

AXIS

A NEWSLETTER OF SHEPHERD CENTER
PROVIDER OF MEDICAL TREATMENT, RESEARCH AND REHABILITATION



PG 3: The Next Decade for SCI Research



PG 4: NeuroRecovery Network Expands Activity-Based Training

PG 5: Physicians on U.S. News Media Group "Top Doctors" List

PG 6: Powered by the Tongue



PG 6: Shepherd Center Staff News

BACK COVER:

Shepherd Center Ranks among Top 10 Hospitals in U.S.

FALL 2011

Spinal Cord Injury Model Systems Grant Features Two Research Projects

By David F. Apple, Jr., M.D., Co-Project Director, Southeastern Regional SCIMS



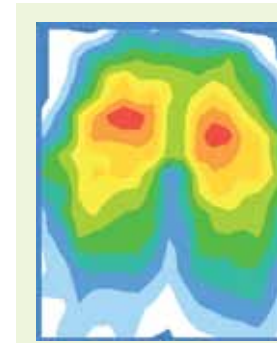
Shepherd Center has wrapped up another extremely successful five-year grant period in its long-time federal designation as a Spinal Cord Injury Model System (SCIMS).

The SCIMS grant, which Shepherd Center has had continuously since 1982, ends its current cycle on Sept. 30, 2011. The five-year period from 2006 to 2011 produced advancements in all areas the project encompasses – enhancement of the model system components; data collection, analysis, and dissemination; and site-specific research. In particular, we're excited to report on two research projects described briefly here:

I. "Psychological Status During Inpatient Rehabilitation and One Year After Onset: Stress, Coping, and Expectation – Hope for Recovery." This project is under the direction of James S. Krause, Ph.D., a senior research scientist at the Medical University of South Carolina in Charleston. Dr. Krause was on staff at Shepherd Center for many years before his relocation to Charleston. He continues to play an integral part among the SCIMS grant staff.

The study aims to identify the relationship of stress-coping elements with patient outcomes one year after the injury. The study focuses on five measures: a stressful event (the injury itself); the permanence of the injury; social support for the injured person; how the person copes with the injury; and the basic personality of the injured individual.

Continued on Page 2



Cushion Study Pressure Map
Map provided by Michelle Nemeth

Embryonic Stem Cell Study Continues at Shepherd Center

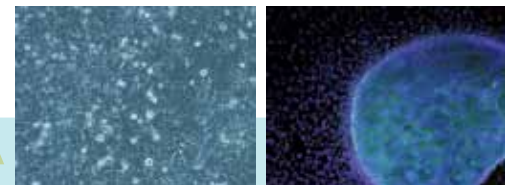
By Jane M. Sanders

Seven U.S. medical facilities, including Shepherd Center, are evaluating patients with new, thoracic-level spinal cord injuries for potential inclusion in a Phase I clinical research trial of a human embryonic stem cell-based therapy developed by Geron Corporation.

Shepherd Center treated the first patient in October 2010, the Rehabilitation Institute of Chicago treated a second patient in May 2011, Shepherd treated a third patient in August 2011 and Stanford University treated a fourth patient in September. Up to 10 people will be enrolled in the first-of-its-kind trial.

The trial is primarily assessing the safety of Geron's product called GRNOPC1, which is composed of oligodendrocyte progenitor cells derived from human embryonic stem cells. Researchers are also following the therapy's affect on sensation and neuromuscular control in the trunk and lower extremities. A recent report indicated that neither patient has experienced any serious adverse events, nor any significant neurological change to date.

Trauma centers are referring patients to the clinical trial sites based on the following inclusion criteria: Participants must be newly injured adults



because the treatment must be given within seven to 14 days after injury. Injuries must be complete (American Spinal Injury Association, or ASIA, Impairment Scale grade A), thoracic-level (T-3 to T-11) SCIs. There is a 10-day waiting period between participant treatment dates.

For more information on the trial, see www.clinicaltrials.gov or geron.com. For potential patient enrollment at Shepherd Center, send inquiries to ismari_lesson@shepherd.org or michelle_tidwell@shepherd.org.

