



FSARN Newsletter

Florida State Association of Rehabilitation Nurses

Volume 10, Issue 3

December 2002

The Chapter President Speaks

Sylvia Marshall-Nolt

In the dictionary, Webster defines the word *admire* as "to have a high regard for." Admiration was evident by the comments ARN chapter leaders from across the country had as they responded to the presentations on the accomplishments of the Florida Chapter at this year's Chapter Leadership Institute in Kansas City. More than 50 chapter leaders attended this workshop to exchange ideas and share unique approaches to revitalize their chapters. Lisa Pervin and I were invited to present on the accomplishments of the Florida Chapter in the areas of web site, educational conferences and scholarships. With pride, we discussed our chapter's strategy to return value to the members through education, communication, and financial support. We were able to share some ideas and unique approaches that have led to our successes in the Florida Chapter, while reminding attendees that the main ingredient for our success has been the talented, committed members of our chapter who couple action with ideas.

Several items to note were discussed at the annual ARN members' meeting in Kansas City. Attendees at the conference totaled a little over 700. ARN membership seems to have stabilized at between 5-6,000. Registrants for the CRRN test are down. Next test offering is

in December. The anticipated expense of writing down inventory, decreased membership-conference registrations-CRRN certifications, and product sales have resulted in a deficit for 2002. However, the ARN Board was able to successfully write a break-even budget for 2003. Focus groups were held at this year's issues and information session to solicit members' feedback on types of resources and support needed from ARN by members to enable us to carry out our practice. ARN's next educational conference "*The Many Faces of Rehabilitation Nursing*" will be held October 15-18, 2003 at the Hyatt Regency New Orleans.

ARN continues to add new resources for members. Some new products available include CRRNprep and the bowel management guidelines. CRRNprep is a CD-ROM that features 750 test questions based on the new content outline of the CRRN certification exam. Pricing and order information can be obtained through ARN at 800-229-7530. The Rehabilitation Nursing Foundation's *Practice Guidelines for the Management of Constipation in Adults* are designed to guide decision-making for the assessment and treatment of constipation in adults. The guidelines are available at no charge and

2002 FSARN Board of Directors

President

Sylvia Marshall-Nolt
349 Silver Pine Drive
Lake Mary, FL 32746
(w) 407-303-5688
(fax) 407-303-9459
sylvia.marshall-nolt@floridahospital.org

President-Elect

Lisa Pervin
513-A First Street
Indian Rocks, FL 33785
(w) 727-596-4738
bbpconsulting@aol.com

Corresponding Secretary

Helen Cole
3430 DeBussy Road
Jacksonville, FL 32277
(h) 904-744-2644
(fax) 904-858-7801
jaxjagz@earthlink.net

Recording Secretary

Coleen Bronson
506 NW 26th Place
Cape Coral, FL 33993
(w) 941-574-0113
(fax) 941-283-7750
coleen.bronson@leememorial.org

Treasurer

Ina Fletcher
2836 NE 33rd Street
Lighthouse Point, FL 33064
(w) 954-946-0503
(fax) 954-946-0503
ifletche@ix.netcom.com

Nominating Chair

Barbara Martelli
7050 SW 8th Street
Plantation, FL 33317
(w) 954-202-3445
(fax) 954-202-3439
hmartelli@aol.com

Past-President

Sherry McCracken Watson
1712 West Acre Drive
St. Cloud, FL 34769
(w) 800-824-1732 ext. 3060
(fax) 407-875-1621
teagle4500@aol.com

Continued on page 2



The Chapter President Speaks

Continued from page 1

can be downloaded from the resources section of the ARN web site at www.rehabnurse.org. A new Chapter Leaders' electronic listserv has been developed to foster information sharing and problem solving among colleagues from more than 50 chapters nationwide. Lisa and I will be your representatives to this venue for building powerful networking relationships with other chapters.

Our annual Region 3 meeting was held at ARN conference. Donna Jernigan from the Greater North Carolina Chapter was welcomed as our newly elected Region 3 Direc-

tor. She brings vast leadership experience and a great love for the profession of rehabilitation nursing to this position. Because the professional growth and knowledge gained through attendance at national and/or regional conferences cannot be matched in any other format, Donna has expressed an interest in helping members phrase the question to gain their employers' support for attendance at these conferences. Donna has been invited to submit a column on Region 3 and ARN updates for the chapter newsletters in our region. Look for this in future editions. Mark your calendars for our next biennial Region 3 conference which

pate ensures that we will be included in the profit sharing. As you recall, the proceeds from Region 3 conferences have been dedicated to scholarships for members to attend future conferences. FSARN has received an additional check in the amount of \$1,381 from past Region 3 profits. This second installment brings the total funds returned to FSARN from Region 3 profits to a total of \$3,239 to be used exclusively for member scholarships to future Region 3 conferences.

