

the whole story

Rehabilitation that focuses on the whole person

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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 great interest among some of the best rehabilitation talent in the country. After a thorough vetting and interview process, Tamara Bushnik, Ph.D. accepted the position and hit the ground running last August. Dr. Bushnik is a renowned rehabilitation researcher who led the TBI and SCI Model Systems of Care at Santa Clara Valley Medical Center, and continues to participate in 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

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 multidiscipline 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 life-time 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."

Rusk's Research Department and the Research Renaissance

by Tamara Bushnik, PhD, FACRM

It has been just over 6 months since I assumed the position of Director of Research at Rusk and it has been an eventful and productive time. My mission is to develop a supportive research infrastructure to build the capacity to:

- Enhance Rusk's reputation
- Provide entrée into cutting edge advances in technology
- Satisfy research residency/internship requirements
- Improve clinical care through development of evidence-based guidelines
- Attract and retain top-notch clinicians and clinician researchers
- Increase patient base
- Ensure specialty program credentialing

As the Director of Research, I am the primary contact for all projects involving rehabilitation research. These include studies conducted under the NYU umbrella or in collaboration with other rehabilitation facilities across the United States. I am available to provide input at all stages of those research projects that are generated by Rusk staff: design, feasibility, statistics, grant preparation, creation of abstracts, posters, and talks for conferences, manuscript preparation and submission. This is, of course, a very big job which will hopefully get even bigger as the research initiatives continue to expand.

Several new staff members have also been hired to enhance the Research Department. Annika Maia Ginsberg, Research Coordinator, will coordinate all research projects, multi-center studies, and major projects. She will assist with all levels of research development, and create, manage, and support multiple databases. Teresa Ashman, PhD, has been hired as the Associate Director of Psychology Research, as of Dec. 21, 2009, and, at the beginning of April 2010, Preeti Raghavan, MD, will join the Rusk team as a stroke clinician-researcher.

The one year goals of the Research Department at Rusk are: to survey all of Rusk's ongoing research to track progress, identify needed resources, ensure administrative and human subject compliance, and to create a viable dissemination plan to ensure proper national and international recognition. Within Rusk, an interdisciplinary meeting schedule will be established to promote the exchange of research ideas. A series of registries/databases will also be established to track basic demographics of our major patient populations and to serve as a method of research recruitment. Finally, the Rusk website will have expanded coverage of our research activities which will be updated periodically, and The Whole Story will continue to have an article in each issue, focused on research.

To help Rusk achieve these goals, we have established a Research Advisory Council (RAC), which meets on a monthly basis. The members of the RAC will serve as 'point people' for staff within their departments who would like to either dip their toes or cannonball into the research pool. The RAC is currently comprised of:

- Tamara Bushnik – research director (chair of RAC)
- Teresa Ashman – psychology research
- Ora Ezrachi – outcomes coordinator
- Francois Haas – cardiopulmonary research
- Mary Hibbard – psychology clinical director
- Alex Moroz – physiatrist
- Kate Parkin – therapy services director
- Preeti Raghavan – physiatrist/researcher
- Karen Riedel – speech language pathology director
- Paula Reynolds – pediatric nursing
- Michele Zaccario – pediatric psychology

In the coming months, representatives from HJD and Washington Square will be added to the RAC as well.

Please consider joining the "Rusk Research Renaissance", and stay tuned to hear more! I can be reached at tamara.bushnik@nyumc.org, 212-263-6547. Annika can be reached at Annika.ginsberg@nyumc.org, 212-263-0844. ●

Current and Future Research at Rusk

by Tamara Bushnik, PhD, FACRM

There are many research projects, both funded and unfunded that are currently underway at Rusk. I would like to take this opportunity to discuss a few of the clinical research projects that I have been asked to be involved in, as well as some of the grant applications that have been recently submitted.

Dr. Alex Moroz is conducting an industry sponsored project entitled "A randomized, double-blind, placebo-controlled study of neuromuscular electrical stimulation (NMES) use for weight-bearing pain after orthopedic surgery of the hip". He is also working with Dr. Jaclyn Bonder, who received a grant from NYU's Program for Medical Education Innovations and Research, to develop a "Women's health interdisciplinary specialty program for faculty development".