Continued From Front Page

Spinal Cord Injury Model Systems Grant Features Two Research Projects

These measures are particularly important because there is a great deal of discussion clinically about the relationship between how a person perceives the permanence of the injury (that is, whether or not there will be a 'cure') and the actual outcomes that the individual experiences both during and after rehabilitation. The focus of the study is on psychological outcomes.

More than 230 participants have enrolled in the study. All have been interviewed – both when they were initially injured and at the one year post-injury mark. Also, they have completed surveys that include numerous questions designed to provide necessary data for the researchers. Researchers are collecting data through the end of the current grant cycle, and then, they will analyze it, write journal articles and make presentations on the results.

2. "Wheelchair Seat Cushion Degradation Study." This project was conducted in collaboration with the Georgia Institute of Technology, which developed and tested the wheelchair cushions and measurement devices.

Researchers assessed a variety of seat cushions under real-life conditions with the goal of developing an instrument that will help clinicians know when a cushion has reached the end of its functional life. In this way, a new cushion can be obtained before the user develops skin or postural difficulties due to the use of a degraded cushion.

Researchers have conducted testing with 140 study participants. The research team, which Michelle Nemeth leads in conjunction with Georgia Tech Professor Steven Sprigle, Ph.D., hopes to enroll a total of 200 subjects, two-thirds of whom will return for periodic retesting so that cushion aging can be assessed.

The team looks forward to the creation of the final version of the cushion measurement instrument. Researchers have already presented findings at national meetings, and the next step will be writing articles for publication in rehabilitation and rehabilitation engineering journals in 2012.

Researchers at Shepherd Center and Georgia Tech have conducted a study that is helping them devise a simple test to determine whether a person's wheelchair cushion is adequate or needs to be replaced.

Photo by Leita Cowart



Shepherd Center Continues as SCI Model System For Five More Years

By Lesley M. Hudson, M.A., Co-Project Director, Southeastern Regional SCIMS

With the award of a new, five-year federal grant, Shepherd Center will continue its 29-year history as a Spinal Cord Injury Model System of care and research for people with a spinal cord injury (SCI).

The U.S. Department of Education's National Institute on Disability and Rehabilitation Research (NIDRR) has designated Shepherd Center as an SCI Model System (SCIMS) since 1982. The latest grant funds the program with \$500,000 annually through 2016 for a total of \$2.5 million in support during the five-year grant period.

Shepherd Center is the largest hospital in the system, contributing more data on newly injured patients annually than any of the other 13 funded facilities. David F. Apple, Jr., M.D., emeritus medical director of Shepherd Center, and Lesley M. Hudson, M.A., have co-directed the project since its inception.

This year, they are joined by Keith Tansey, M.D., Ph.D., Shepherd Center's director of SCI research and restorative neurology, who will serve as the SCIMS research project director. Additional staff members are James S. Krause, Ph.D., senior research scientist, and Patricia Duncan, data coordinator.

The SCIMS program requires Model Systems facilities to conduct research that influences the care of people with traumatic spinal cord injury from the time of injury through lifetime follow-up. The grant also involves the collection of a large amount of patient data, both during the acute period of hospitalization and periodically throughout the life of the people being followed.

Two site-specific research projects will also be conducted at Shepherd Center. They are: "Evaluation of an improved method to assess and follow the recovery of motor control in SCI" with Dr. Tansey as the lead researcher

and "A longitudinal study of gainful employment 10 years after SCI onset: Comparisons of those who do and do not return to their pre-injury employer" with Dr. Krause leading that study.

Project staff members are excited about this latest successful application and look forward to beginning another five years as active contributors to this respected national system.



The Next Decade for SCI Research

Scientists, clinicians gather to forge a shared agenda.

By Sara Baxter

Why does one person with a spinal cord injury (SCI) respond well to a certain therapeutic treatment while another doesn't respond to it at all?

