



## 2021 VIRTUAL ANNUAL PROFESSIONAL SEMINAR



# EXPLORING AND NAVIGATING THE SCOPE AND DIVERSITY OF BRAIN INJURY

Tuesday, May 11, 2021

**Keynote Address:** *Disorders of Conscious, Neuroethics, and Disability Rights*

**Keynote Speaker:** *Joseph J. Fins, MD, MACP, FRCP*

The E. William Davis, Jr., MD Professor of Medical Ethics & Professor of Medicine,  
Chief, Division of Medical Ethics, Weill Cornell Medical College

Director of Medical Ethics & Attending Physician, New York Presbyterian/Weill Cornell Medical Center

Co-Director CASBI, Consortium for the Advanced Study of Brain Injury, Weill Cornell and Rockefeller University

Visiting Professor of Law & Solomon Center Distinguished Scholar in Medicine,  
Bioethics and Law, Yale Law School

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## **KEYNOTE: JOSEPH J. FINS, MD, MACP, FRCP**

*The E. Williams Davis, Jr., MD Professor of Medical Ethics & Professor of Medicine Chief, Division of Medical Ethics, Weill Cornell Medical College*

Joseph J. Fins, MD, MACP, FRCP is The E. William Davis, Jr. M.D. Professor of Medical Ethics and Chief of the Division of Medical Ethics at Weill Cornell Medical College where he is a Tenured Professor of Medicine, Professor of Medicine in Psychiatry, Professor of Medical Ethics in Neurology, Professor of Medical Ethics in Rehabilitation Medicine, and Professor of Health Care Policy and Research. He is the founding Chair of the Ethics Committee of New York-Presbyterian Weill Cornell Medical Center where he is an Attending Physician and Director of Medical Ethics. A member of the Adjunct Faculty of Rockefeller University and Senior Attending Physician at The Rockefeller University Hospital, he co-directs the Consortium for the Advanced Study of Brain Injury (CASBI) at Weill Cornell Medicine and Rockefeller. In 2014, he served as the Dwight H. Terry Visiting Scholar in Bioethics and Visiting Professor in the History of Medicine at Yale. In 2015, he was appointed the Solomon Center Distinguished Scholar in Medicine, Bioethics and the Law at Yale Law School and directs CASBI@YLS. He is currently a Visiting Professor of Law at Yale Law School in addition to his appointment at Weill Cornell Medicine.

Dr. Fins is an elected Member of the National Academy of Medicine (formerly the Institute of Medicine) of the National Academy of Sciences, a Fellow of the American Academy of Arts and Sciences, and an Académico de Honor (Honored Academic) of the Real Academia Nacional de Medicina de España (the Royal National Academy of Medicine of Spain). A recipient of a Robert Wood Johnson Foundation Investigator Award in Health Policy Research, Dr. Fins has also received a Soros Open Society Institute Project on Death in America Faculty Scholars Award, a Woodrow Wilson National Fellowship Foundation Visiting Fellowship and support from the Greenwall, Dana, Buster, and Katz Foundations as well as the National Institutes of Health, amongst others. He was appointed by President Clinton to The White House Commission on Complementary and Alternative Medicine Policy and currently serves on The New York State Task Force on Life and the Law by gubernatorial appointment. In 2015, Dr. Fins received the Patricia Price Browne Prize in Biomedical Ethics from the University of Oklahoma School of Medicine. He was the 2019 recipient of the Nicholas E. Davies Memorial Scholar Award for Scholarly Activities in the Humanities and the History of Medicine of the American College of Physicians and served as the David Barap Brin Visiting Professor at the Johns Hopkins School of Medicine in 2020. He just completed service on the National Academy of Sciences "Standing Committee to Advise the Department of State on Unexplained Health Effects on U.S. Government Employees and their Families at Overseas Embassies."

Dr. Fins was graduated from Wesleyan University (B.A. with Honors, The College of Letters, 1982) and Cornell University Medical College (M.D., 1986). He completed his residency in Internal Medicine and Fellowship in General Internal Medicine at The New York Hospital-Cornell Medical Center and has served as Associate for Medicine at The Hastings Center. He is a Diplomat of the American Board of Internal Medicine and was recertified in 2012.

