The Consortium of Multiple Sclerosis Centers (CMSC) has entered the second decade of the 21st century with new and exciting programs. On behalf of our talented administrative staff and our expert leadership on the Board of Governors, I am pleased to provide you with an update about your organization. We have entered a new era of diversified education, training, and research activities, and our access to the Internet as well as other advanced technology has made these next steps possible.

May 30th through June 2nd marks the 26th Annual Meeting of the CMSC and our fourth cooperative program with the Americas Committee for Treatment and Research in MS (ACTRIMS). The meeting agenda reflects the multiple areas of our work: diagnosis and treatment, research and epidemiology, symptomatic management, rehabilitation, skills development, and CARING.

As MS creates challenges for both patients and healthcare providers, each of us face the difficulties associated with the physiological, psychological, and cognitive changes all too common with the disease. We are all constantly searching for additional interventions that will help maintain or improve the functional abilities of those living with multiple sclerosis. This meeting, with its clinical courses, workshops, symposia, and dinner programs, will address many of these challenges and will offer something for the new practitioner as well as the experienced MS specialist. The VA Centers of Excellence will provide attendees with a unique perspective about MS from the largest healthcare system in the world, while intimate workshops, special interest groups, and roundtables will provide unique learning opportunities.

During 2011 and 2012, the CMSC, as an accredited provider of continuing medical education for physicians, has developed and presented many educational programs throughout the United States and via the web. Dinner programs on new and emerging therapies and neuroimaging, one-day symposia on topics such

(Continued on page 3)
Dr. Barry Arnason Offers a Unique Perspective on the History and Future of MS Care

Consortium founding member Barry G.W. Arnason, MD, will be giving the opening lecture at the 2012 Annual Meeting of the Consortium of Multiple Sclerosis Centers (CMSC) in San Diego. Dr. Arnason offers the insights of his unique vantage point on the history of multiple sclerosis (MS) care in his presentation, “My MS Perspective Over the Years,” which will highlight some of the major developments over the past 50 years with emphasis on the roles of T cells, both positive and negative, the major histocompatibility complex, and the potential environmental precipitants of MS.

An expert in the diagnosis and treatment of MS, autoimmune neuropathies, and myasthenia gravis, much of Dr. Arnason’s research focuses on immune-cell function in MS, including the role of T-suppressor cells, IFN-secreting cells, and NK cells. He is also exploring the protective effect of pregnancy in MS. Last year at the 25th Annual CMSC Meeting in Montreal, Dr. Arnason was presented with a plaque commemorating his 25 years of service to the Consortium, which is why he was asked to open this year’s meeting.

“I have been around for a long time,” Dr. Arnason explained in an interview with MS Exchange, “and so what I thought I would do is talk about some of the early work that I was involved in related to multiple sclerosis.” Dr. Arnason started his career as a fellow in the MS Society in 1959. During that time, he was involved in research that showed that after removal of the thymus gland, rats did not get experimental autoimmune encephalomyelitis (EAE), the animal model for MS. “That was the genesis of the notion that T cells were important in MS,” he said.

The next major discovery was the correlation between histocompatibility antigens and susceptibility to MS. “From the beginning, it was clear that there were two aspects to this. One was that there was an activation of the T cells tied to histocompatibility, and the second was that there was a failure of control mechanisms, also tied to histocompatibility,” he said.

Other research by Michael Weinrich, MD, and Jack Antel, MD, showed a defect in suppressor-cell function in MS—a counterbalance to the positive disease-promoting role of T cells—as well as a deficiency of a

(Continued on page 3)
different population of T cells that play a restraining role, which could be therapeutically useful.

Dr. Arnason was an investigator in the early clinical trials that led to the first drug tested for MS, and during his lecture he will offer his insights on the introduction of beta interferon and its impact on MS therapies. “I was a participant at the meeting where Ken Johnson and I were able to persuade a group of scientists and the president of the company interested in Betaseron® to do a clinical trial, and rather substantial consequences have flowed from that,” he observed.

