Second Annual Recovery After Stroke: State of the Science and Future Innovations

May 23 - 24

In compliance with the requirements of ASHA's Continuing Education Board concerning transparency in course planning, delivery, and marketing, below is information on presenters' financial and non-financial interests relevant to the content of their presentation.

Speaker	Session	Relevant Financial Relationship	Relevant Nonfinancia Relationshi
Daniel Hanely	Keynote Address: The Future of Stroke Care and Recovery	Personal fees from Neurelis, Neurotrope and Medicolegal consulting	Grants from the Nationa Institutes o Health
John Krakauer	Behavior and Brain Repair	Ownership, including stock or stock option ownership in privately held company.	None
Ryan Felling	Learning from the Young: What Can We Learn from Pediatric Stroke	NIH/NINDS - research funding (K08)	Member Internation Pediatric Stroke Stud
Richard Leigh	 Looking for Clues: Imaging the Brain Across the Continuum of Stroke Recovery 	None	None
Mona Bahouth	 The Stroke Unit of the Future: Updates and Controversies 	None	None
Anjail Sharrief	The Stroke Unit of the Future: Updates and Controversies	Abbott consult- not compensated	NIH funding research grants PI - VIRTUAL Trial Site PI, ARCADIA, REACH-ICH, SLEEPSMAR CAPTIVA trials
Deanna Saylor	 The Stroke Unit of the Future: Updates and Controversies 	None	None
Elizabeth Zink	 Getting the System Right: The Patient and Care Partner Experience 	None	None
Preeti Raghavan	 Welcome and Conference Goals Muscle as the Organ of Disability After Stroke 	Co-founder Movease, Inc. and Mirrored motion works, Inc.	None
Pablo Celnik	Introduction	None	Co-director SKSI

Walter Frontera	Keynote Lecture: Sarcopenia After Stroke	None	None
Sowmya Kimble	 Assessing Outcomes across the Continuum After Stroke 	None	None
Jessica Adeyemo	 Assessing Outcomes across the Continuum After Stroke 	None	None
Shauna Berube	 Assessing Outcomes across the Continuum After Stroke 	None	None
Peiting Lein	 Assessing Outcomes across the Continuum After Stroke 	None	None
Margaret French	Trajectories of Functional Recovery Post Stroke	None	None
Ryan Roemmich	How Active is My Patient at Home and What Can I Do About it?	I have received honoraria for serving on study sections for the NIH and Michael J. Fox Foundation. I also receive an annual honorarium for serving as an Associate Editor for the journal npj Parkinson's Disease.	None
Eva Keatley	Social Determinants of Health and Self-Efficacy	None	None
Ken Johnson	Patient, Provider and Caregiver Wellbeing	None	None
Rachel Reoli	 Extending Rehabilitation for Inpatients and Outpatients 	None	None
Spencer Gonzaga	 Extending Rehabilitation for Inpatients and Outpatients 	None	None
Gina Kim	Extending Rehabilitation for Inpatients and Outpatients	None	None
Erin Jedlanek	Extending Rehabilitation for Inpatients and Outpatients	None	None
Hayley Haaf (Cook)	 Challenges and Opportunities in Technology- Assisted Rehabilitation 	None	None
Kevin McLaughlin	 Challenges and Opportunities in Technology- Assisted Rehabilitation 	None	None
Ning Cao	Patients Share their Journey Towards Recovery	None	None

Relevant financial relationships are those relationships in which you benefit by receiving a salary, royalty, intellectual property rights, gift, speaking fee, consulting fee, honoraria, ownership interest (e.g., stocks,

stock options, or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships can also include "contracted research" where the institution gets the grant and manages the funds and you are the principal or named investigator on the grant.

Relevant non-financial relationships are those relationships that might bias you including any personal, professional, political, institutional, religious or other relationship. Examples follow:

Personal: You have a personal friendship with someone in the company whose products are discussed in the course; you have a family member or friend with a disorder that will be talked about in the course.

Professional: You are a member of an association or group that is talked about or referenced in the course; you have a professional bias about a way to deliver a particular service.

Political: You have a political bias about a topic (e.g., health care reform) and your bias is toward supporting a particular party's position on this issue.

Institutional: You are affiliated with an institution or organization (e.g., serves on a committee or board of that organization); you are a member of that organization or gives money to its causes.

Religious: You have a bias based on religious tenets (e.g., a bias toward service delivery at end of life based on religious beliefs).