

INside the OUTcomes: A Rehabilitation Research Podcast

Episode 2: Working Through Parkinson's Disease

SHARON PARMET, HOST:

Welcome to INside the OUTcomes: A Rehabilitation Research Podcast of the Center for Rehabilitation Outcomes Research at Shirley Ryan AbilityLab. I'm your host, Sharon Parmet.

Today we're going to talk about a really tricky subject: disclosing a disability at work, in particular Parkinson's disease. I'll be joined by two very special guests. Dr. Miriam Rafferty is a research scientist in the Rehabilitation Research and Training Center on Employment for People with Physical Disabilities in the Center for Rehabilitation Outcomes Research. Her research is funded by the National Institute on Disability, Independent Living and Rehabilitation Research. Lynn has attended the Parkinson's disease and employment support group at Shirley Ryan AbilityLab since it started in 2021 as a result of Dr. Rafferty's research. The group meets online every other week. Lynn is 57 and started experiencing symptoms of Parkinson's disease in her 40s. She has worked in project management at the same company for more than 30 years and is married with two young adult sons. Welcome Dr. Rafferty, and Lynn.

DR. RAFFERTY:

Thank you.

LYNN:

Thank you. Great to be here.

SHARON:

I'm going to start with you Dr. Rafferty. Can you tell us a little bit about what is Parkinson's disease? And what are the unique challenges faced by people with Parkinson's disease when it comes to employment?

DR. RAFFERTY:

Thanks, Sharon, I really appreciate the opportunity to share about my research and about this tricky subject with the listeners. The four cardinal signs of Parkinson's disease are tremor, rigidity, bradykinesia and postural instability. That's the way that the doctors think about it. But the way that this looks to people in the community is really that people with Parkinson's disease can have some tremor or their hands shake. And they generally move slowly.

They also can have some balance problems as their disease progresses. But these motor or movement problems are really just the tip of the iceberg. People with Parkinson's disease also have problems with their thinking and their communication or their voice. They can also have some problems with their mood and fatigue. And when you put all of these non-motor symptoms together, I think some of those are the things that really impact them in the workplace because they get more tired. It's a little bit harder for them to multitask and juggle lots of competing demands. And those symptoms ultimately lead them to exit the workforce, on average, about five years before people without Parkinson's disease.

SHARON:

Okay, great. Thanks for that overview of Parkinson's disease and employment. Tell me a little bit about your research and your project on employment with people with Parkinson's disease.

DR. RAFFERTY:

Well, I'm a physical therapist by background. So it's a little bit strange that I even came to research employment. But my work on people with very early Parkinson's disease and exercise meant that I was interacting with a lot of young people with Parkinson's. And so many of them asked me questions about their jobs. They would ask me about how to disclose at work if they should talk to HR or talk to their manager. And I didn't know the answers. And this led me to

realize that actually, most traditional health care workers, even you know, allied health rehabilitation providers, so physical, occupational, and speech therapists, as well as our doctors, and our nurses really don't know a lot about employment, and employment law and policy. So I started talking to our vocational rehabilitation counselors, who are really specially trained in employment issues. And I realized that there wasn't enough research on this and Parkinson's. So that is what led us to start studying Parkinson's. And we first started out by studying the problem, because I think I didn't really understand what the scope of the problem was. So we did some stakeholder panels to learn more about what was currently being done to help people with Parkinson's with their employment. And we just realized just how big of a lack of resources there was.

SHARON:

So what were your next steps after that?

DR. RAFFERTY:

Thanks. Yeah, so we're doing two things. After that. First, we decided to do this long study. It's over three years long, where we're tracking people with early Parkinson's who are still working, and just monitoring them every six months over time to see what's changing. We want to know what about their symptoms are changing. And we also want to know how they're changing their employment to cope with their symptoms. So some people are then learning about and asking about accommodations. Other people are deciding at some point to go on disability and leave the workforce and we're trying to learn about those processes.

As we've started the study, we also were tracking what healthcare providers they were talking about employment with. And many are mentioning it to their neurologists. But the neurologists aren't writing a whole lot in their notes about employment. And so we are also working with vocational rehabilitation counselors to make sure people who want more kind of specialized education employment, that they're able to get it through voc rehab. And we ended up developing a support group run by our vocational rehabilitation counselors to help support a whole group of people with Parkinson's who are going through the same types of problems and questions.

