

# NEWS AND NOTES

ISSUE I SPRING 2008

## MAKING A DIFFERENCE AROUND THE WORLD

RAISING AWARENESS ABOUT MEDICAL REHABILITATION NEEDS IN AFRICA

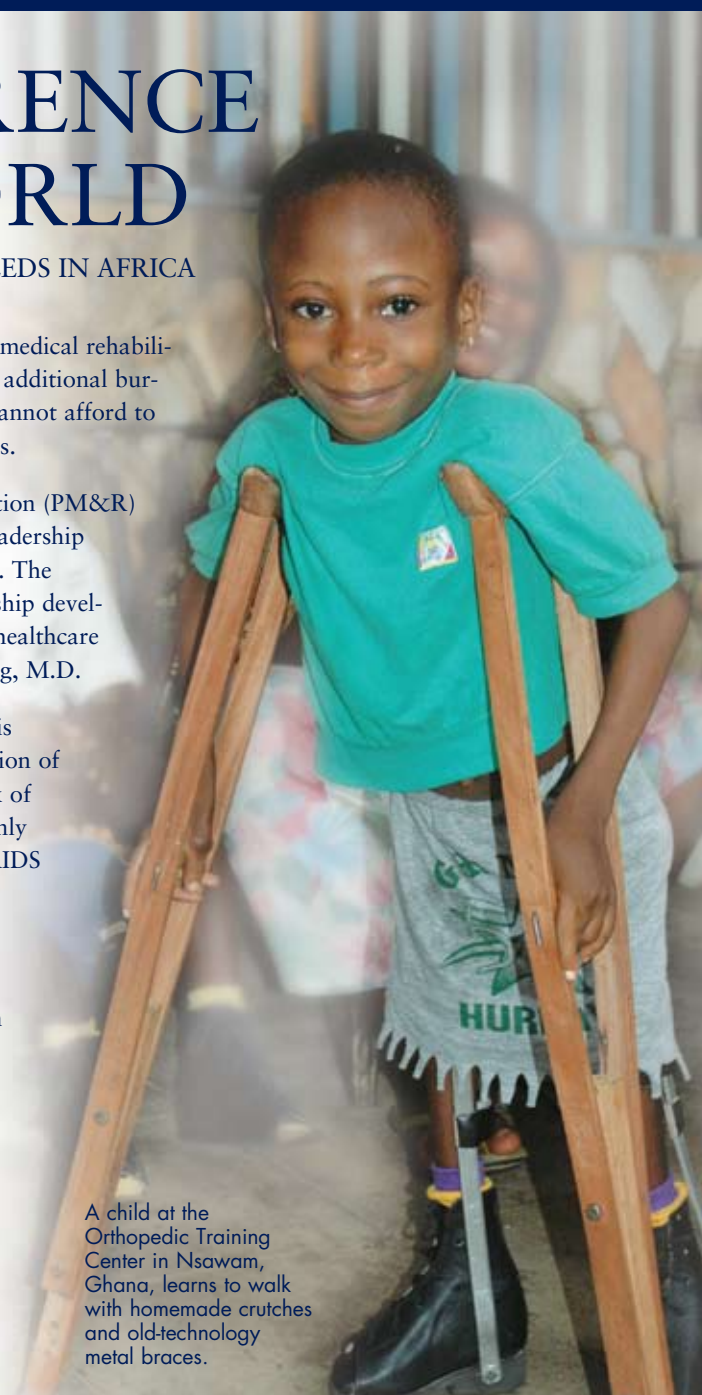
Millions of people in the world's poorest countries do not receive the critical medical rehabilitation they need. These developing nations — which often struggle under the additional burdens of disease, poverty, malnutrition, poor education, and social unrest — cannot afford to lose the productivity of these potential workers, parents, students, and citizens.

The University of Michigan Department of Physical Medicine and Rehabilitation (PM&R) leads the charge to change this situation through its Global Rehabilitation Leadership Program. Many assistive healthcare programs often concentrate on fieldwork. The Global Rehabilitation Leadership Program differs in that it focuses on leadership development, academic research, and education of the world's next generation of healthcare policymakers, managers, and providers, according to its director Andrew Haig, M.D.

