In August, the doors opened on the new MedStar Health Spine Center in Chevy Chase, Maryland—the area’s first and only multidisciplinary center for people suffering back and neck pain. The center’s staff of MedStar NRH Rehabilitation Network physiatrists and physical therapists, and neurosurgeons and orthopedic spine surgeons from MedStar Georgetown University Hospital work collaboratively to provide comprehensive evaluation and treatment for spinal problems—from common back pain to complex congenital deformities.

A team of highly skilled and experienced spine experts have been gathered together in a single location to give patients convenient access to an array of services and a diverse team of medical specialists.

Streamlined Care

“We’ve developed a streamlined process that speeds delivery of comprehensive surgical and nonsurgical spine care,” says Bobby Kalantar, MD, associate professor of spinal surgery and co-director of the Medstar Spine Center. He and MedStar Georgetown Neurospine Surgeon and Co-Director Faheem Sandhu, MD, PhD, have developed the care model for the center, which emphasizes collaboration between sub-speciality surgeons, rehabilitation physicians and physical therapists on site and matching...
Patients to the correct specialist from the very start. “We’ve developed a triage system using trained individuals who respond to phone inquiries by patients and referring physicians,” Edwin Numsuwann MD, MedStar NRH interventional spine expert and on-site physiatrist. “An algorithm of questions helps to ensure that a patient’s first visit is with the most appropriate physician.”

The center’s team represents the full spectrum of specialized expertise – everything from complex spinal tumors and common disc issues to pediatric spine disorders.

“The central scheduling system, the fact that our offices are next to one another, and a consult can occur by walking down the hall, just makes sense for patients,” says Dr. Kalantar. “We’re eliminating all the time that can be wasted as patients struggle to make appointments and travel from one specialist to the next,” he adds.

Collaborative Partnership

“Most of us have been working collaboratively together for a number of years,” says Dr. Kalantar. “Now we’re consolidating that partnership for more effective patient outcomes. In addition to providing easy access to a variety of medical and surgical specialists, the center also provides imaging services and state-of-the-art interventional spine injections all in the same location.

“Patients for whom physical therapy is the best treatment option—and those who require therapy after surgery—can receive their PT evaluation at the center, and their follow-up sessions at any one of the 50 MedStar NRH outpatient locations,” explains John Brickley, vice president for ambulatory operations & network development for MedStar NRH. “And no matter which center they utilize, their spine physician will continue to follow their care.”

“It’s all about finding the right solution for each individual patient,” says Dr. Kalantar. “And we share the belief that the best option is the least invasive.”

“Treatment is evidence-based and focused on improving patients’ quality of life,” Dr. Numsuwann adds. “Spinal pain is one of the most common reasons for a visit to the doctor—second only to the common cold. We think the system we have developed helps to cut down on unnecessary doctor’s visits and will ultimately improve patient outcomes.”

In addition, psychology services will also be provided. Philip Appel, PhD, director of psychology and neuropsychology services for MedStar NRH Rehabilitation Network, says the center will be using an integrative philosophy of care. “We focus on patients’ medical conditions, and help them live fully despite pain and disability,” he says.

Research Data Collection

The center’s medical team will also be conducting research to help clarify the most effective treatment regimens. “We’re making a real investment in data collection to look at the big picture,” explains Dr. Numsuwann.

“We’re responding to a growing health need in an innovative way, and understand that spinal pain is often misdiagnosed and mistreated,” Brickley adds. “This model center creates a hub for spine services to help prevent costly, inappropriate care and give patients what they need most, when they need it.”
Up Close with
Elissa Newport, PhD, 2015 Franklin Medalist

Elissa Newport, PhD, professor of neurology and co-director of the Georgetown University/MedStar NRH Center for Brain Plasticity and Recovery, was named the 2015 Benjamin Franklin Medalist in Computer and Cognitive Science. The prestigious annual award by The Franklin Institute honors Dr. Newport’s “illustrious contributions to understanding the nature of human language.” MedStar NRH Today sat down with Dr. Newport to talk about the award and her work.