SHARON:

So the Parkinson's disease support group for employment was a result of your research and your look into what's going on with people who have Parkinson's disease around working.

DR. RAFFERTY:

Yes, that's exactly it. We, I think, naively thought, we have these wonderful vocational rehabilitation counselors at the Shirley Ryan AbilityLab, we just need to make sure that all vocational rehabilitation counselors in the country know how to help people with Parkinson's. But we learned over the course of the first couple of years that actually most people with Parkinson's will never be able to access a vocational rehabilitation counselor in their community, because it's normally a state-run service. And different states have different policies about how they prioritize patients or clients. And what happens is that because people with Parkinson's are already in adulthood and have jobs that they just want to retain, they're typically not prioritized over younger adults with other mental or physical disabilities. So our support group provides a service for anybody in the United States. It meets every other week on Fridays at 4:40 pm Central. And it's really there to help anybody who wants to come in, they can talk to their peers, as well as a vocational rehab counselor.

SHARON:

So, Miriam, you mentioned that the support group is kind of managed by someone who is a vocational rehab counselor, what is a vocational rehab counselor?

DR. RAFFERTY:

That's a great question. Vocational Rehabilitation Counselors are in the field of psychology, they generally have a master's degree, and some have a PhD. And they really have specialized knowledge in disability, disability law, disability policies, as a field that incorporates both physical disabilities, as well as the whole aging spectrum. So younger people who are going into job training due to physical intellectual or emotional mental health disabilities. So it is a very broad field. And we are very lucky at the Shirley Ryan AbilityLab to have a vocational rehabilitation

department that focuses on people with adult-acquired physical disabilities. So things like Parkinson's disease, MS, stroke, spinal cord injury.

SHARON:

So the support group is headed by a voc rehab counselor. And can you tell us a little bit about like, what goes on in the typical meeting?

DR. RAFFERTY:

Yeah, so I think some of the common things that they do is share their highs and lows for the week and kind of the conversation stems around work. There's a lot of other things, though, that they talk about, including just their general Parkinson's symptoms. They're all most of them are relatively young people with Parkinson's. So I think family and work-life balance is discussed as well. And I would say that the vocational rehabilitation counselor's role is as a moderator, it's a peer support group with a moderator. So she's there to ask questions. If somebody's experiencing a problem, she can connect with them after the session to kind of have a more detailed one on one discussion.

SHARON:

So about how many people attend these meetings?

DR. RAFFERTY:

I think it does fluctuate week to week, there's a core group of probably I would say, six to 10 people who are there at any given session. And we do expect that number to fluctuate and grow over time. I think, in total, over the last two years now over 14 people have participated at one point or another.

SHARON:

What is the feedback that you get from participants in the support group?

DR. RAFFERTY:

We hear just how great it is to talk with other people who are going through the same things that they're going through. And I think many people have access to different support groups in their communities. And this is a unique support group in that it's online. So people are realized kind of the commonalities across different parts of the country. And the problem with other support groups sometimes is that if it's just a young onset support group, sometimes they can start talking about symptoms that are problems. And our employment support group is really focused on solutions and what people can do to help address those problems.

SHARON:

It sounds like the support group has been really helpful to the people who have joined. I'm really glad that one of the support group participants is actually here with us today to talk about her experience. Hello, Lynn, and welcome again to the podcast.

LYNN:

Thank you.

SHARON:

So Lynn, tell me a little bit about yourself, Where do you live? Your family and when did you start experiencing symptoms of Parkinson's disease.

LYNN:

I was first experiencing symptoms of Parkinson's when I was in my early to mid-40s. The symptoms I experienced were like my right arm didn't move when I walked, and I had shoulder pain. And I ended up being misdiagnosed multiple times. I actually had a back surgery that was not required, because they thought I had something pinching

that was causing some of my symptoms. So it took a long time before I finally got correctly diagnosed. And when I was diagnosed, I was 45. So I've been living now with Parkinson's for 12 years, and working full time.

SHARON:

Tell me a little bit about your work and how Parkinson's started to impact how you worked and how you are thinking about work.

LYNN:

I work as a project manager, and the skills that made me a good project manager, unfortunately, were the skills that were also impacted by some of the non-motor, non-visible Parkinson's symptoms. To be a good project manager, you have to multitask, you have to be able to juggle lots of things at one time, and be organized and not be surprised by different things to come up, and to be able to prioritize. I used to be really good at that. But as my Parkinson's progressed, that got harder. And it was one of those things that it wasn't visible, I knew it was a lot harder. But because it's a non-motor, non-visible symptom, the people I worked with didn't, didn't see that. But it made it much harder for me to do my job as well as I used to.

