To provide excellent clinical care in Neurology, Neurosurgery and Physiatry to patients in our referral area.

To develop clinical-academic programmes in the Clinical Neurosciences of national and international stature. These programmes will provide special assessment and treatment, develop and test new forms of treatment and explore disease mechanisms.

To provide excellent educational programmes in the Clinical Neurosciences and related basic neurosciences including undergraduate, courses, clerkship, residency training, postgraduate training and continuing medical education.

To promote and conduct clinical research and clinically relevant basic science research into diseases of the nervous system.
A message from the Department Head

Dr. Rajiv Midha

The past year has been an exciting year of transition for the department and we have again led the way in innovation and discovery in the clinical neurosciences.

In addition to the change in department head leadership this year, a search will be conducted this fall to appoint new leaders in the divisions of neurology and neurosurgery. During this important time of transformation, the department will continue to foster an environment which promotes excellence in all aspects of clinical care, research and education. Again this year, our members were recognized locally, nationally and internationally for their academic contributions and leadership. Our department continues to attract sizable funding dollars by publishing papers in high quality academic journals; our publications and grants are listed at the back of this report.

I am especially proud of the varied and key contributions our members make in the areas of new research, discovery and knowledge creation. This year, we congratulated Dr. Kornigut, Pringsheim and Jereti for their recent work leading the Neurological Registry Best Practice Guidelines in Canada. These guidelines were published as a special supplement issue in the Canadian Journal of Neurological Sciences. The Canadian Registry Network connects researchers nationwide in order to improve the quality, design and impact of registries.

In the Division of Physical Medicine and Rehabilitation, Dr. Chester Ho and Dr. Arun Gupta have again led the way in new research, and impact of registries. The Canadian Registry Network connects researchers nation-wide in order to improve the quality, design and impact of registries.

Dr. Eric Smith was selected as the inaugural holder of the Katthy Taylor Chair in Vascular Dementia Research at the University of Calgary. The department’s local clinical activities are centred at the Foothills Medical Centre and the South Health Campus (SHC), with significant activities also at the Alberta Children’s Hospital, the Peter Lougheed Centre and the Rockyview General Hospital. Outpatient and inpatient services, interventions and procedures continue to grow at all of these sites. In addition, our well-recognized specialty programs provide sub-specialized neurological and neurosurgical care to children and adults from Saskatchewan and British Columbia. This year we saw the consolidation of both inpatient and outpatient neurological services at SHC led by site director, Dr. Chris White. Fourteen neurologists are now primarily based at the SHC and many members of the department, in addition to these neurologists, see patients within the general neurology program and various sub-specialized clinics and programs. Neurology has been at the forefront of the implementation of the inpatient service including the new seizure monitoring unit at SHC which is now operational. Our neurological services have seamlessly transitioned to SHC this year thanks to strong site leadership and excellent administrative support.

We have outstanding residency training programs in neurology, neuropsychology and physical medicine and rehabilitation. A new group of resident trainees have started while our outgoing graduates have continued to excel by passing the Canadian Fellowship of Royal College exams with a 100 per cent success rate. Our subspecialty programs attract a large number of national and international fellows. These programs are described in more detail throughout this annual report. Two of our residents this year, Dr. Michael Tso and Dr. Daniel Yang both received the prestigious Vanier Canada Graduate Scholarships (see story page 77). We are proud of our graduating residency and fellowship trainees who carry the Calgary brand with them as they move on to other Canadian and international institutions.

The life-blood of any department is its membership. We have exceptionally talented and dedicated faculty and trainees and our membership is growing. We were delighted to welcome three new faculty recruits, all within the PM&R division, to our department over the past year. Dr. Chantel Debert was a graduate of our PM&R residency training program. She has a Master of Cardiovascular and Respiratory Sciences degree with a special clinical and research interest in traumatic brain injury. Dr. Vithya Gnanakumar, a pediatric physiatrist, graduated from the PM&R residency training program at the University of Western Ontario; she is based at The Alberta Children’s Hospital. Dr. Gillian Simonett graduated from the PM&R residency training program at the University of British Columbia where she also obtained a Master of Health Sciences degree. Prior to joining our spinal cord injury rehabilitation program at the Foothills Medical Centre, she was on staff at the GF Strong Rehabilitation Centre in Vancouver.

The department has also continued to benefit from exceptional leadership. We saw Dr. Caimcross step down as department head last year and look forward to his renewed focus on the Neuro-oncology Program at the Southern Alberta Cancer Research Institute as the incoming director. After eight years, Dr. Samuel Weinberg stepped down as the division lead for neurology to start a position as associate dean of clinical research in the Faculty of Medicine (see story page 14). Dr. Chester Ho continues to do an impressive job as a dedicated leader in the growing division of PM&R. The department wishes to thank Dr. Bin Hu for his creative leadership in the Division of Experimental Neurosciences for the past 10 years. Dr. Hu will be replaced by Dr. V. Wee Yong who will lead the newly renamed division of Translational Neurosciences division for the next decade (see story page 72). Further integration of our basic science members will ensure we continue to translate our clinical research into innovative medical discoveries which will change the way we practice and deliver health care in the future.

While this has been a year of transition, it has also been a year of growth and achievement for our department. New discoveries and innovations place our department at the forefront of contributing to knowledge creation in the neurosciences. Enjoy reading our annual report and please visit our website at www.dncm.ca to gain an appreciation of some of these notable activities and advancements. As we look forward, we will continue to fulfil our mission of fostering excellent clinical care through research and education while striving to improve the health outcomes of those with brain disorders.

Dr. Rajiv Midha
Head, The Department of Clinical Neurosciences
The Division of Neurology
Dr. Werner Becker, Interim Head, Neurology

Overview
The Division of Neurology includes 51 neurologists. Our vision is to improve the quality of life and productivity in our society by reducing the burden of disability caused by neurological disorders. Our mission is to be an international leader in neurological patient care, education and research. To meet its mission, the division's programs focus on the major neurology subspecialty areas. This facilitates excellent experiences for neurology fellows interested in further training in a specific area. Most of the neurologists are based at one of four hospital sites: Foothills Medical Centre, Peter Lougheed Centre, Rockyview General Hospital, and The South Health Campus (SHC). The Division operates as a cohesive unit with a city-wide on-call schedule organized by Dr. William Fletcher. All four hospital sites have inpatient neurology consultation services. Two sites, the Foothills Medical Centre and the South Health Campus, have neurology inpatient ward services.

Highlights
- In early September, the Division of Neurology entered a new era as it began to deliver clinical outpatient services at the SHC under the leadership of Dr. Chris White. In February, a new inpatient neurology unit, which now includes an epilepsy monitoring unit, also opened at the SHC.
- The division would like to formally thank Dr. Sam Wiebe who stepped down as Division Director in April. He led the division very successfully over the last eight years. Dr. Werner Becker is his replacement until a new leader is chosen.
- The division welcomed four new neurologists during the last academic year including: Drs. Katie Wiltshire, Suresh Subramaniam, and Sam Chhibber. Dr. Justyna Sarna also started a full-time locum position in our Movement Disorders Program. Three of our neurologists were transferred from clinical positions into geographic full-time positions including: Drs. Tamara Pringsheim, Bijoy Menon, and Fiona Costello.

Education
The Division of Neurology continues to offer excellent and diverse educational programs. It plays a large role in undergraduate medical teaching in the neurosciences course. The division had 19 neurology resident trainees during the year and 23 fellows. These fellows were distributed among the division's subspecialty programs including: stroke, multiple sclerosis, epilepsy, movement disorders, neuromuscular and headache. Dr. Michael Yeung was recently appointed as our neurology residency training program.

Research
- Dr. Eric Smith was named the first chair holder of the Kartho Taylor Chair for Vascular Dementia at The University of Calgary. Fiona Costello was appointed as the Roy and Joan Allen Investigator in Sight Research. Jodi Burton won the Alberta endMS - MS Society of Canada graduate student stipend to further her work in the area of MS and reproductive hormones. Bijoy Menon received the 2012 Heart and Stroke Foundation of Canada Graduate Students' Association of Interns and Residents. Dr. Nathalie Jette was awarded The University of Calgary Graduate Students’ Association Supervisory Excellence Award.

Clinical Care
The development of a new General Neurology Program led by Dr. Kevin Busche including a centralized access and triage component. This allows better monitoring of referrals to general neurology and is fully integrated with our urgent neurology clinic led by Dr. Alexandra Hansson. These new developments have increased the division's ability to meet the clinical need of our referral area. The urgent neurology clinic has recently been analyzed by one of our residents, Dr. Daryl Wire along with division members Dr. Sarah Frattato and Dr. Alexandra Hansson. We expect the results to be published shortly.

Research
- Dr. Ahmad Abuzinadah, took the Royal College Examinations this year and successfully obtained his neurology fellowship.
- Dr. Lara Cooke was awarded the Joseph Mikhail Award for Contribution to Medical Education in Canada from the Canadian Association of Interns and Residents.
- Dr. Nathalie Jette was awarded The University of Calgary Graduate Students’ Association Supervisory Excellence Award.
- Dr. Farnaz Amoozegar was awarded the Community Health Sciences Prize for academic excellence in April this year for work in her master’s program in clinical epidemiology.

Highlights
- Dr. Ahmad Abuzinadah accepting the Resident teacher award as part of the 2012-13 Residency Awards this year. Dr. Abuzinadah also completed the Royal College examinations and obtained his neurology fellowship this year.
Epilepsy is one of the most common neurological conditions and up to 300,000 Canadians are affected by it. New epilepsy imaging research, conducted by Dr. Federico, associate professor of neurology, and his team at the Seaman Family MR Research Centre, is making it easier for patients to be assessed for epilepsy conditions, surgery and treatment.

Thirty per cent of epilepsy patients often experience seizures which can be difficult to control through conventional therapies. Indicated as sudden attacks, spasms, or convulsions, seizures are disturbances in brain function resulting from abnormal electrical brain activity. Dr. Federico along with co-investigators: Dr. Richard Frayne and Dr. Bradley Goodyear are using combined electroencephalogram and functional magnetic resonance imaging (EEG-fMRI) approaches to better understand how they are generated and whether it is possible to predict the occurrences of seizures.

“Through our epilepsy studies, we have shown that patients with temporal lobe epilepsy have different language networks in their brain, which may explain the language difficulties they experience,” says Dr. Federico. “We have found that epilepsy affects the brain organization itself.”

The two new magnetic resonance (MR) imaging tools that are being used by Dr. Federico’s lab are functional MRI (fMRI) and T2 relaxometry. Functional MRI is a form of imaging that registers blood flow changes related to brain activity during motor, language and sensory tasks. “With this new technology, we can perform specific language fMRI studies that will show if there is greater brain activation on the right or left side of the brain, allowing us to determine which side is dominant. We can then use this information for surgical planning,” he says.

Dr. Federico says right or left brain dominance is usually determined by conventional neuropsychological testing; however this method can often result in inomplete answers whereas fMRI language studies provide a more definite answer.

Functional MRI (fMRI) is also useful for mapping critical brain function near intended surgical targets. For example, fMRI is especially useful in determining if there is important motor and sensory function close to the location of a brain tumor. This information can be used to help the neurosurgeon plan the location and extent of the resection needed to safely remove the tumor.

The T2 relaxometry technique employed in Dr. Federico’s lab is used mainly by the epilepsy program for clinical purposes. T2 is a tissue property that is measured by MR imaging. Abnormal brain areas are typically identified by an excessively bright signal visually indicated on the MR images. In T2 relaxometry, a numeric value is assigned to the T2 signal in every region of the brain and these numbers are then compared to those from a normal brain scan. This process is much more objective, sensitive, and precise than looking for bright areas on MR images with just the naked eye alone.

“This technology is now allowing the epilepsy team to draw conclusions on the locations of the seizures faster. If we suspect that a patient may have seizures coming from a certain area of the brain, T2 relaxometry is helping us to find this location earlier than we did before,” says Dr. Federico.

Dr. Federico says both fMRI and T2 relaxometry are now regularly used to assess epilepsy patients. He says this is a great example of bench to bedside translational research where epilepsy patients are positively impacted by the research being conducted. Currently, the team has studies underway to assess how this new MR technology has impacted overall patient care and the efficiency of clinical practice.
well because of the collaborative efforts of both the staff and management. “It has worked out much better than we had ever hoped,” says Dr. White. “We’ve got a great group of physicians here with a good mixture of skills.”

The rapid increase in the number of patients has also highlighted one of the challenges faced by the neurology team at the SHC. “We are already over capacity at a number of our clinics and having the necessary space to accommodate everyone is already an issue,” says Dr. White. “All of the clinics are as busy as they can be.”

The four organizational pillars at the SHC include: collaboration, innovation, patient and family-centered care and wellness. Patient and family centered care includes: the patients’ families, friends, family doctors, other health care providers as well as services in the community. The campus also features the latest in equipment and a high-performance health and wellness centre.

Dr. White is most proud of the care delivery model at SHC. “The allied health care approach at SHC is part of its strong focus on collaboration. When referrals are necessary, the entire team of health-care professionals work together to create a one-stop shop experience for their patients. The allied health services include: occupational therapists, physiotherapists, social workers, psychologists, audiologists, nutritionists and spiritual care workers. This approach to health care makes a patient’s experience less confusing and stressful, and more positive overall.

“If someone comes to see us and they have other concerns that may be affecting their health—such as financial concerns—I can make one call and have the patient seen by someone who can help them usually that same day,” says White. “This approach also allows the allied health staff to develop expertise in neurological disorders.” To-date, this team-based approach has been well received says Dr. White. “We’ve had excellent feedback from the patients on this approach and we are very pleased with that.”

Dr. Chris White

Dr. Nathalie Jetté knew from the time she was three years old that she wanted to be a doctor. When her grandmother developed Alzheimer’s disease when she was a young girl, her next goal was to find a cure for it. Eventually, her research into Alzheimer’s disease led her to working in Dr. Margaret Fahnestock’s laboratory at McMaster University where she developed an interest in epilepsy.

Dr. Jetté shared this insight into her career as part of the Eyes High on Research lecture series at The University of Calgary in April. Jetté’s talk emphasized the importance for research to lead to direct application. She says the Goethe quote, “Knowing is not enough; we must apply. Willing is not enough; we must do,” serves as an inspiration to her.

Dr. Jetté’s health services research focuses on: access to care and the appropriateness of care, quality of care, health-care resources use, co-existing conditions, particularly mental health and how they apply to epilepsy outcomes. As an epilepsy specialist, Dr. Jetté spoke about the need for more epilepsy patients to be considered for surgery and the development of a national web-based tool to help family physicians to determine if their patient is a good candidate for surgery.

“One study in particular found that 74 per cent of patients who had surgery were seizure free after two years compared to zero per cent of those who were medically managing their seizures.”

Dr. Jetté spoke about the need for more epilepsy surgery to prevent seizures. “There is a misconception that epilepsy surgery is a very risky procedure.”

Studies showed improvement in social outcomes after surgery as well. For instance, patients found that they were able to work and drive after surgery whereas they were not able to take part in these activities prior to surgery. “Most studies also showed improvement in mental health or no changes to productivity and medical care expenditures. She says however, that numerous studies have shown that surgical management is superior to medical management, in appropriately selected patients, when it comes to preventing epilepsy.

“The majority of the studies have shown very positive outcomes for those who have the surgery. For example, we found patients with temporal lobe epilepsy had a 70 per cent success rate for freedom from seizures after surgery,” she says.

“About ten per cent of people will have a seizure sometime in their lifetime,” says Jetté. More than 200,000 Canadians are affected by epilepsy. It can take, on average, twenty years before an adult actually has surgery to prevent seizures.

She says years of uncontrolled epilepsy can lead to: cognitive decline, poor quality of life, increased mortality and high societal costs through loss of productivity and medical care expenditures. She says however, that numerous studies have shown that surgical management is superior to medical management, in appropriately selected patients, when it comes to preventing epilepsy.

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Relief may be closer at hand to help patients regain their balance and stop the whirling sensations caused by dizziness. The Neurovestibular Program opened at the South Health Campus (SHC) in January this year. Informally known as the Dizzy Clinic, the program was developed by Alberta Health Services and the neurology and otolaryngology divisions of DCNS and surgery.

Featuring the latest in diagnostic and rehabilitative technology, the program involves three specialized physicians, a technician and two physiotherapists. “When patients can see an interdisciplinary team, it helps get them back on their feet faster,” says Dr. Fletcher, a professor of neurology at DCNS and a neuro-ophthalmologist who co-directs the program along with Dr. Beth Lange, an otolaryngologist (ear, nose and throat) specialist. “Research suggests that the longer you take to treat people with neurovestibular issues, the longer their recovery takes.”

Since January, close to 356 patients visit the program every week. The program only accepts those patients with a referral. The Neurovestibular program includes an Urgent Vertigo Clinic for those with acute vertigo symptoms. “Emergency departments now refer patients with acute vertigo symptoms directly to the urgent vertigo clinic,” says Suresh Subramaniam, clinical assistant professor of neurology, who runs the clinic. “This approach helps them recover more quickly.” Patients in the program also have access to testing with an audiologist elsewhere in the hospital.

The neurovestibular system is a complex network that includes inner ear structures, nerves, the brain and the eyes which all work together to help keep us oriented correctly in space. Problems with the neurovestibular system can be caused by infections, head injuries, some medications, aging, migraines and stroke.

Some estimates say dizziness is the second most common complaint seen by general practitioners after back pain. About five per cent of the population will suffer from vertigo over the course of a year. Specialists are often able to diagnose where a problem is occurring by carefully observing eye movements while the patient is moved into different positions.

The program uses the following testing equipment to assess patients:

- A videonystagmography (VNG) which records eye movement using goggle-mounted video cameras.
- Caloric testing which irrigates each ear with warm or cool water and then tracks the patient’s eye movements with the VNG system.
- Rotational testing, which involves sitting in a chair that rotates in darkness while eye movements are recorded with the VNG system.
- Computerized posturography which measures balance while standing on a platform surrounded by visual input.
It is with mixed emotions Dr. Sam Wiebe leaves his eight-year post as division head of neurology. In May, 2013, Dr. Wiebe stepped down and will be focusing his future efforts in the Dean’s office at The University of Calgary.

“The Department of Clinical Neurosciences has been a family to me. It’s a little sad but on the other hand, I’m excited about new opportunities for myself and for the division here as well. A new direction and a new vision are always good things for the department,” he says.

Dr. Wiebe is also a professor for Community Health Sciences, and Pediatrics for the Faculty of Medicine at the University of Calgary. In addition, he is an associate dean for clinical research and director of the unit for clinical analytics and research support in the Faculty of Medicine.

He has seen many changes in his time at DCNS. “The Division of Neurology has changed enormously since 2004. It’s larger in terms of the depths of it’s programs, it’s expertise and it’s geographic footprint.”

He says the growth of the division of neurology also brings with it new challenges and complexities. “We need to look at these new challenges carefully while still delivering the best possible care to our patients.” For example, he says it is becoming a challenge to cover the growing number of clinic locations and in-patient units for DCNS. “Staying cohesive is definitely going to be a future challenge for the department.”

Dr. Wiebe was very pleased with the smooth implementation of the inpatient and outpatient neurology services at the South Health Campus last year. He says, “We were able to move into the South Health Campus in an almost seamless manner. The leadership of Chris White and many others made that important transition possible.”

While the future challenges with departmental growth exist, Dr. Wiebe believes there are many advantages to being part of the future of DCNS.

“We have one of the strongest neurosciences groups in the country here. The level of energy, enthusiasm, initiatives and accomplishments here are just excellent for a young department. The collegiality among the divisions is exemplary. I have gained so much from working with such bright, keen individuals,” he says.

When looking back at his many accomplishments in the division, he says all of his accomplishments involved the efforts of others. For example, he says Dr. Werner Becker was instrumental in working with him to establish the Academic Alternate Relationship Plan (AARP), a program that allows physicians to complete research and education while also attending to patients. “He burned the midnight oil in developing the program and as a result of this hard work, we are one of the few departments that have such a program.” Dr. Werner Becker was named as the interim Division Head when Dr. Wiebe stepped down in May.

Dr. Wiebe is very proud of the recruitment and success of the 16 neurologists who joined the department in his time as division head. “This recruitment has demonstrated our commitment to expanding the department in strategic areas. We have people here who work in basic science, clinical trials, and health services and population research who are internationally acclaimed in their field,” he says.

He says it has been very rewarding to witness the development of the division members as they grow within the department. “They arrive as junior members, increase in their expertise and eventually become established members who stand on their own and mentor others.”

His division’s focus on epilepsy research in recent years has also pleased him, “I truly believe that when people hear the word epilepsy now they think of Calgary and the research that is happening here. Our relationship with the pediatric team for epilepsy has also been very beneficial to our research as a whole.”

