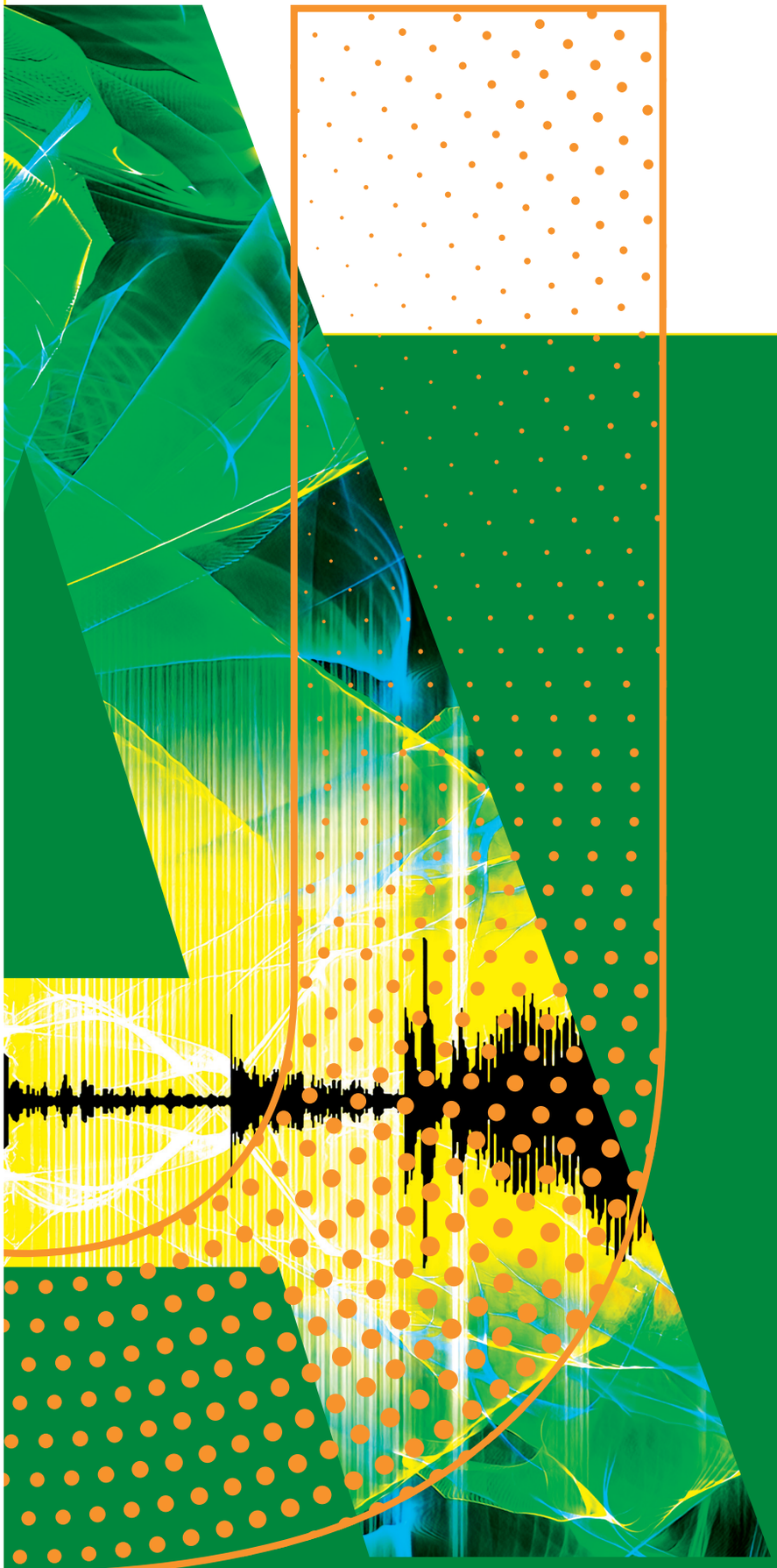


50

Celebrating 50 years as a faculty
Rehabilitation Medicine

Faculty of Rehabilitation Medicine
IMPACT REPORT

2025-2026

UNIVERSITY OF ALBERTA



The Faculty of Rehabilitation Medicine teaches, researches and delivers care across Treaty 6, Treaty 7 and Treaty 8 territory — the traditional lands of First Nations and Métis peoples, and home to the Cree, Dene, Blackfoot, Nakota Sioux, Dane-zaa, Saulteaux and Métis, and many others whose histories and knowledge continue to enrich this place.

As a faculty devoted to helping people participate fully in their communities, we recognize that meaningful care begins with respect, relationship and a commitment to listening. We are grateful to live, learn and work on these lands, and we honour the responsibilities that come with them.

Faculty of Rehabilitation Medicine

3-48 Corbett Hall
8205 114 Street NW
University of Alberta
Edmonton, Alberta, Canada T6G 2G4

T: 780.492.9403
F: 780.492.1626
E: frmcomms@ualberta.ca

facebook.com/UofARehabMedicine
youtube.com/rehabmedicineUofA
instagram.com/uofarehabmed
bit.ly/LinkedInFRM
ualberta.ca/rehabilitation



Wâhkôhtowin

Kinship beyond family, in Nêhiyawêwin (Cree)

In her own words, artist Bada Jean shares the meaning behind the artwork:

This artwork, commissioned for the faculty's 50th anniversary, brings to life the spirit of our new strategic plan, "Expanding Horizons." At its centre, a community of people sits side by side, gazing out toward the horizon together. Their hearts are visible, representing the connection, empathy, and support that hold this community together.

From within this community, strawberry branches grow upward and outward — a deliberate choice by the artist, as strawberries are sometimes known as "the heart berry" in their culture, symbolizing love, empathy, and growth. Behind the group, a river winds gently through the hills, representing an ongoing journey of recovery and renewal. Above them, a large setting sun anchors the composition at its centre, reflecting the significance of cycles within Indigenous traditions.