Currently, there is a leadership position open on the FSARN Board. Pat Engelhardt has been the FSARN Liaison to the Rehabilitation council of the Florida Hospital Association for the past 3 years but has resigned due to job commitments. We thank Pat for serving in this capacity. The council consists of about 80 directors and administrators of rehabilitation programs in acute care hospitals, rehabilitation hospitals, subacute care facilities, and outpatient programs throughout the state. The group meets quarterly to discuss areas of mutual interest. A typical meeting includes fifty members at the Orlando headquarters. The meeting consists of a two-hour business meeting followed by a two-hour educational presentation. Any FSARN member interested in learning more about this liaison position can contact Sylvia or nominating chair Barbara Martelli.

is tentatively scheduled for March 18-20, 2004. It will be held in Greenville, South Carolina with that chapter as host. FSARN has pledged resources to brochures, mailings, and continuing education credits for that conference. We are seeking FSARN volunteers to assist with this responsibility. Our commitment to partici-



REGAL
HOME SERVICES
HHA 299990986

954.714.3333

HOME HEALTH SERVICES
SHORT & LONG TERM CARE

PT, OT, RN's, LPN's, HHA's
Homemakers and Companions

Corvel * Concentra-Focus* CCN
Zurich * John Hancock LTC * Travelers * Vista
AARLA * Liberty Mutual * Conseco LTC * CHCS
and many other networks

Case Manager Owned & Run

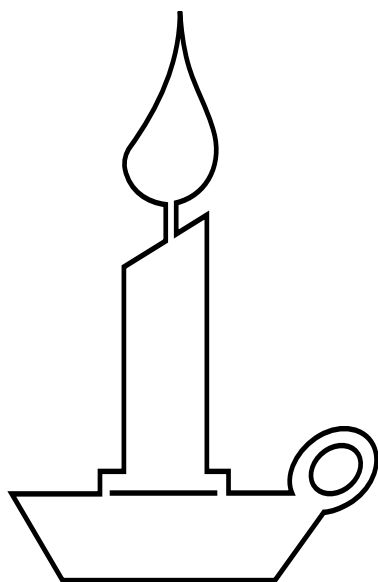
Continued on page 3



The Chapter President Speaks

Continued from page 2

During ARN's educational conference closing address in Kansas City, speaker Debra Townsend gave attendees "Lessons for Life" by Frederick Hudson which challenges us to "Leave a legacy that makes a difference!" One way is through your involvement in FSARN. Challenge yourself to become more interactive in our professional organization!



Have a joyous holiday season and may peace & good health greet you at the start of the New Year!

Nursing Shortage and Possible Implications

Cheryl Cooper, MSN, RN, CRRN

The nation has faced nursing shortages in the past, however the threat of the current deficit will be different. The difference this time is that nurses are aging at the same time nursing school registrations are falling and patients are getting sicker. Creating a supply and demand crunch. Overall, we have observed an erosion of quality health care in terms of safety, outcomes, and patient satisfaction. Sigma Theta Tau International, a nursing honor society, commissioned a study of 1000 Americans of which more than 50% thought the quality of health care is affected "a great deal" by the nursing shortage. Only 4% of those surveyed thought the quality of health care was not affected "at all." The current average age, of employed RN's is 43.3 years, with RN's who are younger than 30 representing the only 10% of the total nurse workforce. The U.S. Department of Labor Statistics reports that jobs for RN's will grow 23% by 2008—a rate faster than the average for all other occupations tracked by the bureau. National nursing Associations, including the American Nurses Association (ANA), and the American Association of Nurse Executives (AONE), both based in Washington, D. C., formed a coalition called the Tri-council and released "Strategies to Reverse the New Nursing Shortage," that defines and makes recommendations to counteract the current nursing crisis. Among those recommendations are:

Identifying the range of options available to nurses within their profession aside from entry-level position. Establishing an education and practice system that promotes more equitable compensation. Partnering with large hospital systems, and regional health organizations to improve the image of nursing among young people. Encouraging nurses to take an active role in the local, state, regional, and national efforts to address the nursing shortage and other problems within the health care delivery system, including national policy meetings. Assume that every piece of health care legislation affects patients and the way services are provided and add their voices to the national debate on health care quality issues, such as the nursing shortage, the Patient Bill of Rights, Health Insurance Portability and Accountability, Medicare reform, and Prospective Payment Systems legislation. The shortage of nurses has reached crisis proportions and in crisis comes opportunity. Realizing the potential of our profession to advance depends on nurses producing knowledge, using it effectively, and communicating knowledge and results to the public and those who make decisions about health care services and funding. Our professional viability, the attraction of young people to nursing and the achievement of desired health outcomes requires action.



