

Special Issue on
**Linking Behavior, Performance, and Participation for
 Recovery and Rehabilitation after Stroke**

CALL FOR PAPERS

Patient outcomes are currently suboptimal following stroke, with negative impact on productivity and quality of life. To achieve advances in the field and move from our current impairment focus to quality of life outcomes, we need to be able to link behavior, performance, and participation. A critical ingredient in facilitating these links and achieving new directions and advances in the field of Neurorehabilitation is use of a common language framework. The International Classification of Function (ICF) (World Health Organization, 2001) and the Language of Rehabilitation Science (Baum, 2011) are two complementary frameworks that may help to facilitate our understanding of and links across these dimensions.

In order to target and individually customize rehabilitation, we need effective means of identifying individuals who are likely to recover well and/or benefit from therapy. We advocate the value of studying individuals who demonstrate successful outcomes as a means of exploring relationships between brain, behavior, and performance and their potential impact on more optimal outcomes. In particular, we need to identify positive intervention responders, create profiles for them, and pinpoint modifiers that affect outcome. We ask the following: Can we define subgroups that are likely to recover well? Can we define subgroups that respond differently to rehabilitation? Can these subgroups be behaviorally, neuropsychologically, environmentally, occupationally, or otherwise defined? Findings from these studies will help inform and guide selection of the best therapy for an individual.

The aim of this special issue is to take a multidisciplinary and convergent approach to inform how brain, behavior, performance, and participation interact with each other and impact recovery and rehabilitation in people who experience brain injury, in particular following stroke. The editorial team especially welcomes submissions relating to this aim. We also encourage original research articles as well as review articles that describe the current state-of-the-art in this field.

Potential topics include but are not limited to the following:

- ▶ Trajectory of recovery: related to behavior (e.g., sensorimotor, psychosocial, cognitive, communication); performance (capacity to perform activities); and/or participation (actual engagement in activities the individual needs or wants to be able to do)
- ▶ Trajectory of recovery spanning more than one level of outcome (e.g., brain, behavior, performance, and participation) in individuals following brain injury such as stroke
- ▶ Factors that affect performance and participation outcomes: these may include cognition and learning, mood, psychological stress, fatigue, lifestyle factors, and the individual's social situation
- ▶ Modifiers or predictors of recovery and ability to benefit from rehabilitation: these may span neurobehavioral, environmental, and social factors
- ▶ Factors that contribute to individual differences observed in response to specific therapies and rehabilitation, with special emphasis on personal and psychological factors (i.e., treatment motivation, coping styles)
- ▶ Learning and implications for Neurorehabilitation: this may include investigation of factors likely to be important in learning and therapy such as the goal, motivation and reward, task specific training, training dose, feedback, variation in response, generalisation of training, strategy development, and metacognition
- ▶ Environment, as a facilitator of recovery and rehabilitation: this may include components of the environment such as physical exercise, social environment, diet and lifestyle, stress, and engagement in activities that are meaningful to the individual

Authors can submit their manuscripts through the Manuscript Tracking System at <https://mts.hindawi.com/submit/journals/bn/lbp/>.

Papers are published upon acceptance, regardless of the Special Issue publication date.

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