Dr. Arnason will also assess the rapid progress in the advent of new pharmacologic treatments over the past 20 years or so, and draw inferences about the future of MS treatment. One of the major areas that requires focus, Dr Arnason suggested, is that of progressive MS. “I don’t think T cells have much to do with progressive MS, because eliminating T cells does not make any difference. I think the problem with progressive MS is activation within the central nervous system of microglial cells, and that activation is the key to potential treatments of progressive MS,” he stated.

Dr. Arnason also plans to share some of his thoughts on the interactions between neurons and microglia as they relate to MS. These are extremely ancient organisms, he explained, referring to worms and particularly leeches, whose nervous systems are involved in control of microglia. “These interactions between neurons and microglia have continued over the last 700 million years of evolutionary time, and we can take advantage of those interactions in therapy in ways that have not been thought of much thus far,” he speculated.

According to Dr. Arnason, exploring the human nervous system is an area that needs more development and growth. “We learn from what we have discovered in the past, but we also have to think outside of the box in terms of what we are going to do with the enigma of progressive MS,” he said.

Dr. Barry Arnason will be presenting “My MS Perspective over the Years” at the CMSC Opening Ceremony and Luncheon on Wednesday, May 30th.

Register today and be a part of the first-ever FCMSC Fun Walk, to take place Friday, June 1, 2012, 6:00 AM – 7:30 AM in the scenic San Diego Port. Take one lap or several on the convenient 3/4-mile walking route.

We appreciate the generous support of the following companies: Biogen Idec, Questcor Pharmaceuticals, and Teva Pharmaceuticals. Additional supporters are welcome!

Please visit our secure website to register: www.cmscfoundation.org.

We hope you will also consider an online gift of any amount to help us sustain and expand FCMSC initiatives such as scholarships, fellowships, and research, which have benefited so many people.

CMSC 2012 (Continued from page 1)

as gut proteins and parasitic infections in MS, and printed and online CME-accredited publications have allowed us to reach practitioners in large and small areas of the country.

Please note that this issue of the MS Exchange, which was first printed in 1988 on a copy machine, marks the end of an era. Starting with the next issue, it will be available online only. In addition, the International Journal of MS Care will still be available in hard copy, but it too will have an online digital version that can be accessed at http://ijmsc.org.

The CMSC will continue to grow and develop as long as we sustain our collaborative partnerships through organizations such as the MS Coalition and its members, the National Organization for Rare Disorders (NORD), Multiple Sclerosis International Foundation (MSIF), and the American Academy of Neurology (AAN). We also will continue to sustain and expand our programs as long we continue to receive input and suggestions from our membership. So, keep your suggestions coming and help us to maintain the highest level of excellence in our program development.

June Halper, MSN, APN-C, FAAN, CMSC Executive Director
One of the newest areas being explored in relation to both the etiology and the treatment of multiple sclerosis (MS) with some very interesting results is the action of gut proteins, according to Consortium of Multiple Sclerosis Centers (CMSC) President Michael Kaufman, MD. “Back in September of 2011, I organized two CMSC-sponsored meetings called ‘Matching Evidence to Clinical Practice’ in Providence, RI and Charlotte, NC. Lloyd Kasper, MD, and Ken Bost, PhD, were speakers, and now we have them presenting at the CMSC,” he told MS Exchange in an interview.

“What they noted was that the bacteria—or at least the microorganisms—within the gut were actually necessary for the development of the immune system,” Dr. Kaufman explained. “So if you don’t have bacteria, you don’t develop a normal immune system, and conversely, if you change the organisms, you can affect the immune system.”

Other groups, including researchers from the University of Wisconsin, are investigating similar relationships using pork pinworms, according to Dr. Kaufman. “This group fed pinworms to people with MS, and they ended up having fewer changes on magnetic resonance imaging (MRI) scans. So, although there is no clinical data, there has been initial research that has shown some positive effects on MRI.”