The need to expand medical rehabilitation into rural and developing regions is clear. The real question is: Why is it not there in the first place? An examination of the devastating effects of the AIDS epidemic in Africa offers a clue to the lack of medical rehabilitation resources in poor nations. Of course AIDS is not the only disabling disease in Africa, and likely not even the most costly. But because AIDS is a relatively new disease and global in scope, its management offers the best example of the priorities of a modern, well funded, global healthcare process.

It can be argued that from a long-term economic and social perspective, disability, rather than death or the cost of treatment, is the greatest burden from AIDS. However, a Medline literature review conducted by Dr. Haig showed that only two of 4,379 articles on AIDS in Africa related to disability — about 0.05%. Dr. Haig asserts that his finding reflects current funding priorities, which are a consequence of both traditional epidemiological methods and old-line 'cure or die' medical education. "The disproportionate lack of medical rehabilitation specialists and facilities is a consequence of the same forces," says Dr. Haig. "Similar patterns are seen in rural and developing regions around the world."

continued on page 2



A child at the Orthopedic Training Center in Nsawam, Ghana, learns to walk with homemade crutches and old-technology metal braces.

## INSIDE THIS ISSUE...

Message from the Chair . . . . . page 3  
A Generous Pioneer: Max Newman . . . . . page 4  
James Rae Day . . . . . page 5  
Helping Children Find Their Voice . . . . . page 6

New Spine Program Interim Director . . . . . page 7  
PM&R Kudos . . . . . page 7  
New Faculty & Staff . . . . . page 8

# MAKING A DIFFERENCE *continued*

This conclusion led to the creation of the Global Rehabilitation Leadership Program and its mandate that medical rehabilitation professionals change healthcare service by encouraging governments, agencies, and philanthropists to look at the cost of disability, not just disease. In addition, the program encourages and mentors young health professionals to practice, research, and advocate locally for better medical rehabilitation care by adapting intervention strategies to the impairments imposed by poverty and distance.

Since its inception only two years ago, the Global Rehabilitation Leadership Program has undertaken several key projects and achieved important milestones. They:

- Developed a picture-based test of disability assessment that does not require translation or reading. This testing mechanism allows for an easily administered global standard that operates independently of language and cultural limitations.
- Wrote numerous articles and editorials, and oversaw special editions of medical journals focusing on the importance of medical rehabilitation in developing nations in publications.
- Partnered with the University of Ghana to support their rehabilitation practitioner training programs.
- Consulted with the government of Liberia on rehabilitation policy.



Dr. Haig examines a child with polio in a rural village outside of Anamabo, Ghana. His team found that many people were disabled more by untreated complications than by the original disease. The village teacher saw this boy as the brightest in his class, but because of his disability his parents will not be likely to invest the small amount of money needed to continue his schooling.

**“The Global Leadership Program has the vision and is ready to do the hard work that can make such a critical difference in the lives of millions of people around the world.” — Dr. Haig**

In addition, because of the program’s work, U-M faculty now hold some of the highest positions in various international professional organizations and U-M undergrads, medical students, and resident physicians are now exposed to international rehabili-

tation techniques — often in the poorest regions of the world.

“In the last few years, the Global Rehabilitation Leadership Program has grown from two faculty members to a consortium of over 20 major academic physical medicine and rehabilitation programs throughout the world,” says Dr. Haig, who founded the U-M Medical School’s Spine Program and also serves on the PM&R faculty. “As a result, the international healthcare community views our faculty as world leaders in research, education, and growth of rehabilitation in poorer regions.”

Funded by the U-M’s Global Intercultural Exchange for Undergraduates, Drs. Andrew Haig, Anthony Chiodo, and Suehun Ho brought 16 undergraduates to Ghana last summer. The students traveled across the country to learn about what caused disability, what the healthcare system was doing about it, and what happened to people with disabilities in society, and then discussed where changes could be made.



The program's strategy is to "stake a claim" in an area that needs assistance and focus on creating a beachhead of success that can then be used as a model for expansion into other areas. The program's partnership with the School of Allied Health at the University of Ghana Medical School was its first foray using this development model.