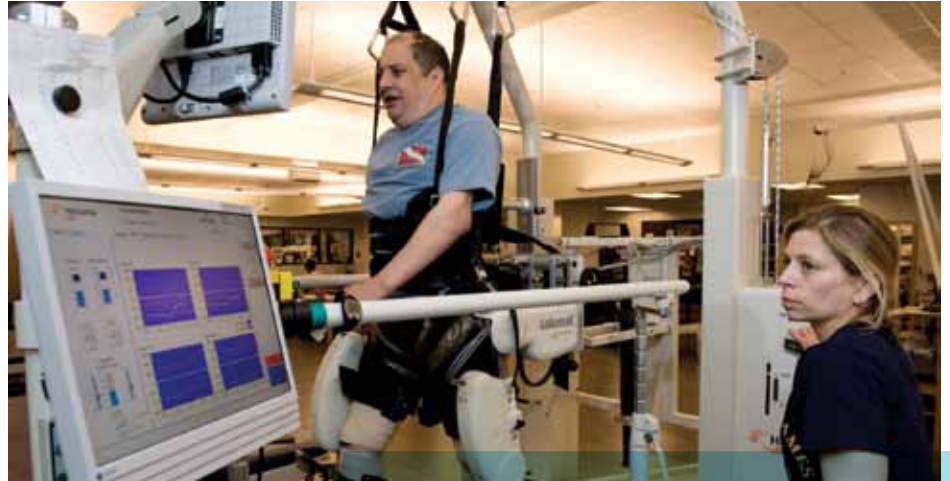
The question has been a conundrum for clinicians and researchers alike. "The differences in patients can range from genetic to physiological," says Keith Tansey, M.D., Ph.D., Shepherd Center's director of spinal cord injury research. "So we need to better understand the relationships between these individual specific features and how people respond to different treatments."

The issue of individualized treatment was just one of several SCI research priorities explored at a major conference Dr. Tansey attended in June. Themed the "State of the Science in Spinal Cord Injury Rehabilitation: Forming A New Research Agenda," the conference brought together hundreds of scientists, clinicians and policymakers to develop a road map for SCI research in the next 10 years.

"We looked at where are we now, who is doing what, what's lagging and what's on the point of breakthrough," says Lesley Hudson, M.A., executive director of the American Spinal Injury Association (ASIA), which is housed within Shepherd Center. Hudson, who is co-director of Shepherd Center's SCI Model System, also served on the State of the Science conference planning committee. "The conference examined the fundamental questions of, 'Where do we want to be in spinal cord research and what do we need to get there?'"

"We are all devoted to the same problem," notes Dr. Tansey, who served on a discussion panel at the two-day conference. "This meeting allowed us to put our expertise in the context of the bigger picture and started us on the road to what the agenda for research should be."

Dr. Tansey likens SCI research to the familiar story about six blind men holding onto an elephant and being asked to describe what they're touching. They can't describe the whole elephant because they are only familiar with one part. "Researchers tend to just look at their piece," he says. "With a shared agenda in SCI research, we can realize the entire elephant and relate the different parts to how the whole animal works."



Therapists and researchers at Shepherd Center use the Lokomat robotic body-weight supported treadmill trainer in neurorecovery studies and therapeutic regimens.

Photo by Louie Favorite

In addition to individualized medicine, conference participants delved into whether the characteristics of aging differ in a person with SCI. Researchers want to take a closer look at how aging influences the secondary conditions that result from SCI.

Conference planners are synthesizing the information that emerged from the two-day gathering. Members of the planning committee for the conference will present their findings and recommendations to White House officials, as well as to legislative representatives whose committee assignments involve medical and research matters, on Nov. 8 at the administration's invitation. Dr. Tansey, Ms. Hudson and David Apple, M.D., medical director emeritus of Shepherd Center, will all be attending this important session, which will provide an unexpected opportunity to disseminate the findings of the conference to high-level policy makers.

Also, papers on each of the topic areas discussed at the conference, as well as other papers prepared by invited speakers, will be published in the April 2012 issue (available online in February 2012) of the international journal *Spinal Cord*. Information can also be found on the ASIA website at www.asia-spinalinjury.org.

Once this information is published, it will give patients and their families a clearer picture of research priorities," Hudson says. "As a result, they will be better informed and can make their voices heard by keeping researchers and those who fund their work on track."

The State of the Science conference was the pre-cursor for a larger combined meeting of the International Spinal Cord Injury Society (ISCoS) and ASIA. The State of the Science attracted 450 registrants, which was more than twice the projected number. The combined meeting of ISCoS and ASIA had 800 participants.

