our team of officers.

I write this message after having just returned home from the Leadership Meeting for Physical Therapy Educators. Much of the conversation at this meeting was about whether we are successfully educating our physical therapy students to have the attributes needed for excellence in practice in the future. The resounding question was, "What is the desired product?" It became clear that we were not sure what the operational definition of excellence in physical therapy practice was,

and, without this definition, it was not really possible to measure our success or failure to achieve it. Why the confusion? In part this can be explained by the changing environment of healthcare in the United States and the uncertain ramifications of healthcare reform. But the conversation at the leadership meeting was broader than this, sometimes very abstract and sometimes very specific. Discussions were held about what content should really be included in the education of physical therapists. For instance, should pediatric internships be allowed in the general education of a physical therapist, or should this be considered post graduate education due to the limited number of graduates who practice in the area? Is it necessary or beneficial for all students to learn how to work in an interdisciplinary manner? More globally, should we edu-

cate them as the professionals we *want them to be*, or do we educate our students in response to the evolution of practice?

Much of our discussion was a lament of the fact that practice has changed significantly in response to external forces (mostly payers). In particular neurologic rehabilitation was discussed as being drastically different and less effective with less functional outcomes. Although these conversations were not specific to SCI, they have implications. What is excellence in physical therapy practice with the population of SCI? I went back through the messages from the Chairs over the last several years and noted that each incoming Chair had some ideas and concerns about the state of SCI PT practice.

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***Not sure who your representatives and senators are? Check out this non-partisan resource!***

[www.votesmart.org](http://www.votesmart.org)



## Message from the Chair (Continued)

Sarah Morrison was concerned about shortening lengths of stays and increased co-morbidity. Joy Bruce voiced concern about exercise prescription, in particular in regard to obesity management and joint protection, and cited a gap between research findings and clinical practice. I voiced concern about our insufficient functional rehabilitation of clients so that they are not fully participating in life after SCI. I also expressed concern about the loss of the physical therapy skills and knowledge necessary to successfully teach these functional skills to patients.

At least in the minds of your SIG chairs, the current state of the art is not excellence in PT practice. There is a very real possibility that as the educational leaders strive to define what is excellent PT practice and what ‘apprenticeships’ should be a part of the education of a physical therapist the attributes of the SCI PT of the future will change. In past newsletters I have asked for responses from the SIG members with little success. This time we will make it a little easier. We will put together a web based survey and send a link for responses. At this time I just encourage you to think about it—what are the characteristics of excellent PT practice with the SCI population? What attributes should a physical therapist have? What tangible skills and tacit knowledge are essential?



Jennifer Hastings, PT, PhD,  
NCS



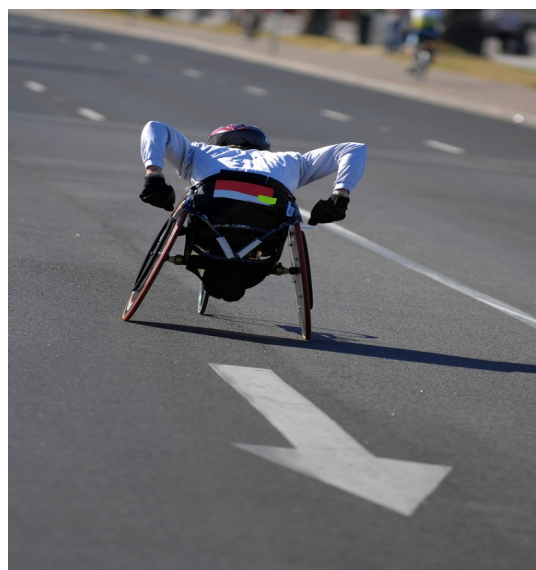
[International Conference on Spinal Cord Injury Medicine and Rehabilitation](#), June 4-8, 2011 Washington, D.C.



[International Neurorehabilitation Symposium](#), June 27-29, 2011, Zurich, Switzerland



[16th International Functional Electrical Stimulation Society Conference](#), September 2011, Sao Paulo, Brazil



### Travel Tips for Persons in Wheelchairs: A Community Service Project Developed with KARRN

It is our goal as students to put forth maximal effort to become successful, well rounded, compassionate physical therapists. In our quest to achieve this goal, it is essential to identify problems and take the initiative to make the necessary changes that will improve an individual's quality of life. Our attention was drawn toward the apparent lack of information to assist persons traveling in a wheelchair. These travelers face a multitude of accessibility challenges and stressors. We identified and investigated available resources that aim to assist people traveling in a wheelchair. Our investigation led to a discovery that the majority of available resources lack organization and do not emphasize common barriers that are the most important to this particular group. While wheelchair accessibility is the top priority for a traveler using a wheelchair, many travel agents and travel reservation sites forget that a person with impairments have additional needs.