Ghana has virtually no medical rehabilitation and few laws to protect the disabled. There are no occupational therapists or physiatrists in the entire country, and only a handful of physical therapists, prosthetists, orthotists, and speech therapists. There are many barriers to the establishment of such services, including lack of funding, limited government support, cultural stigma of the disabled, and poor utilization of existing resources.

So the need for intervention in Ghana was obvious. On the plus side, the country's official language is English (which made communication easier) and it has a relatively stable, progressive government that welcomed input from the program. For the past couple years, Dr. Haig – along with faculty, including Drs. Anthony Chiodo and Suehun Ho, and teams of U-M students – have visited and assisted Ghana's School of Allied Health with its training, education, and research initiatives.

"The Global Leadership Program has the vision and is ready to do the hard work that can make such a critical difference in the lives of millions of people around the world," says Dr. Haig. "All we need now is the financial support to help U-M become the world's leader and best in medical rehabilitation."

To further support its mission of improving global medical rehabilitation through building local experts and teaching them to lead, the Global Rehabilitation Leadership Program launched a capitol campaign in December 2007. The program is soliciting gifts of any size for a wide variety of programs and activities, including:

- A \$1 million program endowment for operational expenses
- \$2 million for an endowed chair in global rehabilitation
- \$4.5 million for special projects such as a foreign laboratory clinic, a web-based modular specialty training program, a rehabilitation leadership training program, an endowed global rehabilitation fellowship training program, and a visiting global physiatrist training program
- About \$500,000 in funding for research and equipment, travel expenses, plus seed money for a new online journal and a world conference on medical rehabilitation in developing regions

For more information or to contribute, please contact:

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## MESSAGE FROM THE CHAIR



The field of Physical Medicine and Rehabilitation is constantly changing, and the University of Michigan is at the forefront of

that change. In this issue of our newsletter, the first in our new format, we are highlighting some of the exciting outreach programs, research programs and other new events going on in our department. Our outreach goes all the way to Africa; our research goes inside the brain and the spine. How different our field is than in the days of Max Newman, one of PM&R's founding fathers.

What is fortunate, however, is that the basic principles remain the same. Those of us in the field of physical medicine and rehabilitation are dedicated, then and now, to helping those facing difficulties due to disability, pain, and disorders of function. Only the techniques change, and the discovery of new knowledge brings new methods. We are grateful to our alumni and other supporters who are essential partners in this work.

In this issue, you will meet Tom Wright, our new Gift Officer. Tom is working hard to keep all of you in touch with the department, including spearheading this new format for our newsletter. In future issues, we will bring you more information about our new endeavors, new faculty, and the ever popular alumni updates. I look forward to seeing as many of you as possible at James Rae day and this fall during the U-M Medical School Reunion Weekend or at the AAPMR meeting in San Diego.

**Edward Hurvitz, M.D.**  
*Associate Professor and Chair,  
James W. Rae Collegiate Professor*

## WHO SAYS...

According to the World Health Organization:

**600 million:** approximate number of people in the world who have some type of disability

**80:** percentage of the world's disabled population that lives in low-income countries

**1-2:** percentage of people in the developing world who receive medical rehabilitation services

# A PIONEER INSPIRES THE NEXT GENERATION

## THE MAX NEWMAN SCHOLARSHIP IN PHYSICAL MEDICINE AND REHABILITATION

This May during the Department of Physical Medicine and Rehabilitation James W. Rae Scientific Day event, a fourth-year medical student planning to specialize in physical medicine and rehabilitation will be awarded with a Max Newman Scholarship that covers a significant portion of their tuition. Established in 1960, this generous gift has supported and nurtured some of the most promising talent in the field. The story of the man behind the scholarship is just as inspiring as the gift itself.

Max Karl Newman was born in Malden, Massachusetts, in 1909 — one of four children of immigrant parents who came to the United States from Poland before World War I. When he was eight months old, Newman contracted polio. The disease left his left leg severely weakened. Despite great financial hardship, his family was desperate to help him and moved to Detroit where the eminent German surgeon Max Ballin, M.D., performed an operation that finally made it possible for him to walk. From this series of daunting challenges was born a passion for medicine and a lifetime spent helping others.

