



RURAL SPINAL CORD INJURY REHABILITATION CONFERENCE

*For those living with,
treating & researching
spinal cord injuries.*

Wednesday September 30, 2009

The Center for Rural Development in Somerset, KY

CONFERENCE SCHEDULE

8:00–9:00 Registration

8:30–9:00 Opening Remarks

9:00–11:00 Community Integration and Quality of Life Following SCI

Key Note Speaker: Dr. Gale Whiteneck

Craig Rehabilitation Hospital, CO

Barbara Pugh

Carl D. Perkins Vocational Rehabilitation Center

John Hancock

UK Agriculture Extension Programs – AgrAbility

11:00–11:15 Break

11:15–12:20 Importance of Exercise and Nutrition following SCI

Key Note Speaker: Dr. David Gater Jr.

Richmond VAMC & Virginia Commonwealth University

12:30–1:30 Lunch

1:00–2:00 Long-term Healthcare Issues for Individuals with SCI

Key Note Speaker: Dr. James Krause

University of South Carolina

2:00–2:15 Break

2:00–3:15 Prevention and Treatment of Secondary Complications

Key Note Speaker: Dr. Sara Salles

University of Kentucky

3:15–3:30 Break

3:30–4:30 Developing a Peer-mentor support system

Key Note Speaker: Ms. Inger Ljungberg

National Rehabilitation Hospital

Mr. Jason Jones

Kentucky Office of Vocational Rehabilitation

SCIENTIFIC PROGRAM TOPICS AND OBJECTIVES

I. Community integration and quality of life (QoL) following spinal cord injury.

1. Discuss supports and barriers to successful community integration that can lead to improved QoL for individuals with spinal cord injury.
2. Educate healthcare providers and future healthcare providers about how to measure QoL and community integration in order to provide effective long-term treatment plans.
3. Describe commonly used assessment tools for assessing QoL and community integration of their clients in rural communities.
4. Discuss available resources in the rural communities to help with community integration.

II. Long-term care issues and prevention of secondary complications.

1. Discuss the long-term healthcare issues for someone with SCI.
2. Educate persons with SCI about the evidence-based standards for prevention for three of the most common secondary complications that occur following SCI.
3. Educate healthcare providers and future healthcare providers about the evidence-based standards for treatment of three of the most common secondary complications that occur following SCI.

III. The importance of exercise and nutrition for long-term health and prevention of secondary complication.

1. Educate healthcare providers, future healthcare providers, and persons with SCI about the importance of exercise and nutrition in preventing secondary complications.
2. Describe the current evidence-based research addressing exercise and level of injury.

IV. Development of a Peer-mentoring and support system for individuals with SCI living in rural communities.

1. Educate healthcare providers, future healthcare providers and persons with SCI on the role of peer-mentoring in promoting health, community integration and improving QoL.
2. Discuss strategies for establishing a peer-mentoring systems.

ABOUT THE KEY NOTE SPEAKERS

Gale Whiteneck, PhD,
FACRM – Research Director

Dr. Whiteneck has directed the Craig Hospital Research program since October 1982 and has conducted research focusing on the full range of life-time outcomes following disability. He has advocated for full participation in society and quality of life as the primary outcomes appropriate for disability and rehabilitation research. He contributed to the World Health Organizations revised model of disability – the International Classification of Functioning, Disability, and Health (ICF) – and he continues to suggest conceptual improvements in the ICF. Dr. Whiteneck and his research team have developed two widely used tools to assess participation in society by people with disability – the Craig Handicap Assessment and Reporting Technique (CHART) – and to assess environmental barriers that restrict full participation – the Craig Hospital Inventory of Environmental Factors. In addition to overall responsibility for research projects, Dr. Whiteneck is the Principal Investigator of the NIDRR-funded SCI Collaborative study “Measuring Rehabilitation Outcomes”.

James S. Krause, Ph.D.

Dr. Krause holds the rank of Professor and serves as the Associate Dean for Clinical Research in the College of Health Professions at the Medical University of South Carolina (MUSC). In addition to serving as Director of the Program for Movement, Exercise, and Rehabilitation Research (PMERR), he serves as Scientific Director of the South Carolina Spinal Cord Injury Research Fund which provides funding for basic, applied, and interdisciplinary studies of spinal cord injury (SCI). Dr. Krause also serves as Director of the newly established /State of South Carolina / Center for Interdisciplinary Spinal Cord Injury Research (CISCIR). He has served as principal investigator on 11 federal research grants of long-term outcomes and SCI. These include an ongoing 30-year longitudinal study of SCI, two longitudinal studies of vocational interests, two studies of secondary conditions, and 4 studies of mortality. Dr. Krause worked as a visiting scientist at the National Center for Injury Prevention and Control (NCIPC) within the CDC, monitoring surveillance of TBI and SCI among population-based state health agencies. He previously held a VA scientist appointment and serves a consultant on the Georgia Model SCI Systems Center.