Governor Bush Attends World Congress on Disabilities

This is from Governor Bush's weekly E-mail update.

"I attended the World Congress on Disabilities in Orlando. I was proud that they chose Florida as the site of their conference, as our state has done much to serve people with disabilities. We have reduced fees for disabled parking permits, encouraged community-based care as an alternative to institutionalization wherever possible, and have strongly supported Florida's dis-

abled veterans. Information on all state services and programs is available through the ADA Clearinghouse at 1-877-ADA-4YOU.



I also highlighted what Vocational Rehabilitation programs through the Department of Education have done to help people with disabilities participate in our diverse economy to the greatest extent possible."

To see the Governor's weekly E-mail go to <<http://www.myflorida.com/myflorida/subscribe.html>><http://www.myflorida.com/myflorida/subscribe.html>.

DMR: Committed to the highest level of patient care.

DMR has recently expanded its staff of Rehab Specialist with the addition of Massimo D'Ambrosio *MPT, MBA*. Working closely with Katy Schultz, *DPT, ATS*, he has the support of all of DMR's resources to better care for our growing client base. His addition as a Rehab Specialist means we can bring you an unprecedented level of service with the same care, personal reliability and personal attention you've come to expect from the region's fastest growing medical & rehab equipment & supplies company.

Massimo *also speaks Italian, Spanish, Portuguese and French*. Katy and the entire DMR team are here to serve.

For contract work please call:

David R. Simmons, *AA* Director of Managed Care at
(800) 851-0312 ext. 222

for immediate no-hassle, friendly
service and support.



Katy S. Schultz
Doctor of Physical Therapy
Rehab Specialist



Antonio Cochran
Elementary School Student



Massimo D'Ambrosio
Masters of Physical Therapy
Rehab Specialist

We are proud to carry such a wide selection of medical equipment as:

- Power and manual wheelchairs
- Custom seating
- Wheelchair parts and accessories
- Respiratory equipment
- Electric beds
- Urological supplies
- Low air loss therapeutic mattresses
- Skin & wound care products
- Mastectomy products
- Independent living aids
- Patient lifts
- Scooters
- Ambulatory aids
- Environmental control units
- Bathroom safety equipment

Corporate Headquarters

Gateway Office Park
7456 SW 48th Street
Miami, FL 33155

Toll Free: (800) 851-0312
Dade county: (305) 666-9911

www.dmrcorp.com



since 1984



FNA Report: JCAHO on Nurse Staffing

Here is a report on the recent meeting of JCAHO on staffing: Accreditation Group Unveils Standards For Staffing, Rejects Nurse-Patient Ratio.

As part of its accreditation process, the Joint Commission on Accreditation of Healthcare Organizations plans to implement staffing standards that will base adequate staff levels on patient outcomes, instead of the nurse-to-patient ratios mandated in California and favored by some unions that represent nurses. According to Helen Hosing, a consultant for JCAHO, the new staffing standards will require health care organizations to monitor a minimum of four indicators that must include two human resource indicators, such as overtime use, and two clinical or service indicators, such as patient complaints or patient falls. JCAHO developed 21 such indicators from which hospitals may choose four. The health care organization must then analyze the collected data with regard to staffing effectiveness and adjust staff levels accordingly, Hosing said. To keep JCAHO accreditation, hospitals must start tracking their chosen indicators by July 1 and other health care organizations must start by Jan. 1, 2003, Hosing added. Jack's previous staffing standards relied on plans created by the health care organizations themselves. The commission, an independent, not-for-profit organization, is recognized by the federal government as a predominant

health care accrediting body. Hospitals may voluntarily seek JCAHO accreditation every three years. Accredited health care organizations are eligible for Medicare and Medicaid payments without submitting to an annual federal inspection.

Staff Ratio Plan 'Misses the Point.'