In the focus area of acquired brain injury, Rusk is involved in 6 projects that are currently underway. Dr. Lenny Diller has an NIH funded study entitled "Individual problem-solving treatment in adults with acquired brain damage". Dr. Kristine Kingsley is funded through a Solomon grant for a study entitled "Cognitive rehabilitation: co-training caregivers of individuals with acquired brain injury". Two studies that are being supported through departmental funds are "Barriers that family caregivers of individuals with acquired brain injury may experience when accessing family-oriented services" with Dr. Donna Langenbahn as Primary Investigator (PI) and "Implicit learning and acquired brain injury" with Dr. David Litke as PI. In addition, Dr. Hilary Bertisch has submitted a study entitled "Development of the Basic Skills Questionnaire for individuals with acquired brain injury in an outpatient cognitive remediation program" to the APA Division 40 for consideration as an Early Career Research Grant.

The Therapy Department is also well represented with 4 current research projects. Kate Parkin is the PI for 2 studies that are funded through the department: "Finding meaning in illness" and "The Nagi framework for identifying acute stroke recovery: a comparison of the Stroke Rehabilitation Assessment of Movement Scale (STREAM), FIM, and Stroke Impact Scale (SIS)". Tara Denham is PI and Ting-Ting Kuo is the co-investigator on a study that is being developed in conjunction with Hunter College, entitled "The Effectiveness of Low Level Laser Therapy (LLLT) Combined with Complex Decongestive Therapy (CDT) in the Treatment of Breast Cancer-Related Lymphedema: A Double-Blind, Randomized, Placebo-Controlled Study". The fourth study that is being developed by Rachel Feld-Glazman and Steve Van Lew, with Dr. Tamara Bushnik as PI, examines the effectiveness of a brief targeted intervention when added to an interdisciplinary Stroke Education and Wellness Group on patients' stroke knowledge and behavioral changes related to modifiable stroke risk factors.

As of April 1, 2010, Dr. Preeti Raghavan will join Rusk and our research portfolio will grow further. Dr. Raghavan will bring 3 externally funded projects to Rusk: "Interhemispheric transfer of grasp control after stroke", "Relationship between forearm pain and postural muscle activation in keyboardists", and "Botulinum Toxin Type A therapy as a plasticity-inducing agent for the recovery of hand function after stroke". She is also involved with two other studies, entitled "Simultaneous Bimanual Training to improve post-stroke finger independence" and "Changes in attention and motor control after TBI".

The start of 2010 has been a busy one with clinical research grant submissions. Dr. Joseph Rath and Laura Miles submitted an NIH R01 application titled "Advanced neuro-imaging techniques in cognitive rehabilitation for TBI". In collaboration with Mount Sinai School of Medicine, Dr. Teresa Ashman arranged a consortium agreement to serve as a collaborative site on an NIH R01 grant application entitled "Cognitive Behavioral Therapy for Treatment of TBI-Related Insomnia". Finally, Dr. Ashman, who had a very busy first 6 weeks on the job, submitted a grant application to the

National Institute on Disability and Rehabilitation Research to support a training program for post-doctoral fellows in the allied health professions to hone their rehabilitation research skills.

I hope that this has given you a sense of the good base of activity upon which we are building our rehabilitation research program at Rusk. In future issues of The Whole Story, and on the Rusk website, more detailed information about these studies will be made available. This will include information on opportunities to assist on these projects or perhaps to extend them into other avenues of investigation. ●

Research 101 Manual for Rusk

by Tamara Bushnik, PhD, FACRM

Have you ever had a good clinical question but been unclear as to how to develop a quality assurance and/or research project? The Department of Research has developed a "Research 101 Manual" to help Rusk staff in this predicament. This tool will systematize the steps from developing a research idea, to designing a protocol, and seeking approval from various groups including the NYU Institutional Review Board (IRB), Office of Clinical Trials (OCT), Office of Sponsored Projects Administration (SPA), and the Department of Research. In addition, the manual will assist staff in setting up research files, establishing data collection methods, conducting the study, analyzing the data, and finally, disseminating that information to a larger audience.

All of this information is currently available in various forms and formats through the NYU portal; however, it can be difficult to locate the right information without going through a number of links. The Research 101 Manual will make this information more accessible and provide direct links to the necessary forms needed to ensure full compliance with NYU's and Rusk's research policies and procedures. The Manual is under development but the sections below are currently available on Rusk's website (under research and education tab), and may be requested via e-mail to Annika Ginsberg (Annika.ginsberg@nyumc.org). As our research capacity increases, additional sections will be added as appropriate. Check back to the Rusk website often for the most up to date information!