In the future, Dr. Wiebe will be working to establish a clinical research unit at the Faculty of Medicine. It will support clinical researchers in the neurosciences and mental health. His goal he says, is for it to become a known centre for high quality clinical research.

Imparting some words of advice, he says “When you wed research excellence with clinical excellence you can guarantee improved patient care. I am so grateful I had the opportunity to lead this incredible group of people, for that, I thank the department and wish them much success in the future.”
The Calgary Stroke Program (CSP)
Director: Dr. Andrew Demchuk

The Calgary Stroke Program (DCNS) and a joint venture between The University of Calgary and Alberta Health Services, continues to grow and contribute to the field of stroke care. Our program figured prominently nationally and internationally on a number of fronts.

Highlights
- Our research team has taken a major step forward in academic medicine by leading a large multicentre, multinational randomized clinical trial, entitled ESCAPE, which has enrolled 25 subjects to date with 15 sites across the world in at least four countries.
- The group continues to achieve a high level of academic productivity with 80 published citations in this academic year. This included one NEJM and two Lancet Neurology articles based on three major studies; IMS-3, PREDICT, ENACT. Several members were co-authors and the Calgary Stroke Program figured prominently in leadership and co-leadership roles for those three studies.
- The clinical research component of the stroke program led by Dr. Michael Hill earned a CIHR-CMAJ 2012 Health Research Innovation Award.
- Dr. Eric Smith was awarded a HSFA grant to study Cerebral Blood Flow Regulation in Patients with Alzheimer’s and Small Vessel Diseases and a 1.2 million grant from CIHR to study covert stroke in Canadians, using magnetic resonance imaging (MRI). Dr. Smith was also named the Kathy Taylor Chair in Vascular Dementia www.medicine.ucalgary.ca/vascular-dementia-research-chair-canada.
- Dr. Shelagh Coutts was named as one of Calgary’s Top 40 Under 40 and received a 4.7 million dollar Genomics Canada grant as co-Principal investigator with Dr. A. Penn from the University of Victoria.
- Dr. Bijoy Menon officially joined the department as an assistant professor. He also obtained a Heart and Stroke Foundation (HSF) Scholarship award and published 13 citations in major journals such as Annals of Neurology, JCBFM, and Radiology.
- Dr. Sean Dukelow received a HSF operating grant and achieved the highest score in the competition. His stroke recovery work on robotics was highlighted on Shaw TV.
- In 2012, our clinical care program was once again awarded The Award of Distinction from Accreditation Canada for May 2012 to 2014. This is the second consecutive Award of Distinction for our program and we remain the only centre in Canada to receive this award two terms in a row. Our program also worked with the Canadian Stroke Network to create the This is What Quality Stroke Care Looks Like, an abridged version of the full report published in 2011.

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Education:
Education is the core of the CSP. As of June this year, our program has trained and graduated 51 stroke fellows, from 17 countries including Canada. Last year we trained eight fellows including four Canadians. In addition, we have seen a major increase in applications to our fellowship with 2 to 3 applicants per month.

This year, we introduced an educational booklet titled Patient and Family Passport for Stroke which was provided to hundreds of stroke patients.

We continue to evolve the National Acute Stroke Rounds led by Dr. T. Watson. These rounds are telecast monthly through TeleHealth across Canada.

The 3rd Canadian Stroke Congress took place in Calgary in late September 2012.

Our globally recognized Stroke Fellowship Program had its first fellowship reunion in September 2012 with over 25 current and former fellows attending from around the world.

Research:
Significant progress has been made over the last year to further establish the CSP as an internationally respected clinical research program and imaging core lab facility for large stroke trials. We function as the CT core lab for six multicentre randomized trials.

Members
Stroke Neurology:
Drs. Phil Barber; Shelagh Coutts; Andrew Demchuk; Michael Hill; Keith Hoyte; Adam Kiroon (Pediatrics); Gary Klein; Bijoy Menon; Alekys Mineyko (Pediatrics); Dawn Pearson; Eric Smith; Peter Strys; Suresh Subramaniam; Tim Watson

Stroke Physical Medicine and Rehabilitation:
Drs. Sean Dukelow; Ken Lam; Steve McNeil

Vascular Neurosurgery:
Drs. Alim Mirza; Garnette Sutherland; John Wong

Interventional Neuroradiology:
Drs. Muneez Easa; Mayaek Goyal

Nursing:
Dr. Teri Green
The Calgary Comprehensive Epilepsy Program
Director: Dr. Neelan Pillay

Overview
As one of the premiere epilepsy centers in Canada, the Epilepsy Program works collaboratively to find the most appropriate treatment for each patient. We develop innovative ways to diagnose and treat epilepsy in children and adults. The Calgary Epilepsy Program consists of a unique core of specialists. These include: pediatric and adult epileptologists, epilepsy surgeons, EEG technologists, neuroradiologists, neuropsychologists, clinical psychologists, basic scientists, physician clinical assistants, neurology residents, epilepsy fellows, and nurses who all work together to provide comprehensive care for epilepsy patients.

Patients and families often present with complex needs arising from the impact of this chronic illness. These needs along with the experience of change in their disease process and their response to treatment make it increasingly important to maximize the full potential of each individual with epilepsy through an integrated care approach. The Calgary Epilepsy Program continually strives to be a centre for clinical and academic excellence through the improvement of consolidated clinical services, education, and research. Enhancing local and national initiatives to improve care for our patients, the program provides:

- Sophisticated, state-of-the-art neurophysiologic assessment including: EEG, evoked potentials, 24-hour ambulatory EEG monitoring, functional brain mapping and intraoperative monitoring
- Inpatient video monitoring to evaluate potential epilepsy surgery patients
- Neuro-psychological assessment and psychological counseling
- Epilepsy surgery for medically resistant epilepsy
- Vagal nerve stimulation (VNS)
- Neuro-psychological assessment including: EEG, evoked potentials, fMRI research activities. The fMRI program provides timely service to the entire department.
- Access to the latest clinical research trials in epilepsy including clinical drug trials and new surgical treatments

Highlights
- The theme for the 3rd Annual Epilepsy Symposium held in October 2012 was on biomarkers in epilepsy. Recent advances in electrophysiology, neuroimaging, molecular biology and genetics promise to reveal clinically useful biomarkers for epilepsy in the near future.
- Dr. Sam Wiebe organized the 30th International Epilepsy Congress and brought it for the first time ever to Montreal, Canada. He completed term as elected secretary general of the International League Against Epilepsy and was elected by 112 countries as member of the executive board of the International League Against Epilepsy. Dr. Wiebe also received the award ambassador for epilepsy in Latin America from the commission on Latin American Affairs of the International League Against Epilepsy. He launched a faculty-wide clinical research unit for analytics in support of all health research initiatives in the Faculty of Medicine.
- Dr. Nathalie Jetté was awarded the 2013 Graduate Students’ Association Supervisory Excellence Award and a Division of Neurology Excellence Doctoral Award, Eyes High Leadership Doctoral Scholarship and QE II Awards.
- Dr. Nathalie Jetté received a CIHR grant to test the usability and feasibility of an online tool developed to guide physicians in determining the appropriate- ness of their patients for an epilepsy surgery evaluation. She launched the recruitment for the NEurological disease and Depression Study (NEEDS) initiative, an interdisciplinary program aimed at addressing depression in those with neurological conditions. More than 750 patients have been recruited between August 2012 and June 2013. In addition, she also led several major team grants including large scope projects for the national population study of neurological conditions addressing the burden of 15 neurological conditions including epilepsy. Dr. Paolo Federico leads the only laboratory in the world performing intracranial EEG-fMRI at 3T, which is providing unique insights into the generation of interictal discharges (see story page 8).
- Dr. Nathalie Jetté directed the study course I for PhD students and supervised four PhD students. The graduate students have won awards and scholarships including: CIHR (doctoral, masters and one Vanier Scholarship), AHS, National CLAE Mary Ann Lee Award, Achievers in Medical Science Awards, Western Regional Training Centre Studentships, Eyes High Research Excellence Doctoral Award, Eyes High Leadership Doctoral Scholarship and QE II Awards

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Members
- Drs: S Wiebe, N. Pillay, W Murphy, Y Aghakhani, B. Klassen, A. Hanson, P. Federico, N. Jetté
The Headache Program
Director: Dr. Jeptha Davenport

Overview
The Headache Program is one component of the Calgary Pain Program. The program has two clinics within Calgary. Satellite clinics include a headache clinic for patients with post-traumatic headache within the Division of Physiatry’s Traumatic Brain Injury Clinic as well as general neurology clinics held in community health centres. Patients participate in a variety of clinical and educational encounters.

Highlights
The Headache Program follows a patient-centered, team approach with interdisciplinary collaboration. We completed some major physical changes in the past year. The CHAMP clinic relocated to its new location at South Health Campus (SHC) in September 2012. Following the July flood, the program moved from the Holy Cross Centre to the Richmond Road Diagnostic & Treatment Centre. In total, the program receives over 2,000 patient referrals per year and we provide access to a greater number of patients each year. The program offers: group education sessions, telephone consultations with referring physicians and patients and telehealth group education sessions, telephone consultations each year. The program offers: group education sessions, telephone consultations with referring physicians and patients and telehealth visits for patients living outside of Calgary. Many patients from Calgary and the surrounding communities work with the Headache Program as they search for strategies to improve their headache management.

Education
We provide training to: headache fellows from within the Division of Physiatry’s Traumatic Brain Injury Clinic as well as general neurology clinics held in community health centres. Patients participate in a variety of clinical and educational encounters.

Research
The Headache Program is invested in clinical research which includes a Phase 2 medication trial, a non-pharmacological intervention trial, and a bridging prophylaxis trial. This research includes outcomes measurement, quality improvement, and the development of provincial and national headache guidelines.

Members
Physicians:
Headache fellows: Dr. Prin Chitsantikul, Dr. Thilinie Rajapakse;
Neuropsychiatrist: Dr. Aaron Mackie; Family Physician: Dr. Lori Montgomery; Anesthesiologist: Dr. Kelly Shinkaruk; Psychiatric support services: Dr. Sam Oluwadairo, Dr. Stephen Amadala, Dr. Pamella Manning;
Neurologists: Dr. Farnaz Amoozegar, Dr. Werner Becker, Dr. Lara Cooke, Dr. Jeptha Davenport, Dr. Arnolda Eloff, Dr. Keith Brownell (community clinic).

Nurses:
Clinical Coordinators: Irene O’Callaghan, Jennifer Kirker, Nora Lee; Nurses: Ansuan Lião, Deborah Thorne; Nursing Attendants: Rhian Mochoruk, Paulette Warner;

Allied Health:
Occupational therapists: Kathryn Courts, Allison McLean, Angie Yang; Physiotherapists: Kate Gerry, Philiss Heffner; Psychologists: Dr. Penny Ford, Dr. Sharon Habermann, Dr. Krista Culland; Pharmacist: Joyce Côté; Kinesiologist (François Gagnon); Dietician: (Kelly Sullivan)

Administration & Administrative Support:
Leatha Semwick, Lydia Gallo, Lisa Bannister, Kate Walker, Deb Nicholson, Krista Hansen, Kristen Haakenstad, Connie Burkart, Suzanne Bastuk, Geoff Schulz, Carolyn Baldwin

The Cognitive Neurosciences Program
Director: Dr. Eric Smith

Overview
The Cognitive Neurosciences Program provides expert medical consultation for cognitive disorders and educates undergraduate and postgraduate learners about the medical evaluation and treatment of dementia and milder forms of impaired cognition. The program conducts research on the causes and treatment of cognitive disorders. Program members include neurologists, psychiatrists, neuropsychology, research staff, and allied health professionals at the Foothills Medical Centre and South Health Campus (SHC) sites.

Highlights
In addition to the Foothills Medical Centre location, the cognitive neurosciences clinic expanded to the SHC in 2013. Dr. Aaron Mackie from the Department of Psychiatry, has also joined the clinic. Clinical physician Dr. Zahinoor Ismail was selected to the Program Committee of the Canadian Conference on Dementia. Dr. Eric Smith, clinic director, was named the inaugural holder of the endowed Kathy Taylor Research Chair in Vascular Dementia at the University of Calgary; in this capacity he will promote vascular dementia research at the university.

Education
The clinic serves as a site to train residents and medical students in the diagnosis and management of cognitive disorders. Residents in various disciplines, including neurology, psychiatry and geriatric medicine, have completed rotations in the clinic.

Research
The program is active in investigator-initiated research, multi-center studies and drug trials. The clinic is part of the CSR Canadian Dementia Research Trials Network. Ongoing studies include: the investigation of the diagnosis and prognosis of patients with mild cognitive impairment, vascular dementia, Alzheimer’s disease, and cerebral amyloid angiopathy. For more information go to: www.ucalgary.ca/esmithresearch.

Members
Neurology:
Dr. Eric Smith, Dr. David Parry, Dr. Dawn Pearson, Dr. Bijoy Menon, Dr. Philip Barber

Psychiatry:
Dr. Jeremy Quickfall, Dr. Zahinoor Ismail, Dr. Aaron Mackie

Neuropsychology:
Dr. Catherine Burton, Dr. Kim Goddard
The Movement Disorder Program
Director: Dr. Ranjit Ranawaya

Overview
Movement Disorders are diseases that result in involuntary movements such as tremor, dystonia, chorea, bradykinesia and tics. These disorders cause significant disability in one of every 100 Albertans and impact over 30,000 Alberta families. The program provides a multidisciplinary clinic with a staff of over 20 individuals including specialists in neurology, neurosurgery, physiatry, nursing, social work, psychology and physical therapy. The program treats over 2,000 patients with Parkinson’s disease (PD), Huntington’s disease, Tourette’s syndrome, spinocerebellar ataxia, dystonia and tremor. Approximately 2,000 patients are followed with close to 10,000 patient visits per year.

There is a large research component in the program that focuses on improvements in treatment of Parkinson’s disease and related disorders. Research to understand basic mechanisms of disease is coordinated through the Hotchkiss Brain Institute. This program is designated as a center of excellence for Parkinson’s by The National Parkinson’s Foundation program is designated as a center of excellence for Parkinson’s disease and related disorders. Research to understand basic mechanisms of disease is coordinated through the Hotchkiss Brain Institute. This program is designated as a center of excellence for Parkinson’s by The National Parkinson’s Foundation designated through the Hotchkiss Brain Institute. This program is designated as a center of excellence for Parkinson’s by The National Parkinson’s Foundation.

Highlights
- Novel treatments in PD, HD, dystonia, and spinocerebellar ataxia
- We continue to do clinical trials in Parkinson’s disease, dystonia, Huntington’s disease and Tourette’s syndrome.

Members
- Dr. Ranjit Ranawaya
- Dr. Sarah Furtado
- Dr. Scott Kraft
- Dr. Tamara Pringsheim
- Dr. Zelma Kiss
- Dr. Bin Hu
- Dr. Angela Haifendan
- Dr. Stewart Longman
- Dr. Jeremy Quckfall
- Dr. Michael Trew
- Dr. Justyna Sarna (locum)

Fellows:
- Dr. David Salar-Fox

Nurses - Clinical:
- Karen Hunika, Michelle Zulinick, Pia Lawrence, Nancy Labelle

Nurses - Research:
- Lorelei Derwent, Carol Pantella

Secretarial Support:
- Sheila Pinkney, Marlene Conrad, Bonita Woybowich, Sue Dalzell

Neuroprotection for Huntington’s disease (HD) as well as two long-term follow-up prospective observational trials for HD
- Novel treatments in PD, HD, dystonia, and spinocerebellar ataxia
- We continue to do clinical trials in Parkinson’s disease, dystonia, Huntington’s disease and Tourette’s syndrome.

The Multiple Sclerosis (MS) Program
Director: Dr. Luanne Metz

Overview
The Multiple Sclerosis (MS) program provides multidisciplinary, population-based care to people with MS and other Central Nervous System (CNS) demyelinating disorders living in Southern Alberta and southeastern British Columbia. The services provided by our specialized clinical team, based on a chronic disease management approach include: medical, nursing, rehabilitation and counseling. Our goal is to prevent or lessen disability and optimize wellness. Our team also provides leadership in care delivery and regularly provides advice regarding policies related to MS care. Dr. Michael Yeung, Chair of the Alberta MS Drug Panel and Dr. Luanne Metz are both on the advisory committee of the Canadian MS Monitoring System which is a joint federally and provincially funded project led by the Canadian Institute of Health Information.

Highlights
- The MS Clinic expanded from Foothills Medical Centre to a second site at South Health Campus in 2012. This brought additional resources to serve the growing MS population. It also improved the ability of many patients to access care. In addition, a neuroimmunology clinic (NIC) evolving from the MS Clinic, opened at South Health Campus in September 2012. Patients with non-demyelinating inflammatory CNS diseases such as CNS sarcoidosis, CNS vasculitis, and other autoimmune diseases can now be cared for in their own clinic. The NIC, led by an MS Program member Dr. Alkilani, will support the development of clinical expertise and research.

Members
- Physicians:
  - Drs. Karayoun Alkilani, Nadeem Bhanji, Jodie Burrows, Kevin Busche, Marcus Koch, Dan McGowan, Aaron Mackie, Jean Mah, Luanne Metz, William Murphy, Scott Patten, David Parry, Dawn Pearson, Michael Yeung.
- Basic Scientists:
  - Lena Brown, Shalina Ousman, V Wye Yong, Yunyan Zhang

Program leaders and managers:
- Colleen Harris, Erin Gervais, Winnona Wall, Graziela Cerchiaro, Charlotte Breakey, Claudia Silva

Education
- The MS program supports the education of trainees at all levels. In 2012-13 we had two clinical fellows: Drs. Scott Jarvis and Helene Parpal. Both were funded by Canadian Network of MS Clinics Fellowships. An increasing number of residents are choosing to do MS Clinic rotations. Dr. Michael Yeung became the neurology residency education program director in 2013 Dr. Kevin Busche completed several years as the course chair of the undergraduate neuroscience education program. Dr. Wye Yong leads the Alberta EndMS research and training network which enhances the experience and training of several graduate students and postdoctoral fellows www.endmsnetwork.ca.

Research
- The MS program is well recognized for its research strengths. In association with the Hotchkiss Brain Institute, current active research includes: translational research, clinical and epidemiological research, basic science, innovations in imaging and trial design and clinical trials. In 2013, enrollment wrapped up to our multicentre, randomized controlled trial of minocycline in clinically isolated syndrome and a province-wide epidemiologic study of MS www.tamsi.ca. Both trials involve multiple team members. The MS trial is funded by the MS Society of Canada and TAMS is funded by Alberta Health.

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The Neuromuscular Program and ALS Clinic
Director: Dr. Douglas Zochodne

Overview
Established in 1992, The Neuromuscular Program meets the overall health needs of people with peripheral nerve, muscle and neuromuscular junction disorders. Additionally, this program provides state of the art diagnostic and treatment services as well as cutting edge research. The overall emphasis of this program is on excellence in patient care, collegiality and innovation. To date, the program consists of several sub-specialty clinics: the neuromuscular clinic, the ALS and motor neuron disorders clinic, neuropathic pain clinic and the peripheral nerve clinic based at The Foothills Medical Centre (FMC) and The South Health Campus (SHC). The vision of this program is to evolve into an internationally recognized program model for access and evidenced-based care for patients with nerve and muscle disorders.

Highlights
Dr. Chris White opened the SHC and outpatient facilities for DCNS and furthered plans to provide exceptional patient care in a patient centred, multidisciplinary environment. This included neuromuscular and EMG clinics. He served as the chief examiner for the Canadian Society of Clinical Neurosciences EMG section and as a Royal College of Physicians and Surgeons Examiner in Neurology.

Dr. Keith Brownell was elected for a three-year term to the Council of the College of Physicians and Surgeons of Alberta. He received a neurology certificate from the American Academy of Surgeons of Canada and was elected for a three-year term to the Council of the College of Physicians and Surgeons Examiner in Neurology.

Dr. Cory Toth is completing editorship for the book Neuropathic Pain: Causes, Management and Understanding, to be published through Cambridge. He has served as an associate editor for Pain Medicine and as the research director for the Chronic Pain Centre. He was awarded the Division of Neurology Award for Clinical Excellence, the Queen Elizabeth II Diamond Jubilee Medal, and the Professional Association of Residents of Alberta (PARA) Resident’s Provincial Teaching Award in 2012.

Dr. Lawrence Korngut co-led the development of the Canadian Neuromuscular Diseases Registry Network, a national network of centers that register their patients to combine their expertise in neuromuscular disorders. He assumed the position of chair of the medical and scientific advisory Committee for Muscular Dystrophy Canada and he is the director of the ALS clinic.