Q: The award recognizes your decades of work in understanding how humans develop language skills. How did this research lead you to the Center for Brain Plasticity and Recovery?

A: I am a basic scientist and spent many years studying human language, including how children acquire spoken and signed languages. This research helped us understand that children are better learners than adults of many fundamental abilities, such as motor skills and language fluency. Part of this research included teaching both adults and children to speak miniature languages we created. The children far exceeded adults in their abilities, even in learning these small languages in the lab.

Q: Do we know why they are better learners?

A: Research conducted by other scientists has shown that as we age there are changes in the brain on a cellular and molecular level that make learning easier during early development. Children’s brains also recover better from brain injury, such as stroke. Their brains have amazing plasticity—the ability to learn, adapt and change. I wanted to know whether it would be possible to harness this special capacity of children’s brains and reproduce it in adults to improve the recovery of speech and motor skills after stroke.

Q: Is this what jump-started your decision to switch career paths after several decades of “award-winning” work?

A: Yes. I took a sabbatical from the University of Rochester and began observing stroke patients in clinical environments. I came to D.C. and worked with Alexander Dromerick, MD, MedStar NRH vice president of research, going on rounds at MedStar NRH and MedStar Georgetown University Hospital, and observing at Children’s National Health System. I was impressed by the differences between children and adults, and began to work with colleagues to try to better understand this process.

Then I was offered the position as co-director of the Center for Brain Plasticity and Recovery, working with Dr. Dromerick. We wanted to build a research program to learn more about brain plasticity—and about how to harness brain plasticity to improve rehabilitation techniques and boost recovery.

Q: What’s unique about the center?

A: We take a very collaborative approach to research, bringing together a strong group of basic and clinical researchers from MedStar NRH, Georgetown University, and across the country. We have recruited a number of renowned researchers to join the center’s faculty and research staff. And we have developed affiliations with researchers in institutions across the country—from Harvard University to the University of Texas. They are a very diverse group of outstanding scientists in a variety of fields, all relevant to understanding recovery.

More than 30 of us from several area universities meet every Wednesday at MedStar NRH to review our own progress and talk about other research that may have an impact on our work.

Q: Are we making some progress?

A: Absolutely. We know that the most important thing in learning a language, restoring language after injury, or acquiring new motor skills, is developing appropriate connections between neurons in the brain. In the first two years of life, we have a big burst in the formation of these connections. But as we age, the spontaneous development of new networks of neural connections declines.

One of our affiliate researchers, Dr. Takao Hensch at Harvard, has been doing groundbreaking research with mice in his laboratory to better understand this change over age in the formation of signaling networks. He has discovered that, as we move toward adulthood, neurons develop a kind of protective glove that solidifies existing networks but also prevents new connections from being formed. Remarkably, he has bred mice who don’t have this protection as adults, and he also developed a drug intervention that removes this protection.

These adult mice appear to develop new connections quite readily and show much better recovery from brain injuries. It’s very early in the research, but learning how to reinstate the plasticity of the young brain may be one very promising piece of the puzzle. Ultimately, we hope to develop interventions that will boost the formation of these new connections in human stroke patients, and improve their recoveries.

I’m grateful to the Franklin Institute for the recognition of my work. But it’s important beyond the gold medal and the accolades. I hope that it will help us spread the word about what we are doing at the center, and stimulate interest and support of our investigations.
MedStar NRH medical staff, residents and fellows will join their colleagues in Boston in October for the AAMP&R Annual Assembly. MedStar NRH will be well-represented at the meeting—in the exhibit hall with 15 research posters and by participating in educational sessions.