SHARON:

And I know that we've talked before this podcast, we had a couple of talks, and you were saying that at your company, there's been a lot of people who have left recently, and so a lot more work has been put onto your plate. How has that affected your Parkinson's?

LYNN:

Yes, you're right that I think the just changing economy and COVID affected a lot of businesses. And so there were people at my office who chose to leave or positions were eliminated. And as a result of that my responsibilities increased. So over time, instead of just being a project manager, I started managing other project managers and other departments. So I was asked to do a lot more. And it was really challenging because I was already struggling cognitively to do some of those, those tasks I mentioned. And as Dr. Rafferty mentioned, I also had like fatigue, for example, I was just tired, and I didn't sleep well. And so what I found myself doing is to try to get the work done. I would start very early in the day, I would wake up but I didn't sleep well. So I would wake up at like five in the morning, sit down at work because I could work at home. And then I would work throughout the whole day, sometimes 12 or more hours trying to get the job done. I wasn't. So I was working a lot longer, but not being nearly as efficient.

SHARON:

So you're doing way more work than is normal. Your Parkinson's is something that's affecting you in the background, and it might not be visible to people at work. Did you tell anybody at work? What was going on? Was there a point at which you needed to say something?

LYNN:

Because originally when I was first diagnosed, I was very fearful of disclosing or letting anyone find out about my Parkinson's. It was really important to me that no one know because I've wanted to stay employed. And I had a lot of concerns that if people knew they might not think I was capable to do the job that I was doing. So originally for a lot of years, I did not share my diagnosis, I had little tricks. If my hand started to tremor, I would always carry a notebook or planner with me when I went into meetings because I had to hold something and no one would notice. Or I would play with my badge around my neck and my lanyard just to kind of keep my hands busy. And those are just coping mechanisms. I had to try to hide those symptoms. I didn't have a lot of physical symptoms. So initially, I was able to do that without any problem. And I didn't disclose except to some close friends that I worked with because we were friends after we'd worked together for such a long time later as the symptoms progressed, and as I started realizing this was something that wasn't going to go away.

I think initially, there's the grieving process and you sort of saying it out loud makes it real. And you're hoping it's not. And so there was a period of time where I didn't want to admit, I guess that, that I had Parkinson's. And I always thought it was very manageable. At first, my symptoms progressed very slowly. So I chose not to share them, but

more recently than some of the physical things became more noticeable. And so I am less concerned about people finding out because they're going to see it when they see me walking, or they see my hand tremor, one of the symptoms that people don't necessarily know about is facial masking, where your face looks flat, and maybe you look unhappy. And I have that not when I'm speaking, I'm actually fairly animated when I'm speaking. But if I'm just sitting and listening, I tend to have that look.

And I was in a meeting where we were talking about something that was fairly significant related to a client. And the manager in charge later asked me to come see her because she said she didn't think I was supportive of the initiative that we were going to rollout. And I was being asked not to attend the meeting with the client, unless I could look supportive. And this person did not know about my Parkinson's. And it was a really tough situation. At that moment, I didn't disclose, but I made a very conscious effort to say, you know, I am supportive of this. And that did go to the meeting, and I put my best face on to these smiling and supportive through the whole thing. But later, I was still so angry at being misunderstood, because my face was portraying one thing, and it wasn't accurate for what I was really feeling. So I collected a bunch of information from the Parkinson's Foundation and other sites, I printed it off. And I arranged an appointment with this particular manager, and went in and just explain that, you know, it was important to me that she know that I had been misunderstood. And that, you know, I did have Parkinson's. And this is one of the symptoms, and I gave her this handout that had a list of things. And she was very supportive. And at the end of the meeting thanked me for giving her that information. But I think that's a risk we all run because no one, you know, people may see you sort of stumble down the hall and wonder what you're, you know what your issue is, as well. And if you don't disclose things, people lead to judgments that maybe aren't accurate.

SHARON:

Yeah, I like how you gathered up the resources and made a meeting and went in just to kind of educate her on what's going on. That must have been really nerve-wracking to say that.

LYNN:

Yeah, it was, but I had to do it, it was really important to me that I was correctly understood.

SHARON:

So where are you now in your journey with Parkinson's and employment?