Inverse Relationship between Infection and Inflammation

It is well-understood that the human gastrointestinal (GI) tract is populated with both harmful and helpful bacteria. Dr. Kaufman stated that there is an inverse correlation between infection and inflammation—the more infections you have, the fewer inflammatory disorders you have. The use of antibiotics in Western society significantly reduces the number of infections we experience, possibly setting the stage for an increased risk of autoimmune diseases like MS. Dr. Kaufman suggested that our modern diet might also support some of the wrong bacteria in our GI tracts.

The implications for these findings may be huge for the treatment of MS. “If you alter the microbacteria in the gut, you can, in fact, protect against the animal model of MS,” Dr. Kaufman said, as the right bacteria induce T-regulated cells shown to be protective.

The first talk in the 2011 series explained that scientists can now induce cells that decrease inflammation to reduce damage to the gut caused by bacteria. “Ken Bost then talked about delivering small proteins to the GI tract by mouth to accomplish the same thing,” Dr. Kaufman recalled. “His vision is to do this by growing these proteins fused with a homing protein for the immune system in soybeans. The immune system can then make the regulatory cells with the potential to reduce inflammation.”

Epidemiologic data shows an increased pattern of frequency of MS in temperate climates, and there are several hypotheses for this pattern, including the influence of vitamin-D exposure and genetics. One other theory, known as the “hygiene hypothesis” is that as the distance from the equator increases, the number of parasites that inhabit the gut decreases, creating less resistance to the development of MS. According to Dr. Kaufman, many people who live near the equator, where MS is virtually nonexistent, have been infected with parasites.

“Dr. Jorge Correale in Argentina showed that patients with MS infected with parasites (helminths) had less disability than those not infected. That led to other scientists giving humans pinworms, which do not survive in the human body, but live for a few weeks and produce effects,” explained Dr. Kaufman. Helminth-infected patients also had significantly fewer relapses and significantly less activity on MRI compared with uninfected patients with MS (Correale J, et al. Ann Neurol. 2007;61:97), he said.

At the upcoming CMSC/ACTRIMS meeting, Lloyd Kasper, MD, will present “Gut, Bugs, and Brain: Role of Commensal Bacteria in the Control of Central Nervous System Disease,” and Kenneth Bost, PhD, will present “Gastrointestinal Immuno-modulation of Inflammatory Disease in the morning session, Mucosal Immunity: The Gut Microbiome and Its Possible Role in MS, on Saturday, June 2, 2012.
This year, a focus of the International Organization of Multiple Sclerosis Nurses (IOMSN) is on networking between all MS healthcare professionals, including global communication and partnerships. In this issue, we talked with our Australian colleagues, and you will be very interested to hear about their experiences in MS care.

I also want to tell you about the first Nursing Congress held in Chicago in December of 2011. The 175 nurses who attended had the opportunity to network with the IOMSN Board Members in attendance and other nurses interested in MS care. The intent of the program was to educate nurses who do not necessarily have MS training about the disease so they can provide more valuable nursing care to patients with MS if they work with them—now or in the future. The sessions offered general information as well more detailed education for clinicians with advanced experience in MS. This educational congress was so well attended that we believe it is important to continue the momentum, and to that end, we are hoping to secure funding for a second global Congress in 2013.

We look forward to the 2012 Consortium of Multiple Sclerosis Centers (CMSC) Annual Meeting and the many exciting workshops and events planned for us. For those nurses newer to the MS arena who are able to attend the meeting, I encourage you to look at the MS Fundamentals 2-day workshop, which we detail in this edition of IOMSN Update. The CMSC also offers a number of important individual sessions for all nurses, such as management of specific symptoms, monitoring disease activity, and emerging therapies.

And, of course, please join us at the IOMSN Dinner, which is always full of fun, friends, and new contacts and information!

