

INTRODUCTION

This issue of *NeuroRehabilitation* will explore model systems of care for persons challenged by neurologic impairments. It is interesting to note that the concept of model continuums of care that was initially driven by clinical and research questions in the field of spinal cord injury care has grown to encompass all areas of neurorehabilitation. In addition, as our health care system continues to undergo reform, we find that the typically vertically integrated model systems of care will likely best survive the tumultuous changes that lie ahead. Much of what is advocated in rehabilitation is experientially based. The model system concept, supported by federally funded research in spinal cord injury care, sets a precedent in our field relative not only to the research data that it has generated but also to the interdisciplinary and holistic approach to patient care that it endorses. Vertically integrated care in neurorehabilitation has been translated in practical terms to be hallmarked by early rehabilitation team involvement including physiatric participation, timely transitioning through the continuum of care, interdisciplinary holistic rehabilitation throughout the continuum, reliance as indicated on multidisciplinary medical expertise, post-acute care with regard to vocational and community reentry, and long-term neuromedical follow-up.

We have chosen five select topics germane to the concept of model systems of care for this issue

to provide readers with a flavor of the scope and quality of the work being done in this area of rehabilitation care. Little has been written on care patterns for persons with multiple sclerosis. Halper and Burke provide us with some interesting insights on levels of care for this patient population, including a rather unique model termed *consortium care*. Clinical perspectives pertaining to neurotrauma (spinal cord injury [SCI] and traumatic brain injury [TBI]) care are discussed by Hall et al. as well as Elliott et al. and should provide readers with a good understanding of the roots of the model systems concept, the rationale for such a system, and directions for future clinical and research endeavors. Foley, Lehmkuhl, and Young provide an outstanding review of community integration and housing for persons with neurologic disabilities. Community integration is discussed by Corrigan as it is specific to persons with TBI. Our research article for this issue is a Canadian study by Moore, Stambrook, and Gill, which examines long-term coping patterns in female survivors of TBI. Last, our "New Books in Print" feature provides readers with current information regarding new publications that are potentially relevant to their practice of neurologic rehabilitation.

Nathan D. Zasler, MD