Despite recent California regulations that set minimum nurse-to-patient staffing ratios for hospitals and support for ratios from unions such as the health care division of the American Federation of Teachers, JCAHO believes a wider approach would better improve patient care and nurses' job satisfaction. A nurse-to-patient ratio "misses the point," said Russell Masseur, executive vice president for JCAHO accreditation operations. Ratios measure only staffing, he said, while the JCAHO standards will measure the outcome. According to Dennis O'Leary, JCAHO's president, mandated staffing ratios do not account for differing skill sets between nurses or the level of care each patient needs. Additionally, according to Margaret McClure, president of the American Academy of Nursing, simple nurse-to-patient ratios may not truly reflect patient care because "the role of the nurse expands and contracts in direct correlation to the other staff." "Patient-to-staff ratios are part of the answer, but they are not the answer," said O'Leary. In a May

20 statement, AFT president Sandra Feldman said the union agrees with JCAHO that nurses are caring for too many patients under "abysmal working conditions." However, health care facilities "need real reform, which first and foremost must include safe patient-to-nurse ratios," she added.

Nursing Shortage

The commission's new staffing standards were explained May 20 at a JCAHO conference in Washington, D.C. Through the conference, JCAHO hoped to identify major issues behind the nursing shortage—a deficit that has been reported by many studies, including a 2001 report from the General Accounting Office. JCAHO does not lobby on health care issues, Massaro said, but the commission often is asked to comment or testify on federal legislation. The conference is part of JCAHO's effort to prepare opinions about how to solve the nursing shortage, he added. The commission identified many causes of the nursing shortage, ranging from insufficient training to an aging workforce. However, Gerry Shea, AFL-CIO assistant to the president of government affairs, said workplace issues, such as forced overtime and a lack of respect, "are at the heart" of the shortage. In the end, said Shea, a commissioner with JCAHO, "we have to make these better jobs."



Not Just a Headache

By Bob Condor, The Chicago Tribune

CHICAGO - Fall weekends start with a colossal headache for Joe Trubich. He is a 17-year-old star linebacker and tight end for Lockport Township High School in suburban Chicago. "By the end of each game, my head is killing me," said Trubich, a 6-5, 215-pound senior. In 2000, Trubich suffered a concussion while tackling an opponent. It's what football players call "getting your bell rung." Retired superstar quarterbacks Troy Aikman and Steve Young know the sensation, enduring 18 concussions between them in Hall of Fame-caliber careers. Chicago Bears backup quarterback Chris Chandler, a 36-year-old veteran and Super Bowl starter, has faced concussion problems and subsequent questions about retirement throughout his 15-year career. For Trubich, the "bell-ringer" signaled the end of his play that game. But his experience was a beginning entry in a swift transformation regarding the diagnosis and treatment of concussion injuries. Lockport is one of only two Chicago-area high schools using the Immediate Post-Concussion Assessment and Cognitive Testing (ImPACT) software system developed at the University of Pittsburgh. Nine teams in the National Football League now use the ImPACT system, and most all others conduct some form of neurophysiological testing. The Bears have performed a version of base-line testing since 1994. All teams in the National Hockey League use ImPACT. More than

100 college programs and high schools across the country have started using the ImPACT software (the one-time fee is roughly \$1,000) since Lockport was among the first to sign up three years ago. The concept is simple enough. Players are tested for memory and other cognitive abilities (such as spatial thinking) at "base line" before each season. The "test" presents a series of words, free-form images and flashing lights, then evaluates the player's ability to recall if those words or images were shown previously or the exact sequence of the flashing lights. There is no right or wrong answer; some participants score higher than others. "If you hurt your ankle, we could always compare it to your other ankle," said Joe Cunnane, head athletic trainer at Lockport. "Now we can basically compare your brain to your brain." When a player suffers a possible concussion during a season, he or she can be retested and compared against their normal selves. The University of Pittsburgh protocol calls for the first test within 24 to 48 hours after the head blow. If the player fails to reach the base-line score, then tests will be administered Day 3, Day 5, Day 7 and so on until a player returns to mental performance at least equal to the base line. Even when the player performs up to the base line on the first try, there still will be a follow-up test at Day 5 to 7 because new research indicates that the brain might actually worsen several days after the brain injury. "A player can be 'fine' 15 minutes after the hit, but symptoms can develop two days

later," said Michael W. Collins, assistant director of the University of Pittsburgh Sports Medicine Concussion Program. "It may not be a linear relationship." In Trubich's case, he was approved to play the following Friday but only after performing at the base line three times. The result was undramatic, just how Cunnane likes it. "It is unbelievably reassuring to know if an athlete's mental function is normal before clearing him to play," Cunnane said. Standard procedure on the Lockport sidelines - and, increasingly, pro football games - is holding a player from action if there is any concern about brain injury. There are several versions of "sideline cards" that trainers and doctors carry to ask a series of questions. For instance, trainers might ask the athlete to identify the opponent or recite the days of the week backward. If a player doesn't readily and correctly answer those questions, failure should be enough to end participation for the day. "Counting fingers or asking a player if 'you are feeling OK' are things of the past," said Dr. Christopher Giza, a pediatrician and neurosurgeon at the University of California at Los Angeles who was the opening speaker at a July concussion-research conference organized by the University of Pittsburgh School of Medicine. Another relic is believing that an athlete must be knocked out to suffer a concussion. Giza explained that a concussion is "a trauma-induced alteration in mental status that may or may not involve loss of

