GREETINGS FROM THE CHIEF MEDICAL OFFICER

Welcome to MossRehab, where each year we challenge ourselves to provide new levels of exceptional care to the nearly 2,800 people who enter our inpatient facilities and the approximately 25,000 individuals who receive our wide range of outpatient services.

I’m pleased to report that in 2015 we rose to meet our challenge once again. Our distinguished scientists and clinicians worked harder and more collaboratively than ever to raise the standards of care that we deliver in the rehabilitation of patients with traumatic brain injury, spinal cord injury, stroke, amputation, and other conditions.

During this past year, I was particularly thrilled that our clinicians, who are educators and leaders in the use of technology and the provision of clinical care, brought their complementary perspectives to bear on several important, system-wide quality initiatives aimed at improving patient safety and outcomes. We identified potential opportunities for improvement and assessed the evidence base of a variety of safety practices to develop novel approaches and partnerships designed to improve the outcomes of our patients. By focusing on the conditions necessary for best-practice patient care, we are making strides in creating an exemplary new culture of safety and accountability.

Please take a moment to review our 2015 Activity Report, in which you’ll find extraordinary commitment to service, which day in and day out is directed toward a single goal: meeting the unique rehabilitative needs of our patients while delivering value at each point.

I’m eager to listen to your ideas and comments and invite you to reach me through our new website, MossRehab.com, by clicking on the Contact Us button.

MOSSREHAB LEADERSHIP
Alberto Esquenazi, MD
Chief Medical Officer

MossRehab is grateful for the recognition we continue to receive for our pioneering research, innovative rehabilitative technology, and commitments to educational leadership and patient advancement. Our community, our colleagues, and independent third parties let us know again this year that we are continuing to make significant contributions toward advancing the field of physical medicine and rehabilitation.

HERE ARE A FEW OF THE WAYS WE WERE RECOGNIZED IN 2015

WE RANKED AMONG THE BEST HOSPITALS FOR THE 22ND YEAR
In 2015, MossRehab proudly moved to #5 position on the U.S. News & World Report “Best Hospitals” list for rehabilitation. And for the sixth consecutive year, we are the highest-ranking rehabilitation provider in Pennsylvania.

WE WERE A TOP WORKPLACE FOR THE 5TH CONSECUTIVE YEAR
For the fifth consecutive year, Philly.com recognized MossRehab as one of the best workplaces in the Philadelphia region. This special acknowledgment was based on an anonymous survey of employees who responded to questions about organizational facets such as leadership, advancement opportunities, and ethical practices. This year, MossRehab was ranked #5 overall in the large employer category and was the top-ranked healthcare provider.

IN 2015, WE CONTINUED TO HAVE BETTER OUTCOMES THAN THE COMPARISON GROUP

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Source: eRehabData® National Comparison, a service of the American Medical Rehabilitation Providers Association. Calendar Year 2015, Year to Date

2015 HONORS

OUR DOCTORS RANK AMONG THE VERY BEST IN THE NATION AND HERE IN PHILADELPHIA
In 2015, Castle Connolly Medical Ltd. recognized the professional achievements of six MossRehab clinicians by selecting them as “America’s Top Doctors”:

• Alberto Esquenazi, MD
• Nathaniel Mayer, MD
• Leonard Kamen, MD
• Michael Saulino, MD

*This marks the 10th year in a row that Dr. Esquenazi and Dr. Esquenazi received this honor.

Philadelphia magazine named the following four clinicians as “Top Docs” in 2015:

• Alberto Esquenazi, MD
• C.R. Sridhara, MD
• Thomas Watanabe, MD
• Nathaniel Mayer, MD

Nine of the 24 physicians recognized in 2015 as Best Doctors in Physical Medicine and Rehabilitation by Philadelphia Life magazine were from MossRehab. This list was featured in:

• Albert Esquenazi, MD
• Arthur Geroulakos, MD
• Leonard Kamen, MD
• Nathaniel Mayer, MD
• Michael Saulino, MD

• Thomas Watanabe, MD
• Harry Schwartz, MD
• Miriam Segal, MD
• C.R. Sridhara, MD
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OUR 15 CARF ACCREDITATIONS INCLUDE:

- Home and Community Services: Brain Injury Specialty Program (Adults)
- Inpatient Rehabilitation Programs – Hospital: Brain Injury Specialty Program (Adults)
- Inpatient Rehabilitation Programs – Hospital: Brain Injury Specialty Program (Children and Adolescents)
- Inpatient Rehabilitation Programs – Hospital: Spinal Cord System of Care (Adults)
- Inpatient Rehabilitation Programs – Hospital: Spinal Cord System of Care (Children and Adolescents)
- Inpatient Rehabilitation Programs – Hospital: Amputation Specialty Program (Adults)
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- Intensive Care Unit: Brain Injury Specialty Program (Adults)
- Intensive Care Unit: Medical Rehabilitation Programs: Brain Injury Specialty Program (Adults)
- Intensive Care Unit: Medical Rehabilitation Programs: Brain Injury Specialty Program (Children and Adolescents)
- Intensive Care Unit: Medical Rehabilitation Programs: Spinal Cord System of Care (Adults)
- Intensive Care Unit: Medical Rehabilitation Programs: Spinal Cord System of Care (Children and Adolescents)
- Residential Rehabilitation Programs: Brain Injury Specialty Program
- Vocational Services: Brain Injury Specialty Program (Adults)
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- Vocational Services: Brain Injury Specialty Program (Adults)

When it comes to improving our performance, the toughest challenges we face are the ones we impose on ourselves. Yet we understand the value of seeking external validation for having achieved rigorous standards of safety and quality that are recognized internationally. That’s why, since 1969, we solicit the recognition of the Commission on Accreditation of Rehabilitation Facilities (CARF) of our own high standards. We are proud to achieve this gold standard in the field of rehabilitation and remain committed to regularly pursuing those clearly defined, evolving and internationally accepted standards.

“CARF standards have served as a catalyst for helping us to enhance and validate the quality of care that we provide to our patients.”

Julie Hooten-Cullen, RN, MSN, Director of Education and Quality, MossRehab

WE’RE PROUD TO HOLD CARF ACCREDITATION IN 15 DIFFERENT REHABILITATION SERVICES

WE’RE TAKING THE LEAD IN PRESSURE ULCER PREVENTION (PUP)

Since 2012, when CMS finalized reporting parameters changed to ensure accuracy in the clinical assessment and reporting of pressure ulcers, we committed ourselves to exceeding these expectations by reporting both mandatory and voluntary data. We have since adopted the level of communication among our physicians, nurses, PUP team leaders and assessors to achieve seamless real-time data monitoring and collection. We are also enrolling patients with pressure ulcers, completing MEWSRehab in our Spinal Cord Injury Program and within one year we saw a marked reduction in patient transfers. In 2015, we presented the results of this initiative to the American Medical Rehabilitation Providers Association titled “Challenge Accepted: Creation of a Clinically Competent Comprehensive Pressure Ulcer Prevention Team.”

By 2017, MossRehab reported a 61% reduction in hospital-acquired pressure ulcers, which is significantly higher than the national average of 40%. In 2019, we achieved a clinically competent pressure ulcer prevention team and “MEWSRehab,” a program designed to improve awareness of potential safety problems and leverage the ability to learn from errors. Tailored to meet the unique needs of MossRehab, our modification of CUSP has succeeded in joining executives, physicians and staff in achieving immediate reductions in safety-related risks.

In 2015, we successfully rolled out CUSP to all inpatient programs and satellite units. What’s more, we deepened our commitment to this program by launching a related initiative with a special emphasis on the prevention of falls. After a thorough investigation of best practices across the U.S., we implemented new evidence-based practices and multidisciplinary lightning rounds that resulted in decreasing patient falls at MossRehab by 19% in the first year.

PATIENT SAFETY & CLINICAL INNOVATION

WE WERE AMONG THE VERY FIRST IN THE NATION TO ADOPT THE INNOVATIVE COMPREHENSIVE UNIT-BASED SAFETY PROGRAM (CUSP)

In 2014, our stroke rehabilitation program became one of the first in the U.S. to adopt the critically acclaimed five-step CUSP program developed by the Johns Hopkins Quality and Safety Research Group. Deployed only to a select group of hospitals, the CUSP program uses heightened teamwork and communication to improve awareness of potential safety problems and leverage the ability to learn from errors. Tailored to meet the unique needs of MossRehab, our modification of CUSP has succeeded in joining executives, physicians and staff in achieving immediate reductions in safety-related risks.