Marie Namey, APN, MSN, MSCN, IOMSN President

CERTIFIED CANDIDATES

Congratulations to the following candidates who passed the examination for certification as an MS Nurse (MSCN) in January 2012!

From the United States:

Melinda Anderson
Gina Bourne
Marsha Canada
Wendy Chadwell
Shanda Cox
Christine Dalton
Amy Gilbert
Amanda Grose
Amy Harrison
Sandra Hill
Betty Howell
Jennell Johnson

Darlene Lain
Linda Lewis
Cynthia Parrish
Kathleen Rodriguez
Vickie Schenck
Beverly Scott
Lisa Sparks
Lynne Stanfield
Maria Stump
Pamela Tucker
Angeline Warren
Susan Weaver

Marie Namey, APN, MSN, MSCN, IOMSN President
One of the most successful programs at the CMSC Annual Meeting is the *Fundamentals of MS Care* multidisciplinary workshop, which has been modified this year to follow a single case study for 2 full-day sessions. “The goal is that at the end of the 2 days, attendees will have experienced the full spectrum of multiple sclerosis (MS) through the study of one patient,” explains Constance Easterling, MSN, ARNP, CRRN, MSCN, who along with Patricia Bobryk, MHS, PT, MSCS, ATP, developed the first ‘Fundamentals’ program for the 2005 Consortium meeting in Orlando.

“At that time, some nurses had asked us if there was one program they could attend that would help them prepare for the Multiple Sclerosis Certified Nurse (MSCN) exam,” Ms. Easterling told *IOMSN Update*. “I made a recommendation for a 1-day program for those new to MS and those studying for certification, and June [Halper] asked me to organize it.”

After several years of conducting it as a 1-day program on disease management, the attendee surveys began to show that participants wanted to learn more about symptom management in a concentrated format as well, and the program was extended to a second day. “This year, we will use the same case study to review fatigue, bowel and bladder issues, sexual dysfunction, depression, and cognition,” Ms. Easterling said. Faculty will include a multidisciplinary mix of specialists and reflect a collaborative approach to patient care management.

“From the very first year we had over 100 attendees, and we were very surprised, since we had thought this program would have a limited audience,” Ms. Easterling recalled, noting that although the workshop was originally designed with nurses in mind, attendees also included physicians and other clinicians who were new to MS because they wanted to learn—or relearn—the fundamentals. More than 200 CMSC participants attended the program in 2011.

Ms. Easterling develops the content with the knowledge that many people come because they are studying for certification, and so the program has to cover a broad base of topics. “Patty Bobryk (who is now President of the International Organization of MS Rehabilitation Therapists or IOMSRT) and I have been developing this year’s case for months with input from the other practitioners involved in the program. Our goal was to create a well-rounded case that can be followed over a 10-year period of disease progression,” she said.
As part of a new series of articles on multiple sclerosis (MS) nursing care around the world, IOMSN Update asked leading IOMSN members Sue Shapland, RN, BN, MSCN, Certified MS Nursing, General Manager, Member Services, MS Society of Western Australia, and Therese Burke, RN, CNC, MSCN, Clinical Nurse Consultant-MS/Neuroimmunology, Clinical Research Manager-MS Research/Trials Unit at the Institute for Immunology and Allergy Research, Westmead Millennium Institute, Sydney, Australia, for their perspective on MS care.

**MSE:** Is there a national organization or group in Australia for MS nurses?

**Sue:** Yes. We have MS Nurses Australasia (MSNA), which is affiliated with the IOMSN and has members across Australia and New Zealand. In Victoria, there is also the MS Health Professionals Network (MSHPN) for MS nurses and allied healthcare workers. They are affiliated with MSNA with some nurses choosing to be members of both. MSNA members come from all settings and provide a great source of professional support and expertise.