Dr. Sameer Chhibber introduced an integrated muscle biopsy clinic at SHC designed to provide timely muscle biopsies working closely with neuropathology to improve and advance neuropathological diagnosis. He led the neuromuscular educational program that in the last academic year, trained one neuromuscular fellow and 16 residents, including visiting residents from Saskatchewan. Dr. Chhibber developed and hosted the highly successful Western Canadian Neuromuscular Medicine and Electrophysiology Update Conference in Banff last November. This was a continuing medical education accredited three-day conference with 80 attendees from across Canada.

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Dr. Tom Feasby rejoined the neuromuscular clinic in 2013 after his completion of his deanship at Faculty of Medicine, The University of Calgary. He has ongoing interests in outcomes research and inflammatory neuropathy.

Dr. Douglas Zochodne served as director of the Adult Neuromuscular Program and Adult Clinical Neuropsychophysics Program of Alberta Health Services. Within the Hotchkiss Brain Institute (HBI), he directed the regeneration unit in neurobiology (RUN) facility and served on the HBI Strategic Research Innovation Council. He also served as past president of the peripheral nerve society and renewed funding of his research laboratory.

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The Neuro-ophthalmology and Neurovestibular Programs
Director: Dr. William Fletcher

Overview
The Neuro-ophthalmology and Neurovestibular Programs within the DCNS and surgery, the University of Calgary and Alberta Health Services, are multidisciplinary programs encompassing clinical, laboratory and physiotherapy services. The neuro-ophthalmology clinic, located in the eye clinic at Rockyview General Hospital, focuses on the diagnosis and treatment of complex vision and eye movement problems resulting from diseases such as multiple sclerosis, brain tumours, stroke and neurodegeneration. The neurovestibular program, located at South Health Campus (SHC), integrates the clinical assessment, laboratory testing and rehabilitation of patients with vertigo and balance disorders. The goals of both programs are to provide state-of-the-art diagnosis and optimal management for these conditions.

Research
Research is an important part of the Neuro-ophthalmology and Neurovestibular Programs. Funded investigations included: a NIH-sponsored study of idiopathic intracranial hypertension, studies of the possible roles of hormones, vitamin D and a novel drug in optic neuritis, the use of optical coherence tomography in multiple sclerosis and in Parkinson's disease and the use of a prototype rotary chair in the diagnosis of vestibular dysfunction.

Members
Medical Staff:
Dr. William Fletcher
Dr. Fiona Costello
Dr. Suresh Subramaniam
Dr. Beth Lange

Vestibular Physiotherapy:
Kimberly Weber
Veronique St. Georges

Vestibular Laboratory Support:
Craig Mulrooney

Clerical Support:
Gina Quinn

Education
Resident education includes: regular rotations on neuro-ophthalmology clinics by neurology and ophthalmology residents, attendance at the neurovestibular clinic by neurology residents, and resident seminars and examinations. Dr. Elena Sokolova and Dr. Suresh Subramaniam are recent fellows within the program.

The Tourette Syndrome and Pediatric Movement Disorders Program
Director: Dr. Tamara Pringsheim

Overview
The Tourette Syndrome and Pediatric Movement Disorders Clinic provides consultation and continuing care for children and adults with Tourette Syndrome and children with movement disorders such as dystonia, tremor, cerebral palsy, and complex motor stereotypies.

Highlights
We were most fortunate to have movement disorders specialist Dr. Justyna Sarna join the clinic in 2012. Following the successful publication of The Canadian Guidelines for the Evidence Based Treatment of Tourette Syndrome in 2012, led by Tamara Pringsheim, we received a private donation to create companion books based on the guidelines for children and adults with Tourette Syndrome. With the help of neurologist Dr. Jeptha Davenport, we created an illustrated story about a child with Tourette Syndrome titled Robbie's Quick Adventure, which will be launched at the Tourette Syndrome Foundation of Canada meeting in September of 2013. Our book for adults is underway, with our clinic nurse, Tracy Hammer and nursing student, Amina Wu contributing to its creation.

Research
In addition to the knowledge translation activities described above, research at the clinic has been focused on improving antipsychotic safety monitoring in children and promoting rational and judicious use of these medications in children with disruptive behaviour disorders. We have been actively promoting the use of the Canadian Alliance for Monitoring Effectiveness and Safety of Antipsychotic Medications in Children (CAMESA) guidelines through two knowledge translation grants, as well as recruiting patients for a prospective cohort study based on these guidelines. In partnership with child psychiatrist Dr. Daniel Gorman at the Hospital for Sick Children in Toronto, Dr. Pringsheim recently received a knowledge translation grant from the Sick Kids Foundation and the Royal Bank of Canada. The grant will assist with developing a residency educational curriculum in order to better understand how to assess and manage aggression in children with disruptive behaviour disorders.

Members
Neurologists:
Dr. Justyna Sarna, Dr. Tamara Pringsheim

Nursing:
Tracy Hammer

Administrative:
Leslie Rawleigh
The Urgent Neurology Clinic
Director: Dr. Alexandra Hanson

Overview
The Urgent Neurology Clinic provides a consultation service for patients requiring an urgent neurological assessment in an outpatient setting. Its mandate is to serve patients within one week of their referral and strives to see patients within 72 hours. Further investigations are then expedited so they can be completed in a timely manner. The Urgent Neurology Clinic is a single program that holds clinics at both the Foothills Hospital and The South Health Campus.

Highlights
In the past year, the Urgent Neurology Clinic has been working closely with neurology central access and triage to ensure all patients are seen in the appropriate neurology clinic. Ultimately, the goal is for a seamless continuum between the Urgent Neurology Clinic and the general neurology clinics.

The General Neurology Program
Director: Dr. Kevin Busche

Overview
The General Neurology Program involves many of the members of the Division of Neurology. These members provide outpatient clinical services to patients at each of the four adult hospital sites.

Highlights
Over the past several years, we have worked to develop a Central Access and Triage (CAT) system for general neurology. This system is now taking referrals and booking patients for all of the hospital-based general neurologists in the division. This has allowed us to have a much better understanding of the work being done in general neurology. It has also helped us to provide better patient care by recognizing more urgent referrals on a consistent basis and also recognizing patients that would be better served by an appointment in one of the subspecialty clinics.

The development of the CAT system spurred the development of a general neurology program. Prior to this, there were many neurologists individually seeing general neurology patients. Throughout the last year, we have moved towards bringing together the individual general neurologists under the umbrella of the program. In August 2013 we had our first meeting of the general neurology program and we are working to build common processes for booking patients and providing better clinical care.

With the development of the program, we have been better able to measure, on a system-wide basis the need for general neurology services. Currently, there is a long waiting list for the general neurology clinics and work is already underway to find innovative ways to provide services for this patient group.

Members

Physicians:
Dr. F. Amoozegar, Dr. P. Barber, Dr. R. Bell, Dr. J. Burton, Dr. K. Busche, Dr. L. Cooke, Dr. P. de Robles, Dr. T. Feasby, Dr. S. Furtado, Dr. A. Hanson, Dr. J. Kohli, Dr. J. Sarna, Dr. T. Watson, Dr. M. Yeung, Dr. K. Alikhani, Dr. S. Chhibber, Dr. L. Korngut, Dr. W. Murphy, Dr. D. Patry, Dr. D. Pearson, Dr. S. Subramaniam, Dr. K. Wiltshire, Dr. C. White

Nurses:
J. McNamara (C. Brigden, A. Jivraj, J. Ford, K. Lau)
L. Sorge

Clerks:
D. Gysonor, C. Oria A. Ritter

Education
Residents, clerks and junior medical students commonly spend time in the general neurology clinics.

Members
Pediatric Neurosciences
Dr. Jong Rho, Division Head

Overview
The Section of Pediatric Neurology based at the Alberta Children’s Hospital (ACH) provides neurological care to the children of southern Alberta and neighbouring Saskatchewan and British Columbia. Dr. Jong Rho leads a dozen child neurologists and an extensive team of trainees and allied health professionals. Excellence in clinical care and research spans all elements of child neurology including: epilepsy, neurotrauma and stroke, headache, demyelinating and other neuro-immune conditions, neonatal neurology and brain malformations, neuromuscular and movement disorders, as well as developmental and cognitive, neurogenetic and metabolic disorders.

Clinical Care
Round-the-clock urgent care is provided through inpatient on-call service and outpatient urgent neurology clinics. Integrated collaborations across multiple paediatric specialties provide comprehensive, cross-disciplinary care. Pediatric Neurology cares for over 700 inpatients annually. Outpatient clinics have increased to nearly 5,000 family visits per year including general neurology and numerous subspecialty clinics. Multiple clinical innovation projects and quality improvement and assurance initiatives have been regularly implemented.

Education
Our Residency Training Program remains fully accredited, has grown to seven residents, among the largest in Canada. We continue to maintain a 100 per cent success rate on the Royal College exam. All section members are actively engaged in teaching through undergraduate, medical school, residency, graduate student, and post-doctoral fellowship levels. A rich educational environment now includes more than 10 academic rounds and conferences per week.

Research
Supported by the Alberta Children’s Hospital Research Institute (ACHRI) for Child and Maternal Health and the Hotchkiss Brain Institute (HBI), our Section continues to experience significant academic growth. Major operating and program grants are held from agencies including CIHR, NIH/NINDS, ADHS, HSPC, NeuroDevNet, CPIRF, and ACHRI. Further, multiple knowledge translation initiatives have directly impacted the clinical care of families.

Research
• more than $1.5 million in active external funding (brain metabolism, neurotrauma & stroke programs)
• more than 40 peer-reviewed original papers, 12 book chapters, and 80 scientific abstracts
• more than 30 invited presentations at major national and international meetings
• more than 200 per cent growth in research trainees across diverse levels and disciplines
The Division of Neurosurgery
Dr. John Wong, Interim Head, Neurosurgery

Overview

The Division of Neurosurgery, at the University of Calgary and Alberta Health Services, is fully integrated with its partner sections of Neurology, Physical Medicine and Rehabilitation (PM&R) and Experimental Neurosciences within the Department of Clinical Neurosciences. Within the confines of this highly integrated and programmatic approach, sub-specialized care is provided to our patient population. This population includes the geographic region of southern Alberta as well as the eastern British Columbia in the Kootenay Region and western Saskatchewan, encompassing an approximate catchment population of 2.5 million. Care is provided by 14 neurosurgeons, all of whom provide general neurosurgery; with each physician also sub-specializing in one or more aspects of neurosurgical practice.

Specialized programs include cerebrovascular and endovascular neurosurgery, epilepsy neurosurgery, neuro-oncology and skull base surgery, pediatric neurosurgery, peripheral nerve surgery, functional neurosurgery, stereotactic radiosurgery and multidisciplinary spine care and surgery. In partnership with neurology, PM&R, orthopedic surgery, interventional neuroradiology and radiation oncology, our members provide the highest quality of sub-specialized care for this patient population. In all, the total interventional volume delivered by neurosurgeons was approximately 2,500 cases in 2012, with nearly 2,000 operative cases in the Foothills Medical Centre and Alberta Children’s Hospital operating room sites. There were another 200 cases of bedside and Intensive Care Unit procedures, approximately 250 cases of endovascular procedures in the neuro-interventional suite and roughly 100 radiosurgery cases.

Highlights

• Dr. Garnette Sutherland received the Queen Elizabeth Diamond Jubilee Medal in 2012.
• Dr. John Kelly was recruited back to Calgary after completing a surgical neuro-oncology fellowship at Memorial Sloan-Kettering Cancer Center in New York City. Having already completed a PhD in stem cell biology with Dr. Sam Weiss at the Hotchkiss Brain Institute during his neurosurgical residency, Dr. Kelly has joined the neuro-oncology program and will be developing a basic science laboratory studying brain tumor stem cells.
• For the sixth year running, the highly-regarded Spine and Peripheral Nerve Anatomy and Surgery Course exposed residents from across the country to the nuances of spine and nerve surgery in a hands-on, educational and supportive environment.
• Numerous respected professors and neurosurgeons visited our centre this past year. Our academic highlight remains the Charles Taylor Memorial Lectureship that pays homage to Calgary’s first neurosurgeon. In 2013, Dr. Raymond Sawaya from the MD Anderson Cancer Center was the 9th Annual Charles Taylor lecturer.

Education

The neurosurgery residency training program continues to grow and develop. Two new residents are accepted each year, with a current allotment of 12 trainees. The program prides itself on providing training in a collaborative and collegial environment where the highest quality of service and education are delivered. In addition to hands-on and didactic teaching of residents, the faculty contributes significantly to undergraduate medical education teaching in the small group curriculum as well as clerkship rotations. In 2012, there were 12 fellows in various sub-specialty domains.

Research

Members continue to be involved in intensive research with several of them having peer reviewed and funded basic science and or clinical research programs. Many of these members partner with the Hotchkiss Brain Institute, and several faculty members have been granted full or affiliated membership. Areas of research strength and accomplishment include: clinical trials in spinal cord injury research and basic bench research in nerve regeneration. We also proudly house one of the world’s foremost laboratories in robotics for neurosurgery and biomechanical device development to combat stroke.
Dr. Garnette Sutherland is Recognized by NASA for Advancing Medical Robotic Applications

Advancing Technology

Dr. Garnette Sutherland is Professor of Neurosurgery in the Department of Clinical Neurosciences at the University of Calgary. His evolving research interests range from fundamental bench research to clinical integration. He has attracted over $50M in external peer-reviewed funding.

In collaboration with the National Research Council Institute for Biodiagnostics, Dr. Sutherland first developed an intraoperative magnetic resonance imaging (iMRI) system based on a moveable 1.5T magnet. Then in 2002, in order to take full advantage of the iMRI environment, Dr. Sutherland developed neuroArm an image-guided MR-compatible robotic system for stereotaxy and microsurgery. The robot has earned Dr. Sutherland a number of awards including the 2007 Alberta Science and Technology Leadership Foundation award for outstanding leadership in Alberta technology and the 2008 City of Calgary Signature Award. In 2012, Dr. Sutherland was also honoured as a member of the Order of Canada for his lifetime achievements in the field of medical innovation.

Performing microsurgery and image-guided biopsies, the neuroArm is controlled by a surgeon from a computer workstation. It successfully translates space technology into the neurosurgical operating room by using a remote workstation to centralize and fuse imaging data. It has two arms that can hold surgical tools while the surgeon maneuvers them from a remote workstation.

The workstation provides specific data including: magnetic resonance imaging (MRI), a three-dimensional image of the surgical field, sonic information, and measurable haptic (or tactile) feedback from tool-tissue interaction. This data enables the surgeon to experience the surgery through sight, sound, and touch. And because the human brain makes decisions based on sensory input and experience, this data enables the surgeon to make the most informed choices possible during surgery.

Technologies like MRI can help in surgical planning, resection control, and quality assurance. Magnetic-resonance-compatible robotics also provide real-time imaging which includes information about anatomical structures and changes in the brain relative to surgical pathology while operating, thereby minimizing risk. The neuroArm gives surgeons real-time access to the most current patient imaging, as well as connectivity to information from around the world.

The robotic surgery has the potential to advance beyond the scope of unaided human capability. Motion scaling allows the robotic arms to mimic the exact movements of the surgeon’s hands but on a much smaller scale. Miniaturization of the components creates increasingly dexterous robotic movements, which will eventually match, and potentially surpass, the capabilities of the human hand.

When molecular imaging technology combines with these advances in robotic surgery, this paradigm has the potential to convert the scope of surgery from the present level of the organ to outside the range of the human senses and into the cellular dimension. Dr. Sutherland’s technology is currently used by neurosurgeons, endovascular surgeons and oncologists at sites around the world. Congratulations to Dr. Sutherland on this remarkable achievement!
Coordinated Patient Care

The University of Calgary started offering the Acute Care NP program in September 2001. There are two streams within the program; students may take the NP program concurrently with a master’s of nursing (MN) degree or there is a post-master’s certificate route available to registered nurses with an MN degree. The purpose of the acute care nurse practitioner is to provide advanced nursing care, across the continuum of care, to patients who are acutely and critically ill.

NPs work with neurosurgeons to diagnose medical conditions and to help develop treatments. Complex acutely ill patients are assessed through health history, physical and mental status examination and health risk appraisal. Diagnostic reasoning, advance therapeutic interventions, consultation and referral to other nurses, physicians and other providers are key components of the role. The acute care NP incorporates and applies the theories of nursing, including functional and psychosocial assessment with a focus on individualized patient care. Care is provided using a collaborative model involving patients, families, significant others, nurses and other health care providers.

Neurosurgeon Dr. John Hurlbert, initially proposed the program to The University of Calgary in 2001. He says, “At the time, we had grown from six neurosurgeons to 10 and as the need for more patient beds started increasing, we also needed our residents in the operating room where they could learn. The patient’s needs – weren’t just at 8 a.m. and 7 p.m.—their needs were around the clock.” He says this is what created the gap in care and why there was a need for the nurse practitioner role. “We proposed the need for the position to the Calgary Health Region and we originally received approval to hire six nurse practitioners.”

As is the case today, Dr. Hurlbert says it was not easy to find qualified nurse practitioners at the time so he approached The University of Calgary to discuss the possibility of starting a nurse practitioner program. The program was approved and the first class started in 2001. The current NP program is two years in length and includes a one-year practical internship.

The Division of Neurosurgery currently has four acute care nurse practitioners on staff at the Foothills Medical Centre. The NPs at FMC include: Ron Prince, Patricia Long, Carla Dean and Lorna Estabrooks. Kelly Bullivant is the NP on staff in the operating room where they could learn. The Division of Neurosurgery has been very supportive of the integration of the role right from the beginning, whether that meant opening up doors so we may spend time with neuroradiology or physiatry, or wherever it was we felt we needed to be in order to provide the best possible care.” With the NPs taking on a greater role by making a diagnosis, ordering tests and communicating with patients and families, it also frees up time for the neurosurgeons to spend valuable time in the operating room.

For more information on the Post-Master’s NP program go to: www.nursing.ucalgary.ca/gradprogram.
Successful Treatment
A Deep Brain Stimulation Study Offers Relief for a Patient with Severe Depression

Lisa passes her driver’s license across the desk and says, “This is a picture of me four years ago and I’m actually smiling.” From the photo, it’s difficult to see that she is smiling. For Lisa, it’s been a long and painful road to recovery as she recounts struggling with severe depression for the last 30 years. “Strangers would walk up to me in malls and grocery stores and ask me if I was doing OK or if I was sick,” she says. This happened so often, she had just accepted it as a regular occurrence.

“I thought I was doing fine but I remember a teacher’s assistant at university who pulled me aside and said, I think you may be suffering from depression,” she says. There is a history of depression in Lisa’s family although no one ever talked about it. Her first signs of struggle showed up in her inability to concentrate and focus on simple things. Gradually, she found many of her long-term relationships started to slip away until eventually just rinsing out a glass or getting out of bed in the morning became a huge task for her. She was in her thirties when she first began noticing significant changes in her life resulting from depression. “My interactions with people weren’t the same, my relationships deteriorated and I eventually lost support from my friends,” she says.

Finally, Lisa’s psychiatrist told her about a Deep Brain Stimulation (DBS) procedure. “It was my faith in my doctor that allowed me to take advantage of the study. At the time I didn’t have the cognitive functions to fully research it, weigh options and think about the risks. The respect I have for my psychiatrist made it possible for me to go ahead with the surgery with confidence,” she says.

Deep brain stimulation (DBS) is used as a treatment for movement disorders, including essential tremor, Parkinson’s disease and dystonia. It has also recently emerged as a viable option for treatment-resistant depression (TRD) and it is being studied as an experimental treatment for cluster headaches, Tourette syndrome and chronic pain. As a last resort, and after trying countless anti-depressants, Lisa decided to take part in the clinical trial DBS study led by associate professor of neurosurgery, Dr. Zelma Kiss and Raj Ramasubbu of Psychiatry.

The six to eight hour surgery—which takes place with the patient fully awake—involves implanting electrodes within certain areas of the brain. These electrodes produce electrical impulses that regulate abnormal impulses, which in turn, affect certain cells and chemicals within the brain. The amount of stimulation is controlled by a pacemaker-like device placed under the skin in the patient’s upper chest. A wire travels under the skin and connects this device to the electrodes in the brain. In the study Lisa was part of, electrode adjustments were done weekly for the first three months after surgery and bi-weekly for the following three months. Each electrode contact can be controlled, on or off, with different levels of electricity. Finding which contact works best is done through trial and error as the patient describes what feels right. A psychiatrist is also on hand to assess the clinical outcome of the changes.