LYNN:

I'm in an interesting new crossroads.

I as I said, I've been working for 12 years with my diagnosis, I've been working for the same company for a little over 30 years, just to put some perspective on that. Just recently, in the last couple of days, my doctor has written me out on a short-term disability leave. So I have some time to hopefully start to get a little, I don't know better isn't the word because you don't recover from Parkinson's, but the stress of my work situation. And the increasing demands on my time and my responsibilities were making my Parkinson's a lot worse. I think the words my doctor used is it was making me fail faster. And my symptoms were becoming really much more noticeable, like family and friends who, you know, see me regularly. And I've just some of the things that I noticed is even when my meds are on, they're really not on, you know, my arms shake, and I can't move and I'm starting to freeze more frequently.

If I'm super stressed I can feel immobilized so if I'm sitting at my desk, and I've got five demands coming in on items and emails, I'm so stressed and panicked, I can't move at all. And if someone is waiting for you to answer, and you can't move, and even if you could move, you can only type with one hand and you're shaking all over. That's a problem. So because of that and the impact of all those things on my symptoms and my sleep, I've only been sleeping two to four hours a night. So I have just gone out on a short-term disability leave and I don't know yet you know where that's going to lead because I have just started into this new world.

SHARON:

For someone who has worked so hard and for as long as you have and who has such pride in your work product, this has got to be a bit of an adjustment on a lot of different levels for you.

LYNN:

Yeah, very much. So to wake up in the morning and kind of go now what, and it was so sudden that I didn't have a chance to tie everything up. And nothing's ever going to be tied up the way you wanted to. But you would like to leave a nice clean desk, inbox, all those things for your peers. And I didn't get to do that. So I'm, yes, I'm kind of trying to adjust to what's next. And so with this short term disability leave, I believe he said that was about three months.

SHARON:

So is this kind of a disclosure in a way that people know that something's going on? They might not know what it is? What are your feelings about potentially returning to work?

LYNN:

I'm sure they'll evolve over time. My initial thoughts are, I don't know how I'll be able to return because my anxiety and my stress and the symptoms that it triggers, I think I'm going to be after a while on the leave, I think I'll be calmer, better. I'll be able to sleep more focus on exercise, do all those things that are so important. But if I had to go back to work, I think I would be back into that same situation again, where you know, I'm not sleeping, and I'm waking up, and I'm working 12 hours, and then I'm so tired and falling asleep, you know, on the sofa. And when you do that you don't have the energy to do, for example, the exercises that are so important to be active and to, you know, like there's a boxing group here that is really wonderful. But I haven't been able to go because they meet during the day. And because I'm at work. So there are just things I know I could do that would help me that I'm not able to do right now.

SHARON:

So the support group sounds like something that is perfect for someone like you who's struggling with issues around employment and Parkinson's, how did you find out about the support group? And what has it meant to you to be a part of it?

LYNN:

I found out about it, because I saw a flyer for a study related to the voc rehab part of the services before the group actually started. So I signed up for the voc rehab because I was struggling with some of these things I talked about that disclosing visible and not visible symptoms. And I ended up meeting with the person who facilitates the group, a voc rehab counselor, one on one. And then after having some sessions with her, she had realized that a lot of the people she was talking to had similar situations and asked if I would be interested in you know, joining a group to have these discussions. And I said yes, right away, and I attended the first meeting with the group.

And this group is so unique for so many reasons. I mean, primarily that we're all working, and we all want to find ways to stay in the workforce. But another thing is just that when I first was diagnosed and tried to find a group, there's no one that fit me. At the time, I was like, you know, 45-year-old woman with two fairly young children and there weren't very many people like that, but otherwise things that occurred in the daytime, you know, like, so the support groups are in the daytime when I was at work, and the extra exercise classes for in the daytime. And when I did go to things, most of the people there didn't look like me. I mean, they look like they could be my father or my grandfather. There weren't people, you know, who fit my profile. And so to get together with a group of people who were similar in age who had these concerns, like I have young children, and I, you know, I need to want to work. How do I do that? And, do I disclose or don't I disclose? So the group has been so supportive and helpful that way. And some of us have, you know, outside of the group, we email each other once in a while with, you know, hang in there. I know this is hard, or have you thought about this. And so in addition to the support you're getting while you're in these sessions, a real camaraderie is formed among the people.

SHARON:

So with your experience with the support group, you've worked with a vocational rehabilitation counselor, can you tell us a little bit about what that's like?