More about the Conference

The "State of Science" conference on spinal cord injury research centered on four tracks:

- Neurological & Functional Recovery
- Aging & Secondary Conditions
- Technology for Mobility & Function
- Psychosocial, Vocational & Quality-of-Life Issues

For details on the conference, visit www.ASIA-ISCoS2011.org.

Former patient Kelsey Tainsh of Winter Park, Fla., participates in the NeuroRecovery Network program at Shepherd Center.
Photo by Gary Meek

NeuroRecovery Network Begins Activity-Based Training for People with Complete Spinal Cord Injuries

By Bill Sanders

In August, Shepherd Center began enrolling a few initial patients with motor complete (ASIA Impairment Scale A and B) spinal cord injuries in its NeuroRecovery Network activities-based rehabilitation program.

The NeuroRecovery Network (NRN) – funded by the Christopher and Dana Reeve Foundation and the Centers for Disease Control at seven sites nationwide – is designed to provide and develop therapies to promote functional recovery and improve the health and quality of life of people living with paralysis. It translates the latest scientific advances into effective, activity-based rehabilitation treatments. Until now, the program was open only to people with motor incomplete (ASIA Impairment Scale, or AIS, C and D) spinal cord injuries (SCIs).

Clinicians want to determine whether NRN participants with AIS A and B injuries can use body-weight-supported treadmill training to improve the health of their cardiovascular, urinary tract and respiratory systems, and perhaps improve their balance or trunk strength, as well, says Keith Tansey, M.D., Ph.D., director of SCI research at Shepherd Center.

“The NRN directors met with the Christopher and Dana Reeve Foundation Advisory Board, and we came away hearing that they wanted us to address the needs of the roughly half of SCI patients who have motor complete injuries,” Dr. Tansey says. “There is less known about effective therapy for complete injuries.”

The NRN goals for patients with AIS A and B injuries will be lifelong fitness and wellness. Patients with AIS C and D incomplete injuries have these goals, too, but they also focus on ambulation through practice in over-ground

walking. Because people with AIS A and B injuries typically do not regain the ability to ambulate, their NRN therapy will focus on functional training, such as wheelchair transfers, improved strength and balance of the trunk, and other physiological functions such as breathing, bowel and bladder function, and autonomic function, Dr. Tansey explains. If people with AIS A and B injuries recover the ability to ambulate, then, they, too, will practice over-ground walking. But such an occurrence is rare, he adds.

“In people with AIS C and D injuries, we already know that locomotor training through the use of body-weight-supported treadmill training improves walking,” says Sarah Morrison, program director of Shepherd Center’s SCI Program. “In people with AIS A and B injuries, we hope to see improved health and wellness in the areas of blood pressure, circulation, metabolic and respiratory functions. These benefits, as well as improved balance, will hopefully lead to improved function in daily living.”

Dr. Tansey cautions that NRN participants with AIS A and B injuries should understand the different goals of the program for people with their types of injuries. “We don’t want people to have any misconceptions about that,” Dr. Tansey says. “They should not have expectations that this will help them regain the ability to walk.

“We might see that the NRN is not beneficial or cost-effective for these patients, and if so, then we’ll move them on to another trial,” he adds. “Or we might see that there are some benefits, and it’s worth more testing.”

Shepherd Center is one of four of the seven NRN sites so far to expand the program to include people with AIS A and B injuries. The



initial treatment will probably start with only 10 patients across the entire network; they will undergo about 60 training sessions in a 12-week period. Perhaps in six months, clinicians will have some data from which they can draw some preliminary conclusions, Dr. Tansey says.

A continuing issue has been getting insurance companies to pay for the training NRN provides. If this therapy is effective for people with motor complete SCIs, then NRN administrators will begin educating insurance companies about the cost efficiency of the program.

“Insurance companies may not cover this treatment for complete injuries because it’s not likely to have any impact on patients being able to walk again,” Dr. Tansey says. “But that won’t be our approach. We’ll be showing them that it will cost them less if the patients have improved health in the trunk and posture, control and balance, and all of the internal matters such as blood pressure, urinary tract function and respiration.”