POSTER PRESENTATIONS BY MEDSTAR NRH MEDICAL STAFF AND RESIDENTS

OCTOBER 2, 2015 – (12-1 PM)

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PARTICIPATION BY MEDSTAR NRH MEDICAL STAFF IN EDUCATIONAL PANELS

WEDNESDAY, SEPTEMBER 30, 2015
4:00 pm - 5:30 pm
301: How to Incorporate Social Media in Your Medical Practice
Jose Barreto, MD, Curtis Whitehair, MD

THURSDAY, OCTOBER 1, 2015
7:30 am - 9:00 am | Level: Basic
W104. Basics of Manual Manipulation In Physiatry: Start Here!
Gina Benaquista DeSipio, DO; Arthur De Luigi, DO; Kristin Garlanger, DO; Julie Lanphere, DO; John Lavelle, DO; Amir Mahajer, DO; Shounuck Patel, DO; Jonas Sokolof, DO; Samuel Yoakum, DO (Director)

11:30 am - 1:00 pm | Level: Intermediate
W106. Manual Manipulation and Home Exercises to Compliment Common Injection Procedures
Gina Benaquista DeSipio, DO; Arthur De Luigi, DO; Kristin Garlanger, DO; Julia Iafrate, DO; Julie Lanphere, DO; Amir Mahajer, DO; Shounuck Patel, DO (Director); Jonas Sokolof, DO; Samuel Yoakum, DO

2:00 pm - 3:30 pm | Level: Intermediate
W409. Manual Manipulation in the Inpatient Setting: From the ICU to the Acute Rehab Floor
Gina Benaquista DeSipio, DO; Arthur De Luigi, DO; Kristin Garlanger, DO; Julie Lanphere, DO; John Lavelle, DO; Amir Mahajer, DO; Shounuck Patel, DO; Jonas Sokolof, DO (Director)

4:00 pm - 5:30 pm | Level: Intermediate
Cheri Blauwet, MD (Director); Arthur De Luigi, DO; Suzy Kim, MD; David Popoli, MD; Maria Reese, MD

Level: Intermediate
411. Identification, Evaluation, and Rehabilitation of Breast Cancer Survivors with Post-Mastectomy Syndrome
Katarzyna Ibanez, MD; Michael Stubblefield, MD (Director); Eric Wisotzky, MD
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[MedStar NRH Medical Staff Participants in Educational Program in bold face type.]

**OCTOBER 3, 2015 – (12-1 PM)**

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**Level: Intermediate**
Cheri Blauwet, MD (Director); **Arthur De Luigi, DO**; Suzy Kim, MD; David Popoli, MD; Maria Reese, MD

**FRIDAY, OCTOBER 2, 2015**
7:00 am - 8:30 am
307. How to Incorporate Social Media in Your Medical Practice
Jose Barreto, MD; ***Curtis Whitehair, MD***

10:30 am - 12:00 pm | Level: Basic
Gina Benaquista DeSipio, DO; **Arthur De Luigi, DO**; Kristin Garlanger, DO; Julie Lanphere, DO; Amir Mahajer, DO (Director); Shounuck Patel, DO; Jonas Sokolof, DO; Ronald Tolchin, DO; Samuel Yoakum, DO

**Level: Intermediate**
Vivek Babaria; Gina Benaquista DeSipio, DO (Director); **Arthur De Luigi, DO**; Kristin Garlanger, DO; Julie Lanphere, DO; Amir Mahajer, DO; Shounuck Patel, DO; Samuel Yoakum, DO

1:00 pm - 2:30 pm | Level: Basic
W119. From The Clinic to the Ballpark and Back Again: Preventing Throwing Injuries Before They Happen!
**Arthur De Luigi, DO**; Brian Krabak, MD, MBA, FACSM; Julio Martinez, MD; William Micheo, MD; Evan Peck, MD; Jason Zaremski, MD (Director)
At the June National Health Policy Forum on Capitol Hill, MedStar NRH’s Gerben DeJong, PhD, FACRM, joined other health care and government leaders to take a look at another proposed reform (not authorized by the ACA) that is producing heated debate, namely, “site-neutral payment” for post-acute care.