In the foreground, an eagle wraps its wings protectively around the community. In the Seven Sacred Teachings, the eagle represents love — a fitting guardian for a community moving forward together, expanding its horizons while staying rooted in connection, growth, and care for one another.



Message from the Dean

This year, the Faculty of Rehabilitation Medicine turns 50. We were the first faculty of our kind in Canada, and we remain the only freestanding Faculty of Rehabilitation Medicine in the country. But as you'll read in these pages, our story begins well before 1976 — with a handful of students, an urgent need and a purpose that has guided us ever since: enhancing life through rehabilitation.

The stories that follow show what that purpose has made possible. You'll meet students bringing rehabilitation into shelters, First Nations communities and rural long-term care sites. You'll see researchers rethinking how knowledge is shared and how care reaches those who need it most. You'll read about clinicians who never stop learning, and donors and alumni whose support has sustained programs, research and student opportunities across generations.

None of this happens in isolation. It takes three campuses, in Edmonton, Camrose and Calgary, and partnerships reaching well past any of them. Together we keep widening what rehabilitation can do, in Alberta and beyond it.

As we mark this milestone, we honour the pioneers whose vision made this faculty possible — and we look ahead with real optimism. This year, we also launched *Expanding Horizons: Shaping the Future of Rehabilitation Medicine*, our strategic plan for 2026–2030. You can read more about where it will take us in the pages ahead.

As community needs evolve, we continue to adapt how we educate, conduct research and deliver care. And our purpose remains as clear as it was for our very first class: helping people achieve their fullest potential and live life on their own terms.

Thank you for contributing to the work reflected in these pages — and to what comes next.



Esther Kim, PhD, R.SLP, CCC-SLP
Dean, Faculty of Rehabilitation Medicine





Leadership update

Esther Kim was appointed dean of the faculty for a five-year term, effective July 1, 2026.