LYNN:

Yeah, I worked with a counselor, and she had a lot of insight and like what she would hear my situation, insight into things like well have you considered, you know, like using FMLA for, you know, the circumstance or trying short term

disability and then seeing if you could roll it into long-term disability in the future. She has also organized and brought to the groups and special speakers who were, you know, experts in like social security disability, and other topics like that to, you know, she would hear our concerns and know how to get someone who could address them in more detail, but she had a lot of really good knowledge. That was helpful because I had never thought about some of those things.

SHARON:

And Lynn, I want to ask you, have you asked for or made any accommodations on your own at work?

LYNN:

I have not asked for any accommodations, but I have made some of my own. When COVID hit, I started working at home full-time. And as part of that, I had a little more flexibility. So if I, you know, wake up and start working at 5 am, if I get tired, I can walk away for a little bit. I don't nap, but I suppose I could. But it gives me the flexibility to do some of that. And my brain works better in the morning. I just know that. So one of my accommodations is when I am up early, and I start working early, I am just more productive. And so I try knowing that I try to schedule that really heavy thought work for the morning. So it's just an example.

One of the things in the group we did is we did learn keyboard accommodations to help some of us who have you know, like a lot of tremor, we learned how you could adjust or you know, the responsiveness of your mouse or you could do certain things. So if you don't spell Lynn with five 'n's at the end, because you haven't lifted your hand up. We've learned some of that which has been helpful.

SHARON:

Have you spoken with the support group about your recent leave that you just started a couple of days ago?

LYNN:

I talked to them prior to this happening at our last session, I had shared my frustration and concerns and kind of going out what next? And then I had not yet we haven't had we meet every other week. So as a group, I have not shared this yet with everyone.

SHARON:

Are you looking forward to talking about it in the group? Is that a place where you can kind of just like unwind and just unload all your thoughts about it?

LYNN:

Yeah, it's like Dr. Rafferty said, we often have a format where we do our highs and lows. And so, you know, we share some pretty, pretty significant things. You know, like I made a mistake at work, and I'm really struggling, and I'm feeling horrible about this. And you know, we can support each other. And the question is, did you make the mistake just because you're human? Or did you make the mistake because of Parkinson's? I mean, there are so many things, that's another challenge we often face. Is this Parkinson's? Or is this just because we're people maybe in middle stages of life? And that starts to happen? No, that's a hard one, too. But yeah, we support each other a lot. And I really just value that.

SHARON:

It sounds like a great resource for you. And I want to bring Dr. Rafferty back in. She was talking about some of the cognitive effects of Parkinson's at work. Can you talk a little bit more about how these symptoms of that could affect employment for people with Parkinson's?

DR. RAFFERTY:

Yeah, thanks for asking. It's the cognitive changes in Parkinson's, it sounds like such a scary word to say they're gonna have cognitive changes. But they're very minor. They don't get picked up on most cognitive tests. And most people continue to test in the normal range, or even above normal cognition for people. We know from research, a lot

of people that do our research studies are the ones are people who have gone to college and have higher levels of education. And so when they have cognitive changes, it's more in the multitasking domain. And so these are things that doctors and neuropsychiatrists and speech-language pathologists can pick up with complex testing. They call it executive function, and multitasking. It's the planning and organizing of your day. It's, you know, how do you prioritize all the different things? And really importantly, I think for a work setting, it's how you switch your brain back and forth between different tasks. And so, as we've been here, we're doing this recording, I have things popping up on my computer, and, you know, this email came in and that one and this one needs my attention right away, but really does it I mean, will it actually hurt if I wait an hour to reply to it, and just having all of that stimuli that's coming in, gets really hard to juggle? And I think another thing that Lynn said that was really insightful is something that we observe that stress makes everything worse.

So I've talked to young people who say, I am fine at work, I do great. But the minute I have to get up in front of a room of maybe just three people who are my friends slash coworkers, my hands start shaking and trembling like crazy, when normally their tremor is much more controlled, but just that little bit of nervousness gets their tremor going. And I think it's the same thing with the brain that when you get that little bit of nervousness, or you feel rushed, or you feel a time crunch, that it's almost five o'clock, and you've got to leave, or else the kids are gonna get kicked out of daycare, and no parents gonna be there. That's when everything just starts to get a lot harder.