Revisions Made to International Standards for Neurological Classification of SCI

By Lesley M. Hudson, M.A.

Since 1982, the American Spinal Injury Association (ASIA) has been identified with a system of neurological classification for spinal cord injury. Originally called the ASIA system, it became the International System (ISNCSCI) in 1994 when the International Spinal Cord Society (ISCoS) endorsed it.

Through the years, researchers and clinicians have discussed the widely accepted system, presented talks about it at professional meetings and published journal articles about it. As part of the growth and development of the system, experts have revised it several times.

This year, an international committee of experts worked diligently to make sweeping revisions to the system. The latest information is contained in a pocket-sized booklet published by ASIA and available for order at www.asia-spinalinjury.org.

The goal has always been to encourage all doctors and other clinicians treating people with spinal cord injury around the world to use the ISNCSCI so that everyone involved in the diagnosis of the injury is speaking the same medical language. This makes a significant difference in international research, as well as in the presentation of scientific information at conferences and via professional journals.

Among the changes made in this revision are:

- Description in greater detail of the motor and sensory examination, including positions for motor testing to grade muscle function
- Defining the motor level in a patient with no motor function to test
- Additional designations of the system worksheet to document preserved motor and sensory control

- Distinguishing a sensory versus motor incomplete injury
- Addition of muscles tested in order to use non-key muscles
- Clarification of terms for determining the presence/absence of sensation;
- Update of several of the graphics, both in the booklet and on the worksheet.

The latest revision reflects the work of another ASIA group, the Spinal Cord Outcomes Partnership Endeavor (SCOPE), which continues to advocate for additional therapeutic and pharmaceutical treatments for individuals with ASIA Impairment Scale A (complete) and ASIA Impairment Scale B (sensory incomplete) injuries.

Shepherd Center Physicians Listed on U.S. News Media Group's List of "Top Doctors"

Four staff physicians at Shepherd Center are listed on the U.S. News Top Doctors list at www.usnews.com/top-doctors. It lists nearly 30,000 peer-nominated physicians from across the country.

Shepherd Center physicians on the list are Medical Director Donald Peck Leslie, M.D., Associate Medical Director Brock Bowman, M.D., Medical Director of the Spinal Cord Injury Unit Herndon Murray, M.D., and Medical Director of Neurosurgical Services Roger

Frankel, M.D. The listing indicates that Dr. Leslie is ranked in the top 1 percent of physical medicine and rehabilitation physicians in the nation. Brief bios of each physician are available at www.shepherd.org/about/medical-staff.

"Shepherd Center is blessed to have doctors who not only provide high quality medical care but truly show caring and compassion for their patients and families," says Gary Ulicny, Ph.D., president and CEO of Shepherd Center. "We are extremely proud to have four physicians

affiliated with Shepherd Center be recognized nationally for this prestigious honor."

U.S. News Top Doctors builds on the Best Hospitals rankings released in July 2011. In that list, Shepherd Center was ranked No. 10 nationally among rehabilitation hospitals and No. 3 in the metro Atlanta rankings of all types of hospitals. Health consumers can now see which Top Doctors practice at the 700-plus hospitals in the 22nd annual Best Hospitals rankings by visiting www.usnews.com/best-hospitals.

Shepherd Center Physicians on "Top Doctors" List



Brock Bowman



Donald Leslie



Herndon Murray



Roger Frankel

Powered by the Tongue

Tongue Drive System being tested at Shepherd Center gives users more independence.

By Amanda Crowe, M.A., MPH

Try touching the tip of your tongue to each of your teeth. It's pretty simple, right? Now imagine being able to move a cursor on a computer screen or drive a wheelchair as you do this.

The human tongue is able to move quickly and effortlessly in lots of different directions – making it among the most agile, flexible muscles in the body. These inherent capabilities – coupled with the tongue being controlled by a cranial nerve that generally escapes damage in spinal cord injury (SCI) – prompted engineers at the Georgia Institute of Technology to test the tongue's potential as a central command center to help individuals lead more independent lives post-injury.

"Even though someone with the highest level of spinal cord injury may not be able to talk immediately after injury because of weak diaphragm muscles, they can still move their tongue without much thought or effort," says Maysam Ghovanloo, Ph.D., an assistant professor in the School of Electrical and Computer Engineering.