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In 2015, we significantly expanded both clinical and research endeavors in our brain injury and stroke programs. The depth and breadth of our clinical care for individuals who have sustained mild traumatic brain injury/concussion or stroke continue to thrive as we investigate complex problems and challenges ranging from basic daily care to community and vocational reentry. In 2016, we are looking forward to a number of exciting new developments, including welcoming the first candidate to our AGACME-accredited brain injury medicine fellowship, under the direction of Dr. Miriam Šepa.1

Thomas Watanabe, MD

In both centers, Dr. Watanabe continues to generate a sophisticated clinical culture devoted to novel and fine-tuning rehabilitative approaches to neurological injuries throughout the trajectory of patient recovery. What’s more, patients at both centers benefit significantly from our pioneering gait analysis, motor control analysis, and electrodiagnostic laboratories.

A senior editorial member of PM&R, Dr. Watanabe has long been devoted to the pursuit of new methods for facilitating retraining of the brain after injury caused by stroke or trauma. This year, his participation in several clinical research projects underscored his commitment to these pursuits. In collaboration with Tessa Hart, PhD, director of the MossRehab TBI Model System, and researchers at the Glostrup Hospital in Copenhagen and the Boston Rehabilitation Outcomes Center, he serves as a co-investigator of a Traumatic Brain Injury Model System project. Led by John Whyte, MD, PhD, director of the MossRehab TBI Model System, and researchers at the Glostrup Hospital in Copenhagen and the Boston Rehabilitation Outcomes Center, he serves as a co-investigator of a Traumatic Brain Injury Model System project.

Since 2014, our new clinical director, Wesley Chay, MD has launched several exciting initiatives designed to improve the safety and continuity of care for all patients in our SCI Program.

Last year, Dr. Chay orchestrated a transdisciplinary SCI team to develop a new and comprehensive Locomotor Training Program, for all patients with spinal cord injury, that incorporates the use of innovative technology to complement activity-based therapy. Employing traditional and dynamic bodyweight support systems, exoskeletal robotic gait devices and bracing to improve mobility, MossRehab continues to offer its patients the latest technology to improve standing, walking and stair negotiation safely. The SCI Locomotor Training Program, endowed by long-time supporters of MossRehab, Barbara and David S. Leek, Jr., affords our patients the opportunity to be first in the country to use Andago’s Pro for weight shift and gait training, along with SafeGait’s Pro for dynamic bodyweight support system for fall prevention, and Lokomat®Pro for weight shift and balance activation.

Utilizing universal outcome measures will ensure a more seamless transition between inpatient and outpatient rehabilitation, maximizing the patient’s progress through our highly intensive, individualized training programs. For more information on our robotic devices, turn to page 9.

In 2015, Dr. Chay began to pilot a new initiative to improve upper extremity function and quality of life in patients with high-level tetraplegia. Collaborating with upper extremity plasticity expert Nathaniel Mayer, MD, SCI nurse specialist Beth Jacobs, RN, CCM, CRN; a specialized team of hand and occupational therapists; and Einstein Orthopedics hand surgeons this venture aims to combine the expertise from each discipline into one comprehensive and cohesive program. The upper extremity clinic will officially launch in 2016.

In addition to designing customized therapy to enhance the restoration of movement, our Spinal Cord Injury Program has proudly served as a pilot location for a wide range of unique evidence-based safety projects at MossRehab. In 2015, Dr. Chay joined colleagues in reporting on the progress of several of these initiatives, including our innovative MEWSRehab project, launched by the SCI Program in 2014 (see page 4). In national presentations delivered at the annual meetings of the Academy of Spinal Cord Injury Professionals and the American Academy of Physical Medicine and Rehabilitation, Dr. Chay and colleagues shared updates and new data confirming the project’s success in reducing unplanned transfer rates.

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We are pleased to offer a special service to our patients with neurologic diseases or deficits who experience both cognitive impairments and mental health conditions. Patients with neurological impairments often experience mental health issues indefinitely and frequently resulting in increased disability, greater caregiver burden, reduction in quality of life, greater medical costs, and increased mortality. Our Neuro-Mental Health Clinic, which was established as a joint project of MossRehab and Einstein Behavioral Health, is the first clinic in our region to specifically address the cognitive difficulties involving memory, attention, language comprehension, and executive function that have the potential to interfere with the process of psychotherapy.