Effective April 1, 2026, Mark Hall was appointed as vice dean alongside his current role as associate dean of teaching and learning. John Misiaszek returns as associate dean of research for a nine-month term through December 2026.

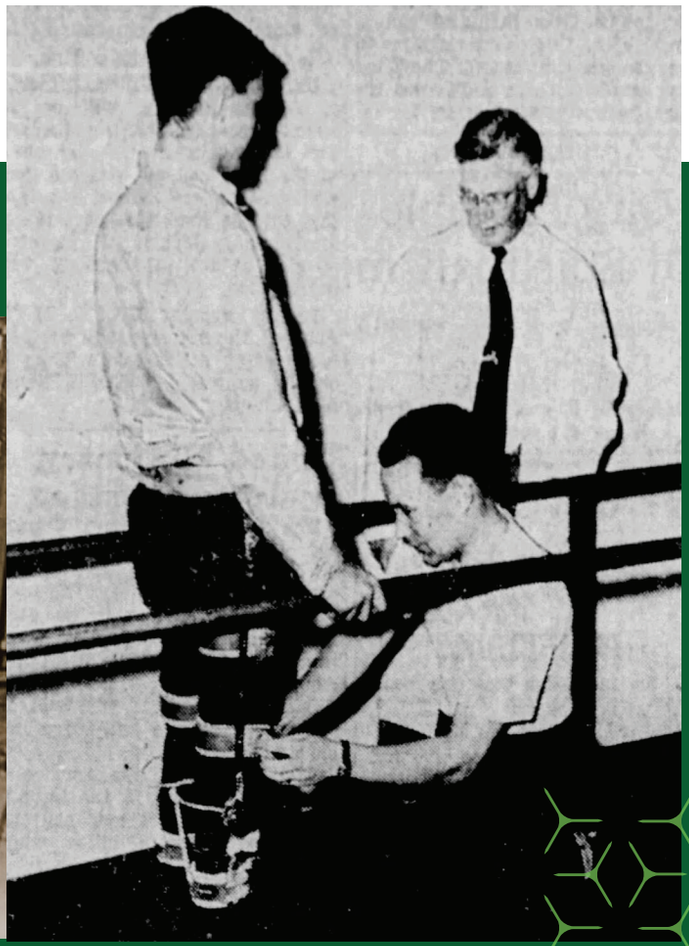
Why we began

The Faculty of Rehabilitation Medicine was born from a simple but urgent question: How do we help people live their fullest lives?

In the 1950s, before the Salk vaccine, polio left thousands of children and young adults living with lasting physical disabilities. Medicine was helping more people survive illness and injury — but recovery demanded something more: support to regain movement, independence and participation in everyday life. Alberta needed professionals with the knowledge and skills to rebuild their lives.
In response, the University of Alberta established a physical therapy training program that welcomed its first class in 1954.

What began as a response to one public health crisis grew into a broader vision. Recovery, we came to understand, reaches past physical function. It means being able to speak with the people you love, to feel confident in your own body, and to take part in school, work, family and community life. That belief carried us to Faculty status in 1976, and it still shapes our work — work that now runs well past Corbett Hall, through three campuses, ten clinics and camps, and partnerships reaching across the world.





First, there was a need.

When Elaine Roberts (Hirst) began physical therapy school in 1954, there was no Faculty of Rehabilitation Medicine.

There was no rehabilitation building, no research institute, no teaching clinic.

There were 17 students learning in a Quonset hut behind Athabasca Hall, enrolled in the University of Alberta's newly established School of Physiotherapy. Created in response to Alberta's urgent need for rehabilitation professionals following the polio epidemic, the program would graduate highly skilled physiotherapists for two decades before the faculty was established.

Over the next four decades, Elaine witnessed — and helped mold — the evolution of rehabilitation in Alberta. She took rehabilitation out of the hospital, mentored future therapists and co-founded one of Alberta's first therapist-led home care practices. Her career reflects what rehabilitation still values most: independence, and the willingness to figure out whatever it takes to get someone there.