The study was made possible through a clinical research unit pilot grant in 2007 and Lisa says it’s allowed her to turn a corner with her illness; she’s now forging new relationships and enjoying her life again. “We could tell right away it helped—just not to what degree—until my mother had a fall two weeks after my surgery. I was suddenly faced with her hospitalization and the added stress of moving to another city temporarily to help her. Yet, when I looked back on it, I realized how well I had handled the stress of the situation,” she says.

Lisa says, while the changes were not evident immediately, eventually she realized something was different. As the stress with her mother subsided, she began to hear from others who were also noticing she had changed. “I was talking to my neighbour one day and she stopped the conversation to tell me that I looked different, that my eyes were brighter.” Now in full recovery from depression, Lisa says she is still learning how to cope with everyday tasks but that her life is much improved. “I have tone in my voice again, the sound of my voice used to be very flat,” she says.

She has recently booked a cruise to Alaska for two weeks and for the first time, she is truly excited about it. “I can’t think of anything in my life that hasn’t improved. I’ve come off of seven medications in the last two years and the smallest things will now bring a smile to my face,” she says. Lisa says her advice to others who are battling severe depression is “to take care of yourself first and to keep trying new approaches to make your life easier.”

As part of the study, Lisa is also participating in cognitive behavior therapy (CBT). CBT aims to teach people new skills, on how to solve problems concerning dysfunctional emotions, behaviors and cognitions through a goal-oriented, systematic approach. “Without CBT, my recovery would have taken a lot longer. It’s also helped me to get back the life back I was leading prior to my depression.”

The DBS pilot study Lisa was part of four years ago had four participants opting for the surgery. The next study, funded as a Collaborative Research and Innovation Opportunities (CRIO) project by Alberta Innovates - Health Solutions (AIHS), will take place in 2013 with 25 participants.
**Improving Access**

The Spine Triage Clinic is Improving Patient Access to Surgical Evaluations

The Spine Triage Clinic at The Foothills Medical Centre has been in operation for four years now. The triage clinic gives referred patients—especially surgical candidates—faster access to a medical evaluation for their spine problems. This year, they have seen close to 2,000 neurosurgery patients at the clinic. Dr. Stephan DuPlessis, assistant professor of neurosurgery, says it often becomes difficult to determine for sure what the patient’s spine problems may be. Currently, there are two medical spine physicians working in the clinic.

“"The physicians are trained to identify patients who are in need of surgery and to help guide and direct the treatment of patients who do not require surgery. For example, patients who do not require surgery may be in need of more physiotherapy or they may need to be booked for an MRI,” Dr. DuPlessis says.

The clinic helps to identify and evaluate those patients who are in the greatest need of further assessments. Dr. DuPlessis says, “We may see 10 or 15 patients in a clinic but only one or two of them will require surgery. Our goal is to identify those patients who we can help surgically. Typically, these patients need to have surgery or they would benefit from surgery,” he says.

Once a need for surgery is established, Dr. DuPlessis says it can take approximately nine months for the patient to be booked. Currently, there is an overall increase in the need for surgeries due in part to an increase in the aging population. DuPlessis says the clinic is a work-in-progress as they work to refine the referral process for all spine patients. A new database is also being established to capture patient data at the clinic. The database will be used to gather demographic information which will identify some of the causes, distribution and control of spinal problems.

“We ask patients what they expect from the meeting and why they are at the clinic. Many of them have back pain but some are just looking for more information, a second opinion or information on a new procedure,” he says.

"Collecting the patient information first, allows us to understand where the gaps are and if we may need to direct them to an educational site for more information."

The University of Calgary Adult Hydrocephalus Program has developed in response to the strengths of the adult hydrocephalus clinic. Targeting the care of adult patients with hydrocephalus in a specialty clinic, it has aided in understanding the natural history of adults with untreated hydrocephalus. The program has helped to standardize the treatment strategies for patients with a potential diagnosis of hydrocephalus and it has helped to improve the management of patients with hydrocephalus using shunts and endoscopic techniques. Clinical research is progressing in these areas. The goals of the Adult Hydrocephalus Program are to provide excellent care for adults with hydrocephalus and to improve the care of adults with hydrocephalus through education, research and advocacy.

In 2013, there are approximately 1,000 patients followed in the adult hydrocephalus clinic. There were approximately 450 outpatient assessments and 110 surgical procedures performed. This population includes patients who initially had a diagnosis of hydrocephalus as a child, adults with acute and sub-acute hydrocephalus, adults with previously untreated congenital hydrocephalus and patients with idiopathic normal pressure hydrocephalus.

**Highlights**

- Continued expansion of the hydrocephalus clinic.
- Initiation of the Adult Hydrocephalus Clinical Research Network (AHCNRN).
Intraoperative Imaging Program
Director: Dr. Garnette Sutherland

Overview
The intraoperative MRI (iMRI) program uses a ceiling-mounted 3.0T magnet. The system has been used in neurosurgery in over 550 cases. Together with the original 1.5T iMRI system, the cases number over 1,500. Several years ago, this technology was spun into a company called IMRIS that now has 55 international sites.

Highlights
We attended multiple international presentations this year including:
- The 2nd Annual ISS Research and Development Conference. Advancing Neurosurgery through Space Technology in Denver in July.
- We were awarded CIHR-CMAJ Top Achievements in Health Research. 2013 and NASA-ISS Top Utilization of International Space Station for Medical Advancements-Terrestrial Applications in 2013. We also presented neuroArm to the U.S. Congress.

Education
This year we purchased surgical simulation technology, to be used for both for neurosurgical and general surgery applications. Funding was acquired to establish a medical robotics program at the University of Calgary. Components include a surgical performance haptics research laboratory, an advanced engineering prototyping lab, an experimental operating room and a telementoring and debriefing room.

Research
Our research includes intraoperative imaging and robotics. Project NeuroArm resulted in the development of an MR-compatible image-guided robot called neuroArm. The system has been used in over 50 surgeries. The technology was also used in IMRIS, and the commercial robot called SYMBIS, is now in development.

Members
Kourosh Zareinia, Liu Shu Gan, Sanju Lama, Stefan Wohlhoffer, Gail Kopp, Chris Macnab, Yaoping Hu, Salvatore Federico, Peter Goldsmith, Qiao Sun, Roger Mackenzie, Boguslaw Tomaszek, Tomas Hirmer, Fang Wei Yang, Pam Leblanc

Industrial Partners:
MDA (Brampton, Ontario)
IMRIS (Minneapolis, Minnesota)

Neuromodulation Program
Director: Dr. Zelma Kiss

Overview
Neuromodulation is the altering/modulation of the nervous system function by means of implantable devices or neural prostheses. It includes peripheral nerve, spinal cord and brain electrical stimulation as well as, drug delivery devices. Numerous conditions are treated including: movement disorders, epilepsy, pain, angina, treatment refractory depression, headache, spasticity, gastroparesis and urinary incontinence. Other divisions within DCNS, as well as specialists from several departments, are involved in the program.

Highlights
This past year we received an Alberta Innovates-Health Solutions: Collaborative Research and Innovation Opportunity Project Grant for $383,947 to research deep brain stimulation (DBS) for treatment-resistant depression. (see story page 38)

Education
Our training program attracts: residents, graduate students, and post-doctoral fellows, all of whom show keen interest in the program. Pain neuromodulation journal clubs occurred twice this past year, facilitating all levels of continuing education. There will be ongoing educational activities for nursing staff and trainees through industry interactions and AFHS contracts.

Research
We published novel data in the Canadian Journal of Neurological Sciences on Occipital stimulation for chronic migraine, and in the Journal of Psychiatry and Neuroscience on Double-blind optimization of subthalamic stimulation for treatment-resistant depression. Our prospective study stimulation for craniofacial pain syndromes continued with higher patient enrolment. Dr. Andrews is writing a prospective study of the first seven diabetic gastroparesis patients to undergo this treatment in Alberta.

Future Direction
Over the next year, we will be implementing a new web-based secure database for movement disorder surgery patients through the Rose Family Funds and the Hotchkiss Brain Institute (HBI). As a result of our success in the AIHS CRIO grant competition, we will be focusing on deep brain stimulation (DBS) for depression over the next three years. In collaboration with Dr. Gasca, we plan to establish a protocol for this patient group. In addition, collaborations with palliative care are planned for the management of long-term cancer patients requiring intrathecal narcotics. We look forward to welcoming Dr. Gillian Simmerton from physiatry to the pain neuromodulation group.

Members
Cardiology: Drs. Jim Stone, Jonathan Howlett
Gastroenterology: Drs. Christopher Andrews, Phil Mitchell
Neurology: Drs. Werner Becker, Scott Kraft, Neelan Pillay, Ranjit Ranawaya, Jong Rho, Sam Wiebe
Neurosurgery: Drs. Zelma Kiss, Mark Hamilton, Walter Hader, Yves Starreveld
Nursing: Susan Anderson, Cheri Gray, Colleen Harris, Britanny Hoffarth-Palchesich, Karen Hunka, Jackie Martini, Valerie Sherwood, Pia Lawrence, Raj Parmer
Physical medicine and Rehabilitation: Drs. Darryl Guglielmin, John Pereira, Martin Scallon, Kelly Shinkaruk, Chris Spanswick (Chronic Pain Centre), Dr. Peter Farran (ACH)
Physiatric: Drs. Jeremy Quirk, Raj Parmeer
Psychology: Drs. Arlene Cox, Stewart Longman
Physiotherapy: Cliona Corbett
Physical Therapy: Cheri Gray
Psychiatry: Drs. Margali Roberts, Walter Hader, Yves Starreveld
Urogynecology: Dr. Magali Roberts, E. Brennand
Neurovascular Program
Director: Dr. John Wong

Overview
Treatment of vascular diseases of the nervous system has been evolving over the past decade to encompass less minimally invasive interventions. The neurovascular program is a joint collaborative effort of specialists and allied healthcare staff from multiple disciplines to combat stroke and neurovascular disease. Many patients are treated in a single day, using minimally invasive approaches thereby avoiding long hospital stays. In conjunction with our internationally recognized stroke team, the neurovascular program has become an important partner in stroke care and research.

Research
Academic initiatives have centered upon the development by Dr. Mitha of a basic science laboratory dedicated to the study of new intravascular devices for stroke care and the Calgary-initiated international multicenter randomized study of acute stroke intervention (ESCAPE) led by Dr. Goyal and Drs. Hill and Demchuk from the Calgary Stroke Program.

Members
John Wong, Alim Mitha, Gamette Sutherland, William Moorish, Mayank Goyal, Muneer Eesa

Fellows
Parviz Dolati, Mohammed Almekhlafi

Education
Educational highlights have included the recruitment of two clinical fellows in the training of endovascular techniques and the funded development of a nursing fellowship in cerebrovascular disease.

Highlights
Approximately, 700 patients with neurovascular disease were seen the past year in our specialized outpatient clinic for evaluation and follow-up. Currently about 250 patients are treated annually via minimally invasive endovascular means such as aneurysm coiling, vascular malformation embolization, carotid stenting, and endovascular stroke treatment. An integrated relationship with the Alberta Radiosurgery Centre, which was the first to use special shaped-beam focused radiotherapy techniques in Canada, has allowed the non-invasive and safe treatment of patients with complex arteriovenous malformations. Over the years, we have consolidated the outpatient experience and launched the Neurovascular Clinic in Calgary in conjunction with specialists from neurosurgery, neurology, radiology, and nursing. This has allowed the rapid same-day triage and evaluation of stroke patients to provide high-quality care, and further opportunities for teaching and clinical studies.

Pediatric Neurosurgery Program
Director: Dr. Walter Hader

Overview
The Pediatric Neurosurgical Program offers all aspects of pediatric neurosurgical care including: management of hydrocephalus, brain and spinal injury, myelomeningocele, other forms of spinal dysraphism, refractory epilepsy surgery, spasticity, craniofacial disorders, and pediatric brain tumour in conjunction with the pediatric neuro-oncology group. The program is a division of pediatric surgery and the members are also part of the Division of Neurosurgery within DCNS.

Research
The Pediatric Neurosurgical Division members participate in local and national administrative and educational functions. They also lead and collaborate in clinical research involving: pediatric and adult hydrocephalus, pediatric brain injury, epilepsy and brain tumour. During the last five years, the Pediatric Neurosurgery Program members have published a number of peer-reviewed manuscripts, book chapters, and abstracts. The Pediatric Neurosurgery Division is an active participant of the Canadian Pediatric Neurosurgery research study group. Dr. Hader was an invited guest at the Saudi Epilepsy Congress in November 2012 at Jeddah, Saudi Arabia. His publications this year included a systematic review of complications of epilepsy surgery and an assessment of memory and quality of life in pediatric epilepsy. Installation of a new 3T MRI for clinical and research use at the Alberta Children’s Hospital was recently completed in June 2012. Dr. Gallagher will soon be studying brain metabolism after traumatic brain injury utilizing a novel technique in the 3T MRI, as part of the pediatric trauma initiative supported by the Alberta Children’s Hospital and Research Institute.

Members
Neurosurgeons: Dr. Walter Hader, Dr. Clare Gallagher, Dr. Mark Hamilton
Pediatricians: Dr. Heather Graham, Dr. Keith Jorgensen
Nurse Practitioners: Kelly Bullivant
Nurse Clinicians: Valerie Sherwood, Linda Gill
PITNET
Directors: Dr. Fiona Costello & Dr. Yves Starreveld

Overview
The Pituitary Inter-disciplinary Team-based Endocrine Treatment Program (PITNET) has now been active for over a year, bringing together neurosurgery, neuro-ophthalmology, otolaryngology and endocrinology to facilitate the care of patients with pituitary tumours.

Highlights
Our combined neurosurgery and neuro-ophthalmology new patient and follow-up clinic have reduced clinic visits for many patients.

- Dr. Andrew Ryu won the Alberta Neurosurgery Clinical Research Award for his work reviewing vision outcomes in PITNET patients.
- The PITNET team is working with Guideline Utilization Resource Unit (GURU), Cancer-Control Alberta, to revise existing guidelines in the management of pituitary tumours

Education
Due to the high concentration of surgical patients, we have been able to provide focused training on the diagnosis and management of these lesions to residents and visiting neurosurgical fellows, including Dr. Jason Papacostas from Brisbane, Australia.

Research
Current research is focused on: cost-effectiveness, the role of optical coherence tomography in patient follow up, comparisons of surgical approaches. Along with the Department of Anesthesia, we are assessing patients for post-operative nausea and vomiting.

Members
Endocrinology: Dr. Shelly Bhayana, Dr. Bernard Corenblum, Dr. Alun Edwards, Dr. Munish Khosla, Dr. Sue Pedersen, Dr. Doreen Rabi
Neurology: Dr. Fiona Costello, Dr. Bill Fletcher, Dr. Lawrence Korn gut, Dr. Michael Hill, Dr. Suresh Subramaniam
Neurosurgery: Dr. Garnette Sutherland, Dr. Alim Mitha, Dr. Yves Starreveld
Otolaryngology: Dr. Brad Mechor, Dr. Luke Rudnik

Peripheral Nerve Program
Director: Dr. Rajiv Midha

Overview
The Surgical Peripheral Nerve Program within the DCNS, is a multi-disciplinary and inter-disciplinary program encompassing clinical, physical therapy and electro-diagnostic services. Our program focuses on the diagnosis and treatment of a variety of peripheral nerve problems including: complex peripheral nerve injuries, nerve tumors, brachial plexus surgery and advanced nerve repair and nerve transfer techniques. Our goal is to minimize pain and to maximize function, providing a better quality of life for patients living with these painful and sometimes disabling disorders.

Highlights
The regeneration unit in neurobiology (RUN), a Canadian Foundation for Innovation funded project which includes a state-of-the-art behavioral testing suite and advanced imaging and microscopy workstations, was successfully established and became fully operational in 2012. The multidisciplinary peripheral nerve clinic moved to the South Health Campus from the Rockyview General Hospital site in 2013.

Education
We support the educational initiatives of all residents within the three clinical divisions of DCNS and have a robust fellowship program. The following are recent fellows within the Program:
- Dr. Helene Khoung (2010-12)
- Dr. Ferry Sanjaya (2011-12)
- Dr. Chandan Mohanty (2012-2013)

Research
Research is an important aspect of the Peripheral Nerve Program. Over the last few years, we have been conducting a clinical randomized control trial comparing surgical decompression to the best medical management for ulnar neuropathy at the elbow. Three of our faculty members: Drs. Midha, Toth and Zochodne have independent basic science research laboratories in association with the Hotchkiss Brain Institute investigating various facets of peripheral nerve disease. For more information on these research initiatives go to: www.hbi.ucalgary.ca or www.ucalgary.ca/spinalnerve.

Members
Medical Neurologists, Physiatrists & Electrodiagnostics Team:
- Dr. Chris White
- Dr. Stephen McNeil

Division of Plastic Surgery Team:
- Dr. Christiana Schrag
- Dr. Robertson Harrop

Physiotherapy:
- Margaret Hass

Intraoperative Electrophysiology Support:
- Michael Rigby
- Erin Phillip
Alberta Radiosurgery Centre
Directors: Drs. Robert Nordal and Yves Starreveld

Overview
This program is the first of its kind in Canada and uses a technology called the Novalis system. It is a collaborative effort between the Divisions of Neurosurgery and Radiation Oncology. The technology offers focused radiation treatment for diseases of the brain and spinal cord in single or multiple sessions as appropriate. This avoids lengthy hospital stays associated with standard surgical treatments. By reducing risks of therapy and a rapid return to normal activities, it offers greater patient satisfaction. Since its inception in 2002, the program has served an increasing number of patients in Alberta and across the western provinces.

Research
Projects completed this year included a review of the ARC experience in the treatment of trigeminal neuralgia and an innovative study on the effect of contouring variability on dosimetric parameters for brain metastases.

Members
Zelma Kiss, Yves Starreveld, John Wong, Brad Jacobs, Alim Mitha, John Kelly, Gerald Lim, Rob Nordal, Jon-Paul Voroney, Rao Khan, David Spencer, Alana Hudson, Erin McKimmon, Kari Pickering, Rhonda Manthey, Stacey Allen, Henry Chow, Sarah Blackmore, Darren Graham, Daphne Walrath, Nathan Wolfe

Skull Base and Endoscopic Surgery Program
Director: Dr. Yves Starreveld

Overview
In conjunction with colleagues from the Division of Otolaryngology, the skull-base surgery group combines long experience with novel approaches to offer patients the best surgical treatment and long-term follow-up for these challenging lesions. In addition, close ties to both endocrinology and the Alberta Radiosurgery Centre ensure that the nonsurgical aspects of treatment are also managed appropriately. Endoscopic approaches to pituitary and anterior skull base lesions are also offered when appropriate.

Research
Specific research includes:
- clinical epidemiology, image guidance, robotic surgery and surgical simulation.
- a randomized trial comparing different endoscopic approaches to pituitary tumours
- a retrospective analysis of postoperative nausea and vomiting following endoscopic skull base surgery, being performed in collaboration with the Dept of Anesthesia.

Members
Alim Mitha, Garnette Sutherland, Joe Dort, Brad Mechor, Phil Park, Luke Rudmik, Erin Phillips, Michael Rigby

The Surgical Neuro-oncology Program
Director: Dr. Mark Hamilton

Overview
As a multi-disciplinary program in DCNS, the Surgical Neuro-oncology Program was established to focus on neurosurgical care for brain tumour patients. The program provides excellent care for patients with brain tumors and it improves care in the future through education, research and advocacy.

Research
Projects completed this year included a review of postoperative nausea and vomiting following endoscopic skull base surgery; being performed in collaboration with the Dept of Anesthesia.

Members
Neurosurgeons: Dr. Mark G Hamilton, Dr. Yves Starreveld, Dr. John Kelly, Dr. Garnette Sutherland
Surgical Neuro-Oncology Fellow: Dr Qasim Al Hinai Neuro-Oncologists: Dr. Jay Easaw, Dr. Paul DeRobels, Dr. Greg Cairncross
Radiation Oncologists: Dr. Rob Nordal, Dr. Gerald Lim

Nurse Clinician: Crystal Telford
Research Nurse: Ish Baines
Overview

The Division of Physical Medicine and Rehabilitation (PM&R) has 24 members working in a variety of settings from tertiary acute care hospitals to community practices. As a division, our practice focuses on the diagnosis, management and rehabilitation of patients with neurological conditions including brain injury, spinal cord injury and stroke. We also see patients with musculoskeletal problems including; back pain, burn injuries and amputation. We serve the needs of both children and adults across southern Alberta, eastern British Columbia and western Saskatchewan.