**MSE:** How do the nurses in Australia participate in the IOMSN?

**Sue:** MSNA is affiliated with the IOMSN, so we receive updates and information from IOMSN when they are distributed. Some of our Australian MS nurses attend the CMSC Annual Meeting on their own, and the MSNA awards the best poster or podium presentation at the MSNA conference with funding opportunities to attend and present at the CMSC. [NOTE: The IOMSN funds the registration, plus 3 nights’ accommodation, and the MSNA provides roundtrip economy airfare.]

**Therese:** The IOMSN is advertised on the MSNA website as a link and is heavily recommended to existing and new members as an excellent source of information. In my state of New South Wales, we use the IOMSN educational DVDs on neuroexamination and neuroimaging for MS nurse education, especially for nurses new to the area. We keep multiple copies, and they are always on loan! I also find the consensus statements from the CMSC enormously helpful and critical for education.

**MSE:** What kind of education do MS nurses usually receive at the major MS centers?

**Sue:** Each state-based MS center has its own educational opportunities, depending on the setting, and the pharmaceutical companies provide us with opportunities for national meetings.

MS Society Western Australia (MSWA) nurses are encouraged to complete the *Certificate in MS Nursing,* a post-graduate program through one of the tertiary hospitals, with 2 years to complete the coursework. Additionally, as part of their orientation, nurses and allied health staff attend a course study day that includes clinical presentations by a neurologist, a radiologist, and MS society nursing and allied health staff. New MS nurses also receive product training from the pharmaceutical reps.

**Therese:** In New South Wales we have perhaps the largest number of MS nurses and centers and this is reflected in the educational demands. The MS nurses regularly hold teleconferences and meetings to keep each other updated on what their centers are doing, medication reactions, and research in progress. And we have regular emails flying between all the hospitals and MS centers!

**MSE:** What are the most significant issues for MS nurse training?

**Sue:** As in other parts of the world, we need to better understand the complexities of MS, its variable nature and unpredictability, and the impact it has on the patients and their families. Thus, the whole-patient-centered approach to MS care and effective symptom management are our most important areas of focus.

It is important to help nurses stay up-to-date with the research and the latest treatments and controversies, such as chronic cerebrospinal venous insufficiency (CCSVI). They need to know about—and to promote—the wellness approach to living with MS, and understand the positive difference that effective supports have on patient outcomes.

I think most of these are global issues in MS; fortunately, we have good access to treatments here in Australia, which are government subsidized, and that reduces the (Continued on page 8)
Nursing Perspectives (Continued from page 7)

issues experienced in other countries and the USA relating to trying to get patients on treatments. 

**Therese:** I would just add that we have targeted effective communication strategies as a particular area for education. These are sorely needed to improve upon the current environment where so much conflicting information is available to patients via the Internet.

**MSE:** How would you like to see the IOMSN help deliver more programs to Australian MS nurses?

**Sue:** There is obviously an issue with distance for live programs, but I think the educational resources that have been produced by the IOMSN and circulated to us in the past have been excellent. The ability to share published articles would be useful; we do have access to some through journals. And finally, I would like to see a joint program held every few years so we could share information, experiences, and expertise.

**Therese:** I totally agree with Sue’s thoughts on possible joint seminars in the next few years. I always enjoy the CMSC Annual Meeting and hearing the experts speak, but with access to most drugs in Australia, we have a unique experience to share as well. Currently, six drug therapies are accessible via government subsidy for all residents meeting special criteria, and natalizumab and fingolimod are both first-line treatments here.