Every breakthrough we celebrate today rests on the work of those first classes, first clinics and first teachers.



Then and now

"We've never taught girls before."

That's how the anatomy professors welcomed Elaine's class in 1954. At the time, women were still a rarity in many areas of higher education and medicine.

More than 70 years later, rehabilitation medicine has helped reshape who belongs in health-care classrooms and leadership roles. Today, women make up 77 per cent of our students, a reflection of how far the field has come, and of the barriers pioneers like Elaine helped dismantle.





Did you know?

Before NHL teams employed their own medical staff, David Magee — later dubbed "the Yoda of rehab med" by Oilers great Kevin Lowe — treated the team's dynasty-era players in Corbett Hall, with sessions starting as early as 5:30 a.m.

"I can't tell you how many times I wouldn't have been able to play unless he was there."

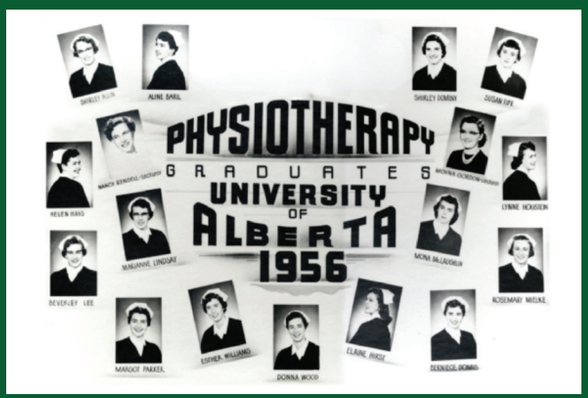
— Kevin Lowe



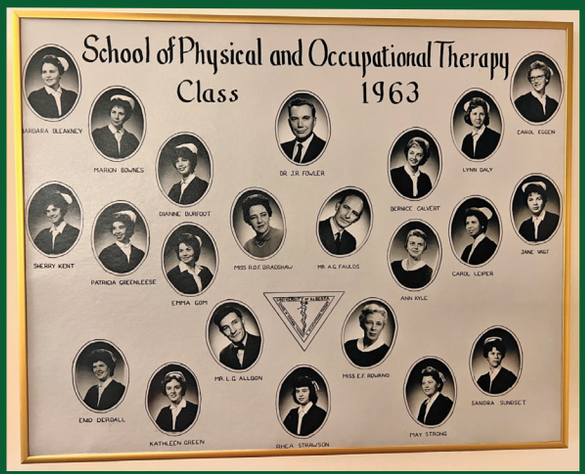
50 YEARS AS A FACULTY, BUILT ON A LEGACY THAT BEGAN IN 1954

1954
Alberta's first physical therapy class begins training in a Quonset hut behind Athabasca Hall, in the wake of the polio epidemic.

1956
First graduating class of the School of Physiotherapy.



1960
Occupational therapy joins the school, and rehabilitation education in Alberta grows beyond physiotherapy for the first time.

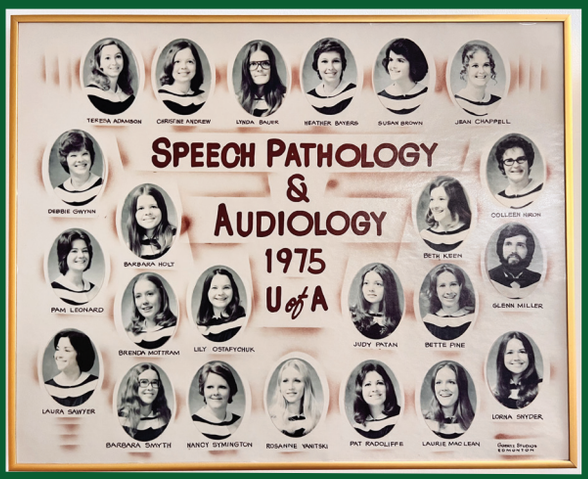


1964

The school takes a name to match its broader mission: the School of Rehabilitation Medicine.