The author of over 400 publications, his most recent book is *Rights Come to Mind: Brain Injury, Ethics and The Struggle for Consciousness* (Cambridge University Press, 2015). Dr. Fins is also the author of *A Palliative Ethic of Care: Clinical Wisdom at Life's End* (Jones and Bartlett, 2006). Dr. Fins is a co-author of the 2007 Nature paper describing the first use of deep brain stimulation (DBS) in the minimally conscious state. He is currently a co-investigator on an NIH BRAIN Initiative grant studying DBS in severe to moderate traumatic brain injury and principal investigator on an RO1 entitled, "Cognitive Restoration: Neuroethics and Disability Rights."

A developer of clinical pragmatism as a method of moral problem solving for medicine, Professor Fins' current scholarly interests include: ethical and policy issues in brain injury and disorders of consciousness; civil and disability rights for individuals with severe brain injury; palliative care; research ethics in neurology and psychiatry; medical education; methods of ethics case consultation; the history of medicine; and bioethics in the Spanish-speaking world.

Dr. Fins is an associate editor of the 4th Edition of the *Encyclopedia of Bioethics* and the *Journal of Clinical Ethics* and edits the Ethics Section of the *Journal of Head Trauma Rehabilitation*. He sits on the editorial boards of: *The Hastings Center Report*; *Ethics and Human Research*; *The Pharos Alpha Omega Alpha Honor Medical Society*; *Cambridge Quarterly of Healthcare Ethics*; *BioMed Central Medical Ethics*; *Neuroethics*; *Neuromodulation*; *American Journal of Bioethics*; and *Neuromodulation* as well as the MIT Basic Bioethics Series and the Springer Press Neuroethics Book Series.

President-Elect of the International Neuroethics Society, Dr. Fins is a Past President of the American Society for Bioethics and Humanities, and a member of Board of Trustees of The Hastings Center. He serves on the International Academic Council of the Instituto de Humanidades y Ciencias de la Salud Gregorio Marañón de la Fundación Ortega-Marañón, Madrid, Spain.

A Master and past Governor of the American College of Physicians, Dr. Fins has been honored with the College's Laureate Award and served as a trustee of the American College of Physicians Foundation. He is a Trustee Emeritus of Wesleyan University, which has honored him with its Distinguished Alumnus Award.

Dr. Fins is a Fellow of The Royal College of Physicians (London), The Hastings Center, and The New York Academy of Medicine where he served as a Fellow Ambassador. He was appointed to the Council of the Europäische Akademie (Germany) and is an elected member of the Dana Alliance for Brain Initiatives, the American Clinical and Climatological Association, and Alpha Omega Alpha.

**SuAnn S. Chen, MD**  
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*Shore Rehabilitation Institute*

**Nancy D. Chiaravalloti, PhD**  
*Kessler Foundation*

**Nicole Diaz-Segarra, MD**  
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**Jenna Tucker, PT, DPT, NCS, CBIS**  
*Kean University, School of Physical Therapy*

**Karen Wauters, OTR/L**  
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**Krishan Yalamanchi, MD, FAAP**  
*Children's Specialized Hospital*

**Lauren Ziaks, PT, DPT, ATC, AIB-VR**  
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### 3. New Jersey Traumatic Brain Injury Model Systems Centers Progress Update

**Yelena Goldin, PhD and Nancy D. Chiaravalloti, PhD**

NIDILRR funds 16 TBIMS Centers throughout the US. Two centers in New Jersey serve as TBIMS centers: JFK-Johnson Rehabilitation Institute and Kessler Institute for Rehabilitation/The Northern New Jersey Traumatic Brain Injury Model System.

JFK Johnson's site-specific research project focuses on examining the ability to complete activities necessary for daily functioning throughout the first year of injury and before and after outpatient brain injury cognitive rehabilitation with the goal of better understanding the needs of patients during different stages of their recovery and across different settings.

Kessler's site-specific research project focuses on evaluating a novel treatment intervention to address impairments in new learning and memory with the goal of improving everyday functioning. In this workshop, the project director of each center will present the current state of progress of these research projects, including preliminary findings and their implications.