Continued on page 7



Continued from page 6

consciousness.” Amnesia right before or following the head blow is a more reliable indicator. Sports-related concussion research is a relatively new field. The Pitt researchers have base-line-tested more than 3,000 athletes and have 400 concussion-injury cases in their database. The National Football League has 600 concussions that can be evaluated. The National Institutes of Health just awarded Pitt \$3 million to study concussion diagnosis among high school athletes using ImPACT software and a cutting-edge “functional magnetic-resonance imaging” (fMRI) system that measures blood flow to the brain. Yet one major obstacle is lodged firmly in any path toward healthier brains among athletes, especially football players who participate in a game that legendary coach Vince Lombardi once said was “not a contact sport; it’s a collision sport.” “I suffered six concussions while playing,” said Mike Tomczak, the former Bears and Steelers quarterback who lasted 16 NFL seasons. “Some of them were self-induced because I was trying to block guys who were 6 inches taller and 40 pounds heavier. Other times I hurt myself when my head slammed to the ground after being tackled. “Like it or not, there are coaches who coach players on how to knock guys out of the game by injuring a knee or head. But you can ice your knee. You can’t ice the brain.”

Article above obtained from the Chicago Tribune Web-site For reading information only.

Don't Sit On The Sidelines-Get Involved!

Elections for the 2003-2005 FSARN Board are drawing near.

We would like to hear from you if you are interested in any of the positions or would like to nominate someone. The positions that will be available are::

- ◆ President-Elect
- ◆ Treasurer
- ◆ Corresponding Secretary
- ◆ Recording Secretary
- ◆ Nominating Chair.

There is also a vacancy for the FSARN representative to the Florida Hospital Association Rehab Council.

Pat Engelhardt has served in this capacity for the past several years. It is an opportunity to gain exposure & recognition for the FSARN chapter, as well as, learn about rehab issues in the Florida communities. Pat plans to bring the information from this position to Sylvia to be passed on to the FSARN member who will be in this role.

Please contact Barbara Martelli, our nominating chair, if you are interested or know of anyone who is. Barbara can be reached at (954) 202-3439 or at home (954) 581-4367 or via E-mail hmartelli@aol.com..

HEALTHSOUTH Hospitals

For information on exciting career opportunities in Florida with a HEALTHSOUTH Rehabilitation Hospital, contact your nearest hospital location below:

HEALTHSOUTH Tallahassee
Tallahassee, FL 32308
850-914-8600

HEALTHSOUTH Largo
Largo, Florida 33770
727-586-2999

HEALTHSOUTH Sea Pines
Melbourne, Florida 32901
904-984-4600

HEALTHSOUTH Treasure Coast
Vero Beach, Florida 32960
561-563-4002

HEALTHSOUTH Sarasota
Sarasota, FL 34231
941-921-8600



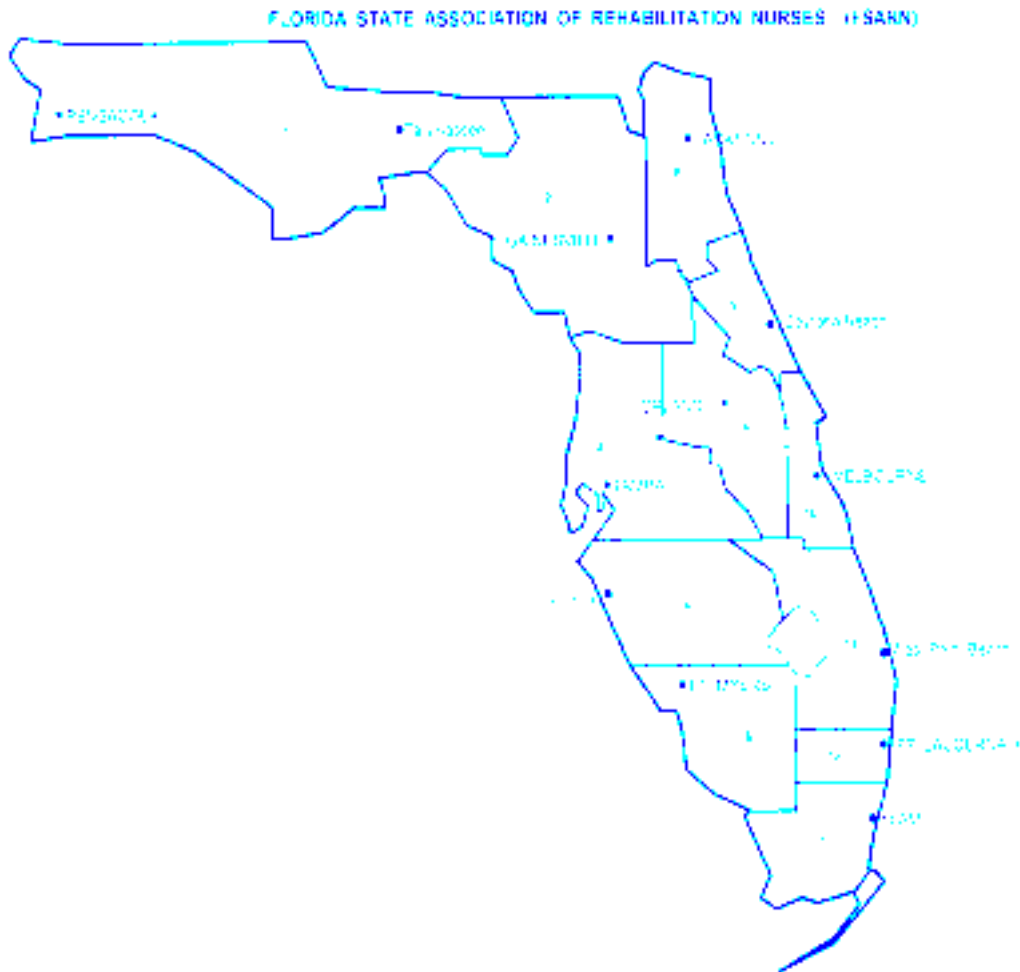
HEALTHSOUTH Nursing....United in making a Difference



FSARN District Presidents

FSARN is divided into 13 districts covering all corners of the state. Each district operates under the guidance and bylaws of FSARN. Listed below are the districts and the president of each district.

1. Tallahassee District :	Penny Kehoe	(850) 893-9327	pennyk56@yahoo.com
2. North Central District :	Pat Radloff	(352) 726-2024	gradloff@tampabay.rr.com
3. West Coast District :	Lisa Pervin	(727) 596-4738	bbpconsulting@aol.com
4. Central District :	Cheryl Cooper	(407) 301-6593	cherylcooper@att.net
5. Sun Coast District :	Marie Poole	(941) 724-7308	mlspool@aol.com
6. Southwest District :	Carol Shepard	(941) 693-7705	shepardcm@aol.com
7. Dade District :	Jane Dacks	(305) 385-8290	madsj@aol.com
8. Northeast District :	Linda Bertino	(904) 288-0906	rainbeaus@msn.com
9. Volusia/Flagler District :	Darlene Fatula	(386) 345-0016	dsf4505@aol.com
10. Space Coast District :	Antoinetta Parato	(321) 725-9009	
11. Palm Coast District :	Karen Dimmick	(561) 243-2300	pcarnpres@msn.com
12. Broward District :	Carol Mangan	(954) 428-6133	pnthr1@aol.com



12 DISTRICTS, 600+ MEMBERS STRONG!



Loss, Support, and Recovery

Unfortunately our rehabilitation group has had some sadness. For those who have had losses in the past few months we extend our heartfelt support during your sorrow. As you may have noticed there is no Internet Corner in this paper. Lisa Pervin has been one of our members who has lost someone. Below is her response to all your support.

As many of you know, I lost my step-daughter Jennifer October 26 of this year in a tragic car accident. She was only 20 years old. And as many of you who know me well, you also realize that this child was like my own and very precious and dear to me. She will leave a very large hole in my life.

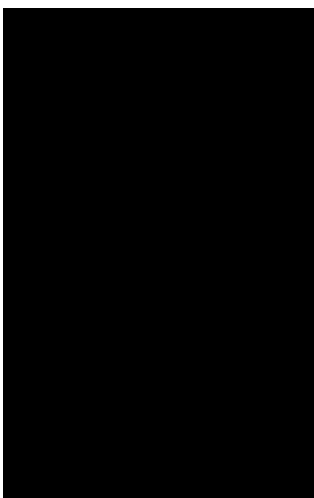
I want to thank all of you who have sent cards, phoned, emailed, taken over some of 'my stuff', etc. It all has meant so much and has helped me to feel a little less lonely. Please continue to 'bother' me and keep me in the loop. Thank you again.