1969

Speech-language pathology arrives, completing the three disciplines that define the faculty today.



1976

The faculty is established: the first of its kind in Canada, and still the country's only freestanding rehabilitation faculty.

Access to care

Rehabilitation is most effective when it reaches people where they live, work and belong. Across Alberta and beyond, we are closing that distance through technology, partnerships, teaching clinics and community-led care.

Reaching more people with PTSD care

Innovative treatments only make a difference when people can access them. Through the revolutionary work of the Heroes in Mind, Advocacy and Research Consortium (HiMARC) with 3MDR (Multi-Modal Motion-Assisted Memory Desensitization and Reconsolidation), we helped introduce a promising new therapy for post-traumatic stress disorder while building the workforce needed to deliver it — expanding access for veterans, first responders, health-care workers and others living with trauma.

150+ clinicians **trained to deliver 3MDR therapy**

Bringing specialists within reach

For Albertans in rural and remote communities, specialized rehabilitation often means long drives and long waits. Alberta's Remote Management of Shoulders Program (ARMS UP), led by Lauren Beaupre and Martin Ferguson-Pell, is changing that. Using telerehabilitation and telepresence robotics, patients receive expert assessment and treatment closer to home. Developed for shoulder rehabilitation, the model is now being expanded to hip, knee and stroke care, testing how the same approach can improve access to other specialized services.

$2 million **invested in rural rehabilitation innovation**





Navigating communities with confidence

Accessibility starts well before the front door — at the curb cut, the snowbank, the elevator that's out again. Developed through our Rehabilitation Robotics Laboratory, The Atlas is a free navigation app that helps people with mobility challenges identify barriers before they leave home, using crowd-sourced information and artificial intelligence to flag construction, snow, ice and elevator outages in real time. Behind the app, master's student Arne Andres — a wheelchair user whose personal experience of disability shapes his research — is using AI, object detection and GPS to identify and classify mobility barriers across the university's North Campus, with findings shared with campus planners and plans to expand to other Edmonton post-secondary institutions.

Technology can remove practical barriers to access, while education helps students recognize — and challenge — the assumptions built into communities and systems.

In *Structural Inequality and Human Occupation*, an MScOT course taught by David McConnell, students were challenged to explore how our communities, systems and assumptions impact participation in everyday life, sharing their work with the public through a Resistance Art Walk. Their artwork invites us to see the world through a different lens: when designing buildings, streets and cities, do we stop to consider all abilities, all needs, all experiences? Those choices decide who can move through a space and who can't. Accessibility is about creating communities where everyone belongs.



REHABILITATION ACROSS ALBERTA

Ten clinics and camps across the province, where care and teaching happen in the same room:

- Alberta Aphasia Camp
- Augmentative and Alternative Communication (AAC) Camp
- Augustana's Rural Health Hub
- Cancer Rehabilitation Clinic / Alberta Cancer Exercise Program
- Corbett Aphasia Rehabilitation and Education (CARE)
- Corbett Hall Early Education Program (CHEEP)
- Corbett Hall Physical Therapy Teaching Clinic
- Corbett Hall Speech-Language Clinic (Corbett Clinic)
- Institute for Stuttering Treatment and Research (ISTAR)
- Parkinson: Ability, Communication, Education (PACE)





From animal sounds to back-seat stories

When Stacey brought her three-year-old daughter, Brynn, for a hearing test, she expected reassurance.

Brynn spoke only a handful of words — most of them animal sounds. Stacey and her husband knew their daughter was quieter than other children, but as first-time parents, they hadn't realized the extent of her speech delay.

After the test, a staff member suggested they look into speech programs. Another staff member passing by joined the conversation.

"Have you heard of CHEEP?" she asked.