**OBJECTIVES:** At the conclusion of this workshop, participants will be able to 1) Distinguish activity limitations in individuals with traumatic brain injury. 2) Appraise impairments and justify treatment of new learning and memory in individuals with traumatic brain injury 3) Describe current research carried out by New Jersey TBI Model Systems Centers.

### 4. Identification and Management of Dysautonomia after Mild Traumatic Brain Injury

**Laura Ziaks, PT, DPT, ATC, AIB-VR and Jenna Tucker, PT, DPT, NCS, CBIS**

Mild traumatic brain injuries (mTBI) result in a myriad of impairments and can include physical, cognitive, visual, emotional, and sleep-related disturbances. There are emerging models for describing the mTBI "clinical profiles" including cervical, migraine, mood, vestibulo-ocular, and exercise intolerance. The exercise intolerance domain associated with mTBI is evolving to identify altered functioning of the autonomic nervous system (ANS), known as dysautonomia.

Due to the overlap of these clinical profiles, dysautonomia is often not recognized therefore potentially prolonging symptoms post mTBI. Dysautonomia has been associated with altered cerebral perfusion post-concussion, which can persist from weeks to months following injury. Other defining characteristics include disruption in regulation of the sympathetic/parasympathetic drives and alteration in the regulation of vital functions including digestion, sleep, immune system responses, reproduction, and stabilization of the cardiovascular system.

Prescribed physical exercise is the most effective means to improve ANS regulation regardless of clinical presentation or reported symptoms.

**OBJECTIVES:** At the conclusion of this workshop, participants will be able to 1) Identify and describe the presentation of dysautonomia following mild traumatic brain injury. 2) Implement the basic concepts of clinical management of dysautonomia. 3) Identify patients appropriate for referral to complete the Buffalo Concussion Treadmill Test.

**11:20 AM - 11:50 AM**                      **Exhibit Time and Student Poster Viewing**

**11:55 AM - 1:10 PM**                      **Afternoon Block A**

## 5. Cultural Diversity and Traumatic Brain Injury Rehabilitation

**Anthony H. Lequerica, PhD**

While multiple studies to date have identified health disparities in traumatic brain injury rehabilitation outcomes, there is a fervent need for studies that break down the complex interplay of culture, language, income, and living environment to understand their impact on recovery and access to services and health information. This presentation will review findings from the research literature regarding health disparities among individuals with Traumatic Brain Injury and highlight recent studies that attempt to deconstruct the sociodemographic factors and better understand their influence on outcomes. Additional concepts of cultural humility, cultural competence, and unconscious bias will be discussed and client-centered approaches will be explored to encourage thinking in ways to affect meaningful change aimed at reducing health disparities after brain injury.

**OBJECTIVES:** At the conclusion of this workshop, participants will be able to 1) Discuss ways in which culture can affect brain injury rehabilitation outcomes. 2) Assess the experiences of diverse individuals with brain injury relative to multiple sociodemographic factors. 3) Discuss the concept of cultural humility and how this can be applied in practice.

## 6. Pediatric Panel:

### Rehabilitation and Habilitation Aspects of Care Continuity in Pediatric Brain Injury

**Renat Sukhov, MD, FAAPMR, PRM**

This interactive presentation will address idiosyncrasies in pediatric brain injury care delivery confronting both direct caregivers and brain injury practitioners. The audience will be provided with information on contemporary approaches in evaluation, treatment, medical management as well as rehabilitation and habilitation of children with brain injury. Rapid evolution of telemedicine and tele-rehabilitation options of care in pediatric brain injury will be reviewed with an emphasis on challenges confronting families and healthcare providers during Covid-19 pandemic. Potential for innovative rehabilitative interventions and methods of habilitation will be discussed with the audience in attempt to find solutions in mitigation of disparity of care observed in children with brain injuries.

**OBJECTIVES:** At the conclusion of this workshop, participants will be able to 1) Discuss Brain injury in Pediatric population, etiology, classification. 2) Differentiate telemedicine and tele-rehabilitation options for pediatric brain injury healthcare providers. 3) Assess rehabilitative and habilitative options for children with pediatric brain injury.