The division underwent significant expansion this year with the recruitment of three new physiatrists including: Drs. Chantel Debert focusing on brain injury, spinal cord injury and stroke. We also see patients with neurological conditions including brain injury, spinal cord injury and stroke. We also serve the needs of both children and adults across southern Alberta, eastern British Columbia and western Saskatchewan.

The division this year included 11 residents with one transfer from the University of Manitoba. The residency program had 24 applicants for two positions; this was our highest number of applicants to date. Both positions were filled from the Canadian Resident Matching Service (CaRMS). Our graduating residents; Drs. Evan Kwong and Gentson Leung also passed their Royal College exams.

Education

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Highlights

• We had 16 peer-reviewed publications this year.
• Our research funding totaled $26 million. Over the next five years, division members will collaborate as project leads of AHS CRIO funded projects worth $10 million.
• Dr. Lee Burkholder received the John E. Latter Teaching Award.
• Drs. John Lutter and Dan McGowan were named on The University of Calgary Medical School Class of 2014 Hellbender Honor Roll.
• Resident physician Dr. Jordan Raugust received a second prize in The Canadian Association of Physical Medicine and Rehabilitation Best Clinical research poster presentation last June for his project titled, Concussion in pediatric ice hockey players: description of characteristics based on a previous history of a concussion or mild traumatic brain injury.
• In 2012, Dr. Raugust also won the resident essay competition for the the Canadian Association of Physical Medicine and Rehabilitation. (CAPMR) annual meeting in Toronto.
• Resident physician Dr. Vishaal Tuli received first honours for his in-progress research project entitled Economic Analysis of Stroke Rehabilitation Care at resident research day in Calgary.
• Resident physician Dr. Janet Tapper won best poster presentation in her group for her project on wound lesions symptom mapping in stroke at the concluding resident research day of an introductory research rotation.

Research

• Alberta Innovates-Health Solutions (AIHS) Collaborative Research and Innovation Opportunities (CRIO) success – Drs. Chantel Debert, Sean Dukelow, Vincent Gabriel and Chester Ho are critical members of research teams which have been awarded CRIO grants by Alberta Innovates-Health Solutions (AIHS). They are members of the Alberta Children’s Hospital Research Institute, Hotchkiss Brain Institute and the Institute for Public Health. The areas of focus for the research include: brain injury and concussion, pressure ulcer management and burn rehabilitation.
• Innovative research program development – In conjunction with Alberta Ballet, Drs. Arun Gupta, Chester Ho and post-doctoral fellow Terry Clark of the musculoskeletal (MSK) program have developed a new pre-season screening program for the dancers of Alberta Ballet addressing injury prevention and the overall physical and psychological health of these elite athletes. (see story page 52)
• Research projects with international recognition – As part of the AIHS Smart Neural Prosthetics team, Dr. Sean Dukelow has been leading the feasibility studies of the Smart-e-Pants initiative in Calgary. The project aims to utilize electrical stimulation to prevent pressure ulcer development. This high profile project has garnered international attention and recognition.

Clinical Care

• Accreditation – The Calgary Brain Injury Program achieved accreditation status by Accreditation Canada in December 2012. Dr. Christine McGovern is the program lead for brain injury.
• Partnership with Alberta Health Services (AHS) Strategic Clinical Networks – The divisions’ physiatrists have been working diligently with AHS to create programs to assist with patient care. Drs. Noorshina Virani and Pam Barton worked closely with the AHS Bone and Joint Strategic Clinical Network for the proposal to enhance musculoskeletal care in the province. Dr. Sean Dukelow has been involved with the Cardiovascular Health and Stroke Strategic Clinical Network advocating for evidence-based practice in stroke rehabilitation in the province. Dr. Ken Lam has been working with the Obesity, Diabetes and Nutrition Strategic Clinical Network to assist with the design and development of an evidence-based program for the prevention and rehabilitative care of people with amputations.
• Innovative program development with Community Accessible Rehabilitation (CAR) – In order to provide comprehensive interdisciplinary care, we have formed a partnership with the CAR program to explore and develop creative models of outpatient rehabilitation clinics. This includes an integrated Stroke Rehabilitation Clinic at the Foothills site and an interdisciplinary Young Adult Clinic at the Sheldon Chumir site.
• New clinical programs at the South Health Campus (SHC) – Drs. Rodney Li Pi Shan and Stephanie Plamondon have started providing PM&R outpatient services at the interdisciplinary Amyotrophic Lateral Sclerosis (ALS) and Neuromuscular Clinics, expanding service to southern Calgary and southern Alberta.
A unique collaboration between Physical Medicine and Rehabilitation (PM&R), a division of the Department of Clinical Neurosciences (DCNS) at The University of Calgary and Alberta Ballet is in the works to develop a centre for Performing Arts Medicine and Science Centre in Calgary. Launched in February of this year, the goal of the program is to engage the dancers in injury prevention training, education and research initiatives. Currently, there are 31 Alberta Ballet dancers taking part in the program.

The program involves ongoing injury assessment clinics that are being set up twice yearly for dancers to have their injuries evaluated by physiatrists and other medical professionals who understand the physical demands associated with dance. Data from these assessments will then be collected by the PM&R research team in order to track the dancers’ current injuries and their risk factors for future injuries. The program will look to create an evidence-based practice for the treatment and prevention of performing artists’ injuries by integrating their research results into future educational programs.

The collaboration includes; Dr. Chester Ho, Head of the Division of PM&R at DCNS; Dr. Terry Clark, a post-doctoral researcher at The University of Calgary; Dr. Arun Gupta, an assistant professor with the division of PM&R; Dr. Neerochana Virani, an associate professor within the division of PM&R; program founder and Alberta Ballet board member, Dawn McDonald and Alberta Ballet CEO Marty Bragg.

“Physiatrists understand—better than anyone else—what dancers do every day and that’s why the partnership with DCNS is so important to us,” says McDonald. Dr. Chester Ho, Head of the Division of PM&R at DCNS.

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The collaboration includes; Dr. Chester Ho, Head of the Division of PM&R at DCNS; Dr. Terry Clark, a post-doctoral researcher at The University of Calgary; Dr. Arun Gupta, an assistant professor with the division of PM&R; Dr. Neerochana Virani, an associate professor within the division of PM&R; program founder and Alberta Ballet board member, Dawn McDonald and Alberta Ballet CEO Marty Bragg.

“We bring the dancers through the program on a continual basis while closely monitoring what their particular injury issues may be,” says Marty Bragg, CEO of the Alberta Ballet. Dr. Arun Gupta, a physiatrist involved in the program says, “Typically the majority of the injuries we are seeing are musculoskeletal injuries; however we can also see acute sprains and even fractures.”

The initiative, started by Dawn McDonald, a previous dancer and now a board member with Alberta Ballet, relies on the knowledge and support of the medical team of physiatrists at DCNS.

The principal researcher in the program, Dr. Terry Clark has a background in performance arts medicine programming. His role in the program is to gain an understanding of the dancer’s injuries, recognize how they develop and to create educational programs to support the dancers in the future.

“Given the high demands and requirements of their activities, ballet dancers are at a particular risk of sustaining dance-related injuries. There has also been little progress in understanding and recognizing the specific demands and injury mechanisms of ballet,” says Clark. “We need to generate the knowledge base first as to what is causing the injuries then we need to figure out how to use that knowledge and feed that back to the dancers in order to prevent further injuries.”

Dr. Clark says they will focus on both injury prevention as well as, the long-term health of the dancers including: the relevance of nutrition, overall fitness and coping skills to deal with stress.

“The long-term plan for the program is for the current group to eventually evolve into a larger team which will be equipped to meet the dancers’ needs for further injury prevention training and education. We hope to develop similar assessment clinics, as well as research and educational opportunities within the University of Calgary with a goal to spread out to local arts organizations as well,” says Clark.
New Research... Is Focusing on Recovery from Concussions in the Youth Population

More research into concussion injuries among the youth hockey population will be conducted with help from the new Safe to Play grant funded by The Canadian Institutes of Health Research (CIHR). Dr. Chantel Debert, an assistant professor in Physical Medicine and Rehabilitation at DCNS, is a co-investigator involved in the study along with other co-investigators; Dr. Sean Dukelow, an assistant professor in Physical Medicine and Rehabilitation (PM&R) and Dr. Brian Benson, an adjunct research assistant professor in PM&R.

Dr. Debert will be studying approximately 1,000 youth hockey players in the pediatric population over a five year period. The study aims to develop normative baseline evaluations using existing and new methodology in this high-risk population. The study will measure the nature and extent of the concussion using new diagnostic measurements. Carolyn Emery and Willem Meeuwisse are co-leading the study which will start later this year.

Emery, a PhD researcher and co-chair of the Sport Injury Prevention Research Centre in the faculty of Kinesiology at the University of Calgary has produced a landmark study on the implications of body checking and risks for concussions in youth ice hockey. This study has now inspired more research into examining concussion injuries amongst youth and how their recovery takes place.

Debert says one of the goals of the study is to be able to develop a predictable model for recovery. “We will be doing baseline assessments on approximately 1,000 pee-wee hockey players. We will then follow them over a five-year period.

This is the first prospective study of its kind involving the pediatric population,” says Debert. “We know that in the youth hockey population we are studying, approximately 17 per cent will sustain a concussion annually.”

The study will track each time a player has a concussion and it will include a follow-up assessment within 72 hours. These assessments will include cognitive tests, physical examinations, blood work as well as a robotic assessment to measure neurocognitive and sensorimotor impairment following the injury. The researchers will be partnering with Hockey Calgary to schedule the team assessments.

Dr. Debert will also look at neuroendocrine dysfunction and biomarkers following a concussion injury. “We will be looking for any indications of dysfunction immediately following the concussion. We will also assess neuroendocrine dysfunction at three months, six months and one year after the injury. We are trying to determine the incidence of neuroendocrine dysfunction following youth concussion, what and when endocrine abnormalities occur and how it affects their recovery,” she says.

Following a concussion injury, co-investigator, Dr. Sean Dukelow will measure the participants’ neurocognitive deficits and motor impairments using robotics. The participants will complete specific robotic tasks that analyze outcomes such as reaction times and accuracy. This information is then linked to a computer that can run and analyze the data as well as store the data collected.

Dr. Debert says one of the challenges in measuring the youth population is taking into account normal growth development and changes while assessing dysfunction following concussion.

The study will help to determine what factors influence recovery following concussion in the youth population and what outcomes measures are useful in developing a prediction model that will guide future treatments.
As the Canadian population ages, more Canadians will be facing a long road of recovery after experiencing a stroke. Dr. Sean Dukelow, assistant professor of Physical Medicine and Rehabilitation is discovering new methods of rehabilitation for stroke survivors.

In his research, funded by The Heart and Stroke Foundation, Dr. Dukelow is developing robotic assessment tools to check sensory and motor dysfunction after stroke.

After seeing both friends and family affected by stroke, Dr. Dukelow wanted to help people recover faster. “Without research, we don’t have the treatments people need to get better after stroke,” he says. His research was featured as part of the Heart and Stroke Foundation’s Stroke Report 2013: There is life after Stroke. The main focus of his research involves understanding the mechanisms of stroke recovery and facilitating stroke rehabilitation through the use of technology. Previous assessments of stroke patients were mainly observation-based.

In Dr. Dukelow’s lab, a large robotic chair is used to measure a patient’s sensory and motor improvement over time and it helps to deliver therapy. He says the robotic assessment helps to more accurately and objectively measure how a patient is doing after experiencing a stroke. Once the patient has been assessed, the robot can also assist in developing an effective rehabilitation plan.

“It can require tens of thousands of repetitions of a particular movement to relearn how to move after stroke and the robot helps determine the type and intensity of the rehabilitation needed,” says Dukelow. “What I tell my patients is, that there is life after stroke and recovery is a journey, it requires rehabilitation and hard work to get better but inevitably most people do get better,” he says.

Recent statistics released by The Heart and Stroke Foundation also indicate fewer Canadians understand what’s involved in recovering from a stroke. While half of all Canadians have a close friend or family member who has had a stroke, many don’t realize how long the recovery process can take. Less than one half of people, according to the poll, are aware that most strokes can be prevented.

The risk factors associated with a stroke include: high blood pressure, high cholesterol, atrial fibrillation, diabetes, being overweight, excessive alcohol consumption, physical inactivity, smoking and stress. The role of family and caregivers is also critical to helping stroke survivors and loved ones recover after a stroke. Family and caregivers can help survivors: relearn routine activities, regain abilities and cope with everyday challenges.

Facts on Strokes:
- 50,000 strokes occur in Canada each year – one every 10 minutes
- 315,000 Canadians are living with the effects of stroke
- 60 per cent of people who have a stroke report that they need help afterwards
- Stroke is a leading cause of death and disability among adults

Facts provided by:
The Heart and Stroke Foundation:
www.heartandstroke.com
Physiatrist Dr. Gillian Simonett Joins DCNS

Dr. Gillian Simonett is a new physiatrist in the division of Physical Medicine and Rehabilitation at DCNS. Originally from Vancouver, Dr. Simonett completed her residency in Physical Medicine and Rehabilitation at The University of British Columbia. During her residency, Dr. Simonett also completed a Masters Degree in Health Sciences with a focus on clinical epidemiology. Her main research interest is in spinal cord injury related pain.

Dr. Simonett says it was the research focus at DCNS that piqued her interest in making the move east to Calgary. “The set-up here for support in research and education was very appealing to me as someone who is still in the early stages of my career.”

In the future, Dr. Simonett is interested in expanding her research and clinical experience. She says, “It’s in the clinical aspect of the work where the research questions develop. The interplay between the clinical work and research is very interesting and that’s where I am hoping to gain some knowledge and experience.”

Physician Dr. Gillian Simonett

The set-up here for support in research and education was very appealing to me as someone who is still in the early stages of my career.

Physician Dr. Gentson Leung

The Division of Physical Medicine and Rehabilitation (PM&R) welcomed Dr. Gentson Leung in August this year. He completed his undergraduate studies at The University of British Columbia (UBC) in biochemistry, and then went onto medical school also at UBC. He completed his residency training in PM&R at The University of Calgary.

Dr. Leung says one of the main reasons he decided to join DCNS was because of the excellent training he received from the physiatry staff. “I valued the opportunity to work with them. A large part of my character as a physician has been shaped by those around me and the physiatrists in Calgary are a great group to work with.”

In terms of his clinical work, Dr. Leung will be partnering with the physiatrists already established to help support and build up the existing rehabilitation programs. His main clinical role will be at the Vernon Fanning Centre managing stroke inpatients and outpatients. In the area of amputee rehabilitation, he will also be partnering with Dr. Ken Lam to provide clinical support and program development.

Dr. Leung says he is also looking forward to being involved in the residency program for PM&R. In terms of his research, he will be partnering with other clinicians involved in stroke rehabilitation at the Vernon Fanning Centre including; Drs. Dukeless, McNeil, and Lam. Dr. Leung says he is inspired to work in the area of physiatry because he says, “it is ultimately about maximizing the function of our patients; helping them to be able to have the best quality of life and greatest independence possible given their specific health conditions.”

Vernon Fanning Centre managing stroke inpatients and outpatients. In the area of amputee rehabilitation, he will also be partnering with Dr. Ken Lam to provide clinical support and program development.
Amputee Rehabilitation Program
Director: Dr. Kenneth Lam

Overview
The Amputee Rehabilitation Program provides comprehensive care to patients with limb loss across the continuum of care. Both inpatient and outpatient services are provided. In 2012, over 100 new patients with limb loss entered into the program. Amputation occurs at all hospital sites so peri-amputation consultative services are provided city-wide. One of the key components of this program is to optimize the timing and level of amputation by close partnership with our surgical colleagues.

Highlights
The Amputee program is actively involved in limb loss prevention by partnering with multiple stakeholders including the Diabetes SCN and the Sheldon Chumir Wound Care Clinic. By centralizing the outpatient amputee program at one site, we have garnered expertise in managing complex amputees. Those with hemi-pelvectomies receive the latest prosthetic components like microprocessor knee and new socket designs. A team of 22 health care providers from Calgary visited Haiti last year. Each team member carried two full duffel bags of prosthetic components that were donated by Calgary’s prosthetist. This was very well received by Haiti’s amputee rehabilitation team.

Education
The program is dedicated to medical education and training. Physiatry residents complete a mandatory three month period in the program during their residency. The program is also involved in the education and certification of prosthetists in training. In-service lectures are also delivered to allied health and nursing staff on a regular basis.

Accomplishments

Farewell to Dr. John Latter

While Dr. John Latter, professor emeritus in the division of Physical Medicine and Rehabilitation (PM&R), says he has mixed feelings as he moves into retirement, he also has many accomplishments to be proud of. “I have always felt that I am an exceedingly lucky gentleman, I get to come to work and play with kids and also be involved in the medical education of undergraduates and residents,” says Dr. Latter.

Dr. Latter has been with The Department of Clinical Neurosciences for 11 years. He was the Division Head of Physical Medicine and Rehabilitation from 2002 to 2009. In addition to this, he founded the residency training program for the division in 2004. “The program had its first graduates in 2009 and we now have a very active residency training program,” he says proudly.

In 2009, he received the Professional Association of Resident’s Physicians (PARA) well-being award. Well-being is an important issue to resident physicians and it’s one of PARA’s primary focuses. It recognizes outstanding contributions made in this area by a physician. Dr. Latter was nominated for this award by his resident colleagues. He also attributes much of his success over the years to all the support he received from his colleagues. “Nothing happens without a lot of team support and for that, I am very thankful,” he says.

Dr. Latter was also a recipient of the Canadian Association of Physical Medicine and Rehabilitation (CAPMR). It recognizes those who have made a contribution to the field of physiatry through: research, education, advocacy, medical care, humanitarianism and mentorship.

He is also very thankful for the collaborative focus at DCNS. “Our resident program has benefited a lot by the access we have had to a team of nationally and internationally recognized neurologists and neurosurgeons.”

Reflecting on the past 11 years, he says the interdisciplinary approach to patient care has worked very well at The Alberta Children’s Hospital. “For the children with complex-care needs, it’s always important for them to have access to the specialists they need at integrated clinics, whether that’s a neurologist, physiatrist or another specialized therapist.”

As far as the future goes, Dr. Latter and his wife are looking forward to a well-deserved cruise on the Baltic Sea in September and a future trip to Hawaii in November. We wish them happy and safe travels ahead.

Research
Our resident Dr. Les Laplante is researching perceived need for a community-based exercise program for lower limb amputees.

Members
Dr. Kenneth Kui Sai Lam
Brain Injury Rehabilitation Program  
**Director:** Dr. Christine McGovern  

**Overview**  
The Brain Injury Rehabilitation Program is an inpatient and outpatient adult rehabilitation program based at The Foothills Hospital (FMC). The program addresses the need of individuals with acquired brain injuries which may arise from: trauma, infection, aneurysm rupture, hypoxia, hydrocephalus, or other various causes. The affected individuals have a wide spectrum of severity of injury from mild to severe.  

**Highlights**  
- New physiatrist, Dr. Chantel Debert joined the program this year. She will bring a research focus to the program and she will also take a role in clinical care. Dr. Jeremy Quickfall of psychiatry has also joined the clinic to help provide expertise in the management of some of the complex brain injury patients.  
- Accreditation Canada visited our site as part of a review of acquired brain injury services across Alberta Health Services (AHS) in October of 2012. Accreditation for the province was received and the Calgary Brain Injury Strategy was favorably referenced in the report.  
- The Third Annual Calgary Brain Injury Strategy Event was held in November last year. Close to 150 stakeholders established a direction for the next year. In February, a concussion summit was held – entitled, **Designing a Brain Injury Strategy – When Patients, Family and Front-line Staff Lead the Way** was presented at the Toronto Acquired Brain Injury Network conference in November of 2012. A talk entitled, **Creating a Culture of Change: A Strategy for Improving Health Care** was delivered at the Canadian Association of Neuroscience Nurses Annual Conference last June.  

**Research**  
Funding has been obtained for a project entitled **Quantitative Assessment and Validation of Sensorimotor Dysfunction and Recovery using Robotics in Athletes sustaining an Acute Sport-Related Concussion.** Drs. Chantel Debert and Sean Dukelow are co-investigators on this grant.  