Newman graduated from Detroit's prestigious Cass Technical High School and entered the University of Michigan where he graduated in 1930, Phi Beta Kappa. He applied to the Medical School, but — a reflection of the times — encountered restrictions due to his Jewish religion and even his disability, mild as it was. Undeterred, Newman took a year to work and save money, then reapplied. He was accepted.

Newman received an Alpha Omega Alpha Award in recognition of high scholastic achievement during his third year of Medical School. He graduated in 1934, just after marrying his sweetheart, Sophia Rosenzweig.



The Newman Family; Front: Ben Newman, Sophia and Max Newman, Evelyn Cogan; Back: Daniel Newman, Steve and Katie Newman, Hon. Marilyn Kelly, Don Newman

“The whole department of physical medicine was established before the scholarship, but once it was established I wanted to make sure it was maintained, so that I would indicate that any senior medical student, if he professed an interest in physical medicine, would be eligible for the Newman Scholarship.”

— Dr. Max Newman

As a physician, Newman was not content to simply find an established specialty and fit himself into it. His life experiences had convinced him that there was a void in medicine, one that he intended to fill. His inspiration: the hundreds of thousands of children and adults with physical disabilities for whom there was little in the way of treatment or therapy. He became a pioneer in the field of physical medicine.

While maintaining a practice in Detroit, he consulted with such luminaries as Frank Krusen at the Mayo Clinic, Walter Zeiter at the Cleveland Clinic, and John Coulter

at Northwestern School of Medicine to establish departments of physical medicine in their institutions. Together with these physicians, Newman formed and founded the specialty of physical medicine and rehabilitation. He was the 43rd physician to be registered in the Academy of Physical Medicine and Rehabilitation, a field that now boasts nearly 9,000 members.

Newman's thriving practice focused on neuromuscular abnormalities such as cerebral palsy, poliomyelitis and muscular dystrophy. He was, says his son, extraordinarily devoted to his patients, many of whom

were similarly poor immigrants who spoke little English and could barely afford to pay him. "Detroit was an international center in those days," says Steven Newman. "He always tried to learn at least a few words in a patient's native language, to ease their anxiety. And he always carried a few five- and ten-dollar bills in his pockets to lend to patients who needed carfare." If some couldn't pay their bills at all, Newman did not refuse them treatment. He simply trusted that they would pay their bills eventually. And they did.

Max and Sophia Newman had five children: Steven, Phyllis, Geoffrey, Donald and Martin. Though Max Newman worked long hours, he took every opportunity to include his children in his life, even taking them along on weekend house calls. When Newman was invited to present papers at meetings and conferences, he often turned the trips into family adventures, taking the whole group to New York City, Chicago, Washington, D.C., and beyond.

Max Newman shared his expertise widely. He was a consultant at the Jewish Home for the Aged, the Catholic Home for the Aged, the Detroit House of Corrections, three veteran's administration hospitals and the Rehabilitation Institute of Detroit. He taught at the University of Michigan, Michigan State University and Wayne State University.

He also understood the power of giving back. He believed that the wealth he accumulated wasn't his money, but rather the product of his work — a resource that could make life better for others. "He made sure that we all understood that sense of responsibility," says Steven Newman.

Newman began supporting the University of Michigan Medical School financially in 1960 when he began underwriting The Max Newman Scholarship in Physical Medicine and Rehabilitation. Similar gifts of Medical School scholarships continued for many years.

In 2000, a gift from Newman together with the Newman Family Foundation also established the Newman Family Professorship

in Radiation Oncology in the University of Michigan Medical School. The first recipient was then-dean of the U-M Medical School, Allen S. Lichter (M.D. 1972).

Max Karl Newman continued to practice into his 90s. He died in 2003; Sophia Newman died two years later. And true to the spirit of its founder, the Newman

Family Foundation continues to support a variety of Detroit-area causes and organizations.

This article was adapted from a previous story written by Whitley Hill for the 2007 edition of *Endowed Medical Professorships at the University of Michigan*.