### REST Protocol developed at Children's Specialized Hospital: A multi-disciplinary team approach to treat children with disorders of consciousness

**Krishan Yalamanchi, MD, FAAP and Danielle Duddy, MOTRL/L**

REST is an interdisciplinary treatment approach for pediatric patients presenting with disorders of consciousness. The protocol utilizes multiple evidence based approaches simultaneously to provide treatment for children ages 2-21 who present in either a vegetative state or minimally conscious state within 3-6 months of initial onset. REST aims to use a combination of **restful recovery, emphasis on education, sensory stimulation, and individualized therapeutic interventions** to assist families in providing the optimal environment to increase arousal and improve the quality of patient responses.

The focus on restful recovery provides opportunities to control for overstimulation, medical episodes, and neurofatigue while serving as a visual reminder for families and staff that rehabilitation techniques are inclusive of appropriately placed breaks and rest periods. The emphasis on education enables families to be engaged by staff at their individual readiness level and supports families as the principle caregivers for these children while inpatient and in preparation for discharge to a home environment, regardless of level of recovery. Structured sensory stimulation is provided based on the patient's individual presentation and premorbid preferences by all clinicians and is available for families to provide within their comfort level.

**OBJECTIVES:** At the conclusion of this workshop, participants will be able to 1) Recognize the disorders of conscious and treatment strategies. 2) Explain treatment protocol at Children's Specialized Hospital. 3) Describe clinical outcomes regarding the REST protocol.

#### 7. The Neurosurgical Management of Brain Aneurysms and Stroke

**Gaurav Gupta, MD, FAANS**

Stroke and ruptured brain aneurysms causing a stroke are a major health care problem. Using modern neurosurgical techniques, tremendous progress has been made to diagnose and safely treat these life threatening conditions. Dr. Gupta will be discussing this topic in detail.

**OBJECTIVES:** At the conclusion of this workshop, participants will be able to 1) Recognize the pathophysiology of Ischemic and Hemorrhagic Stroke. 2) Assess for the diagnosis and treatment of Subarachnoid hemorrhage/ruptured brain aneurysm. 3) Describe the neurosurgical treatment of Ischemic stroke - Mechanical Thrombectomy.

#### 8. A Progressive Shift in Traumatic Brain Injury (TBI) Populations: Unique Challenges in Treating TBI in the Elderly

**SuAnn S. Chen, MD and Peter Nicolai Fish, MD**

In the US, the fastest growing subset of the population is that of individuals age 65 and older. While previously the leading cause of traumatic brain injuries (TBI) was motor vehicle accidents and in males ages 30-50, the statistics are changing and now the leading cause of TBI is due to falls in those aged 75 and older.

There are unique challenges in treating TBI in this older population including and not limited to: different dosing and medication considerations for treatments, increased comorbidities complicating TBI pathology, process of neurorecovery, and psychosocial challenges, such as isolation in a COVID-pandemic world. As a brain injury physiatrist in acute inpatient rehabilitation and a geriatrician in subacute rehabilitation, we present an examination of these challenges, providing an overview and offering suggestions for tailoring treatments.

**OBJECTIVES:** At the conclusion of this workshop, participants will be able to 1) Identify unique challenges in managing TBI recovery in the elderly population. 2) Recognize the pathophysiology that makes treating TBI more challenging in the elderly brain. 3) Differentiate treatments for TBI specific to the elderly population.

**1:15 PM - 1:45 PM**

**Exhibit Time and Student Poster Viewing**

**1:50 PM - 3:05 PM**

**Afternoon Block B**

## 9. Identifying Essential Elements of Community Reintegration Programming

**Usha Persaud, MS and Kevin Mazzola, MA**

The needs of individuals with moderate to severe acquired brain injury (ABI) often are long-term. They require a multifaceted, comprehensive treatment approach that is uninterrupted, proactive, and conceptualized as a lifelong rehabilitation process. Community reintegration programming not only must be individualized, well-coordinated, and emphasize socialization with a community-based multi-disciplinary approach to intervention, but also must include caregivers and families as a primary element of program intervention throughout the rehabilitation continuum.