**Members**  
- **Manager:** Jason Knox and Paul Wright  
- **Program coordinators:** Lynnette Fritzke and Lisa Patel  
- **Inpatient brain injury coordinator:** Jill Congram  
- **Neurologist:** Jeptha Davenport  
- **Physiatrists:** Christine McGovern, Rodney Li Pi Shan, Chantel Debert  
- **Psychiatrist:** Dr. Jeremy Quickfall  
- **Social workers:** Carol Lawson and Valerie Bunz  
- **Neuropsychologists:** Stewart Longman and Amy Siegenthaler  
- **Case coordinator:** Heather Gillett  
- **Supported by:** Kendra Ness  

The Burn Rehabilitation Program  
**Director:** Dr. Vincent Gabriel  

**Overview**  
The Burn Rehabilitation Program at Foothills Medical Centre is part of the Calgary Firefighters Burn Treatment Centre. The program is made up of an inter-disciplinary team that provides comprehensive clinical burn care from the time of acute injury through to community reintegration. Team members participate in clinical and translational research related to burn injury, skin grafting surgery and human scarring.  

**Highlights**  
In 2012, our team received three years of research funding from Alberta Innovates Health Solutions (AIHS) to continue our multidisciplinary research program focusing on cell based therapies to improve outcomes following split thickness skin grafting surgery.  

**Research**  
Our research activities continue to expand. Our AIHS funded project includes aspects of cell biology, biomedical engineering, psychosocial outcomes and translation of science. Additionally, we have ongoing work in the development of new surgical devices.  

**Members**  
- **Medical:** Dr. Vincent Gabriel (Rehabilitation Medicine), Dr. Duncan Nickerson (Plastic Surgery)  
- **Psychology:** Jenny Hoech, PhD  
- **Therapists:** Abby McLeod, PT, Chris Burnie, PT, Sasha Kuricke, OT, Joanne Cheal, OT, Samantha Cole, OT  
- **Support:** Outpatient clinic: Nuha Shubeita-Haddad  

**Support:**  
Outpatient clinic: Nuha Shubeita-Haddad  
Research coordinator: Supriya Save
PM&R Musculoskeletal and Chronic Pain Programs
Director: Dr. Noorshina Virani

Overview
The PM&R Musculoskeletal (MSK) program brings together physiatrists with an interest in musculoskeletal rehabilitation medicine to promote education, research and best practices for clinical care of patients with MSK rehabilitation needs. The program provides expertise in: chronic pain management, interventional pain management, with the use of fluoroscopic guided procedures, sports-specific rehabilitation, and community MSK consultation.

Our vision is to create an interdisciplinary musculoskeletal program to provide timely access and care to patients with musculoskeletal rehabilitation needs, while fostering the academic development of MSK rehabilitation medicine to promote education, teaching physicians and allied health in musculoskeletal realms at local, provincial and national levels. This includes the first National Ultrasound Review course, led by physiatry, which was held in Calgary in 2012 under the direction of Dr. Rodney Li Pi Shan.

Highlights
In 2012, the PM&R MSK program launched the Performing Arts Medicine (PAM) Program within Calgary. Key partnerships were established with the Alberta Ballet and a clinical/research Injury Tracking Screening Program was established this year.

To meet the growing needs of lengthy spine surgery waitlists in the Calgary Zone, the MSK program in collaboration with the south primary care network has established the spine pain initiative. Presently, approximately 15 per cent of spine surgery referrals require surgery leaving the vast majority in need of conservative means of rehabilitation. It is our hope that through this collaboration, knowledge translation will help to reduce the need for unnecessary diagnostic imaging and surgical referral, and thereby connect patients with more appropriate community resources.

Education
Several members of the MSK program have contributed to undergraduate Course 2 Medical School teaching, postgraduate resident education through academic half day, residency training committee representation, and clinical rotations in outpatient clinical settings, including private practice and the Alberta Health Services Chronic Pain Centre (AHS CPC). In addition, members have contributed to teaching physicians and allied health in musculoskeletal realms at local, provincial and national levels.

A significant educational component of chronic pain management is physiatry directed. This includes monthly neuromusculoskeletal interest group meetings, and quarterly symposia open to practitioners throughout the city. Physiatrists at the AHS CPC are also involved in course education for family medicine physicians.

Members
AHS Chronic Pain Centre (AHS CPC): Pamela Barton, Co-director of CPC, quarterly symposia
Nwamara Dike, Neonshina Virani, Neumusculoskeletal Team Lead

Performing arts Medicine (PAM):
Arun Gupta
Chester Hto
Neonshina Virani
Terry Clark, PhD
Brian Benson

Community Practitioners:
Tony Giantomasso
Arun Gupta
David Flaschner
Maryana Apel
Daniel LeBlond

Pediatric and Young Adult Rehabilitation Medicine Program
Director: Dr. Lee Burkholder

Overview
The program provides inpatient and outpatient rehabilitation medicine services to various pediatric patient populations including children with brain injury, cerebral palsy, myelomeningocele/spinal cord injury, neuromuscular conditions, and limb deficiency at the Alberta Children's Hospital (ACH). The program is also responsible for the young adult rehabilitation clinic, an outpatient clinic located at the Foothills Medical Centre (FMC) dedicated to adult patients with child-onset neurological conditions. The clinic assists patients transitioning from pediatric care to the adult world.

Highlights
Program members were invited to the ACH Rehabilitation Working Group, which was a significant contributor to an $18.3 million proposal to establish a world-class Pain and Rehabilitation Program at the Alberta Children’s Hospital. In March 2013, the Riddell Family and the ACH Foundation announced a $15 million donation to establish the Vi Riddell Pain and Rehabilitation Centre. Program members continue to meet regularly with the rehabilitation medical and operations directors to aid with implementation of services and associated research projects.

The program welcomed Dr. Vithya Gnanakumar to the ACH in October of 2012 to further support existing clinical programs including the Dr. Gordon Townsend rehabilitation and education programs. This further develops rehabilitation initiatives such as the general rehabilitation medicine clinic and it expands our research activities.

Dr. John Latter received multiple awards this past year. He was recognized as a Professor Emeritus by DCNS and pediatrics last April. He also received a teaching award from the 2014 University of Calgary
undergraduate medical class in March. A research project completed by Dr. Jordan Raugust, PM&R resident, and Dr. Latter titled *Concussion in Pediatric Ice Hockey Players: Description of Characteristics Based on a Previous History of a Concussion or Mild Traumatic Brain Injury* was awarded second prize for poster presentation at the Canadian Association of Physical Medicine and Rehabilitation 61st Annual Scientific meeting. Another research project again authored by Dr. Raugust and Dr. Latter titled *Does Diagnostic Terminology Affect Parents’ Perception of Concussion or Mild Traumatic Brain Injury Severity?* was awarded the DGNS J. Gregory Cairncross Award for Excellence in resident clinical research in December 2012.

**Education**

Educational pursuits were largely related to medical trainee and patient education. The program hosted medical post-graduate trainees in: physical medicine and rehabilitation, pediatric neurology, general pediatric and developmental pediatric residents as well as a fellow in pediatric rehabilitation medicine on service for 11 of 13 academic blocks.

Dr. Lee Burkholder was invited to speak on the topic of health care transitions at the 2012 Youth In Action conference hosted by Muscular Dystrophy Canada for young persons with neuromuscular disorders. Dr. Burkholder was also invited to speak in an educational video, created through the ACH Family and Community Resource Centre, for patients and families on family centered care.

**Research**

Dr. Latter is a clinical collaborator for various research studies examining pediatric brain injury and concussion including the research program Safe to Play: A longitudinal research program to establish best practice in the prevention, early diagnosis and management of sport-related concussion in youth ice hockey players.

*Members*

Dr. Lee Burkholder, Dr. John Latter, Dr. Vithya Gnanakumar

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**The Spinal Cord Injury Rehabilitation Program**

**Director: Dr. Chester Ho**

**Overview**

The Spinal Cord Injury (SCI) Rehabilitation Program provides inpatient and outpatient rehabilitation services to persons with traumatic and non-traumatic SCI for southern Alberta, eastern British Columbia and western Saskatchewan.

**Highlights**

- Strategic development of spinal cord injury (SCI) rehabilitation program – the SCI rehabilitation program has undergone substantial development over the last year. We hosted the first retreat jointly with the Spine Surgery program, and we developed the Calgary Zone SCI advisory committee, bringing together stakeholders across the continuum of care, with the goal to review and re-design SCI service delivery from acute care to community reintegration. Our ultimate goal is to provide better care to people with SCI.
- Creation of SCI research facilitator position – this position was funded through the Alberta Paraplegic Foundation in order to promote interdisciplinary clinical research development within the SCI rehabilitation program. This has been very successful and within one year, it has led to research education training, international presentations and research grant submissions developed by the interdisciplinary team.
- Recruitment of new SCI physiatrist Dr. Gillian Simonett – Dr. Simonett was a graduate of the PM&R program at the University of British Columbia. Prior to joining the University of Calgary in April, she was a staff physiatrist at the GF Strong Rehabilitation Centre in Vancouver.
- We re-designed the SCI education program to facilitate learning and participation by patients.
- The sexuality and disability workshops were led by Dr. Stacy Elliott and Marie Carlson.
- SCI Research 101 and 201 workshops were also held over the last year.

**Research**

- We participated in the national SCI Knowledge Mobilization Network (KMN) for the implementation of best practice in the prevention of pressure ulcers.
- We developed the SCI Nurse Champion project to study the patient care impact following the implementation of Nurse Champions for SCI.
- We completed the SCI Telehealth and pressure ulcer management study and the SCI Care and Needs survey for persons with SCI in Southern Alberta.

**Members**

Denise Hill, MD, FRCP(C), Chester Ho, MD, Dan McGowan, MD, FRCP(C), Gillian Simonett, MD, FRCP(C)
The Stroke Rehabilitation Program
Director: Dr. Sean Dukelow

Overview
Physiatry provides support for inpatient stroke rehabilitation services at both the Foothills Medical Centre and the Dr. Vernon Fanning Care Centre. Our physiatry group also supports outpatient stroke rehabilitation in the community through Community Accessible Rehabilitation, Early Supported Discharge and other private rehabilitation facilities. We accept referrals from across southern Alberta for patients who require stroke rehabilitation expertise.

Highlights
Clinical highlights involved two separate functional electrical stimulation workshops, coordinated by Dr. Lam and a team of therapists from across the Calgary zone. These workshops were targeted at integrating functional electrical stimulation into daily rehabilitation practice to promote stroke recovery.

Education
Several physiatry residents, neurology residents and medical students spent time learning about stroke rehabilitation in our clinics, on the ward and in classroom teaching sessions.

Research
The Stroke Rehabilitation Program received peer-reviewed funding for two new projects. Using robotics, the RESTORE study will examine early upper limb rehabilitation. The project was funded by the Heart and Stroke Foundation of Canada. The DOSE study, funded by the Centre for Stroke Recovery, will examine the effect of early, intense lower extremity rehabilitation.

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General Physical Medicine and Rehabilitation

Overview
General physical medicine and rehabilitation patients are seen in the outpatient physiatry clinic areas on the main floor special services building of the Foothills Hospital. Various physiatrists provide consultation and physician follow up services to these patients. The types of patients seen may include: adults with non-surgical rehabilitation needs secondary to inflammatory and degenerative arthritis, scoliosis, myofascial pain, spine and peripheral joint pain, orthopedic trauma, tendinopathy, metabolic bone disease, neuromuscular disease, cerebral palsy, neurological and musculoskeletal complications of HIV or cancer and some movement disorders.

Inpatient general physiatry consultation is provided weekly at Rockyview, Glenmore, and Peter Lougheed Hospitals and it is led by Dr. Nwamara Dike. This includes a majority of neurological diagnoses and a limited number of musculoskeletal inpatient diagnoses.

Highlights
This year three physiatrists have started to provide outpatient consultation service to the subspecialty of neuromuscular, amyotrophic lateral sclerosis, and multiple sclerosis multidisciplinary clinics at the South Health Campus.

We also began participation as a site in the Heart and Stroke Foundation of Ontario funded multi-centre EVREST trial examining the efficacy of virtual rehabilitation using the Nintendo Wii for the upper extremity. Recruitment in the Canadian Institutes of Health Research (CIHR) and the Heart and Stroke Foundation of Canada (HSFC) funded RESTART. This study focuses on the robotic assessment of stroke-related deficits. It continued throughout the year with multiple presentations at national and international conferences.

Participation in the TOWER study began and SPACE study continued, with both studies sponsored by Merz investigating the effects of botulinum toxin on spasticity.

Members
Sean Dukelow, Ken Lam, Steve McNeil

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Established in 2007, the Division of Experimental Neurosciences (DEN) in the Department of Clinical Neurosciences (DCNS) currently consists of five primary and five secondary members. Research areas span from neurodegenerative diseases and movement disorders, to multiple sclerosis and the development of specialized medical device development. Almost all members within DEN maintain meaningful and productive collaborations with clinicians or clinician scientists within the DCNS, in addition to their partners in the Hotchkiss Brain Institute (HBI), the University of Calgary and Alberta Health Services. The current active members of DEN include:

- **Dr. Wee V. Yong** is a professor at the Hotchkiss Brain Institute and the Departments of Clinical Neurosciences and Oncology. He co-directs the Multiple Sclerosis Program of the Hotchkiss Brain Institute and he holds the Canada Research Chair in Neuroimmunology. Dr. Yong’s research interests lie in the area of neuroimmunology, neuroprotection and CNS regeneration. His projects have been guided by MS, spinal cord injury and malignant gliomas. His research has been supported by Canadian Institutes for Health Research (CIHR), the Multiple Sclerosis Society of Canada, and Alberta Innovates - Health Solutions and the Alberta Cancer Foundation.

- **Dr. Minh Dang Nguyen** is an associate professor and a member of the HBI. The main goal of his research is to understand the basic mechanisms governing brain aging and neurodegenerative disorders. His research has been funded by Alberta Innovates - Health Solutions (AIHS), CIHR, the Human Frontier Science Program Organization, the Brenda Stafford Foundation Chair in Alzheimer research, the Amyotrophic Lateral Sclerosis and the Austrian Academy of Sciences.

- **Dr. Shalina Ousman** is an assistant professor and a member of the Multiple Sclerosis Program of the Hotchkiss Brain Institute. Her research is focused on investigating the role of alphaB-cystallin (αBC) in autoimmune function, disease mechanism and regeneration in the context of multiple sclerosis. Her research has been funded by CIHR, Multiple Sclerosis Society of Canada and Canadian Foundation for Innovation.

- **Dr. Bin Hu** is a professor for Parkinson’s disease research and he is a member of the Hotchkiss Brain Institute. He currently directs a basic research laboratory and an experimental therapeutic program for patients living with Parkinson’s disease. His scholarly activities and research interests are focused on brain attention networks, especially those related to sensorimotor learning and memory. His research has been supported by CIHR, Parkinson Society Alberta, AIHS and Branch-out Foundation for Neurological Diseases.

**Highlights**

- Dr. Yong was elected by an international community to be the vice-president of the International Society of Neuroimmunology; he will become its president in 2014.

- Dr. Minh Dang Nguyen was featured as an Alberta immigrant success story in Alberta Venture Magazine. He was also named by Avenue Magazine as a Top 40 Under 40 in Calgary.

- Dr. Ousman published a review article in high impact journal Nature Review Neuroscience titled, Immune surveillance in the central nervous system.

- Dr. Hu was awarded $750,000 to start a multi-center study of Ambulosono, Sensorimotor contingency-based music walking program for people living with Parkinson’s disease.

**Education**

DEN members offer graduate studies in both clinical and basic neurosciences, year-round research projects for senior undergraduates and summer research programs. Division members are also active participants in community-oriented educational events.

**Research**

Members from Division of Experimental Neurosciences received more than $1.6 million in research and grant support for 2012. See the back of this annual report for a detailed publication list.

**Future Directions**

The Division of Experimental Neuroscience is in a unique position to foster translational neuroscience research. We are somewhat different from the basic science departments, in that, our research has a clear mandate to facilitate and integrate care, research and education and to ensure that discoveries in basic and clinical research can lead to innovative health solutions for Canadians who suffer from neurological and mental disorders.
New Leadership and New Name

Dr. V. Wee Yong is the New Division Head for the Newly Named Translational Neurosciences as Former Head Dr. Bin Hu Steps Down

Dr. Yong explains the name change by saying, “The division has changed its name to reflect the fact that its primary members all have significant interest in projects that translate basic science findings into eventual clinical applications. The new name also signifies our more forward looking and ambitious program and it invites other members of the department to foster collaborations with the basic science laboratories to expedite discoveries of the treatment of neurological conditions. We also wish to highlight the translational activities of members in other divisions of the DCNS. Finally, we aspire to have clinical trainees take part in basic neuroscience projects, so that the bi-directional learning between clinical and scientific trainees can lead to a new generation of multi-disciplinary researchers.”

In July this year, the Division of Experimental Neurosciences had a change in leadership and name as Dr. Bin Hu, professor and division head of Experimental Neurosciences stepped down and professor, Dr. V. Wee Yong was named as the new head. Dr. V. Wee Yong has renamed the division Translational Neuroscience.

This division fosters neuroscience research and translates it into innovative health solutions. Members within the department collaborate with clinicians and clinical scientists from the department as a whole. Their research spans multiple areas including: neurodegenerative diseases, movement disorders, multiple sclerosis and research into specialized medical device equipment.

Dr. Yong has been a professor with the division for 17 years. He received his Ph.D. from the University of British Columbia and started his faculty appointment at the Montreal Neurological Institute at McGill University in 1989. He relocated to Calgary in 1996. His research interests lie in the areas of: Multiple Sclerosis (MS), spinal cord injury and malignant gliomas. He co-directs the Multiple Sclerosis (MS) Program of the Hotchkiss Brain Institute and he holds the Canada Research Chair in neuroimmunology.

In 2012, Dr. Yong was elected by an international community to be the Vice President of the International Society of Neuroimmunology and he will become their President in 2014. He is the director of the Alberta endMS network which co-ordinates MS training activities.

While he says the division has had some challenges in obtaining research funding, he is proud of the quality of research being conducted. “Our division offers quantitative, insightful, and innovative projects that result in affordable health care solutions.”

“I am looking forward to continuing to focus on translational medicine. I consider myself to be a very collaborative individual and this makes sense because many of the funding agencies look for a team approach to research,” says Dr. Yong. The focus for the division, he says, is on research that encompasses the bench to bedside or translational medicine approach. This research starts in a lab setting and results in a direct and positive impact on patient care.

Dr. Yong says some of the future plans for the division include: growing in size, creating new identities as translational researchers and making the residents of the department more aware of what neuroscientists do. In order to achieve this he says, “another priority would be for our division to be better integrated with our clinical programs.” He adds, “I am very proud to be part of a very multi-disciplinary department here at DCNS. Belonging to this department enables us to conduct very important translational medicine research.”

Dr. Yong has published over 200 manuscripts and his work has been cited over 12,000 times. He also currently heads the HBI and DCNS Team Grant Advisory Panel. The panel helps researchers to strive for excellence in neuroscience research by finding ways to improve their competitiveness with team funded grants.

As the previous division head for the last seven years, Dr. Bin Hu says his fondest memory of the department is on research that encompasses the bench to bedside or translational medicine research. I consider myself to be a very collaborative individual and this makes sense because many of the funding agencies look for a team approach. This research starts in a lab setting and results in a direct and positive impact on patient care.

As the previous division head for the last seven years, Dr. Bin Hu says his fondest memory of the department is on research that encompasses the bench to bedside or translational medicine research. I consider myself to be a very collaborative individual and this makes sense because many of the funding agencies look for a team approach. This research starts in a lab setting and results in a direct and positive impact on patient care.

Dr. Hu says he would like to see the division expand to involve the four pillars of research which would include: biomedical, clinical, health services as well as, social, cultural, environmental and population health research. For now, he says he’s looking forward to a well-deserved break so he can “spend more time on innovations and having fun.”
Dr. Shalina Ousman is Taking an Investigative Approach to Research

Dr. Shalina Ousman says it’s the investigative nature of her work that inspires her to spend many days in the lab with the hopes of discovering new treatments for multiple sclerosis (MS). “I like working in the unknown and of course the ultimate goal is always to be one of the first to make a major discovery, that’s something that drives me,” she says.

Dr. Ousman started working for DCNS in 2008. She is an assistant professor in DCNS and cell biology & anatomy at Hotchkiss Brain Institute at The University of Calgary. She has a PhD in Neurosciences from McGill University and completed her post doctoral fellowship training at The Scripps Research Institute and Stanford University. In 2011, her post doctoral fellowship training at The Scripps Research Institute and Stanford University. In 2011, Dr. Ousman was selected as a Zip 40 Under 40 by Calgary’s Avenue Magazine. She is involved in several volunteer activities as a fundraiser and walker for the MS Society of Canada and she regularly gives lectures on MS to the public.

While most of her research focuses on identifying the protective mechanisms of human cells in MS, one quarter of her research is also devoted to peripheral nerve regeneration. She says she has always been intrigued by MS research and that it’s the patient stories that inspire her to pursue further research. “Over the years, I have met patients and even friends who are suddenly faced with an MS diagnosis yet they find a way to keep going on with their lives. They have their bad days for sure but they keep moving forward with a positive attitude,” she says.