SHARON:

So it sounds like the modern workplace is one of the worst places you could be if you have Parkinson's disease, because that's just what you're dealing with on a day-to-day basis is demands on your attention, prioritizing what's going on dealing with family and all the stress that has to do with that, and it just makes it that much harder to manage.

DR. RAFFERTY:

Lynn and I both have jobs where we sit at computers a lot of our day. But I think it can be even worse for people who have more physically demanding jobs.

Now imagine this, if you were standing on a ladder over a sidewalk, fixing a cable line or something, and then your phone's vibrating in your pocket because something else is going on in the world or your boss is trying to get in touch with you. I mean, there's a lot of people with Parkinson's who have jobs in agriculture, city utilities, people could be ambulance drivers, firefighters, police officers and develop Parkinson's. And I think that they have a lot of other challenges that they have to grapple with.

SHARON:

What would you say to someone who just received a Parkinson's diagnosis? Who might be kind of in the middle of their career? And is just absolutely in a panic at that moment of what am I going to do? How is this going to affect me? Am I going to lose my job? Should I leave my job?

DR. RAFFERTY:

They need to talk to somebody to get help. And I think the first place to start is their doctor or a social worker at their doctor's office who can help put them in touch with whatever the right resources are locally. The second thing to do is to know that it is such a normal worry to experience and that it is doubled by having Parkinson's. If anybody gets sick, they have stressed about being sick and the financial concerns about being sick. Parkinson's affects the neurotransmitters in your brain that help you stay calm and regulate your stress and anxiety and your depression. And so if you're feeling more anxiety bubbling to the surface, and depression concerns, those things are normal because you have a new diagnosis. And that new diagnosis actually makes anxiety worse. And so doubly talk to your doctor about it, make sure that they know if this worry that's bouncing around in your head is keeping you up at night because the lack of sleep is going to make your job harder, which is going to make it harder for you to earn the money and feel stable and secure. And we are always happy to welcome new members to the support group. If you're looking for more information, you can go to your website of choice or your search engine of choice and look up intervening early concerning employment, or Parkinson's intervening Early Concerning Employment – the acronym is p i e, c, e or piece. If you look online at the Shirley Ryan AbilityLab website and search for 'intervening early concerning employment,' you'll find our support group information.

SHARON:

Thanks, Dr. Rafferty, I will leave some information on how people can find the support group in our show notes. And I want to ask Lynn, the same thing, what would you say to someone who's just diagnosed and is working and is in this situation?

LYNN:

The first thing I would say is give yourself some time. Just know that this diagnosis is scary and there's a lot that comes with it. It's sort of a series of losses, you get used to it and then something else changes and you miss that, and you have this sort of process of grief. But after an initial diagnosis, give yourself some time and know that all the bad things that you might have read – it's like and a la carte disease, you know, you're not going to get everything on the list. SO just know that you will not have every bad symptom that's listed there. And it takes some time to progress so you do have some time to figure this out. Don't think you have to have all the answers right away. And then I agree that there's a lot of value in talking to someone because otherwise you feel like you're walking around with this huge burden and carrying the weight of this giant secret and it's not you're fault that you got sick. I think there's a lot of shame I felt like I had to apologize all the time. To my husband who would some day have to take care of me or my kids and there's a lot of guilt that comes with that, so be kind to yourself. And find some people who are like you who can help you through that and you can share some of those similar concerns. Does that make sense? It's a big difference to know you're not alone.

SHARON:

Well, I want to thank both my guests for being here today and talking about Parkinson's disease and employment. Dr. Rafferty, thank you for being here and we will share information on how people can find the PD and Employment group at Shirley Ryan AbilityLab in our show notes and Lynn, thank you so much for sharing your journey and being so open and generous in speaking to me for the podcast.

LYNN:

Thank you.

DR. RAFFERTY:

Thanks, Lynn and Sharon, for organizing the podcast.

SHARON:

This has been Inside the OUTcomes: A Rehabilitation Research Podcast. This podcast has been supported in part by the National Institute on Disability, Independent Living and Rehabilitation Research. You can learn more about the Center for Rehabilitation Outcomes Research by going to our website at [sralab dot org forward slash research forward slash forward slash labs forward slash c r o r](http://sralab.org/research-forward-labs/cror). Follow us on facebook at [reaboutcomes](https://www.facebook.com/reaboutcomes) all one word or Twitter at [rehab underscore outcomes](https://twitter.com/rehab_outcomes). This is your host, Sharon Parmet signing off. I hope you'll join us for the next episode.