Developed with the support of an Einstein Innovative Program grant, the Neuro-Mental Health Clinic conducts a focused cognitive assessment to identify specific cognitive limitations that must be taken into consideration when planning a patient’s psychotherapy. Assessments of emotional functioning, life satisfaction, coping skills, and social and community engagement during a patient’s entry into the program, on discharge, and during follow-up provide information that allows for appropriate modification of treatment over time. Treatments are designed to address problems related to depression and other mood disorders, anxiety, and anger management, as well as those that emerge during adjustments to medication.

In the coming year, we anticipate that we will have sufficient data regarding outcomes from this treatment program to begin to assess its relative benefits to different subgroups of patients and to begin modifying our treatment approaches to increase their value for all of our patients.

As we design innovative programs, we are eager to engage other leaders and share ideas. It is always our hope that you will contact us if we can be of service on any front.

In 2015, researchers from the Language and Aphasia Laboratory at Moss Rehabilitation Research Institute reported groundbreaking work on efforts to map language in the brain, which has significantly improved clinical understanding of aphasia. In an NIH-funded study, published this year in Nature Communications, principal investigator Myrna Schwartz, PhD, and lead author Daniel Mirman, PhD, of Drexel University, used novel neuroimaging analyses and behavioral assessments of patients with acquired language deficits to gain a better understanding of the neural basis of language. Their article, titled “Neural Organization of Spoken Language Revealed by Lesion-Symptom Mapping,” provided a new synthesis of traditional and contemporary views of language processing and organization of language in the brain. Among the highlights of their study was the identification of a “white matter bottleneck”—a vulnerable region of the brain where multiple pathways converge, and in which a small amount of damage may result in significant functional impairment.
In 2015, we installed two new Lokomat® Pro devices, which provide AMADEO S Lokomat® Pro during locomotor training. We were the first rehabilitation facility in the U.S. to offer the G-EO System® Evolution, a robot-assisted tool for gait rehabilitation, as well as the first in the U.S. to conduct clinical trials testing its new technology. We were also the first in the U.S. to use the Tyromotion collection with four separate robots for specialized training of the arm, hand and fingers, and balance. We have successfully used these robots to initiate neuroplasticity and preserve functional gains. More recently, we were among the first in the country to test the Alter® Bionic Leg, an advanced biomechanical device designed to support the knee during transfers and walking, on persons with neurological disorders.

In 2015, we expanded our collection to 18 with the following new acquisitions:

**SafeGait™**
We were the first rehabilitation provider in Pennsylvania and the fifth in the U.S. to acquire this ceiling-mounted, dynamic body weight support system, designed by Corbell Medical, Inc. to protect patients from falls as they work to establish a normalized gait.

**Lokomat® Pro**
In 2015, we installed two new Lokomat® Pro devices, which provide a more advanced method of supporting weight shift and balance activation through lateral and rotational movements of the pelvis. In collaboration with the manufacturer, Hocoma, MossRehab conducted the only study to measure this pelvic motion to confirm its advantage. This enhanced version of the Lokomat® also features improved computer interface systems and permits longer and more intensive treatment sessions.

**AMADEO S**
We were the first in the U.S. to acquire this new version of AMADEO by Tyromotion, after collaborating with the manufacturer on its development. This new device features electromyographically triggered robot activation and robot-assisted measurement of spasticity.

**Andago®**
In November 2015, MossRehab was the first rehabilitation provider in the U.S. to acquire this revolutionary portable device from Hocoma, which intuitively follows patients while enabling them to maintain an optimal upright, hands-free posture during walking and balance training.

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In June 2015, during the inaugural Rusk Rehabilitation Research Symposium and award ceremony at the NYU Langone Medical Center, our Chief Medical Officer Alberto Esquenazi, MD was honored by esteemed colleagues as an expert in technology and rehabilitation. He gratefully received the first Leadership in Innovation award bestowed by Rusk Rehabilitation after delivering the symposium’s keynote address, titled “Bionics in Rehabilitation Medicine.”