Scientific Advancements Discussed at Neuroscience Meeting

The following information was obtained from URL: <http://www.christopherreeve.org/News/on> November 21, 2002

At a press conference at the 32nd Society for Neuroscience annual meeting, moderated by Martin Schwab, Ph.D. of the University of Zurich, scientists discussed some recent advances in regenerating damaged nerves in the brain and spinal cord. In 1988, Dr. Schwab, who is a CRPF Research Consortium member, and his colleagues discovered the existence of a protein in the adult central nervous system that inhibits the regrowth of nerve fibers. This protein, which he named Nogo, is found in the myelin sheath that wraps around nerve fibers and facilitates the conduction of signals. He and his team developed an antibody, named IN-1, to block Nogo's inhibitory action. Steven Strittmatter, M.D.,

Ph.D., discussed his Nogo investigations that have led to the development of a peptide that enables regrowth of damaged fibers in rodents by suppressing the effects of the Nogo gene. Currently, the Foundation is supporting a project in the Strittmatter lab that combines Nogo receptor inhibition and olfactory ensheathing cell transplantation to promote axonal regeneration of injured spinal cord. Hans Keirstead, Ph.D., of the University of California at Irvine, presented some of his work using highly purified human olfactory ensheathing cells (OECs) to encourage recovery of function. In a project currently funded by CRPF, Dr. Keirstead is exploring the efficacy of combining demyelination with Schwann cell transplantation therapy in both acute and chronic spinal cord injury.





ABL, Inc.
 Consulting Services in Healthcare
 & Disability Management

JILL LUHRSEN, RN, MS, CDMS
 President

7624 Doubleton Drive
 Delray Beach, FL 33446

Tel: (561) 638-1653
 Fax: (561) 495-6791



Two CEU Programs Offered

The USF College of Nursing is co-providing 2 outstanding CE programs in cooperation with the VISN 8 Patient Center of Inquiry, James A. Haley VA. Hospital. The programs are the 3rd Annual Safe Patient Handling and Movement Conference and the 4th Annual Evidence-Based Fall Prevention and Management Conference. If interested please contact: Patricia Gorzka, Ph. D., ARNP, Associate Professor and Manager of Nursing Continuing Professional Education at USF. Her E-mail is pgorzka@hsc.usf.edu

New Practice Guidelines Available

The Rehabilitation Nursing Foundation developed *Practice Guidelines for the Management of Constipation in Adults*.

The Practice Guidelines are designed to guide decision-making for the assessment and treatment of constipation in adults. Developed by an interdisciplinary group, the guidelines address an unmet need for many practitioners, including nurses, physicians, and dietitians in rehabilitation, long-term care, and in home health, ambulatory, and community settings.

History of Disability Employment Awareness Month

In 1945, the first week in October each year was designated as the "National Employ the Physically Handicapped Week," and President Harry S. Truman designated the President's Committee on Employment of People with Disabilities to take the lead in the national recognition of the week. In 1962, the word "physically" was removed from the week's name to acknowledge the employment needs of all Americans with disabilities. Later, Congress expanded the week to a month in 1988 and changed its name to "National Disability Employment Awareness Month" (NDEAM). Some advocates would like to see the name changed to Disability Awareness Month. The U.S. Department of Labor's new Office of Disability Employment Policy (ODEP) took over responsibility for NDEAM in 2001. October has evolved as the kick-off month for year-round programs that highlight the abilities and skills of Americans with disabilities.

The guidelines are available at no charge and can be downloaded from the resources section of the ARN web site at www.rehabnurse.org.

Show ARN the Many Faces of Rehabilitation Nursing

Remind your members to send pictures to ARN that depict what rehabilitation nursing looks like today. Don't miss this chance to show others how rehabilitation nurses truly make a difference! Pictures submitted electronically must be 300 ppi and must be in jpg, eps, or tif format. Do not embed the photo into a word processing document. ARN needs a separate graphic file. If you are mailing a picture, make sure the quality of the photo is good because it will be scanned into a computer. *No blurry or discolored pictures, please.*

Include your name, facility, and a description of the type of rehab on the back of the photo, or include this information in your email message if you are submitting electronically. Selected photos will be rotated and used in various ARN promotional materials throughout the year. *Sorry, ARN cannot guarantee that all photos will be used.* Photos can be mailed to ARN, Attn: Emily Saba, 4700 W Lake Ave, Glenview, IL 60025, or emailed to info@rehabnurse.org.