Under site-neutral payment, services provided to patients with similar conditions and characteristics would be reimbursed the same amount no matter where the service is rendered. The idea has most frequently been discussed for payment of post-acute care. Under proposed policy, services provided by skilled nursing facilities (SNFs) and inpatient rehabilitation facilities (IRFs) would receive the same reimbursement.

In its March report to Congress, the Medicare Payment Advisory Commission (MedPAC) recommended a phased-in elimination of differences in payment rates between IRFs and SNFs for selected conditions, otherwise known as site-neutral payment.

Dr. DeJong, senior fellow for health policy and post-acute care at MedStar NRH, was among the forum’s panelists. He expressed his concerns about site neutral payment—characterizing it as a “kludge”—a temporary, clumsy solution to a complex issue.

“Site neutral payment is seen by some as a step toward the inevitable—bundled payment or fixed payment for an episode of acute and post-acute care,” Dr. DeJong says. “I think we should stop tweaking the old system. When you add enough kludges the result is a complex system that is difficult to understand—and hard to use,” he adds.

“We have over 400 Medicare bundled payment demonstrations and over 400 Medicare ACOs [Accountable Care Organization] underway right now as a result of the Affordable Care Act,” Dr. DeJong adds. “Let’s first learn from them to determine what works and doesn’t, and how these demos are reinventing acute and post-acute care. This is where we need to put our analytic energy.

“Bundled or episodic payment is the ultimate site-neutral payment system and is where post-acute care is destined to go. We need to learn how to make it work so that it optimizes patient outcomes using a level playing field without creating unintended effects that so often accompany payment reform,” Dr. DeJong says.

The debate over site-neutral payment is likely to continue for months with various opinions voiced from many quarters. "But with bundled payment for a given episode of care as our destiny, I strongly believe discussion of this stop-gap measure is an unnecessary distraction.”

**MEDICAL STAFF NEWS**

**Edward Healtong, MD**, former vice president for medical affairs at MedStar NRH, has been appointed as executive dean and vice president of the Georgetown University School of Medicine, replacing Howard Federoff, MD, PhD, who served in the role for the last eight years. Dr. Federoff is taking a position with the University of California-Irvine School of Medicine. Prior to this appointment, Dr. Healtong served as chair of the department of neurology at MedStar Georgetown University Hospital.

**William Garmoe, PhD, ABPP-CN**, coordinator, neuropsychology services and director of the neuropsychology fellowship program at MedStar NRH, has been appointed an associate professor of rehabilitation medicine at Georgetown University.
Research Investigates the Hidden Power of Inner Speech

“On the tip of my tongue” is a much-used phrase—and a familiar experience for many. For most of us, this momentary search for a word is a simple annoyance. For those suffering from aphasia, it’s a frustrating and isolating, everyday reality.

Millions of Americans suffer from aphasia—an acquired impairment of language and communication as a result of stroke or another type of brain injury. While current therapies can be effective, they have limitations. So when MedStar NRH Researcher Peter Turkeltaub, MD, PhD, observed a phenomenon while treating patients, he recognized a potential for progress.

“Many people with aphasia describe experiencing inner speech. While searching for a word, they will say it to themselves. They hear the ‘inner speech’ in their heads, but can’t say it aloud. Some patients experience this all of the time; some feel it only occasionally,” says Dr. Turkeltaub, director of the MedStar NRH Aphasia Clinic.

“When we think of aphasia, we think of people struggling, but failing, to find the right word. But those people with inner speech experience something different. They find the word and go a step further. They hear it spoken in their minds, yet can’t say it aloud,” Dr. Turkeltaub explains.

“The problem may be that the mouth can’t move properly to form the sound. We want to know why some people experience this phenomena—while others do not. Ultimately, we want to understand how this might impact future aphasia therapy.”

NIDCD Grant

Dr. Turkeltaub and his colleagues conducted a preliminary study of a small sample of patients with promising results: Nearly 80 percent of those surveyed experienced the phenomenon. Also, their reports about inner speech were related to the particular part of the brain affected by the stroke, and even predicted which words they would re-learn during speech therapy.