Elements of community reintegration programming that are considered essential toward maximizing treatment efficacy for individuals with ABI are discussed within the context of the current scientific literature. (Gordon, D. J., Persaud, U. D., Beitcher, I., Brickfield, L., & Greenwald, B. D., (accepted December 2020). Comprehensive Community Reintegration Programming for Persons with Acquired Brain Injury. Professional Psychology: Research and Practice.).

**OBJECTIVES:** At the conclusion of this workshop, participants will be able to 1) Discuss the impact of multifaceted sequelae of acquired brain injury on both survivors and their families following their transition from acute care. 2) Propose meaningful tools to engage caregivers in their role in assisting survivors in community reintegration. 3) Assess the survivor/caregiver relationship and provide meaningful tools to make positive change in their efforts in the community reintegration continuum.

## 10. Neurofatigue: Implications and Treatment Approaches Following Brain Injury

**Erin Fults, PsyD**

Fatigue is a commonly reported symptom following brain injury. Neurofatigue is a cognitive (mental) tiredness that can impede daily functioning and exacerbate injury-related physical, sensory, emotional, and cognitive symptoms. Effective management of neurofatigue requires awareness on the part of both providers and the individual, as well as self-monitoring of symptoms and application of strategies. This presentation will discuss the prevalence and impact of post-injury fatigue, clinical implications for treatment settings and daily living, and symptom management approaches.

**OBJECTIVES:** At the conclusion of this workshop, participants will be able to 1) Assess neurofatigue and its prevalence following brain injury. 2) Recognize triggers and symptoms of neurofatigue. 3) Demonstrate an Increased knowledge of treatment approaches so as to improve symptom management and optimize engagement in rehabilitative treatments.

## 11. Research Panel:

### Personal and Injury-Related Factors that Affect Successful Graduation in Transition Age Adolescents/Adults with Moderate-Severe Traumatic Brain Injury

**Ashley Kakkanatt, MD**

While outcomes and guidelines for returning to school after TBI in children and adolescents have been published and predictors of return to employment have been studied in adults, little research focuses on successful graduation for individuals who are in the transition age group (i.e. late high school and college aged individuals). Ability and supports needed to graduate may differ from those needed to return to school or return to work. This study aims to identify factors related to successful graduation in those 16-24 years old, a unique development group not well represented in the TBI literature. By identifying these factors, we can then create a predictive model for successful graduation in this age group.

**OBJECTIVES:** At the conclusion of this workshop, participants will be able to 1) Assess personal factors that are associated with successful graduation in the late adolescents with moderate-severe TBI. 2) Identify injury-related factors that are associated with successful graduation in late adolescents with moderate-severe TBI. 3) Design a predictive model for successful graduation in late adolescents with moderate-severe TBI.

## Is there a Role for Botulinum Toxin-A in the Management of Post-Traumatic Headaches?

**Nicole Diaz-Segarra, MD**

Post-traumatic headache (PTH) is one of the most common complaints after traumatic brain injury (TBI) and negatively impacts functional outcomes. PTH management is based on chronic migraine (CM) treatment, including botulinum toxin-A (BTA) injections with a recommended dose of 155 total units in seven standardized muscles. PTH is complicated by trauma-related skull, brain, cervical musculature, and nerve injury. Consequently, the CM BTA injection paradigm may not address PTH pain generators. Thirteen patients with PTH refractory to conservative treatment underwent BTA injection with 40-200 units distributed among 4-12 muscles, gradually increased by 35-100 units to a maximum of 90-600 units. Patients reported decreased headache severity, headache days, medication consumption, and neck pain. This study suggests a role for PTH management with BTA injections tailored to muscles in the headache pattern and myofascial trigger points. Additional studies are needed to determine dosage, injection sites, and explore the utility of a personalized approach.

**OBJECTIVES:** At the conclusion of this workshop, participants will be able to 1) Recognize the symptoms leading to a diagnosis of a common complication of Traumatic Brain Injury - post-traumatic headaches. 2) Apply the best course of action from currently utilized approaches for post-traumatic headaches. 3) Evaluate the possible role of Botulinum Toxin-A in the management strategy of post-traumatic headaches.