All photos must be received by January 15, 2003 to be considered.



Chapter Leaders' Listserv

Has *your* chapter subscribed to the Chapter Leaders' listserv? This electronic listserv fosters information sharing and problem solving among colleagues from more than 50 chapters nationwide. Build powerful networking relationships now. Don't miss the chance to begin brainstorming via email with other chapter leaders

How to Subscribe

Each chapter president can select *up to two officers* who will represent your chapter on this listserv. These individuals must have email capabilities and Internet access. After you have chosen your chapter representatives, send the following information to ARN:

- ◆ Your chapter's name
- ◆ 1st representative's name and email address
- ◆ 2nd representative's name and email address

Email this information to Gayle Elliott at ARN at

gelliott@amctec.com. Participants will receive a confirmation email with instructions for posting and receiving messages.

Be sure to tell your chapter president if you are interested in representing your chapter on this valuable listserv.

FSARN Advisory Board

Ruth Below, MHS, ORT/L, CHT
 UF Orthopedic Clinic at Hampton Oaks
 200 SW 62nd Blvd,
 Gainesville, FL 32607 (352) 395-0221

J. Dean Cole, M.D.
 1118 S. Orange Ave. #205,
 Orlando, FL 32804
 (407) 872-7822
 Fax (407) 316-8498

Oregon Hunter, M.D.
 2300 SE 17th St. # 1100,
 Ocala, FL 34471
 (352) 732-3110
 Fax (352) 732-0028
Oregon@fll-impairment.com

Paul Dell, M.D.,
 PO Box 1002241, Gainesville,
 FL 32601-0241
 (352) 395-0644

Sue Novak, MS, RN, CRRN
 Methodist Medical Center
 580 W 8th St., Jacksonville, FL 32209
 Home (904) 220-6390
 Beeper (904) 646-6429

Linda Hennig, EdD, RN
 UCF School of Nursing, PO Box 162210, Orlando, FL 32816-2210
 (407) 823-5848

Renee Steele Rosomoff, MIBA, RN, CRRN
 U of M Comprehensive Pain & Rehab Center
 600 Alton Rd, Miami, FL 33139
 (305) 532-7246

Daniel Hightlbwer, Esq.
 PO Box 700, Ocala, FL 32678

Susan M. Scribner, Scribner & Associates
 49 Coronado Ave. Long Beach, CA 90803
 (562) 433-6082
 Fax (562) 439-3025

To receive a FSARN Continuing Education packet or to answer questions, contact Karyn Scully at the following: 11075 NW 37th Street, Coral Springs, FL 33065, (954) 752-8541

Or visit the FSARN Website at: <http://www.bbpconsulting.com/FSARN.html>

Florida State Association of Rehabilitation Nurses Provider Number is: FBN-3107

The Provider Number must be on your advertisements of offerings if awarding continuing education hours.

The Florida State Board of Nursing has approved FSARN as a provider for both traditional and non-traditional programming. The Board stresses that all referenced bibliography must have a currency period of five (5) years unless it is a classic.

Florida State Association of Rehabilitation Nurses
Marie Povey, FSARN Newsletter Editor
2961 Longbrooke Way
Clearwater, FL 33760-1720



Florida State Association of Rehabilitation Nurses Newsletter Advertising

The FSARN Newsletter is currently published three times yearly: February, June, and October. It is distributed to members and rehabilitation professionals throughout the state. The newsletter and association is a not-for-profit organization with the purpose of providing educational information, professional events, updates, and resource information. Deadline for submitting articles, professional information, and advertisements is the last day of January, May, and September.

RATES: (Camera Ready or Computer Generated Advertisement Only)
Business Card Size (2X3) - \$25.00/issue Quarter Page (4X5) - \$60.00/issue

For more information, please contact: Marie Povey, FSARN Newsletter Editor
2961 Longbrooke Way, Clearwater, FL 33760
Phone: (727) 536-0189 E-Mail: marie@povey.org

FSARN Board Meetings are held at the Hyatt Regency Orlando International Airport, between 9:30 AM and 3:30 PM on:
Saturday, February 2, 2002, Saturday, September 21, 2002, and Friday, December 6, 2002

During the remainder of the year, Board members will maintain a process of disseminating new information and decision-making through telecommunication.

www.bbpc consulting.com/FSARN.html