By using the Tongue Drive System – pioneered by Dr. Ghovanloo and his team and first tested at Shepherd Center in 2009 – people with high-level SCI can successfully operate a computer, maneuver a power wheelchair, use their phone and interact with their environments simply by moving their tongues. The technology includes a magnetic tracer – the size of a lentil – placed on the tongue; the

user wears a wireless headset outfitted with sensors that track the movement of the magnet in the mouth. It then interprets the commands and interfaces with the wearable part of the system (an iPod) to translate the information into action.

Now, Dr. Ghovanloo and his team are working with Shepherd and the Rehabilitation Institute of Chicago to enroll participants to test upgrades to this cutting-edge technology.

"This new trial includes several upgrades to the design based on feedback from the end-user, as well as our understanding of the deficiencies of other assistive technologies," he adds. "Instead of dealing with five or more different assistive technologies – each one of them with its own adjustments and maintenance needs – the Tongue Drive System has the potential to offer a single assistive technology for everything someone does on a daily basis."

Erica Sutton, coordinator of the study at Shepherd, says improvements to the system help make it even more discreet.

Just two years ago, the system used a Windows operating system, requiring users to sit behind a bulky laptop on a tray mounted to his wheelchair. Now, the software is available through an iPhone, which is unobtrusively placed on the side of the wheelchair.

The signaling that converts tongue motions to user commands has also been improved. In the previous trial, the magnet had been glued to

the tongue; it frequently fell off and resulted in some inaccuracies when communicating commands. In this study, following an initial screening process, participants will undergo a tongue piercing under a clinically approved procedure followed by a three-day hospital stay for monitoring. After four weeks of healing, the original tongue stud will be exchanged with one that has a tiny magnet embedded in the upper ball.

Similar to the earlier study, participants will complete two test sessions.

"Based on previous studies, we expect that as the user learns the system, the time it takes to maneuver through an obstacles course and the number of hits or collisions are greatly reduced," Dr. Ghovanloo explains.

Researchers are hoping to enroll 10 people, ages 18 to 65 years, with quadriplegia. Participants must be users of a sip-and-puff-controlled and/or hand-controlled power wheelchair.

For more information or to participate in the Tongue Drive study at Shepherd, contact Erica Sutton at 404-367-1305 or erica_sutton@shepherd.org; or researcher Joy Bruce at 404-603-4611 or joy_bruce@shepherd.org.



Above: Jason Disanto of Atlanta gets his tongue pierced so he can participate in the Tongue Drive clinical trial.

Right: Jerry Kelly of Gainesville, Ga., tests out the Tongue Drive System with researchers Erica Sutton (left) and Joy Bruce (right).

Photos by Gary Meek



Beyond Therapy®-Tennessee exercise specialist Terit Perry (left), works with patient Dominique Haughton.
Photo by Donn Jones



Beyond Therapy® Satellite Facility in Tennessee Marks a Successful First Year

By Bill Sanders

Shepherd Center's Beyond Therapy® satellite facility in Franklin, Tenn., is celebrating its first anniversary this fall, and the reviews – from both Atlanta and Franklin – are glowing.

Located 240 miles northwest of Atlanta, and just south of Nashville, the Franklin facility offers the opportunity for Shepherd Center patients living in this region to stay closer to home for outpatient treatment.

"We get many referrals from Tennessee," says Sarah Morrison, program director for Shepherd Center's Spinal Cord Injury Program. "Almost half of the patients with spinal cord injuries (SCIs) come from outside of Georgia. This facility is

perfect for expanding our brand to other states. Our goal is to bring some of Shepherd Center directly to the referring communities. If this works well, and it certainly is right now, we might be able to create facilities like this one in other states."

The challenge was to offer the same level of care and treatment at a satellite facility that Shepherd Center provides in Atlanta. No one expected it to be as large, but in terms of quality, it had to meet Shepherd standards.

"The staff at Franklin is right on target," Morrison says. "Beyond Therapy has been in Atlanta for six years, but in the first year in Franklin, the

types of modalities and technology they are using, the staff's enthusiasm, the consistent growth, have all been as good or better than we thought. By the end of the first year, we'll probably have served 70 patients in Franklin."