## Support the future and increase the impact of your gift

Inspired by the generosity and support of Max Newman, one of his scholarship recipients, **Laszlo Kiraly, M.D.** ('67) recently made a gift to PM&R that was bolstered by U-M President Mary Sue Coleman's President's Donor Challenge for graduate student aid:

- The Challenge leverages gifts of up to \$1 million for graduate student aid at Michigan, by contributing one dollar for every two dollars.
- The program continues until \$40 million in gifts have been received or the Michigan Difference campaign ends on December 31, 2008, whichever comes first.
- Pledges must be made by December 31, 2008 to ensure a match and can be paid over a five-year period (by Dec. 31, 2012).
- A gift of \$50,000 or more will establish a named endowment, creating a legacy of support for the next generation of leaders and best.

The President's Donor Challenge is a great way to leverage your giving and build a future of brilliant educational opportunities at Michigan.

For more information, please contact Tom Wright at (734) 615-1256 or e-mail: [thomasjw@umich.edu](mailto:thomasjw@umich.edu).

## JAMES RAE DAY 2008

Each year Physical Medicine and Rehabilitation sponsors a James W. Rae Scientific Day in honor of one of the founders of our department. This year we will be marking the 25th year of the event on Friday May 9, 2008 at the Four Points Sheraton Ann Arbor. The featured speaker will be Ross Zafonte, M.D., Professor and Chair of the Department of Physical Medicine & Rehabilitation at Harvard University. He will be presenting a lecture entitled "Clinical Trials in Traumatic Brain Injury: Lessons Learned and Opportunities." The remainder of the program will include presentations from guest lecturers from around the country and the University of Michigan faculty.

If you have any questions about the event, contact Tom Wright at (734) 615-1256 or [thomasjw@umich.edu](mailto:thomasjw@umich.edu), Judy Pence at (734) 763-5421 or [jpence@umich.edu](mailto:jpence@umich.edu), or Virginia Nelson, M.D. at (734) 936-7200, or [vsnelson@umich.edu](mailto:vsnelson@umich.edu).

# HELPING CHILDREN FIND THEIR VOICE

## LAB DEVELOPS ALTERNATIVE COGNITIVE TESTING METHODS



Reliable and valid testing of cognitive and learning skills is critical for a child's educational and life planning. However, traditional methods of testing often require the ability to speak or point. For children with severe physical and speech impairments, these tests can be inaccessible and do not provide reliable information.

Researchers from the PM&R's Adapted Cognitive Assessment Lab (ACAL) recognize the importance of addressing this need. Their mission is to develop and disseminate accessible neuropsychological techniques and cognitive assessment procedures that help parents and educators better understand the needs of children with physical and speech impairments.

"Our goal is to provide parents and educators with a more accurate, comprehensive profile of a child's abilities," says Dr. Seth Warschausky, ACAL's principal investigator. "This profile can then generate appropriate interventions and supports in the child's school, home, and community."

In 2007 ACAL received federal funding from the National Institutes of Health (NIH) and the U.S. Department of Education to study the psychometric properties of neuropsychological tests modified for use with assistive technology. These alternative testing methods help identify the cognitive capabilities and academic aptitude of children with cerebral palsy, including those who are non-verbal — children whose abilities would not otherwise be revealed through traditional, standardized cognitive testing in a typical school or clinical setting.

According to Dr. Warschausky, it had always been assumed that children with cerebral palsy are at high risk for learning disabilities. "Traditional measures of information processing often rely on motor speed — how quickly a child can point to something or write down a response. But that just doesn't work with many children who have cerebral palsy," he explains.

To get a more accurate measure, ACAL tapped into the expertise of rehabilitative engineers and speech/language pathologists to modify standard instruments and procedures for access with assistive technology. This equipment is then used to administer adapted cognitive assessments: versions of traditional tests that are accessible to children who can't talk or point.

For example, with a standard test an examiner might display a page with a set of pictures, and then ask the child to point to one based on a certain set of criteria, like length, color, shape, etc. With the adapted version of this test, a software program scans through the digitalized images on a computer monitor and the child, via assistive technology, can use any kind of movement to indicate a choice, such as a head nod or small gesture.