David R. Gater, Jr., M.D., Ph.D.

Dr. Gater obtained a B.S. in General Biology, M.S. in Exercise and Sports Sciences, Ph.D. in Physiology, and M.D. from the University of Arizona in Tucson, Arizona. He completed an internship in Internal Medicine at the University of Arizona and Affiliated Hospitals, and residency program in Physical Medicine and Rehabilitation at the UC Davis Medical Center in Sacramento, California. Dr. Gater is board-certified in Physical Medicine and Rehabilitation, Electrodiagnostic Medicine, and the subspecialty of Spinal Cord Injury Medicine. He has won several teaching awards, and is a passionate lecturer. His research emphasis is on the effects of aerobic and resistance exercise training on glucose and lipid metabolism, obesity/body composition, cardiovascular fitness, neuroplasticity and functional outcomes in Spinal Cord Injury. Dr. Gater Jr. currently serves as the Chief, Spinal Cord Injury & Disorders, Department of Veterans Affairs and Professor, Physical Medicine & Rehabilitation, Virginia Commonwealth University.

CONTINUING EDUCATION CREDIT

Sara Salles D.O.

Dr. Salles obtained a B.A. in General Biology with a Minor in French from St. Louis University in St. Louis, Missouri. She completed her medical school training at the University of Health Science, College of Osteopathic Medicine, now renamed (KCUMB) in Kansas City, Missouri. She completed a traditional rotating internship at The Medical Center in Columbus, Georgia followed by her residency training in Physical Medicine and Rehabilitation at the University of Kentucky in Lexington, Ky. Dr. Salles is board certified in Physical Medicine and Rehabilitation with subspecialty board certification in Spinal Cord Injury Medicine. Dr. Salles is currently an Associate Professor in the Department of Physical Medicine and Rehabilitation at the University of Kentucky in Lexington, Kentucky. In addition to her clinical duties Dr. Salles remains involved in medical student and resident teaching. Since 2006, she has served as the Medical Director of the Spinal Cord Injury Unit at Cardinal Hill Rehabilitation Hospital in Lexington, Ky.

Inger Ljungberg, BS.

Ms. Ljungberg trained in Management Information Systems and Decision Science at George Mason University where she received her BS degree in 2003. Since 2003, she has been employed at NRH as a database developer. She developed and maintains the NRH SCI and Pediatric clinical databases. These databases track patient progress and serve as both clinical and research tools. Ms. Ljungberg co-facilitates the monthly SCI support group at NRH. She serves as project coordinator for the RRTC's R4 and T1. Her responsibilities include subject recruitment and data collection.

This conference will fulfill continuing education credits (CEUs) for the following:

- Physical Therapy
7.0 hours
- Occupational Therapy
6.0 hours
- Nursing
7.0 hours
- Nurse Practitioner
7.0 hours
- Physician Assistants
7.0 hours
- Physicians
7.0 hours
- Social Work
7.0 hours

While the conference itself is offered free of charge, anyone requesting to receive CEUs will be charged an administration fee of \$30, payable to the University of Kentucky.

To register, please complete and mail the form on the other side of this card.

REGISTRATION

You can register for this free, invitation-only conference by mailing in this form.

Name _____

Org. _____

Address _____

City _____

Street _____

ZIP _____

Phone _____

Email _____

I am interested in receiving Continuing Education Credits for attending this conference.

- Physical Therapy Physician Assistant
 Occupational Therapy Physician
 Nursing Social Work
 Nurse Practitioner

Please mail this registration form to the following address by **Sept. 4, 2009**.

Please include check for \$30 written to the University of Kentucky if you want to receive CEU's.

Patrick Kitzman, PT, Ph.D.
Room 210D Wethington Building
900 South Limestone Street
Lexington, Kentucky 40536-0200
(859) 218-0580

The Rural Spinal Cord Injury Rehabilitation conference is unique in that it is designed for persons with spinal cord injury and their caregivers, healthcare providers who serve them, future healthcare providers, community partners, educators and researchers to come together to discuss current topics that directly impact persons with SCI.

To that end, the overall objectives of this first rural spinal cord injury rehabilitation conference are to:

- Provide healthcare decision makers, including patients, clinicians, and policymakers, up to date, evidence-based research about prevention and treatment options to deliver high-quality health care and to work with their patients as partners
- Establishment of clinical-community relationships that are essential for the future development and dissemination of innovative and effective clinical outcomes for improving the long-term healthcare of the patients in rural communities.
- Providing the current evidence from research that will help patients and their families to become better informed healthcare consumers and allow them to become more active partners in their own care.

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