Scott Hawes, PT, the program manager for Beyond Therapy-Tennessee, says the attitude of both the staff and patients in Franklin has had a big impact on the program's success this year.

"We've scored high marks on the customer satisfaction surveys we've been doing," Hawes says. "The feedback we're getting from clients is that they feel like no one else is doing what we're doing in terms of meeting their needs.

"Within the staff, there continues to be an excitement about Shepherd Center's operation of the facility," he adds. "We all feel very well supported by the folks in Atlanta – both the clinical and administrative staff."

Within the next year, the Franklin site will host a continuing education class for area health care professionals on health, wellness and recovery after neurologic injury. Patients at the facility will also have the opportunity to participate in a research project on a prototype robotic device for assisted walking in people with paraplegia, and the facility will become a clinical site for student education.

For more information, visit *Beyond Therapy* online at www.beyond-therapy.org.

Shepherd Center Staff News

- After co-founding and serving as the editors of *Topics in Spinal Cord Injury Rehabilitation*, the official journal of the American Spinal Injury Association (ASIA) for 17 years, Shepherd Center's David F. Apple Jr., M.D., and Lesley M. Hudson, M.A., retired from their editorial positions on July 1.

Replacing them is James S. Krause, Ph.D., who will serve as editor-in-chief of the journal. Dr. Krause worked at Shepherd Center for 13 years and still collaborates on Shepherd's SCI Model Systems grant. Deborah Backus, Ph.D., associate director of spinal cord injury research at Shepherd Center, is the new associate editor for the ASIA journal.

- The American Network of Community Options and Resources (ANCOR) named Carol Jones of Shepherd Center's Advocacy Department its 2011 Direct Support Professional of the Year in Georgia.

"Shepherd is proud of Carol's recognition. This honor is a reflection of her commitment and the quality services provided by Shepherd," says Mark Johnson, director of advocacy at Shepherd.

Direct Support Professionals (DSPs) – often referred to as caregivers, attendants, direct care or homecare aides – provide daily support services for millions of Americans with disabilities. Thanks to DSPs, people with disabilities are able to live fulfilling and independent lives and be active participants in their communities.

Among other criteria, nominees are judged on their effectiveness in building social networks, meaningful and productive participation in the community for people served and their ability to advocate or make changes on behalf of people with disabilities. ANCOR evaluated 218 nominations for the award.



Carol Jones (left) accepts the 2011 Direct Support Professional of the Year in Georgia award.

AXIS

AXIS covers news and information about research, medical treatments, healthy living and events for people who have experienced spinal cord injury, brain injury or a related neurological condition.

It is published twice a year.
Questions? Call 404-350-7707

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Shepherd Center Ranks Among Top 10 in U.S. News & World Report's 2011 America's Best Hospitals

Shepherd Center was again named one of the top 10 rehabilitation hospitals in the nation in a *U.S. News & World Report* survey. The rankings are published online at www.usnews.com/besthospitals and at facebook.com/USNewsHealth and were published in a print edition that hit newsstands on Aug. 30.

Shepherd ranked No. 10 among dozens of hospitals that earned a spot in the magazine's survey of rehabilitation hospitals. Shepherd Center first appeared on the list in 2000.

Also, *U.S. News & World Report* announced that Shepherd Center ranked No. 3 in the Atlanta metro area in the magazine's "Best Hospitals" metro area rankings for 2011-2012. These rankings were released simultaneously with the national rankings.

Rankings for rehabilitation hospitals are based on nominations among physicians. Physicians are asked to name hospitals they consider the best in their specialty, regardless of location or expense.

America's Best Hospitals guide includes rankings of medical centers nationwide in 16 specialties. The ranked specialties are cancer, diabetes and endocrinology, ear, nose and throat, gastroenterology, geriatrics, gynecology, heart and heart surgery, kidney disorders, neurology and neurosurgery, ophthalmology, orthopedics, psychiatry, pulmonology, rehabilitation, rheumatology and urology.

"These are referral centers where other hospitals send their sickest patients," said Avery Comarow, health rankings editor. "Hospitals like these are ones you or those close to you should consider when the stakes are high."