In order to provide practical information regarding what is the most critical information to these travelers, we partnered with the Kentucky Appalachian Rural Rehabilitation Network (KARRN). Specifically, we partnered with several individuals with SCI who have extensive experience with traveling. These partners assisted us in determining what hotels need to do to ensure they are optimally accessible, the travel concerns of persons in wheelchairs, and much more. The traveler needs know what questions to ask, how to express their needs and ways to ensure these needs are met prior to arrival. A [handout](#) was developed to assist persons traveling with a wheelchair by composing a practical and informative [handout](#) that can be used as a quick reference of the most common accessibility barriers these travelers encounter and are most concerned about as well as provide a quick reference of common questions they should ask when planning trips.

*Dustin Brown, Jessi Boyd, and Kristen Tepe are DPT students at the University of Kentucky. Bob Patterson, Joe Angle and Alexander Rabchevsky are community partners of the Kentucky Appalachian Rural Rehabilitation Network and have extensive experience with the challenges in traveling in wheelchairs. Dr. Patrick Kitzman at the University of Kentucky Division Of Physical Therapy served as the Faculty mentor on this project.*



Dr. Patrick, Kitzman



News Release

## Geron Initiates Clinical Trial of Human Embryonic Stem Cell-Based Therapy

*First Patient Treated at Shepherd Center in Atlanta*

**MENLO PARK, Calif., October 11, 2010** - Geron Corporation (Nasdaq: GERN) today announced the enrollment of the first patient in the company's clinical trial of human embryonic stem cell (hESC)-derived oligodendrocyte progenitor cells, GRNOPC1. The primary objective of this Phase I study is to assess the safety and tolerability of GRNOPC1 in patients with complete American Spinal Injury Association (ASIA) Impairment Scale grade A thoracic spinal cord injuries. Participants in the study must be newly injured and receive GRNOPC1 within 14 days of the injury.

The patient was enrolled at Shepherd Center, a 132-bed spinal cord and brain injury rehabilitation hospital and clinical research center in Atlanta, GA. Shepherd Center is one of seven potential sites in the United States that may enroll patients in the clinical trial.

"Initiating the GRNOPC1 clinical trial is a milestone for the field of human embryonic stem cell-based therapies," said Thomas B. Okarma, Ph.D., M.D., Geron's president and CEO. "When we started working with hESCs in 1999, many predicted that it would be a number of decades before a cell therapy would be approved for human clinical trials. This accomplishment results from extensive research and development and a succession of inventive steps to enable production of cGMP master cell banks, scalable manufacture of differentiated cell product, and preclinical studies *in vitro* and in animal models of spinal cord injury, leading to concurrence by the FDA to initiate the clinical trial."

"We are pleased to have our patients participating in this exciting research," said Donald Peck Leslie, M.D., medical director, Shepherd Center. "Our medical staff will evaluate the patients' progress as part of this study. We look forward to participating in clinical trials that may help people with spinal cord injury."

David Apple, M.D., Shepherd Center's medical director emeritus and principal investigator of the trial at Shepherd Center, said, "This clinical trial represents another step forward in Shepherd Center's involvement in an attempt to find a cure for paralysis in people with spinal cord injury. Shepherd Center is an ideal place to conduct this study because of our clinical expertise and the volume of patients referred here for rehabilitation care."

In addition to Shepherd Center, Northwestern Medicine in Chicago, IL is also open for patient enrollment. As additional trial sites come online and are ready to enroll patients, they will be listed on the [Patient Information pages](#) of Geron's website and on the NIH clinical trials registry, [ClinicalTrials.gov](http://ClinicalTrials.gov).



**TECHNOLOGY**

**eLegs** and **ReWalk** systems  
Make Their Debuts...



**2011 Neurology Section Slate**

**Call for Nominations**

The following positions will be elected in 2011:

Neurology Section Executive Committee:

Secretary

Director of Communications

Nominating Committee (1)

Special Interests Groups:

Degenerative Diseases:

Chair

Nominating Committee (1)

**Spinal Cord Injury:**

**Chair**

**Secretary**

**Nominating Committee (1)**

Stroke:

Chair

Nominating Committee (1)

Traumatic Brain Injury:

Chair

Nominating Committee (1)

Vestibular:

Chair

Nominating Committee (1)

Balance and Falls:

Chair

Nominating Committee (1)



