ELSEVIER

NeuroRehabilitation 8 (1997) 1–2

NeuroRehabilitation
An Interdisciplinary Journal

Introduction

Brick Johnstone[a], Robert G. Frank[b]

[a] *University of Missouri-Columbia School of Medicine, Dept. of Physical Medicine and Rehabilitation, 5R01 Rusk Rehabilitation Center, One Hospital Drive, Columbia, MO 65212, USA*
[b] *University of Florida, College of Health Related Professions, Health Science Center, Room N1-2, P.O. Box 100185 HSC, Gainesville, FL 32610-0185, USA*

The necessity of treating cognitive deficits has grown as the relationship between cognition and functional outcomes has become increasingly evident. Although cognitive rehabilitation is a common component of most brain injury treatment programs, many limitations in the field persist. Most literature/research to date on cognitive rehabilitation focuses on establishing its efficacy. However, managed care is currently changing the delivery of rehabilitation, with an associated need to emphasize discipline-specific practices and training issues. If cognitive rehabilitation is to continue as a necessary component of brain injury programs, then the disciplines that practice it must not only demonstrate the efficacy of their interventions, but must also provide better training guidelines for their trainees, and identify the niche within cognitive rehabilitation that each discipline can best serve.

This current issue presents several articles included to improve cognitive rehabilitation, as well as secure its financial viability. The first two articles (Parente and Stapleton; Ciccerone) present the history and efficacy of cognitive rehabilitation, information that is important for all clinicians to know both when practicing in the field, and when arguing for reimbursement. The article by Holland, Hogg, and Farmer defines more clearly the cognitive abilities commonly evaluated and treated in rehabilitation, and provides an example of how rehabilitation professionals can develop a universal language of cognitive constructs that is understandable to all rehabilitation professionals and family members of individuals with brain injuries.

The next three articles address the relatively unique contributions of the three disciplines which can be argued to be most involved in cognitive rehabilitation: occupational therapy (Hanson, Schechtman, Foss, and Krauss-Hooker), speech pathology (Iacarino), and psychology (Bergquist and Malec). Given that no discipline currently provides specific training guidelines for cognitive rehabilitation, these articles provide general suggestions regarding each discipline's niche within cognitive rehabilitation, as well as general training guidelines their students may wish to follow to become competent in the field.

The last article by Johnstone, Schopp, and Frank presents an overview on the impact of managed care on rehabilitation. The article provides suggestions by which individual practitioners and professional groups can advocate for cognitive rehabilitation reimbursement.

The goal of this special issue is to assist professionals who provide cognitive rehabilitation ensure patient access to services by better arguing

PII S1053-8135(96)00202-8

for the necessity and financial reimbursement of these services. In addition, it is hoped that the articles on discipline specific issues can help each to better define its place in cognitive rehabilitation, so that all can successfully and collaboratively deliver these services. Although not comprehensive, these guidelines are meant to provide a broad framework upon which future specific practice and training guidelines can be developed.