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Founded in 1992, the Moss Rehabilitation Research Institute (MRRI) continues to be recognized around the world for designing and conducting innovative translational research aimed at improving human function and adaptation to disability. Under the leadership of John Whyte, MD, PhD, who in October 2015 was selected to the National Academy of Medicine, MRRI has consistently made meaningful contributions to the science of rehabilitation by addressing critical issues related to the treatment of traumatic brain injury, stroke, disorders of consciousness, and a wide range of associated deficits and disorders.

In addition to supporting independent projects geared toward improving the quality of care at MossRehab, we are proud to take part in many notable collaborative ventures including, most recently, a $17 million, five-year project launched by the Department of Defense to develop successful treatments for traumatic brain injury. A hallmark of our research activities is a commitment to participating in national and international dialogues in the form of thought-provoking presentations and publications. Our belief that the science of rehabilitation is most likely to thrive when its leaders facilitate communication and encourage collaboration is reflected in every facet of our research.

In 2015, we made significant strides in one of our most exciting recent endeavors: a multidisciplinary project aimed at standardizing the specification of rehabilitation treatments according to their targeted effects and mechanisms. With principal investigator John Whyte, MD, PhD, director of MRRI; Tessa Hart, PhD, director of the MossRehab Traumatic Brain Injury Model System; and Marcel Dijkers, PhD, research professor of rehabilitation medicine at the Icahn School of Medicine at Mount Sinai at the helm of this project, we are committed to tackling and revising the imprecise treatment descriptions that have long hampered comparative research in rehabilitation. Since its inception, our goal of developing and validating a treatment taxonomy rooted in treatment theory has garnered the support of major U.S. rehabilitation organizations including the American Congress of Rehabilitation Medicine and the American Speech-Language-Hearing Association.

We are pleased to report that in 2015, in response to presentations in Norway, Cyprus, and other parts of the world, we received a new level of international support and recognition for this project. We also continue to provide valuable input to the World Health Organization, as it establishes the International Classification of Health Interventions.

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In 2015, we made significant strides in one of our most exciting recent endeavors: a multidisciplinary project aimed at standardizing the specification of rehabilitation treatments according to their targeted effects and mechanisms. With principal investigator John Whyte, MD, PhD, director of MRRI; Tessa Hart, PhD, director of the MossRehab Traumatic Brain Injury Model System; and Marcel Dijkers, PhD, research professor of rehabilitation medicine at the Icahn School of Medicine at Mount Sinai at the helm of this project, we are committed to tackling and revising the imprecise treatment descriptions that have long hampered comparative research in rehabilitation. Since its inception, our goal of developing and validating a treatment taxonomy rooted in treatment theory has garnered the support of major U.S. rehabilitation organizations including the American Congress of Rehabilitation Medicine and the American Speech-Language-Hearing Association.

We are pleased to report that in 2015, in response to presentations in Norway, Cyprus, and other parts of the world, we received a new level of international support and recognition for this project. We also continue to provide valuable input to the World Health Organization, as it establishes the International Classification of Health Interventions.
Under the leadership of Tessa Hart, PhD, the federally designated MossRehab TBI Model System continues to explore complex psychosocial problems and unmet needs in the field of traumatic brain injury. In 2015, a collaborative TBI Model System group, led by Dr. Hart, reported on results from a prospective study of nearly 2,000 individuals with moderate to severe traumatic brain injury who were enrolled in the TBIMS database. The study identified much higher rates of clinically significant anxiety among these patients, compared with the general population. It also identified rates of specific anxiety-related symptoms, risk factors for anxiety, and the impact of anxiety on one-year outcomes, including participation and quality of life. In 2016, the results of this study will appear in a special section of Archives of Physical Medicine and Rehabilitation. Among other notable TBIMS studies is a project titled, "Development of a Pain Assessment Measure for Severe Brain Injury." This study, led by John Whyte, MD, PhD, and investigators in Denmark, seeks to design an observational scale of pain-related behaviors that can be used to identify non-communicative patients who require evaluation for pain-producing conditions and to monitor the effectiveness of analgesic treatment for those conditions. MIRRI IS STEERING THE DEVELOPMENT OF UNIQUE, THEORY-BASED PRACTICAL TREATMENTS. In 2015, principal investigator Dr. Hart and her colleagues deepened their examination of the use of text messaging as a vehicle for bridging the gap between intention and action in patients with TBI in a unique five-year study funded by the National Institute on Disability, Independent Living, and Rehabilitation Research. Last year, Dr. Hart presented the promising preliminary findings that the text-message reminding method was feasible and well liked by participants, and this year she shared with colleagues around the world related insights on the best use of assistive technology. In another five-year study supported by an NIH grant, Dr. Hart designed and is testing a novel treatment to address anger and irritability in individuals who have experienced traumatic brain injury. The protocol for the study on Anger Self-Management Training, a dynamic one-on-one psychoeducational treatment, was published in 2015.