- Navigating creating a research study – intellectual process, authorship, clerical and administrative processes, definitions, website links, forms, checklist
- First steps – developing basic premise, study population, estimate of time, obtaining supervisor and department head clearance, discussion with knowledgeable individuals in your department, getting the Director of Research involved early, revising and expanding into fully developed protocol, First Steps Flow Chart
- Getting started – definition of risk, writing a protocol, writing a protocol summary, writing an informed consent document, statistics consultation
- Institutional Review Board at NYU – types of reviews, amendments, adverse or reportable events, continuation, completion/termination, IRB Flow Chart
- Funding Sources (and decision tree)
- Once your study is approved – maintaining study reference files, PHI and confidential data
- Glossary
- Checklist and signature page

The Manual will be supported by a series of classes on a quarterly basis. The classes will be open to everyone at Rusk with an interest in clinical and translational research. The class will offer a review of key sections of the manual, as well as examples of clinically relevant research, and protocol issues. Practical skills, such as how to obtain informed consent in a vulnerable population (such as our rehabilitation patients) will be emphasized. ●



Tamara Bushnik, PhD, FACRM

NYU-HJD Manager of the Year Gets the Gold, continued from front page

Ms. Tafurt is responsible for researching outcomes management at NYU HJD to help ensure that the best care is being provided. This spring, Ms. Tafurt will be presenting at the 8th World Congress on Brain Injury on Onset-Admission Interval and site of Cerebral Accident on Rehabilitation Outcomes, based on her research in outcomes management in the rehabilitation department. "The study demonstrates that patient's experiences can be very different, even if they share the same clinical diagnosis such as stroke. We have to treat each patient as an individual." In addition, Ms. Tafurt is responsible for leading performance improvement projects on several units with a focus to advance the quality of care that patients receive during their stay in the hospital.

The staff quickly mobilized to establish the following goals:

1. Evaluate the effectiveness of the clinical indications of daily blood pressure monitoring as it relates to current medication regime, patient medical condition, mobility, gait, ability to participate in therapy and activities of daily living
2. Reduce the falls with moderate to severe injuries that occur on an Acute Inpatient Cardio-pulmonary Rehabilitation Unit as compared to benchmark (NDNQI)

In order to achieve these goals, the staff introduced some important new practices on the unit. The nurses began Orthostatic Blood Pressure monitoring/evaluation of all patients discussed at team rounds, impromptu meetings and medication rounds. This involved taking the Blood Pressure of each of these patients in a variety of positions to ensure that it responded appropriately and did not drop abruptly. In addition, weekly medication reviews were performed by a team, including the Physician, Nurse and Pharmacist, to review the dose, indication, duration, frequency, schedule and parameters for each patient's medications. In addition, the Nurses made sure that there was an ample supply of Ted stockings, abdominal binders, and ace wraps to prevent Orthostatic Hypotension in those patients deemed at risk. If a patient did fall, the team agreed to conduct post-fall 'Assessment Huddles' to learn from the incident and prevent repeat falls.

Implementation of Orthostatic Blood Pressure monitoring, application of supportive devices when appropriate to prevent Orthostatic Hypotension plus timely evaluation of medication changes resulted in a significant reduction in the number of falls with moderate to severe injuries that occurred on the Cardio-Pulmonary Rehabilitation Unit. In fact, there were zero falls with moderate to severe injuries related to Orthostatic Hypotension during the 4th quarter of 2008!

Based upon these findings, the unit incorporated changes in practice consistent with an Interdisciplinary Falls Prevention Plan. These included daily Orthostatic Blood Pressure monitoring for all patients admitted to the inpatient Cardio-Pulmonary Rehab Unit starting with day of admission, standardization of unit supplies to manage Orthostatic Hypotension, and continuation of Post-Fall Assessment huddles and weekly interdisciplinary medication reviews.

During the first and third quarters of 2009 moderate to severe injury rates remained below benchmark. While there was some fluctuation in data during the second quarter, 90% of the injuries documented during all three quarters were unrelated to orthostatic issues.

Since the 2008 study, the Inpatient Cardio-pulmonary Rehabilitation Unit has taken steps to further reduce the incidence of falls and injury. The unit participates in the Hospital-wide Falls Prevention Program and has integrated additional elements into the interdisciplinary plans of care, including standard use of bed and chair alarms for patient populations at highest risk for falls.