**ACRM Progress in Rehabilitation Research**

October 11–15, 2011 | Hyatt Regency, Atlanta



**BioSketch for SCI SIG Vice Chair**

**Sue Ann Sisto, PT, MA, Ph.D.:** [Sue.sisto@stonybrook.edu](mailto:Sue.sisto@stonybrook.edu), 631-444-6014, Stony Brook University, Research and Development Park, 1500 Stonybrook Road, Rehabilitation Research and Movement Performance (RRAMP) Lab, Stony Brook, NY 11794-6018

**Employment:** Sue Ann has been a PT for over 30 years. The 1<sup>st</sup> 12 years in full time practice in IP and OP rehab specializing in SCI at Kessler in NJ, the next 5 years doing doctoral research at NYU and clinical practice at Kessler, the next 10 years starting and growing a movement analysis lab at Kessler and the last 2 years at Stony Brook University designing and starting a new movement analysis lab. She is also the Co-Director of the NeuroRecovery Network funded by the Christopher and Dana Reeve Foundation and the CDC.



**Professional Contributions, for example speaking, teaching, publications :** **Speaking:** Sue Ann has numerous speaking opportunities including: Early Career Keynote, CSM, 2010, Distinguished lecturer, Spaulding Rehabilitation Hospital, February, 2006, The Use of Virtual Reality and Wii™ Technology in Rehabilitation, NYPTA Downstate Regional Student Conclave Columbia University, 2008. **Teaching:** EMG, Electrotherapy, Orthotics, UMDNJ, 2-1980-7; Neuroscience at Columbia U (2001-4), Spinal Cord Injury NeuroRehab Course, Stony Brook University, 2007-present. **Publications:** Sue Ann has had a very productive career in which she has published 97 abstracts, 53 peer reviewed publications, 1 book, and 4 book chapters in PT, rehab and engineering journals.

**Professional Awards:** Empire Innovation Program Distinguished Faculty Award, Stony Brook University, 2007; Best Mentor Award, UMDNJ, Newark NJ, 2007.

**Previous Involvement in the APTA, Neurology Section or State Chapter:** Sue Ann has been a member since 1977, Member of the NJAPTA, Research section since 1991-2007 and now a member of the NYAPTA, have been a member of the following sections, electrophysiology, research, neurology, education, VA, orthopedics, sports PT, private practice and cardio-pulmonary over by 33 years. Sue Ann also helped develop the PT research agenda in 2000.

**EMPLOYMENT OPPORTUNITY**  
**DIRECTOR OF RESEARCH & EDUCATION**

The Paralyzed Veterans of America (PVA) is seeking a Director for its Research, Education, & Clinical Practice Guidelines (CPG) program. The incumbent would have overall responsibility for the program including the Spinal Cord Research Foundation (SCRF), the Education and Training Foundation (ETF), and the Consortium for Spinal Cord Medicine's guideline. Bachelor's degree in a related field is required, master's degree preferred. Must have five + years experience in the medical or healthcare field and familiarity with scientific disciplines that form the basis for spinal cord injury research. The incumbent must have prior experience in aspects of science and/or grants administration. Ideal candidate will have excellent judgment, interpersonal, organizational and communication skills and prior supervisory experience are also required.

PVA is a Washington, DC based non-profit veterans' service organization dedicated to serving individuals with spinal cord injury/disease (SCI/D). We offer a competitive salary and benefit package. Qualified candidates should send a resume with salary requirements to: [careers@pva.org](mailto:careers@pva.org) or FAX: (202) 416-7633. EOE.

**EMPLOYMENT OPPORTUNITY**  
**COORDINATOR OF VOLUNTEER CONSORTIUM**

The Paralyzed Veterans of America (PVA) is looking for a dynamic professional to coordinate and manage a volunteer consortium which consists of 22 health care practitioners and consumer organizations. A master's degree in science, applied clinical, or research field and a minimum of 5 years experience in basic science, applied clinical or health services research fields is required. The candidate must have excellent oral/written skills. Experience in spinal cord injury medicine and scientific/medical publications preferred.

PVA is a Washington, DC based non-profit veterans' service organization dedicated to serving individuals with spinal cord injury/disease (SCI/D). We offer a competitive salary and benefit package. Qualified candidates should send a resume with salary requirements to: [careers@pva.org](mailto:careers@pva.org) or FAX: (202) 416-7633. EOE.

## Clinician and Consumer Guides

### *Preservation of Upper Limb Function Following Spinal Cord Injury*

People with spinal cord injuries and their caregivers have a resource to help with improving the quality of their lives:

[Preservation of Upper Limb Function Following Spinal Cord Injury: A Clinical Practice Guideline for Health-Care Professionals](#)

It is from the Consortium for Spinal Cord Medicine. See the next page for additional Consortium guidelines that are available free-of-charge. Click on each Guideline for a link to the ordering page.