"The TBIMS database has allowed us to pull together a collaborative group of researchers for the largest study yet of the prevalence and phenomenology of anxiety after traumatic brain injury." Tessa Hart, PhD, Director of the MossRehab Traumatic Brain Injury Model System.

WE'RE LEADING THE WAY IN PROBLEM-ORIENTED STROKE RESEARCH
Laurel Buxbaum, PsyD
Director of the Cognition and Action Laboratory, MIRRI

MRRI is home to some of the most innovative studies of patients with stroke-related diagnoses in the U.S. and around the world. Among our current projects is one of the largest prospective studies of apraxia-related lesions ever conducted. Launched in 2012 and funded by the NIH, this study of more than 130 patients with left-hemisphere stroke has already begun to significantly advance our understanding of brain localization, elucidate mechanisms by which specific tasks are processed, and improve our prediction of patient deficits related to stroke. Other stroke research highlights include a large-scale study, also funded by NIH, that explores the use of mirrors to increase recruitment of the contralateral hemisphere and reduce hemineglect with the unique aim of determining which patients are most likely to benefit from this therapy. And, we are conducting a three-year study that represents the first systematic effort to apply fundamental psychological principles of learning to the design of efficacious treatments for neurogenic language disorders. For some of our publications and presentations on these and other stroke-related studies, see page 4.

FOR NEARLY 20 YEARS, WE PROUDLY HOST ONE OF ONLY 16 TRAUMATIC BRAIN INJURY MODEL SYSTEMS (TBIMS) IN THE UNITED STATES.

Tessa Hart, PhD, Director of the MossRehab
Traumatic Brain Injury Model System

FOR HIGHLIGHTS OF OUR APHASIA RESEARCH, PLEASE SEE PAGE 7.
AND IN THE SYMPOSIA WE HOST HERE AT MOSSREH
IN INTERNATIONAL ASSEMBLIES, PUBLICATIONS,
AND IN THE SYMPOSIA WE HOST HERE AT MOSSREH

OUR COMMITMENT TO NATIONAL AND INTERNATIONAL DIALOGUES
IN REHABILITATION IS REFLECTED IN OUR PARTICIPATION
OF NEUROLOGIC
EDUCATION & PUBLICATIONS

OPTIMIZING NEUROLOGIC
REHABILITATION OUTCOMES

This year we hosted a unique two-day conference on optimizing neurologic rehabilitation outcomes.

In November 2015, MossRehab hosted a two-day educational conference that explored three key forces driving the evolution of neurologic rehabilitation practice: emerging science, developing technology, and healthcare reform.

The Philadelphia conference featured nationally recognized speakers who shared the latest developments from the laboratory and the clinic, designed for rehabilitation physicians, case managers, rehabilitation nurses, social workers, occupational and physical therapists, speech-language pathologists and other healthcare professionals. The conference also featured mini-courses on applied research and regulatory information pertaining to clinical practice. To view our ongoing educational events visit MossRehabConference.com.

IN 2015, WE BESTOWED THE INAUGURAL STRAX EDUCATIONAL AWARD

One of the highlights of our Neurorehabilitation conference was announcing a new annual award for residents in training. With deep gratitude, we named this award in honor of Thomas Strax, MD, former vice president and medical director of the JFK Johnson Rehabilitation Institute. Dr. Strax, who once held a leadership position with MossRehab, has been involved in the field of physical medicine and rehabilitation for many years as a teacher, provider, consumer, mentor, advocate, and advisor, and delivered the keynote address at our conference titled, “From Surgery to Community Reintegration: Rehabilitation of Persons with Limb Amputation.”