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### CMSC Life-Long Learning Programs 2012

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<td>IOMSN – Complex Issues in MS:</td>
<td>Birmingham, MI</td>
<td>The Townsend Hotel 100 Townsend Street, Birmingham, MI 48009</td>
<td>Leny Almeda</td>
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<td></td>
<td>Creative Nursing Solutions</td>
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<td>Phone: 248-642-7900 Guest Fax: 248-845-9061</td>
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<td>Hotel du Pont 11th and Market Streets, Wilmington, DE 19801</td>
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<td>Phone: 302-594-3100 Guest Fax: 302-594-3108</td>
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<td>Hyatt Regency San Antonio 123 Losoya Street San Antonio, TX 78205</td>
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<td>Nicole Liloia</td>
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### CHANGES TO FORMAT OF NORTH AMERICAN MSNC EXAM

The Multiple Sclerosis Nurses International Credentialing Board (MSNICB) is pleased to announce that the certification examination for MS nurses will now be offered at testing centers throughout North America using onsite computers. Pen and paper testing will no longer be available for the English version in the United States or Canada, although the examination will be offered traditionally throughout the rest of the world in all languages.

2012 Exam Dates: June 2 - June 16, 2012
November 3 - November 17, 2012
The Consortium of MS Centers (CMSC) has always promoted a multidisciplinary team approach to the care of the individual with multiple sclerosis (MS). The CMSC White Paper “Comprehensive Care in MS” offers the consensus that “an interdisciplinary approach to MS care facilitates coordination of services and continuity of care, while avoiding duplication and fragmentation for the patient and family. Comprehensive care embraces a philosophy of empowerment—the person with MS is an active participant in planning and implementing healthcare and self-care activities. He or she is a consultant to the team, which is important because MS, like all chronic illnesses, will last a lifetime.”

I work for the MS Comprehensive Care Center of Central Florida, which is part of a large hospital system in Orlando that comprises a full range of facilities from a Level I trauma center to smaller community-based hospitals. Our center has a full-time neurologist, nurse practitioner, physical therapist, occupational therapist, and speech-language pathologist, all housed within one location. Our patients with MS are seen only on an outpatient basis. The entire team works collectively to evaluate patients, establish a plan of care, and support and educate the patient and family.

Because our whole team is located under one roof, communication can flow easily between team members. At our weekly staff meeting, we discuss new patients as well as the more complex established cases. Our center utilizes the resources of the hospital system for referrals to other disciplines and to access other departments outside our facility.

CMSC Annual Meeting

One way to collaborate, network, and learn about the models of care other MS professionals practice is at the Consortium of Multiple Sclerosis Centers (CMSC) Annual Meeting. This year we are convening in San Diego from May 30th to June 2nd, and a large portion of the programming will be aimed at rehab professionals. If you are in a setting that sees patients with progressive forms of MS and feel unsure of what interventions are appropriate, come hear Sue Bennett, PT, DPT, EdD, NCS, MSCS, and Lacey Bromley, PT, DPT, MSCS speak on “Rehabilitation in Secondary Progressive and Progressive MS: A Proactive Approach.”

If you want to assist your patients with MS in making sense of how disability is evaluated and managed, then attend the seminar on “How to Perform an MS-specific Functional Capacity Evaluation” by Matt Sutliff, PT, MSCS.

If you are new to MS care or you are planning to take the MS Certification Exam, the 2-day workshop entitled “The Fundamentals of MS Care” may be exactly what you need to prepare for treating patients with MS and for the test. For seasoned clinicians who want to expand their practice, I recommend the rehabilitation-specific programming on topics such as research, vision, balance, orthopedic issues in our MS population, and much more.

Finally, we hope you will kick off your experience by joining us Wednesday night at the International Organization of MS Rehabilitation Therapists (IOMSRT) Dinner to gather with fellow clinicians to share your ideas and knowledge on MS rehabilitation care.

See you in San Diego!

Patty Bobryk, MHS, PT, MSCS, ATP, IOMSRT Chair
Most multiple sclerosis (MS) care centers have adopted some form of clinical practice model, but at the Johns Hopkins Multiple Sclerosis Center under Director Peter Calabresi, MD, there is a unique, research-based model. We interviewed Kathleen Zackowski, OTR, PhD, MSCS, who has conducted rehabilitative research at the Kennedy Krieger Institute since completing a postdoctoral fellowship in 2004, about this unusual environment.