MS is an autoimmune disease leading to central nervous system (CNS) degeneration in approximately 50,000 to 75,000 Canadians. Current therapies for MS are useful in some patients but they do not prevent progression of the disease and are ineffective in many patients. Dr. Ousman hopes to pursue this need for new therapies.

In collaboration with Dr. Luanne Metz, Dr. Ousman has been working on a pilot study involving a protein called alphaB-crystallin. The protein plays a role in the defense system of animals and it exists in higher levels in MS patients yet it isn’t able to fight off the disease. Her research is now focused on determining how increased levels of the protein will react in humans. So far the research seems promising: she has found a subset of MS patients who have responded favorably to the protein.

Ousman says she finds opportunities like these for collaboration at DCNS very helpful. “Everyone is very collegial. We can’t learn everything in our lab so it has been great to work alongside the clinicians, it’s very interesting and it creates a positive experience for everyone involved.”

Her ongoing studies will look at the molecular features of the patients who responded favorably to alphaB-crystallin. Yet, due to the complicated nature of MS, multiple therapies are typically needed to treat it and as a result, her lab is now also investigating other protective molecules affecting MS patients.

Aside from her busy research activities, Dr. Ousman also finds time to help mentor new research students as well (see Mentoring story this page). “I tell my students that the processes involved in research can be frustrating and rigorous at times but that it’s always worth it when you make a real discovery.”

Mentoring

A Student Researcher Enjoys Her First Wet-Lab Experience

Erin-Mai Lim is thankful for the opportunity to work with other student researchers. Currently working in Dr. Shalina Ousman’s lab she says, “Some days are more stressful than others but in general, it has been a really good experience. We have a small lab and everyone is very helpful, we are actively involved in each other’s projects.”

Erin-Mai Lim completed an undergraduate science degree at the University of Alberta in Edmonton. During her undergrad program, Erin worked in a few different lab settings before deciding to come to Calgary and DCNS to start research for her PhD.

Currently, she is working on peripheral nerve regeneration while the other research students in the lab are focusing on multiple sclerosis research.

“Dr. Ousman is very helpful, I keep her updated on my lab results and we have regular weekly meetings. She is a very good supervisor.”

She says it’s important for students to get both clinical and basic science experience so they know which direction they want to pursue. Dr. Ousman’s lab is her first wet-lab experience. She says she wanted to get further experience in a basic science lab setting because she already had some clinical research experience.

As far as the future goes, Erin says she is not sure if she wants to pursue a basic science path or if she wants to be more involved in the clinical aspects of research. She thinks teaching may be in her future. “I am always very interested in research but I may also be interested in lecturing; it would be fun to prepare notes and help students learn.”
Undergraduate Medical Education in Clinical Neurosciences
Co-Chairs: Gary Klein and Darren Burback
Evaluation Co-ordinator: David Patry
Course Co-ordinator: Kelly Hoglund

Overview
Medical students are taught about the neurosciences and aging in the first course of the second year of the undergraduate curriculum during August and September each year. The neurosciences component is combined with content from geriatrics, otolaryngology and ophthalmology. The course, entitled, Course V – Neurosciences, Aging and Special Senses, is overseen by the Undergraduate Medical Education office of the Faculty of Medicine at the University of Calgary. The neurosciences content in the course begins with a series of lectures on the functional anatomy and physiology required to evaluate patients presenting with neurological complaints. The remainder of the content covers clinical presentations of neurological illness as well as sessions devoted to specific neurological conditions. The curriculum is taught by approximately 130 teachers including 60 from the Department of Clinical Neurosciences.

Course content is delivered via a combination of lectures, patient presentations, small group seminars and bedside teaching sessions. A group of approximately 15 teachers from the department have taken some further faculty development training and have committed to supervising many of the small group and clinical teaching sessions.

Course V Committee
Paolo Federico, Dan McGowan, Walter Hader, Alice Ho, Lothar Resch, Karen Fruetel, Paula Pearce, Karin Verstraten, Vivian Hill, Paul Marck, Patrick Lee, Kelly Hoglund, Alby Richard, Carolyn Wong-Ranasinghe

Residency Programs
Q & A with Drs. Daniel Yavin and Michael Tso
2013 Vanier Graduate Scholarship Recipients

Congratulations to new Vanier Graduate Scholars Michael Tso and Daniel Yavin. Michael and Daniel both started their neurosurgery residency training in Calgary in 2009. The Vanier Graduate Scholarship provides students and researchers from Canada and from around the world studying in Canada, the support they need to conduct world-class research while enhancing Canada’s standing as a global centre of excellence in research, innovation and higher learning. Vanier Scholars demonstrate exceptional leadership skills and a high standard of scholarly achievement. Scholarship recipients receive $50,000 per year for up to three years of research.

What does winning a major award like this mean to you?

D: I am both grateful and honored to have been awarded the Vanier Canada Graduate Scholarship. The support will allow me to pursue my lifelong ambition of becoming an academic neurosurgeon with doctoral training in clinical epidemiology.

M: There are so many brilliant scientists-in-training across the country, that I feel it is truly an honour to be a recipient of Canada’s most prestigious doctoral award. The financial security provided by the Vanier Canada Graduate Scholarship allows me to focus my efforts on conducting research.

As a neurosurgery resident, what is your main area of research?

D: My primary area of research focuses on the operative management of degenerative disease of the spine. Due to aging demography in Canada, the burden of this disease will increase in the coming years. My graduate research will evaluate the role surgery plays in the treatment of degenerative disease of the spine.

M: My research focuses on subarachnoid hemorrhage, a type of bleeding stroke usually from a ruptured brain aneurysm. This type of stroke can affect healthy people suddenly without warning and can be deadly. Neurosurgeons and neuro-interventional radiologists have become quite good at treating these aneurysms acutely, but some patients are still left with significant brain injury. My research, supervised by Dr. R. Loch Macdonald at the University of Toronto, investigates the mechanisms of this brain injury and looks at new drug treatments to improve outcomes in an animal model of subarachnoid hemorrhage.

What inspires you to do the research you do every day?

D: The greatest inspiration to conduct research comes from the patients whose care I have been fortunate enough to be involved in. In return for this privilege, I believe we are obligated as physicians to contribute to the future improvement of patient care. The hope that my research efforts will one day result in a cure for this disease is what drives me every day.

M: My research is driven by the desire to better understand and manage neurological injuries caused by traumatic brain injury and subarachnoid hemorrhage. I am inspired by the courage and resilience of people who have been affected by these conditions, and the idea that my research could potentially improve outcomes for future patients.
in a meaningful advance in the treatment of patients with neurologic disease is what motivates me.

M: I have personally been involved in the care of several patients with ruptured brain aneurysms. Some did not survive or suffered severe brain injury despite aggressive life-saving care. These patients are a constant reminder that the current care is not good enough and that new treatments need to be investigated.

What attracted you to the University of Calgary Neurosurgical Residency Training Program in particular?

D: A unique culture of innovation attracted me to the University of Calgary. This history of innovation in fields such as intraoperative imaging and surgical robotics made neurosurgical residency training at the University of Calgary an incredible opportunity that could not be found elsewhere in the country.

M: For the last several years, the University of Calgary Neurosurgical Residency Training Program has been developing a national reputation of not only being a top-notch academic program but also a highly collegial one. I was drawn to the Calgary program for its excellent clinical neurosurgical training as well as its emphasis on protected research time.

As part of the scholarship evaluation process, you were evaluated on your leadership potential. What does leadership mean to you?

D: During neurosurgical training, when the hours can be demanding and the cases difficult, the true value of strong leadership becomes apparent. Through the support of mentors in the department of neurosurgery, I came to learn that leadership meant the ability to inspire those around you to excel.

M: In broad terms, leadership means knowing the current state of affairs and having a vision of how things should be. In terms of research, that means taking a new idea or approach, testing it thoroughly and collaborating with your peers and colleagues to develop the idea.

What do you hope to accomplish with your research?

D: My research focuses on the rationale incorporation of evidence obtained from clinical trials into practice. Through the identifications and promotion of best practices, I hope to achieve a meaningful improvement in operative management of common neurosurgical conditions.

M: In my research, I hope to develop new drug treatments to limit brain injury in animal models of subarachnoid hemorrhage and have these treatments investigated in clinical trials involving patients. By conducting this new research, I hope to provide patients with access to the latest treatment options.

Where do you see yourself after you complete your residency?

D: After my residency and graduate training I plan to pursue a career as an academic spine neurosurgeon. Through the use of objectively evaluated surgical outcomes, I hope to help guide the rationale and cost-effective incorporation of advances in spinal instrumentation into clinical practice.

M: I will be pursuing fellowships in both open cerebrovascular and endovascular neurosurgery. My ultimate career goal is to become an independent investigator and a surgeon-scientist.

Neurosurgery Residency
Program Director: Dr. R. John Hurlbert
Program Administrator: Patti Sullivan
Accreditation: Royal College of Physicians and Surgeons of Canada
Length of Training: 6 years
Number positions per year: 2
Mandatory Research Block: 1 year

Overview
Education of our postgraduate and undergraduate students remains one of the highest priorities of DCNS and the Division of Neurosurgery. The teaching faculty consists of a large complement of dynamic key opinion leaders representing all subspecialties of neurosurgery including vascular, interventional, glioma, skull base, epilepsy, function and peripheral nerve interests. In addition, the University of Calgary boasts the largest comprehensive spinal surgery program in Canada with a total of 11 full-time spine surgeons coming from both neurosurgical and orthopedic backgrounds.

From the moment residents enter the program, they are continuously involved in research and education initiatives. Considerable resources are dedicated each year to facilitating this academic activity through faculty participation, existing peer-reviewed grants, project funding from divisional and department sources and 12 months of mandatory clinical or basic science research. The neurosurgery school runs each year for two hours on Monday afternoons. Sessions are led by the residents and supervised by the faculty, creating a learning environment within the realm of neurosurgical expertise.

A number of our residents have been the recipients of various awards for their outstanding clinical and academic endeavors. Dr. Philippe Mercier was one of this year’s recipients of the annual Foothills Hospital Medical Staff Association Doc’s Café award for exceptional leadership during the core training years of residency. He has also been recognized by his peers as the neurological resident teacher of 2012-13. Dr. Michael Tso received the American Academy of Neurological Surgeons, Neurosurgery Research & Educational Fellowship (NREF) Cerebrovascular Section Research Fellowship award, the Bisby Fellowship Award for the top-ranking health professional CIHR fellowship application, as well as being one of the recipients of a Vanier Graduate Scholarship. Dr. Daniel Yavin was also a recipient of the Vanier Graduate Scholarship in addition to being recognized as the October 2012 Resident of the Month by the Professional Association of Resident Physicians of Alberta (PARA). Dr. Andrew Ryu was selected by the attending teaching faculty for this year’s resident clinical research presentation award at the annual Alberta Neurosurgical Society meeting.

Team relationships outside the hospital are of equal importance to the Division of Neurosurgery as they are within the hospital. The program offers a well-rounded exposure to all aspects of neurosurgery within a close and collegial environment. Non work-related, team building events held throughout the year provide a health balance against a busy lifestyle choice. The end result is a recipe for one of the most cohesive, dedicated, and high-performing resident groups in all of Canada and a group that we are proud to call our own.
Neurology Residency Program
Program Director: Dr. Michael Yeung
Program Administrator: Elizabeth Martens
Number of positions per year: 3
Accreditation: Royal College of Physicians and Surgeons of Canada
Length of Training: 5 years
Mandatory Research Block: 3-6 months
The Neurology Residency Program prepares residents to become specialists in neurology during a five-year period of study which includes supervised clinical and research experience and an academic program. The academic program is comprised of an academic half-day held weekly and daily educational rounds. In addition, there are regular seminars on ethics, communication skills and evidence-based medicine.

Physical Medicine and Rehabilitation (PM&R) Residency Program
Program Director: Dr. Stephanie Plamondon
Program Administrator: Linda Jennett
Number of positions per year: 2
Accreditation: Royal College of Physicians and Surgeons of Canada
Length of Training: 5 years
Overview
The Division of PM&R provides teaching for undergraduates and post-graduates. Within the last academic year, the division supported 11 post-graduate residents in its Royal College accredited PM&R training program. In addition, there were nine off service and visiting residents for a total of 11 rehabilitation block rotations for neurology, pediatric neurology, pediatrics and community medicine. Our staff provided a four-week observership to a visiting Korean resident in training.

Fellowships in Clinical Neurosciences
Overview
The Department of Clinical Neurosciences (DCNS) at the University of Calgary offers one and two year basic and clinical research fellowships designed to provide enhanced broad-based clinical training and responsibility beyond the certification level, as well as clinical research opportunities. DCNS has an average of 30 fellows each year studying in a variety of specialties.

Individual fellows work on specific projects targeted to clinical neurosciences problems in a variety of areas including:

- Stroke
- Spinal Neurosurgery
- Peripheral Nerve
- Functional Neurosurgery
- Stereotactic Radiosurgery
- Neuro-oncology
- Endovascular Neurosurgery
- Epilepsy
- Headache
- Multiple Sclerosis
- Neuromuscular

Within the University of Calgary and Alberta Health Services, the structure of DCNS is uniquely suited to advancing research from the laboratory directly to the patient’s bedside. The department has been fortunate to be able to attract fellows from a wide variety of backgrounds seeking further subspecialty experience. Their presence has enriched the clinical and academic environment for all.

For more information on fellowship opportunities, please contact us at dcnsinfo@ucalgary.ca.
Research in Clinical Neurosciences

Overview

The Department of Clinical Neurosciences (DCNS) was founded over 30 years ago on the premise that excellence in patient care and excellence in research go hand in hand. We see them not only as inseparable, but synergistic. Many of the physicians and surgeons in Clinical Neurosciences are actively engaged in research however, some focus exclusively in patient care. The spirit of research and innovation are integral to our team and continuously fostered. Members of our department lead a variety of research programs and our research is facilitated by strong partnerships with: the Hotchkiss Brain Institute (HBI), clinical departments within the Calgary Zone of Alberta Health Services as well as, other public and private organizations. Our members, research efforts focus on the following areas:

• Basic Research - the study of biology and mechanisms of disease.
• Translational Research – which involves taking findings from basic research and moving them quickly and efficiently into medical practice to improve disease treatment or other health outcomes.
• Clinical Trials Research - the comparative testing of new treatment ideas against current standards of care to determine which is superior.
• Health Services Research - the study of health care access and health care delivery to detect deficiencies and design improvements. Health services research often involves careful analysis of databases.
• Population Health Research - the study of disease in populations to find risk factors and design prevention methods.

This year our annual report highlights a number of research initiatives including:

• Neurologist Dr. Nathalie Jetté has helped to develop a web-based tool to guide family physicians in determining whether or not their patient is an appropriate candidate for epilepsy surgery.
• Dr. Chantal Debert, an assistant professor in PMkR and a co-investigator involved in the Safe to Play grant funded by The Canadian Institutes of Health Research (CIHR). The study will measure the nature and extent of concussion injuries using new diagnostic measurements.
• A focused collaboration between PMkR, a division of DCNS and Alberta Baller is in the works to develop a centre for performing arts medicine and science in Calgary. The goal of the program is to engage the dancers in injury prevention training, education and research initiatives.
• Dr. Sean Dukelow, assistant professor of Physical Medicine and Rehabilitation, is discovering new methods of rehabilitation for stroke survivors using robotics.

Our research-focused doctors and scientists are also members of: the Faculty of Medicine, Alberta Health Services (AHS) and the Hotchkiss Brain Institute from which they receive invaluable assistance, mentorship and support. Indeed, much of our success in research as a clinical group can be traced to these very strong linkages.

Our research often involves patients of AHS and we are indebted to them for the funding that helps to facilitate all types of health care research. Our faculty members publish the results of their studies in the top medical and scientific journals and they play leading roles in a wide variety of local, national, and international academic and professional organizations. Their efforts are generously supported by grants from a wide range of external agencies. We are very proud of our research tradition and international standing.

DCNS Grants 2012-2013

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<tr>
<th>Division / Faculty Member, Title</th>
<th>Experimental Neurosciences Division</th>
<th>Role</th>
<th>Funding Source</th>
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<td>Hu, Bin</td>
<td>Ambulation: a sensorimotor contingent musical walking program for people living with Parkinson’s disease</td>
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<td>1) Music walking program for Parkinson’s 2) Brisk and music walking for cognitive training in PD</td>
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<td>Diabetes and falling: the potential role of neuropathic pain</td>
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<td>Surviving the break-up in DNA damage response with a novel partner: TPX2</td>
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<td>DNA damage and DNA repair: The story of the spindle assembly factor TPX2</td>
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<td>The alphaB-crystallin of peripheral nerve regeneration.</td>
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<td>Cystatin C: Friend or foe in multiple sclerosis?</td>
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DCNS ANNUAL REPORT 2012-13
### Experimental Neurosciences Division

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<th>Principal Investigator</th>
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<td>Cerebrospinal fluid and MRI determinants of recovery from acute spinal cord injury in humans</td>
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<td>Chondroitin sulfate proteoglycans (CSPGs) as inhibitors of remyelination in MS</td>
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<td>Regulation of neuroinflammation and neuropathology in multiple sclerosis by the MMP inducer, EMMPRIN</td>
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<td>A phase II double-blind, randomized, placebo-controlled trial of minocycline in clinically isolated syndromes (CIS).</td>
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<td>Endogenous progenitor cell repair in multiple sclerosis.</td>
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### Neurology

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<tr>
<td>Barber, Philip</td>
<td>MRI of Reperfusion following Endovascular treatment using Perfusion/Permeability and Evaluation of Regional Inflammation to Understand Stroke Evolution (REPERFUSE).</td>
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<td>Imaging Biomarker Diagnosis of Cognitive Impairment in MHI Stroke and TIA.</td>
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<td>Evaluation of an aerobic exercise program in migraine management following a National Upper Cervical Chiropractic Association (NUCCA) atlas correction intervention</td>
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<td>Perforane closure of patent foramen ovale in migraine with aura</td>
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<td>Changes in intracranial compliance in migraine subjects following a National Upper Cervical Chiropractic Association (NUCCA) atlas correction intervention</td>
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<td>Brownell, Keith</td>
<td>Best Ethical Practices in Managing Uncertainty in Medical Diagnosis: An Investigation of Ethical Principles applied to Decision Making Catalyst Grant. Ethics $50,000(1st Year)</td>
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<td>A Multicenter Collaborative Study on the Clinical Features, Demyelination in Canadian children</td>
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<td>The Influence of Hormonal Contraceptive Use and Reproductive Hormone Levels on Optic Neuritis in Women Duration: 2012 – 2015 Amount: $16,091.00</td>
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<td>Determining the relationship between chronic cerebrospinal venous insufficiency (CCSVI) and multiple sclerosis (MS): A cross-sectional, case control study comparing ultrasonography (US) and magnetic resonance venography (MRV) measures of venous patency to structural and functional outcomes in a heterogeneous MS cohort.</td>
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<td>CT And MR in the Triage of TIA and minor Cerebrovascular events to identify High risk patients. (CATCH).</td>
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<td>Reducing Stroke burden with hospital-ready biomarker test for rapid TIA Image.</td>
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<td>Spot Sign Selection of Intracerebral Hemorrhage to Guide Hemorrhagic Therapy (SPOTLIGHT): A Randomized Controlled Study</td>
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<td>Spinal relationships and neurobehavioural sequelae post-mild stroke.</td>
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<td>Predicting Hematoma growth and outcome in intracerebral hemorrhage using contrast bolus CT (PREDICT) study.</td>
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<td>Feasby, Thomas</td>
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<td>MRI Imaging for Back pain</td>
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<td>Neurovascular changes associated with the pre-ictal state.</td>
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<td>A Multicentre, Double-blind, Randomized, Placebo-controlled Study of Weight-Reduction and/or Low Sodium Diet plus Acetazolamide vs Diet plus Placebo in Subjects with Idiopathic Intracranial Hypertension with Mild Visual Loss</td>
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<td>Study of the Vestibulo-Ocular Reflex in Normal Subjects and Patients with Vestibular Dysfunction</td>
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<td>TEMPO-1. Thrombolysis for Minor Ischemic Stroke With Proven Acute Symptomatic Occlusion Using Tnik-tPA.</td>
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<td>Identifying Novel approaches to optimize arterial imaging interpretation for predicting and measuring recanalization whatever the Treatment and to optimize parenchymal imaging interpretation for prediction of Early neurological Recovery after Recanalization using Serial CT angiography (INTERSeCT TRL).</td>
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<td>Enhancement of developmental motor plasticity in periinatal stroke with TDCS.</td>
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<td>DOUT - Diagnosis Of Uncertain-origin Benign Transient neurological symptoms</td>
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<td>PeriOperative Ischemic Evaluation-2 (POISE-2) Trial</td>
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<td>Development of an appropriateness and necessity rating tool to identify patients with potentially resectable focal epilepsy.</td>
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<td>Improving appropriate care for those with epilepsy - Knowledge translation of the CAGES clinical decision support tool</td>
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<td>Alberta neuro-epidemiological unit</td>
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<td>Non-invasive evaluation of intracranial hypertension in severe traumatic brain injury: a pilot study.</td>
<td>co-investigator University of Calgary - Conference Grant Competition</td>
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<td>Biomarkers in epilepsy: from bench to bedside</td>
<td>principal investigator University of Calgary</td>
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<td>Understanding the epidemiology of neurological conditions and building the methodological foundation for surveillance</td>
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**Neurology**