The new annual Strax Education Award will be used to support the travel expenses of recipients during their attendance at the annual assemblies of the American Academy of Physical Medicine and Rehabilitation and the Association of Academic Physiatrists.

IN 2015, WE DELIVERED THOUGHT-PROVOKING PRESENTATIONS IN THE U.S. AND AROUND THE WORLD

Here are just a few:

In March 2015, Alberto Esquenazi, MD accepted an invitation to provide a keynote address titled, “From Surgery to Community Reintegration: Rehabilitation of Persons with Limb Amputation” at the international Singapore Rehabilitation Conference.

In November 2015, John Whyte, MD, PhD was invited to present “Development of a Taxonomy for Rehabilitation Interventions,” one of three keynote addresses at the CHARM Symposium hosted by the University of Oslo.

In October 2015, Trevor Hart, PhD was invited to present “The Rehabilitation Treatment Taxonomy: Toward a Theory-Driven Classification of Rehabilitation Treatments” at the Regional Rehabilitation Conference in Oslo, Norway in October 2015.

In October 2015, Laurel Buxbaum, PsyD was invited to present “What Partial Limb Anatomy Reveals About the Brain’s Two Action Systems” at the Translational and Computational Motor Control conference held in Chicago, Illinois.

In October 2015, Stanley Yoo, MD was invited to present “Pain After Limb Amputation: Acute and Chronic Issues” at the annual meeting of the American Congress of Rehabilitation Medicine in Dallas, Texas.

OUR GROUNDBREAKING PUBLICATIONS SHOWCASE OUR UNIQUE RESEARCH

SELECT RECENT PUBLICATIONS BY EXPERTS AT MOSSREH


Hart T, Eldha DM. Defining the Treatment Targets and Active Ingredients of Rehabilitation: Implications for Rehabilitation Psychology. Rehabil Psychol. 2015; 60(2):126-35.


WE’RE GROOMING FUTURE LEADERS IN OUR RESIDENCY TRAINING PROGRAM

Under the leadership of C.R. Sridharan, MD who serves as clinical director of Electrodiagnostic Services as well as our director of Graduate and Undergraduate Education, the Temple/MossRehab Residency Training Program continued to flourish in 2015.

Established in 1967, the program has graduated nearly 500 residents, many of whom have gone on to assume leadership positions in the field of physical medicine and rehabilitation. Among graduates of our residency program, four became presidents of the American Academy of PM&R, two went on to become presidents of the American Congress of Rehabilitation Medicine, and three were elected president of the Association of Academic Physiatrists.

In 2016, MossRehab will launch its first Orthopedic Physical Therapy Residency to educate and mentor physical therapists in the field of orthopedics and will prepare residents for the orthopedic clinical specialization examination offered by the American Physical Therapy Association’s Board of Physical Therapy Specialties.
MossRehab has long been devoted to the development of unique initiatives that encourage and support patient socialization and improve quality of life through recreational and artistic programs, community awareness, and direct assistance for patients with disabilities.

In 1979, MossRehab and The Friends of Moss established one of the very first international exhibitions of artwork by artists with physical disabilities. Each year since then, we continue our mission to share the many talents of individuals with physical limitations due to stroke, traumatic brain injury, loss of a limb, or disabling illness by showcasing and making it possible to purchase their artwork.

In 2016, we hope you will explore the All About Art exhibit at MossRehab, and perhaps consider purchasing one of the paintings, sculptures, photographs, pottery, jewelry or other pieces of artwork for your own collection. The exhibit provides a wonderful opportunity to help provide economic support to artists who have overcome adversity.

In 2015, we honored Nathaniel H. Mayer, MD, in recognition of his support of the All About Art program and his dedication to MossRehab. Held in conjunction with the Pennsylvania Center for Adapted Sports, the event this year featured a three-wheel bike-riding clinic, where MossRehab staff coached participants to steer and pedal through the uphill and downhill course.

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In 2015, we were thrilled to witness the success of our most recent effort as we hosted the second annual Amputation Recreation Day at MossRehab. Held in conjunction with the Pennsylvania Center for Adapted Sports, the event this year featured a three-wheel bike-riding clinic, where MossRehab staff coached participants to steer and pedal through the uphill and downhill course.

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