## Promoting Safe Eating Through the Use of Differential Reinforcement and Self-Management: An interdisciplinary approach

**Chris M. Schaub, MS Ed, BCBA**

Brain injury (BI) can result in complex physical, cognitive and behavioral sequelae that challenge the rehabilitation process. The subject sustained a severe BI at the age of 29, resulting in hemiparesis, visual and communication deficits, executive dysfunction and dysphagia. Feeding was prioritized due to safety issues, and a behavior analytic intervention was developed in collaboration with speech therapy. Using a multiple baseline across behaviors design, a differential reinforcement procedure was implemented, including a token economy, to promote self-management of safe eating. Ultimately, a behavior chain was established, and the token economy was discontinued while rapid eating and accuracy of mouth self-checks maintained at low and high rates, respectively.

Behavior analysts are not traditional members of interdisciplinary teams in rehabilitation settings, but this study demonstrates how the science of behavior analysis can enhance the efficacy of traditional therapies and expand its application and utility beyond what are considered traditional problem behaviors.

**OBJECTIVES:** At the conclusion of this workshop, participants will be able to 1). Identify and describe elements of a differential reinforcement procedure, including the components of a token economy, and their application in promoting replacement behaviors. 2). Identify and describe self-management, as defined in a behavior analytic context, wherein the correspondence between saying and doing is systematically addressed. 3). Identify ways in which interdisciplinary team members can integrate their discipline-specific methods and procedures toward maximizing safety and independence for brain injured individuals.

## 12. Post Trauma Vision Syndrome: A Novel Treatment Approach to Invisible Symptoms

**Karen Wauters, OTR/L**

Following a neurological event such as a TBI or concussion, visual imbalances can occur between the focal and ambient visual processes affecting balance, reading, affect, and cognitive functioning. It has been noted by clinicians that brain injured clients describe symptoms such as the inability to tolerate crowds or stores, dizziness when scrolling on screens, problems riding in moving vehicles, photophobia, depth perception difficulties, spatial disorientation, anxiety and depression.

Post trauma vision syndrome can be the cause of these difficulties and new interventions are available to remedy these impairments and improve a client's ability to function at home, in school, at work and with other meaningful activities. A collaborative approach between rehabilitation professionals utilizing techniques such as Neurovisual Processing Therapy, binasal occlusion, rotatable yoked prisms, and patient education are an effective means of treatment which will be described in this short course.

**OBJECTIVES:** At the conclusion of this workshop, participants will be able to 1) Recognize and discuss post trauma vision syndrome and the symptoms associated with it. 2) Demonstrate the dynamics of the team approach to the treatment of PTVS, including when to refer to other professionals. 3) Formulate an incremental approach to the treatment of patients with PTVS in order to remediate impairments as well as improve everyday function with adaptive and compensatory techniques.



# SEMINAR COMMITTEE

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Applications for CE Credits have additionally been made to the following accreditation bodies:

- New Jersey State Board of Physical Therapy Examiners
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- The American Occupational Therapy Association
- The Professional Counselor Examiners of New Jersey

Applications for CE Credits have been approved by the following accreditation bodies:

- Certified Health Education Specialist, Category 1 – 5 CECH
- Commission on Rehabilitation Counselor Certification – 5 CEU
- National Association of Social Workers NJ – 5 CCEC
- Commission for Case Management Certification – 5 CEU

The Brain Injury Alliance of New Jersey encourages all individuals with disabilities to attend and participate in its events, and follows the regulations outlined in the Americans with Disabilities Act. If you anticipate needing any type of accommodation or have questions about the physical access for this event, please contact the Brain Injury Alliance of New Jersey at [info@bianj.org](mailto:info@bianj.org) prior to this program. Every effort will be made to provide reasonable accommodations in an effective and timely manner.

**Cancellations and Substitutes:** Cancellations will be accepted in writing, no later than May 4, 2021. There is a \$25.00 cancellation fee. You may transfer your registration to another person with 24-hour advance notice. Please email [info@bianj.org](mailto:info@bianj.org). If the Seminar is cancelled in part or in its entirety for an unforeseen circumstance a partial or full refund will be provided. Cancellation information will be posted on [bianj.org](http://bianj.org).

**Complaints and Grievances:** During and after the Seminar, attendees and participants can contact [wberk@bianj.org](mailto:wberk@bianj.org).