“Dr. Calabresi’s research has been focused on creating new neuroprotective drugs, so we have a little more of a cellular emphasis than other researchers, but he has also been very open to lab studies that try to address rehab from a more clinical perspective,” said Dr. Zackowski, who is also a faculty member at the Kennedy Krieger Institute and Johns Hopkins Department of Rehabilitation.

“From a rehab perspective, what is unique at our center is that we address questions from a cellular-mechanistic angle, and from a clinical angle,” Dr. Zackowski reported. “Clinically we have looked at optical coherence tomography (OCT) and how vision might be changing as the disease progresses. Other researchers here are looking at quality of life and mood. I have investigated rehabilitation issues, specifically trying to bridge the gap from magnetic resonance imaging (MRI) measures to impairment and to function. And even though we have different questions being asked, we can use the same cohort and discuss findings within our group.”

Dr. Zackowski estimated that 90% of her time is spent on research, but she pushes hard to be in the clinic because, “it helps me to ask the clinically relevant questions.” The biggest question is identifying what is a clinically meaningful change brought about by an intervention. “We know that spinal cord MRI changes relate more closely to worsening disability, so I am investigating whether I can use MRI in combination with clinical impairments of strength and sensation to improve our ability to predict who will be most responsive to specific interventions aimed at improving functional mobility,” Dr. Zackowski explained. “Because MS is so variable, the details of how and why individuals are responsive (or not responsive) to rehabilitative interventions may be critical for identifying characteristics that are treatable.”

Dr. Zackowski suggested that bringing the team approach to long-term rehabilitation for MS is an area that needs further development, both at her institution and in general. “Patients can get long-term therapy with physical or occupational therapists, who are quite good at Johns Hopkins, but these departments are not linked strongly with physicians, nurses, or other healthcare professionals. The linking of this information is critical for patients to see how the medical and rehab models work together.”

At the CMSC/ACTRIMS meeting, Kathleen Zackowski, OTR, PhD, MSCS, will be presenting “Gait and Balance as Biomarkers in MS” as part of the Current Topics and Trends in MS Rehabilitation Workshop and “The Impact of Dynamic Balance Measures on Walking Performance in MS” during the ACTRIMS/CMSC workshop, “Exercise and Metabolism,” both on Friday, June 1st.

IOMSRT Spotlight:
Kathleen Zackowski, OTR, PhD, MSCS
MS Clinical Care Center, Kennedy Krieger Institute, Johns Hopkins School of Medicine

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Watch your email in August 2012 for your first online issue of MS Exchange! Please make sure the CMSC has your most up-to-date email address by sending it to rfrancia@mscare.org.
April 2012 was a major milestone month for the International Journal of MS Care (IJMSC), the official peer-reviewed journal of the Consortium of Multiple Sclerosis Centers (CMSC): It launched a fully searchable, full-text, online edition at its own new website at http://ijmsc.org. In addition to carrying all of the same content as the print version in both PDF and HTML formats, this new site may eventually offer special supplemental online-only content.

As the official publication of the International Organization of Multiple Sclerosis Nurses (IOMSN), the International Organization of Multiple Sclerosis Rehabilitation Therapists (IOMSRT), and Rehabilitation in Multiple Sclerosis (RIMS), the IJMSC strives to offer a balanced base of high-quality research and review articles to the entire multiple sclerosis (MS) care community that can enhance daily practice in all disciplines. The topics for articles span a broad range, including neurological treatment, nursing care, rehabilitation, neuropsychological status, and psychiatric/psychosocial care, and any area that might be of interest to clinical MS care professionals.

MS Exchange interviewed Managing Editor Annette Theuring to learn more about the new developments with the journal. By expanding to an enhanced online version in addition to the standard print edition, the editors hope the IJMSC can reach a broader audience.

