

## **ACRM COGNITIVE REHABILITATION TRAINING**



*Interview with*

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**ACRM** is one of the leading organizations devoted to the integration of clinical practice and research, through clinical research, and we've put a lot of emphasis over the last 20+ years in developing evidence-based practice recommendations.

Evidence-based practice typically relies on the best available scientific evidence when making clinical decisions.

For **ACRM**, our goal with regard to cognitive rehabilitation has been to provide evidence-based material to clinicians as recommendations for clinical practice.

### **ACRM DIFFERENCE = EVIDENCE-BASED**

Many organizations will do evidence-based reviews, examine the methodology of studies, in detail with quite a bit of scrutiny, and one of the conclusions that's often reached—unfortunately, in my opinion—is that there's insufficient evidence to provide recommendations because of methodological weaknesses.

Again, I want to go back to the original definition from David Sackett on evidence-based medicine which is reliance on the best available scientific evidence, so I believe that we can make comments and we can review the evidence and make systematic recommendations that are of value in guiding clinicians' practice.

I also want to mention that **evidence-based practice is not just dependent on the clinical literature and scientific evidence**. In fact, there's three legs of the stool (?) of evidence-based practice:

- 1) basing treatment on the best available scientific evidence.
- 2) But the second principle of evidence-based practice is reliance on the clinician's judgment and individual decision making in how to apply that evidence to the individual patient.
- 3) And the third judgment is taking into consideration the patient's values and preferences regarding treatment.

Implicitly if not explicitly we make our clinical decisions as therapists based on our own values, and those are things we need to be aware of.

### **ACRM COGNITIVE REHABILITATION TRAINING**

#### **ACRM:**

For 20+ years, ACRM has been conducting evidence-based reviews of cognitive rehabilitation, the initial review in 2000 and the subsequent updates, we continue to update the literature and revise our clinical recommendations.

These recommendations are intended to **help clinicians** know **how** and **when** to implement what types of interventions for what types of deficits or problems that their patients may be experiencing.

Unfortunately, the nature of the actual therapies is not always evident in the clinical scientific literature, and so there's a **terrific need to translate** the evidence into practical recommendations for the clinician.

<<< That (concept) serves as the basis in the evolution of **ACRM Cognitive Rehabilitation Training courses**. The two-day course takes the evidence training and translates it into clinical recommendations and illustrates the application of those clinical recommendations for practicing therapists.

It's our hope that we can facilitate evidence-based clinical implementation through the Courses and provide therapists *immediately with tools they can use* to take back to their clinical environment and facilitate their clinical practice.

Our emphasis in developing the clinical recommendations has been on the literature pertaining to patients who have sustained either traumatic brain injury or stroke.

That's the primary intent of using the clinical recommendations.

There's a reliance on clinical judgment and so we hope that the recommendations provide some information to therapists working with other populations, but that's an example of taking the evidence and applying it "off-label," if we can use that expression. It's often used for medications that are used not as initially intended.

## WHO can benefit from the training?

Anybody working with patients with neurologic impairments, specifically with cognitive impairments after a neurologic illness or injury, can benefit from these trainings irregardless of discipline.

Speech therapist, occupational therapist, physical therapist, physician, neuropsychologist, recreational therapist, vocational counselor — all can benefit.

**If you are devoted to helping people with cognitive deficits** and part of your practice is intended towards helping people overcome the limitations on their daily functioning as a consequence of cognitive limitations, and that's part of your daily therapeutic intent and practice—or even if that's only something that may come occasionally in your practice—you will get **information from the ACRM COGNITIVE REHABILITATION TRAINING COURSE that will allow you to take the best available evidence and use it clinically.**



### About ACRM | American Congress of Rehabilitation Medicine

ACRM is a vibrant, global group united by the common interest in rehabilitation and research to enhance the lives of those with disabling conditions, such as traumatic brain injury, spinal cord injury, stroke, neurodegenerative disease, cancer, pain and more.

With the mission of IMPROVING LIVES through interdisciplinary rehabilitation research, ACRM curates and disseminates world-class rehabilitation research in person (at the Annual Conference), in print (through it's monthly journal, the *Archives of Physical Medicine and Rehabilitation*) and online (at ACRM.org and ARCHIVES-pmr.org). All members of the rehabilitation team, researchers, clinicians, patients, their caregivers and loved ones benefit from ACRM.

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