Now Dr. Turkeltaub has been awarded a three-year grant from the National Institute on Deafness and Other Communication Disorders (NIDCD) to explore the concept further.*

“Successful inner speech is hard to verify,” Dr. Turkeltaub says. “It hasn’t been investigated at all in aphasia—except for a study published in 1976 that examined self-reporting of ‘tip-of-the-tongue’ sensations. We hope this new study will build on this and on our own preliminary research,” he adds.

This new investigation has three key objectives:

- Understanding how common the sense of successful inner speech is among people with aphasia and who is most likely to report it;
- Examining the relationship between the sense of successful inner speech and the psychological processes of word-finding; and
- Examining whether brain activity patterns during word-finding reflect the perception of success or failure of inner speech.

Dr. Turkeltaub and his team hope to recruit approximately 50 men and women who have aphasia as a result of a stroke. Participants will first be surveyed about their inner speech experiences and information will be collected about their diagnoses and the location of their strokes.

A subset of participants will also be asked to participate in a series of tests of inner and out loud word recognition, while undergoing functional MRI. Imaging will examine brain activity when patients are calling these words to mind.

New Therapy Approaches

Investigators hope that results will help to clarify if patients who are more likely to experience inner speech share certain characteristics—information that may help to identify a subset of patients for whom a modification in traditional therapy might enhance recovery.

“Aphasia is very difficult for patients and the people around them,” says Dr. Turkeltaub. “We have made progress in therapy in recent years. There are also medications we prescribe that may improve memory and language. At MedStar NRH, we’re looking at the use of transcranial direct current stimulation to increase recovery for people with aphasia. And we are studying other ways to boost brain plasticity, as well.

“Still, this research could provide us with a new way to guide individualized aphasia therapy, and could fundamentally change the way we understand the experience of having aphasia,” Dr. Turkeltaub adds.

* This is the third grant the lab has received from NIDCD on inner speech in the past year.

Two of Dr. Turkeltaub’s graduate students, William Hayward and Mackenzie Famahave, won National Research Service Award training grants from NIDCD to study inner speech in aphasia.
This past summer, MedStar NRH once again received recognition as one of the nation’s top rehabilitation care networks. It’s the 21st consecutive year that we have been among America’s Best Hospitals in U.S. News & World Report’s annual listing. We are proud of this achievement but prouder still of our evolution as a health care institution that the award represents. In its nearly 30-year history, MedStar NRH has always thought ahead of the curve, anticipating the needs of the community we serve and responding to the changing needs of the future.

This issue of New Dimensions demonstrates this mission. You will read about our new Spine Center, the first-of-its-kind in the region. The program brings together a highly skilled team of spine experts to evaluate and treat the growing number of people suffering from back and neck pain. It’s a true collaboration between orthopedic surgeons, neurosurgeons and physiatrists to provide patients with an integrated approach to care.

This same collaborative spirit is the guiding principle behind the Center for Brain Plasticity and Recovery. We feature an interview with Researcher Elissa Newport, PhD, co-director of the center. Her research, along with that of others at the center, integrates basic research and translational research to foster a better understanding of neuroplasticity, ultimately leading to improved clinical interventions.

You can also read about another of the center’s brilliant scientists, Peter Turkeltaub, MD, PhD, whose aphasia research is breaking new ground. Dr. Turkeltaub’s most recent study is the third grant awarded by the National Institute for Deafness and Other Communication Disorders (NIDCD) in the past year. Two of his graduate students also won National Research Service Award training grants from NIDCD.

Fostering an interest in research among rehabilitation clinicians in training has always been an important part of our work. On page 4, you will find a list of a number of our residents who will be presenting research posters at the AAPM&R Annual Assembly in October. We hope you will stop by to see their work, as well as check out our Booth #1116 in the exhibition hall. I also want to invite all of our former students to join us at the Alumni Reception to be held on Saturday, October 3, at 7 p.m. at the Hynes Convention Center in Boston.

Looking forward to seeing old friends—and new faces—in Boston this fall.