In addition to the federal funding, ACAL has recently been awarded a grant from the Mildred Swanson Foundation for a study that will send an educational liaison to the school of a child with cerebral palsy to identify available resources and strategies based on the child's ACAL assessment testing results.

"Traditional measures of information processing often rely on motor speed — how quickly a child can point to something or write down a response. But that just doesn't work with many children who have cerebral palsy."

— Dr. Warschausky

The studies will involve about 160 children between the ages of six and sixteen and portions of the research are conducted in collaboration with Mary Free Bed Hospital in Grand Rapids, Michigan. In addition to Dr. Warschausky, the other investigators include Dr. Marie Vantubbergen, Dr. Jacqueline Kaufman, Lynn Driver, MS and Dr. Rita Ayyangar of PM&R's Cerebral Palsy Program, and Dr. Jacobus Donders of Mary Free Bed Hospital.

"There's still a lot we don't know about the capabilities of these children," says Dr. Warschausky. "This research will help immensely as we try to provide the resources they need to fully realize their potential. Every source of funding we get is critical to continuing our work."

To learn more about ACAL or to find out how you can help support its work, contact:

**Donna Omichinski**  
Project Coordinator

734-936-6023

ANAC-Project@med.umich.edu

Or visit their website at [www.med.umich.edu/pmr/acal](http://www.med.umich.edu/pmr/acal).

# U-M SPINE PROGRAM NAMES INTERIM DIRECTOR



**Matthew W. Smuck, M.D.**, Clinical Assistant Professor in the Department of Physical Medicine and Rehabilitation was appointed Interim Director of the Spine Program

on February 1, 2008. U-M's Spine Program provides comprehensive patient-centered services for individuals with acute and chronic spine disorders. The Spine Program faculty include 9 interventional and non-interventional PM&R physicians, 3 pain neuropsychologists, and weekly neurosurgery and orthopedic spine surgery clinics. All faculty practice is in a single facility with on-site offices, clinics, therapy gym, electrodiagnostics lab, and fluoroscopy.

The Spine Program is the place for the comprehensive treatment of spine disorders at U-M. It contains the University's only complete multidisciplinary program for treatment of chronic pain with coordinated team-based rehabilitation in physical therapy, occupational therapy, exercise physiology, and pain neuropsychology. In addition to comprehensive rehabilitation, faculty of the spine program offer advanced manual treatments and a full-spectrum of diagnostic and therapeutic interventions. The Spine Program's main office is in Ann Arbor. Patient care is also provided at two satellite locations with weekly clinics in Livonia, and interventional treatments at facilities in Chelsea and Livonia.

In addition to its patient-centered focus, "The program also has an educational and academic mission. Faculty provide training to medical students, residents and fellows, and are national leaders in spine research," explains Dr. Smuck. In the past two years, The Spine Program faculty have published more than 30 peer-reviewed scientific articles and numerous book chapters. Current research projects include everything from clinical trials of cutting-edge spine technologies to basic science research into the genetics and mechanisms of chronic pain. One

area of particular interest to Dr. Smuck is evaluating the competency of residents and fellows to perform interventional spine procedures. "Currently, one large gray zone in medicine is the determination of procedural competency, he adds. Since we perform a high volume of short procedures, it provides us an excellent opportunity to evaluate parameters of competence that will benefit our specialty, and may translate to other specialties performing more complex medical procedures. This will improve both patient safety and effectiveness of medical care."

As for the future of this innovative program, Dr. Smuck hopes to broaden the satellite clinics with plans to open a new facility in Brighton. He also wants to expand the research program. "We currently employ two masters level research assistants that have been instrumental to our success in research. The next step is to bring on board a Ph.D. with a focus in spine research." The Spine Program has been fortunate to have the support of donors like Amy Coyer, formerly of Michigan and now a resident of Vail, Colorado, who was helped by the program and now wants to help other patients. She has provided the program with \$40,000 over the past three years. "Nationwide, very few programs offer the amount of comprehensive services that we provide, says Dr. Smuck. With the help of generous donors like the Coyer Family, we will be able to expand and improve these services and thus help more patients."