**Hill, Michael Douglas**

- Identifying Novel approaches to optimize arterial imaging interpretation for predicting and measuring recanalization whatever the Treatment and to optimize parenchymal imaging interpretation for prediction of Early neurological Recovery after Recanalization using Serial CT angiography (INTERSeCT TRL).
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<td>Validation of administrative data algorithms to determine population prevalence and incidence of Alzheimer’s Disease, Dementia, Multiple Sclerosis, Epilepsy and Parkinson’s Disease</td>
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<td>Effect of physician alternative payment plans on the completeness and validity of administrative data</td>
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<td>Enhancing existing capacity in applied health services and policy research in Western Canada</td>
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<td>Canadian Primary Care Sentinel Surveillance Network: Neurological Conditions</td>
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<td>Determinants of Variability in Collateral Status in Patients with Acute Ischemic Stroke</td>
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<td>Seeking Novel Approaches to Augment Collateral Blood Flow to Ischemic Brain Tissue</td>
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### Neurology
**Smith, Eric**

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<td>Effectiveness of Aliskiren on Progression of White matter disease: An MRI Assessment Sub-Study of the Aliskiren in the Prevention of Major Cardiovascular Events in Elderly People (APOLLO) trial</td>
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**Cerebral Small Vessel Disease and Beta-Amyloid Deposition in Subjects with Mildly Impaired Cognition**

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<td>Spinal relationships and neurobehavioural sequelae post-mild stroke</td>
<td>co-investigator</td>
<td>Heart &amp; Stroke Foundation of Canada</td>
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<th>Project Description</th>
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<tr>
<td>MR Quantitative Iron Imaging in Alzheimer’s Disease and Dementia</td>
<td>co-principal investigator</td>
<td>Alberta Innovates - Health Solutions (AHS)</td>
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<tr>
<td>Cerebral Small Vessel Disease and Beta-Amyloid Deposition in Subjects with Mildly Impaired Cognition</td>
<td>principal investigator</td>
<td>Canadian Institutes of Health Research</td>
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**Stys, Peter**

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<td>Scientist Award</td>
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<td>Alberta Innovates - Health Solutions (AHS)</td>
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<tr>
<td>The aro-myelitic synapse</td>
<td>principal investigator</td>
<td>Canadian Institutes of Health Research</td>
<td>$845,320.00</td>
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**Ako-Giallo Biology**

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<tr>
<td>Targeting Cell Death Cascades in the Neurovascular-Inflammatory Unit</td>
<td>principal investigator</td>
<td>Canadian Stroke Network</td>
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<tr>
<td>Prion protein regulation of NMDA receptor-mediated Ca dynamics in white matter</td>
<td>co-investigator</td>
<td>Networks of Centres of Excellence (NCE)</td>
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<tr>
<td>Pathobiology of MS: complex interplay between degeneration and inflammation</td>
<td>principal investigator</td>
<td>Multiple Sclerosis Scientific Research Foundation</td>
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**Toth, Cory**

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<tr>
<td>A Mechanistic Investigation of Behavioral Co-morbidity in Chronic Inflammatory Disorders - Alberta Innovates Health Solutions, Collaborative Research and Innovation Opportunities Team Grant</td>
<td>co-principal investigator</td>
<td>Alberta Innovates - Health Solutions (AHS)</td>
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<tr>
<td>The role of hyperpiedema in diabetic leukoencephalopathy</td>
<td>principal investigator</td>
<td>Heart &amp; Stroke Foundation of Canada</td>
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<tr>
<td>The role of hyperpiedema in diabetic neuropathy</td>
<td>local principal investigator</td>
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### Neurology
**Webb, Samusi**

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<tr>
<td>Efficacy and Safety of Brivaracetam in patients with partial onset Seizures</td>
<td>co-investigator</td>
<td>UCB</td>
<td>$8,572.00</td>
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<th>Project Description</th>
<th>Role</th>
<th>Institution(s)</th>
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<tr>
<td>Follow up study of Long Term Safety and Efficacy of Brivaracetam used as adjunctive treatment in partial onset seizures.</td>
<td>co-investigator</td>
<td>UCB</td>
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<tr>
<td>Long-term use and safety of lacosamide monotherapy as adjunctive therapy in patients with partial-onset seizures,</td>
<td>co-investigator</td>
<td>UCB</td>
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<th>Project Description</th>
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<tr>
<td>Efficacy and safety of conversion to lacosamide 400mg/day monotherapy in subjects with partial-onset seizures,</td>
<td>co-investigator</td>
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<tr>
<td>Hopewell Professorship for Clinical Neurosciences Research</td>
<td>co-investigator</td>
<td>Hopewell Professorship</td>
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<tr>
<td>Understanding the epidemiology of neurological conditions</td>
<td>co-investigator</td>
<td>Public Health Agency of Canada</td>
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<td>Prospective assessment electromyography in comatose neurocritical care patients.</td>
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<td>Efficacy and safety of E2007 (Perampanel) in refractory partial seizures</td>
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<td>Eisai</td>
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<tr>
<td>Efficacy and safety of E2007 (Perampanel) in refractory partial seizures (E2007-G000-304)</td>
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<td>Neurological registry best practice guidelines and implementation tools)</td>
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<td>Public Health Agency of Canada</td>
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<tr>
<td>Knowledge Translation Supplementation Improving appropriate care for those with Epilepsy - Knowledge translation of the CASES clinical decisions support tool</td>
<td>co-investigator</td>
<td>Canadian Institutes of Health Research</td>
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<tr>
<td>The Neurological disease and Depression Study (NEEDS) - addressing the burden cause and impact of depressive disorders in neurological conditions</td>
<td>co-investigator</td>
<td>Alberta Health Services and Hotchkiss Brain Institute</td>
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<tr>
<td>Neurology</td>
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<tr>
<td>Diabetes and Skin Sensation</td>
<td>principal investigator, Canadian Diabetes Association</td>
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<td>Molecular Roadblocks to Nerve Regeneration</td>
<td>principal investigator, Canadian Institutes of Health Research</td>
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<td>Diabetes, neuron degeneration &amp; insulin signaling</td>
<td>principal investigator, Canadian Institutes of Health Research</td>
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<td>Regeneration Unit in Neurobiology (RUN)</td>
<td>principal investigator, CSASRP/HBI</td>
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<td>Pain relief: receptor dynamics at the single molecule level</td>
<td>co-investigator, NSERC</td>
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<td>Corneal confocal microscopy to detect diabetic neuropathy in children</td>
<td>co-investigator, Juvenile Diabetes Foundation</td>
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<td>Peripheral neuropathy in Lentinus infections: early viral and determinants of neuropathic pain</td>
<td>co-investigator, NIH</td>
<td>$1,230,000.00</td>
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<td>BDC Pilot &amp; Feasibility Study: “Plan Knockdown: A Novel Strategy to Reverse Diabetic Neuropathy”</td>
<td>principal investigator, National Institutes of Health Research (NIH US)</td>
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<td>Molecular Roadblocks to Nerve Regeneration</td>
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<td>Diabetes, neuron degeneration &amp; insulin signaling</td>
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<tr>
<td>Regeneration Unit in Neurobiology (RUN)</td>
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<tr>
<td>Neurosurgery</td>
<td>Cash, Steve</td>
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<tr>
<td>Minocycline in Acute Spinal Cord Injury - a Canadian multicenter study (MASC)</td>
<td>principal investigator, Alberta Paraplegic Foundation</td>
<td>$140,256.00</td>
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<tr>
<td>The Graded and Preattained Assessment of Strength, Sensibility and Prehension (GRASSP): Responsiveness Testing Prior to Utilization in Clinical Trials, Minimally Clinical Important Difference and Meaningfulness of Change in the GRASSP</td>
<td>local principal investigator, Alberta Paraplegic Foundation</td>
<td>$50,000.00</td>
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<td>“MASC” - Minocycline in Acute Spinal Cord Injury</td>
<td>national principal investigator, Rick Hansen Man in Motion Legacy Fund</td>
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<td>Gallagher, Clare</td>
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<td>Cerebral Energy Metabolism in Injured and Uninjured Brain</td>
<td>co-investigator, Medical Research Council</td>
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<td>Cerebral metabolism in Severe Traumatic Brain Injury</td>
<td>principal investigator, HeB Rebecca Hotchkiss International Scholar Exchange</td>
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<th>Neurosurgery</th>
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<tr>
<td>Development of a Canadian Pediatric Epilepsy Surgery Registry</td>
<td>principal investigator, Clinical Research Unit</td>
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<td>Hamilton, Mark</td>
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<td>Adult Hydrocephalus Clinical Research Network Core Data Project</td>
<td>principal investigator, The Hydrocephalus Association</td>
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<tr>
<td>Team Leader for Hydrocephalus: Neurological Registry Best Practice Guidelines and Implementation Toolkit Project* with (2011-2013):</td>
<td>co-investigator, Public Health Agency of Canada</td>
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<td>Co-investigator (Team Leader for Hydrocephalus) for Public Health Agency of Canada Grant: “Understanding the epidemiology of neurological conditions and building the methodological foundation for surveillance” with Dr N Jetté (2010-2013):</td>
<td>co-investigator, Public Health Agency of Canada</td>
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<td>Validation of Non-invasive Technologies to Measure Raised Intraocular Pressure in Humans</td>
<td>co-investigator, Alberta Innovates - Health Solutions (AHS)</td>
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<td>Phase 1 pharmacodynamic and “high content” study of the gamma-secretase inhibitor RO4929097 in patients with recurrent malignant gliomas targeting p75NTR to inhibit brain tumor initiating cells and recurrent invasive gliomas</td>
<td>co-investigator, National Cancer Institute of Canada</td>
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<td>Surgery vs. Conservative Management of Type II Odontoid Fractures</td>
<td>principal investigator, AANS/CNS Apfelbaum Award</td>
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<td>AANS/CNS Neuropoint Alliance SD</td>
<td>principal investigator, AANS/CNS</td>
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<td>Mean Arterial Pressure in Spinal Cord Injury (MAPS): Determination of non-inferiority of a mean arterial pressure of 65 mmHg compared to a mean arterial pressure of 85 mmHg in acute human traumatic spinal cord injury</td>
<td>national principal investigator, AANS/CNS Section of Spine and Peripheral Nerves</td>
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<td>Canadian Multicenter CSF Pressure Monitoring and Biomarker (CAMPER) Study</td>
<td>co-principal investigator, Alberta Paralysis Foundation</td>
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<td>Kiss, Zeina</td>
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<td>Equipment repair and replacement grant from the Hotchkiss Brain Institute</td>
<td>principal investigator, HBI</td>
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<td>Database for movement disorder surgery</td>
<td>principal investigator, HBI</td>
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<td>Sensory cueing, neuroplasticity and Parkinson’s disease rehabilitation</td>
<td>co-principal investigator, Canadian Institutes of Health Research</td>
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<td>Mechanisms of therapeutic deep brain stimulation (DBS) for dyssomnia</td>
<td>principal investigator, Canadian Institutes of Health Research</td>
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<tr>
<td>Smart Neural Prostheses to Restore Motor and Sensory Function</td>
<td>co-principal investigator, Alberta Innovates - Health Solutions (AHS)</td>
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Neurosurgery

Mitha, Rajiv
- Regeneration Unit in Neurobiology (RUN), D. Zochodne PL, Mitha and several others co-PIs.
  - Investigator: CFI: $3,240,933.00
- Augmentation of nerve transfer procedures with precursor stem cells to improve neurological outcomes. Mitha R, Webb A.
  - Investigator: Robertson Fund: $29,608.00
  - Investigator: AANS/CNS: $15,000.00
- Characterization of SKP-SC produced myelin.
  - Investigator: Plastic Surgery Education Foundation: $10,000.00
- Peripheral nerve regeneration lab operating support
  - Investigator: The University of Calgary: $500,000.00
- Peripheral Nerve Fellowship at the University of Calgary
  - Investigator: Integra LifeSciences Foundation: $25,000.00
- Eyes High Postdoctoral Fellowship
  - Investigator: University of Calgary: $100,000.00
  - Investigator: Canadian Institutes of Health Research: $2,250,000.00
- HBI and Integra LifeSciences Centre of Excellence in Nerve Regeneration at University of Calgary. Stem cell therapies for nerve repair and regeneration.
  - Investigator: HBI and Integra for LifeSciences Centre for Excellence in Nerve Regeneration: $75,000.00
  - Investigator: Plastic Surgery Education Foundation: $10,000.00
- Determining and optimizing the myelination capacity of skin derived precursors
  - Investigator: Alberta endMS RRTC: $15,000.00
- Bioprocess production of skin derived precursor (SKP) Schwann cells as autologous cell therapy for nerve and spinal cord repair.
  - Investigator: Alberta Innovates - Health Solutions (AHS): $750,000.00

Mitha, Alim
- Tissue Engineering to Treat Intracranial Saccular Aneurysms
  - Investigator: HBI: $400,000.00
- Drug-Eluting Biodegradable Stents for the Treatment of Cerebral Vasospasm Following Subarachnoid Hemorrhage
  - Investigator: Brain Aneurysm Foundation: $10,000.00
- Deep Brain Stimulation for Treatment Resistant Depressive Disorders
  - Investigator: Alberta Innovates - Health Solutions (AHS): $750,000.00

Neurosurgery

Sutherland, Garnette
- Ceramic Aneurysm Clips
  - Investigator: Private Donation: $500,000.00
- Connectivity
  - Investigator: Private Donation: $200,000.00
- Advancing MRI
  - Investigator: Calgary Health Trust: $1,800,000.00
- Project NeuroArm: MR Compatible image-guided robot for microsurgery
  - Investigator: Alberta Science and Research Authority: $3,000,000.00
- Development of an MR-Visible Biomarker for Traumatic Brain Injury
  - Investigator: Canadian Institutes of Health Research: $100,000.00
- Cerebral Metabolism in Traumatic Brain Injury
  - Investigator: Canadian Institutes of Health Research: $208,917.00
- Development of a Molecular Imaging Program for CNS Neoplasia
  - Investigator: Canadian Institutes of Health Research: $1,200,000.00

Wong, John
- EMACt study: a phase II, multicenter randomized testing double blind placebo-controlled, safety, tolerability and efficacy study evaluating a single intravenous dose of NA-1 in male and female patients undergoing endovascular repair of brain aneurysms
  - Investigator: Industry Supported Research: $377,136.00
- Effect of an established blunt cerebrovascular injury screening protocol on detection rates and clinical outcomes
  - Investigator: Department of Surgery, University of Calgary: $2,000,000.00

Physical Medicine and Rehabilitation

Benson, Brian
- Safe to Play: A longitudinal research program to establish best practice in the prevention, early diagnosis, and management of sport-related concussion in youth ice hockey players.
  - Investigator: CHR Team Grant: $2,500,000.00
- Sport Concussion Clinical Research Program
  - Investigator: Philanthropic donation: $12,575.00
- Quantitative Assessment and Validation of Sensorimotor Dysfunction and Recovery using Robotics in Athletes sustaining an Acute Sport-Related Concussion.
  - Investigator: Own the Podium: $160,000.00
- Debert, Chantel
  - Safe to Play: A longitudinal research program to establish best practice in the prevention, early diagnosis, and management of sport-related concussion in youth ice hockey players.
    - Investigator: CHR Team Grant: $2,500,000.00
  - Quantitative Assessment and Validation of Sensorimotor Dysfunction and Recovery using Robotics in Athletes sustaining an Acute Sport-Related Concussion.
    - Investigator: Own the Podium: $160,000.00
Dukelew, Sean

**Physical Medicine and Rehabilitation**

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<tr>
<td>Measuring Upper limb function following stroke</td>
<td>co-investigator</td>
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<td>Limb Proprioception in Children with Perinatal Stroke</td>
<td>co-investigator</td>
<td>Cerebral Palsy Research Foundation</td>
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<td>Rehabilitation, Stroke Deficits and Robotic Technology (RESTART)</td>
<td>principal investigator</td>
<td>Canadian Institutes of Health Research</td>
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<td>Rehabilitation, Stroke Deficits and Robotic Technology (RESTART)</td>
<td>principal investigator</td>
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<td>Enhancement of developmental motor plasticity in perinatal stroke with TDCS.</td>
<td>co-investigator</td>
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**System Quality and Safety**

Alberta SCI Research Facilitator principal investigator

Institute E-23786

Feasibility of an Internet Clinic for Treating and Preventing Sexual Dysfunction.

Calgary Performance Arts Medicine Conference principal investigator

Alberta SCI Research Support Fund. principal investigator

Transplant of Adult Human Dermal Precursors to Improve Split Thickness Skin Grafts.

Autologous Dermal Stem Cells To Improve Outcomes in Split Thickness Skin Grafts.

Development of an inpatient stroke rehabilitation clinical trials network.

Prevention of Pressure Ulcers in Intensive Care.

**Publications in Clinical Neurosciences 2012-2013**

**Dr. Bin Hu**


**Dr. Minh Dan Nguyen**


**Dr. Minh Dan Nguyen**


**Dr. Shalina Ousman**


**Dr. Shalina Ousman**


**Dr. Shalina Ousman**


**Dr. Vu Wee Yong**


**Dr. Vu Wee Yong**


**Dr. Vu Wee Yong**


**Dr. Vu Wee Yong**


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**Dr. Vu Wee Yong**


**Dr. Vu Wee Yong**


**Dr. Vu Wee Yong**


**Dr. Vu Wee Yong**


**Dr. Vu Wee Yong**

Dr. Philip Barber, DCNS, a polyvinyl pyrrolidone hemorrhage to provide neuroprotection in recurrent stroke models by regulating AMPK and SRT1 signaling, thereby reducing energy requirements during ischemia. Wang LM, Wang YJ, Cui M, Liu WJ, Wang XJ, Barber PA, Chen ZY. Eur J Neurosci. 2013;3(0).


Dr. Philip Barber, Relating ASPECTS infarct location to stroke disability in the NINDS rt-PA trial: proof of concept study using penalized logistic regression. Tham G, Phan, Demchuk, Velandai Srinakan, Brian D, Suresh C Patel, Philip A Barber, Steven R Levine, Michael D Hill. Cerebral Vascular Disease. 2013;3(0).


Dr. Nathalie Jetté  
Pharmacoreistance and the role of surgery in difficult to treat epilepsy. Wiebe S, Jette N Nat Rev Neurol. 2012;8(12):669-77

Dr. Nathalie Jetté  

Dr. Nathalie Jetté  

Dr. Nathalie Jetté  

Dr. Nathalie Jetté  

Dr. Nathalie Jetté  

Dr. Nathalie Jetté  

Dr. Nathalie Jetté  
Recommendations for optimal ICD codes to study neurologic conditions: a systematic review. Pringsheim T, Panagiotopoulos C, Davidson J, Ho J. Pediatrics and Child Health. 2012;Supplement B(22B-31B)

Dr. David Patry  

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Peter Stys  Cory Toth  Tim Watson  Samuel Wiebe  Katie Wiltshire

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Alim Mitha  Yves Starreveld  Garnette Sutherland  John Wong

Pamela Barton  Lee Burkholder  Chantel Debert  Nwamara Dike  Sean Dukelow

Vincent Gabriel  Vithya Gnanakumar  Arun Gupta  Denise Hill  Chester Ho

Ken Lam  Daniel LeBlond  Gentson Leung  Rodney Li Pi Shan  John Latter
Physical Medicine and Rehabilitation

Dan McGowan  Stephen McNeil  Christine McGovern  Stephanie Plamondon  Gillian Simonett

Noorshina Virani

Experimental Neurosciences

Bin Hu  Manuel Hullinger  Minh Dang Nguyen  Shalina Ousman  Boguslaw Tomanek

V. Wee Yong  Zonghang Zhao