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September 18, 2013

Dr. Alan E. Guttmacher, M.D., Director
Eunice Kennedy Shriver National Institute of
Child Health and Human Development
9000 Rockville Pike
Bethesda, Maryland 20892

RE: APTA Comments on “Rehabilitation Research at the NIH: Response to the Blue Ribbon Panel Report Teleconference on August 13, 2013”

Dear Dr. Guttmacher:

On behalf of the American Physical Therapy Association (APTA), I would like to thank the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) for the opportunity to participate in the teleconference held on August 13, 2013 on the NICHD response to the Blue Ribbon Panel Report. We appreciate the leadership of NICHD in convening the Blue Ribbon Panel and the action to date to take steps to advance rehabilitation research at the National Institutes of Health (NIH).

APTA is a professional association representing over 85,000 physical therapists, physical therapist assistants, and students of physical therapy. APTA’s goal is to foster advancements in physical therapy practice, research, and education. The mission of APTA is to further the profession’s role in the prevention, diagnosis, and treatment of movement dysfunctions and the enhancement of the physical health and functional abilities of members of the public.

Role of the Physical Therapist in Rehabilitation Research:

Physical therapists conduct rehabilitation research that makes a difference in the lives of individuals with impairments, functional limitations and disability. Many physical therapist researchers study chronic conditions that have an impact on individual quality of life and in our health care system as a whole, in terms of cost and resource utilization.

Advancements in rehabilitation research have led to improved quality of life for individuals who have spinal cord injuries, loss of limb, stroke and other orthopedic, neurological, and cardiopulmonary disorders.

Increasing the investment in and promoting recognition of rehabilitation within NICHD, NIH and across federal agencies is a necessary step toward continuing to meet the needs of individuals in our population who have chronic disease, developmental disabilities or traumatic injuries. Physical therapists have provided and continue to provide significant return on past investments from groundbreaking clinical research to developing the next generation of researchers and sciences through training programs.

APTA Comments on the NICHD Response to the Blue Ribbon Panel Findings:

Dedicated Funding: APTA is encouraged by NICHD's response that the National Center for Medical Rehabilitation Research (NCMRR) will have dedicated funding at 7.0% of NICHD's extramural funds. APTA strongly urges that this funding level be seen at a floor on funding and not as a cap. Individuals with disabilities, impairments, and functional limitations comprise a significant portion of our population. These individuals' contributions to our communities and economy are enhanced by rehabilitation services and the research that advances this field. We appreciate the current budget constraints and limitations but as our economy improves the opportunity to increase federal investments in rehabilitation research should not be limited to this current percentage of funding. While, we recognize the proposed funding level is a modest increase based on the average of the last 5 years, 7.0% is still less than optimal. Rehabilitation research has consistently been under-funded when compared to the population it impacts and growth of qualified scientists in this field, so APTA encourages evaluation on a consistent and regular basis to assess the status of funding dedicated to rehabilitation research

Co-Funding: APTA supports the use of co-funding as a mechanism to extend the reach and collaboration at NIH in the area of rehabilitation research. This response was innovative and forward-thinking, especially in the current funding environment at NIH and across federal agencies. In addition, APTA supports the recent modification to allow NCMRR to use a limited amount of its funds to support research program grants (RPGs) by itself to preserve the ability of NCMRR to make selected grants on its own in order to act more strategically to advance rehabilitation science and to ultimately benefit patients impacted by rehabilitation research. APTA believes co-funding is an effective strategy and should be a priority. We also encourage careful selection of review panels. Although we support this strategy, it should not be an exclusive strategy for funding of rehabilitation research as studies at times could render the merit and need for funding solely from NCMRR.

Structure of Rehabilitation Science at NIH: APTA acknowledges the current limitations of elevating the NCMRR to an independent NIH Institute, or Center, but strongly supports more engagement and involvement by the Director of NIH to facilitate and assist NICHD and the NCMRR with efforts to increase coordination and collaboration

efforts with other Independent Centers (ICs) and Institutes, with the goal of elevating rehabilitation research science at the NIH. APTA supports legislative action as needed to address structural improvements and other recommendations by the Blue Ribbon Panel that require statutory change, including efforts to communicate and represent the full spectrum of rehabilitation. APTA also believes the Director of NCMRR needs to be provided the structure and support in the Institute and NIH to meet the growing demands and recognition of this area of study. The current process to select a Director of this key Center in rehabilitation research should be inclusive to the stakeholders, patients and providers, and the diverse fields that contribute to its rehabilitation science.

NCMRR Director Search: APTA believes that this is a great opportunity to find a high caliber NCMRR Director who possesses a strong vision for rehabilitation research with an energetic drive to take NCMRR to the next level. APTA supports candidates with excellent interpersonal and communication skills that have the ability to reach out to other ICs rather than simply manage grants. The next Director must also be deliberative by nature and have an in-depth understanding of the need for rehabilitation research across medical diagnosis and one that will be well respected by IC directors.

Additional Recommendations: APTA also supports efforts by the NIH, NICHD, and NCMRR to commit to two additional changes we believe would further the recommendations of the Blue Ribbon Panel. APTA supports a standardized definition of rehabilitation, such as that suggested by the panel from the World Health Organization (WHO). APTA also supports a commitment by the Institute to regularly engage its advisory board, stakeholders and researchers in the evaluation, revision, modification, and enhancement of a research plan. Program evaluation will be essential to ensure we are maximizing the resources and personnel involved in advancing rehabilitation research.

As physical therapy has emerged as a leading scientific contributor to rehabilitation research over the past several decades, we also appreciate the commitment and attention that the current leadership at NIH, NICHD and NCMRR has provided. The progress in recent years has been significant and we believe this should be recognized. . Furthermore, APTA stands ready to continue to collaborate and partner with NIH, NICHD, and NCMRR to bring greater acknowledgement, improved coordination, and further investment to this field within NIH and across all federal agencies involved in the research enterprise.

We appreciate the opportunity to share comments and full consideration of APTA perspective regarding the conference call on “Rehabilitation Research at the NIH: Response to the Blue Ribbon Panel Report” held on August 13, 2013. APTA is committed to working with you to ensure rehabilitation research achieves greater recognition and investment at the NIH and remains at the forefront of the overall mission at NICHD.

We look forward to further dialogue with the Institute and Center. If you have any questions, please feel free to contact Adnan Jalil via email at adnanjalil@apta.org or telephone (703) 706-8533.

Sincerely,

A handwritten signature in black ink that reads "Paul Rockar Jr." in a cursive script.

Paul A. Rockar, Jr, PT, DPT, MS
President

PJR/aj