## Spine Program Locations

### Spine Program

Burlington Building – Ann Arbor  
325 E Eisenhower Parkway, Suite 100  
Ann Arbor, MI 48108  
tel 734-936-7175

### Livonia Interventional Spine Clinic

Livonia Center for Specialty Care  
19900 Haggerty Road, Floor 1, Suite 100  
Livonia, MI 48152  
tel 734-763-3303

## PM&R KUDOS

### PM&R Named Among Best Doctors in America 2007

Andrew J. Haig, M.D.  
James Leonard, Jr., M.D.  
James Richardson, M.D.  
Jack M. Rosenberg, M.D.  
Kathy Spires, M.D.  
Robert A. Werner, M.D.

### PM&R Physicians in Hour Detroit Magazine's "Top Docs 2007"

Edward A. Hurvitz, M.D.  
James Leonard, Jr., M.D.  
Virginia Nelson, M.D., Ph.D.  
James Richardson, M.D.

## M. CATHERINE SPIRES, M.D., NAMED ELAM FELLOW



**M. Catherine Spires, M.D., P.T.**, Residency Program Director, Associate Chair for Clinical Affairs and Clinical Associate Professor, U-M Department of Physical Medicine and Rehabilitation

was selected to be part of the 2007-2008 class of Executive Leadership in Academic Medicine (ELAM) fellows. ELAM is the only national program dedicated to preparing senior women faculty for leadership at academic health centers. The new fellows represent 47 medical, dental, and public health schools.

The ELAM curriculum combines traditional MBA training, such as in finance and organizational theory, that is oriented toward the academic health center environment. It also incorporates activities that enhance personal and professional development around leadership, career advancement, communication, and the use of new information/learning technologies.

# PM&R WELCOMES NEW MAJOR GIFT OFFICER



PM&R's new Major Gift Officer, **Tom Wright** started working with the department in October 2007. He has been busy contacting former residents and fellows throughout the country. Tom's goal is to get updates on research, staff, residents and faculty in the news, and to develop continuing medical education credit opportunities, information on our alumni and gifts that help us expand our research and clinical capabilities. Part of this task has been updating our resident database.

Tom has worked for more than five years in fundraising for U-M's National Public Radio and Public Broadcasting Service stations. He also has more than twenty years experience in event management, marketing, and public relations. This copy of *News and Notes* is a result of his work with U-M's in-house creative service, Michigan Marketing & Design. We hope that it will become a useful resource that you can count on. Please send Tom your feedback so we can customize future PM&R publications to meet your needs.

**Tom Wright, Major Gift Officer**  
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*Tom looks forward to meeting many of you at upcoming events: James Rae Day, May 8-9; Medical Reunion Weekend, September 25-27; and the National Physical Medicine & Rehabilitation Clinic at the San Diego Marriott, November 20-23.*

## NEW PM&R FACULTY

**James T. Eckner, M.D.**  
*Clinical Lecturer*

**Specialty:** Physical Medicine and Rehabilitation | **Clinical Interests:** Musculoskeletal and neurological rehabilitation; Electrodiagnostic medicine | **Research Interests:** Mild traumatic brain injury or concussion in athletes and investigating the role of reaction time testing and rehabilitation in this population | **Degree:** M.D., Case Western Reserve University, 1999 | **Residency:** University of Michigan, 2007 | **Recent Grant Award:** 2007 Foundation for PM&R Education Research Fund New Investigator Award

**Michelle Ann Meade, Ph.D.**  
*Assistant Professor*

**Specialty:** Rehabilitation Psychology | **Clinical Interests:** Spinal Cord Injury, Adjustment to and self-management of physical disability and chronic medical conditions | **Research Interests:** Spinal Cord Injury, Health Disparities, Self-Management, Health Behaviors, Community Re-integration (employment / recreation / participation) | **Degree:** Ph.D., 1998, Ohio University | **Postdoctoral Fellowship:** Clinical Rehabilitation Psychology, University of Michigan, 1998 to 2000 | **Recent Grant Awards:** Self-Management of Spinal Cord Injury and Disease: a two-year project funded by the PVA (Paralyzed Veterans of American) Education Foundation

### CONTACT US

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please e-mail thomasjw@umich.edu or call 734.615.1256

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