Patient safety on the Inpatient Cardio-pulmonary Rehabilitation Unit and throughout the hospital is of the highest priority. We are proud that the staff is committed to enhancing every patient's safety and wellness on an ongoing basis. ●

Daily Orthostatic Blood Pressure Evaluation in Reducing Moderate to Severe Injury Rates on HCC-9, the Inpatient Cardio-Pulmonary Rehabilitation Unit

by Arlene McGee, MA/MS, RN; Lillian Iny, RPh; Greg Sweeney, MS, PT; Brian Smalley, MBA, Logistics; Jonathan Whiteson, MD; and Ana Mola, NP

When the staff on the Cardio-Pulmonary Rehab Nursing Unit reviewed its outcomes for the third quarter of 2008, they identified a problem, or as they saw it, an opportunity for improvement. There had been an increase in the number of falls with moderate to severe injuries from July through September; seven patients had fallen in all.

The staff attributed the falls of six of those patients to sudden drops in blood pressure upon standing (Orthostatic Hypotension), side effects of medications or worsening medical conditions. National comparison of National Database for Nursing Quality Indicators (NDNQI) revealed that during that quarter of 2008, the unit was above the national average for the percentage of moderate to severe injuries that occurred as a result of these falls.

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The First Annual Rusk Institute of Rehabilitation Medicine John G. Gianutsos Academic Award Luncheon

by John R. Corcoran, PT, DPT, MS, Cert. MDT and Ana Mola, MA, RN, ANP-BC

The first annual Academic Awards Luncheon was held last year in honor of the academic research and humanitarian spirit of John G. Gianutsos, Ph.D. Steven Flanagan, MD, Chairman of Rehabilitation Medicine and Medical Director of The Rusk Institute named the Awards Luncheon for Dr. Gianutsos to celebrate a legacy which the professional staff at Rusk perpetuate.

John Gianutsos was known not only for his research, but also for his kindness and global concern for and impact on others. It was therefore fitting that a variety of clinicians, researchers and educators were recognized for their contributions at the first awards luncheon.

Mathew H.M. Lee, MD, Howard A. Rusk Professor Emeritus and Former Chairman of the Rehabilitation Medicine Department, announced the first Rusk without Walls Award Recipient, Bryan O'Young, MD at this event. Dr. Lee announced the concept of "Rusk without Walls", a project to educate the world about the field of Rehabilitation, in 1998, when he was appointed the Howard A. Rusk Professor at a special United Nations ceremony and celebration. Dr. O'Young was recognized as a steward of this vision and mission. He had presented over 100 national/international lectures, published educational and clinical research pieces prolifically and was the editor of the first three editions of the book PM&R Secrets. In addition, he was one of 8 international scholars invited by China to consult on the establishment of the board certification in Physical Medicine and Rehabilitation.

The Education and Training committee also proudly bestowed many awards on outstanding Rusk clinicians that day; each had demonstrated a commitment to research consistent with that of John Gianutsos. Awardees came from a variety of departments including Medicine, Nursing, Psychology, Physical Therapy, Occupational Therapy, Speech Therapy, Cardiac Rehabilitation and Horticultural Therapy. These individuals were chosen from a large pool of researchers who submitted projects for consideration including seven editors or authors of books, fourteen authors of chapters in Physical Medicine and Rehabilitation books, and nineteen authors of peer reviewed articles. The committee had also received eleven abstracts and posters, as well as thirty nine presentations for review.

The Rusk Institute has moved forward with an enhanced focus on research and education, inspired by John to see the potential breadth of our impact as individuals and as a group. The Director of Research, Tamara Bushnik Ph.D., FACRM, and her team are leading the charge to realize this potential through a true Research Renaissance at Rusk.

The 2nd annual John Gianutsos Research Award Luncheon will be held on June 24th, 2010. This event promises to keep John's spirit alive in the hearts of the many individuals at Rusk who knew and admired him. It also promises to raise the Rusk commitment to research even further and to inspire the Rusk professional staff to initiate or expand their research endeavors.

To view a video with some highlights of John's life please see www.crazygenius.com/gerry/jgg/memorialvideo/jg2.html. ●

Cardiac Rehab—Is there a difference between men and women?

Shirley Ackerman, PhD, CRRN, CDE

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 than 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.

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



Letter from the Chairman, continued from front page

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". Adding to this list of established researchers is a young clinician-scientist, Preeti Raghavan, M.D., who will officially join the RIRM faculty in April. Dr. Raghavan is an extremely talented and promising researcher who is examining mechanisms of motor control and recovery following stroke. Early in her career, she secured funding from the National Institute of Health and has since published her findings in several highly respected medical journals including *Brain*.

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. ●



**Rusk Institute of
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