“For this project, we hired Allen Press, a scientific publishing services provider in Lawrence, Kansas, who also set up a separate site optimized for mobile devices,” Ms. Theuring said. “That site, which has the same URL, launched at the same time as the regular site.”

Currently, a year’s worth of back issues are available for download through the new site, and eventually, all 13 years of archives will be accessible, replacing the existing electronic archive for the IJMSC on the CMSC website. “We will start by archiving the most recent issues, moving backward until we have them all on the new site,” explained Ms. Theuring, who came on board as Managing Editor in January of 2009, shortly after Dr. Lael Stone became Editor-in-Chief.

In her 3 years’ tenure, Ms. Theuring has watched the IJMSC grow, increasing in page count from about 40 to 50 pages per issue (not including ads), and attracting stronger content. One of Ms. Theuring’s primary efforts has been to get the journal indexed in more databases. In addition to CINAHL, a database produced by EBSCO Publishing, the IJMSC is also now included in Rehabilitation and Sports Medicine (another EBSCO product) and will soon appear in SCOPUS, which is owned by Elsevier. “Our next goal is to be accepted into the PubMed database, and for that we have to have really strong content based on original research,” she reported. In early 2011, the IJMSC implemented an online submission and peer-review process through eJournalPress to better manage the process of selecting high-caliber new material for publication.

The online edition will increase the functionality of the IJMSC through easier navigation, while providing more search options and the ability to save searches and favorite articles to a user account that essentially personalizes the reader’s subscription. The new online version of the IJMSC will also allow readers to sign up to receive the table of contents of newly available issues, which, Ms. Theuring noted, is a standard feature of online journals.

Currently, everything on the new site is freely available, with open access to current content in both HTML and PDF versions. While PDF is the preferred format for printing and sending articles, HTML is better for research purposes, because it contains live hypertext links to cited references and other material. “Our goal is to increase the discoverability and searchability of the journal,” said Ms. Theuring. “We think it is a hidden jewel.”

Information for Authors
The IJMSC is looking for articles on the latest research in all areas of MS care, as well as strongly crafted review articles, in order to build its reputation as a high-quality, peer-reviewed journal. Authors with questions regarding the submission process may visit the new IJMSC website at http://ijmsc.org or contact Maria Stadtler, Project Manager, by phone at 216-444-2330 or 800-223-2273, ext. 42330, or by e-mail at IJMSC@mscare.org.
MAY 30-JUNE 2, 2012
Consortium of Multiple Sclerosis Centers (CMSC)/Americas Committee for Treatment and Research in Multiple Sclerosis (ACRTRIMS)
Fourth Cooperative Meeting
Location: San Diego, CA
Website: www.mscare.org

JUNE 6-9, 2012
American Physical Therapy Association (APTA) Annual Conference & Exposition
Location: Tampa, FL
Website: www.apta.org/AnnualConference/

OCTOBER 3-6, 2012
Association of Rehabilitation Nurses (ARN) 38th Annual Educational Conference
Location: Nashville, TV
Tel: 800-229-7530
Email: info@rehabnurse.org
Website: www.rehabnurse.org/education/2010conference/index.html

OCTOBER 7-9, 2012
138th Annual Meeting of the American Neurological Association
Location: Boston, MA
Website: www.aneuroa.org

OCTOBER 10-13, 2012
European Committee for Treatment and Research in Multiple Sclerosis (ECTRIMS)
Location: Lyon, France
Website: www.ectrims.eu/conferences-and-meetings

NOVEMBER 4-6, 2012
MS Trust Annual Conference 2012
Location: Kenilworth, UK
Tel: 44 1462 476704
Email: conference@mstrust.org.uk
Website: www.mstrust.org.uk/conference

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- IJMSC Launches New Online Journal
- Gut Proteins and Their Effects on MS
- Australian Nurses Offer Their Take on MS Care
- MS Rehab from a Research Perspective