Stacey hadn't. She soon learned about the Corbett Hall Early Education Program, our preschool for children with speech, language and developmental delays. Not long afterward, Brynn was enrolled.

Brynn entered a classroom where speech-language pathology and occupational therapy students learn alongside experienced clinicians while helping children build communication and other foundational skills. Her parents began noticing changes within days. Brynn was suddenly chatting in the back seat after school, using sounds and words they had never heard from her before.

"My husband and I just looked at each other," Stacey recalls. "We couldn't believe it."

Over the next two years, Brynn's confidence grew alongside her communication. The little girl who once relied on pointing learned to express herself with words. At 7, she's a confident elementary school student — and according to her teachers, you'd never guess she once had a significant speech delay.

The program's impact reached beyond Brynn's communication. Stacey found a community of parents who remain close friends, and Brynn still celebrates birthdays with classmates she met through the program.

"I don't think she would be where she is right now if I hadn't found the program," Stacey says. "They gave her such a good start, and I can never be thankful enough."



"Connection to place is a huge part of who someone is."

Hayley Laughlin

Bringing rehabilitation home

When alumna Hayley Laughlin returned home to High Prairie as an occupational therapist, she became the first full-time OT the community had seen in nearly a decade.

Today she helps fill a critical gap in northern Alberta, working across acute care, home care, long-term care, outpatient services and community practice — a breadth that demands adaptability, creativity and deep clinical range every single day.

Hayley's experience also shapes how we educate future rehabilitation professionals. As a rural Indigenous clinician, she helps develop authentic case studies, recruit Indigenous standardized patients and strengthen relationships with First Nations and Métis communities. Her contributions give students realistic, culturally grounded learning experiences that challenge stereotypes and assumptions.

"Connection to place is a huge part of who someone is," she explains. "When I write a case study, I start with that person's story, because that's a huge part of their identity."

Individually, the changes can seem small — a more authentic patient scenario, a different conversation in the classroom. Together, they are changing what a new clinician assumes when they meet someone who isn't like them.

Her perspective bridges another divide, too. Having practised in both Edmonton's specialized system and northern Alberta, Hayley pushes our students to think beyond urban models and imagine how rehabilitation can succeed where resources, transportation and specialists are scarce.

Hayley's work is grounded in the principle that access to excellent rehabilitation should not depend on geography or representation within the health-care system. By bringing rural and Indigenous perspectives into both practice and education, Hayley is preparing students for the Alberta they will actually practise in.

Healing together

Partnerships with Indigenous communities are shaping how FRM approaches education, research and care.

The Medicine Chest Clause in Treaty 6 reflects the longstanding importance of health and care within the treaty relationship. For our faculty, it is one reminder of our responsibility to listen to Indigenous communities and to recognize understandings of health that encompass physical, social, spiritual, emotional and cultural well-being.

Building meaningful relationships takes time and consistency. Since 2024 we have been working with Saddle Lake Cree Nation, Paul First Nation and Enoch Cree Nation, while continuing to learn from First Nations, Métis and Inuit communities across all three treaty territories where our campuses and clinics are located.

Tashina Makokis, our Indigenous curriculum consultant, has guided how we teach, leading a grounding ceremony with students in our advanced clinical practice course and developing a decolonization journal now built into our curriculum. Tashina introduced us to Ralph Makokis of Saddle Lake Cree Nation, a residential school survivor and U of A alumnus. Ralph is now our Indigenous engagement and partnerships coordinator. He is on campus and in the community regularly, mentors Indigenous students, and holds us accountable to what we say we will do.

Ralph has also opened his community's ceremonies to us. Sweats run close to monthly and are open to all FRM students, faculty and staff. Ralph calls the sweat lodge "their clinic," and he wants us to understand it exactly that way: as health care.

These relationships are beginning to shape tangible opportunities. We are exploring OT capstone projects in Maskwacîs that would bring services into the community.

This fall, we are also launching a dual-credit Introduction to Rehabilitation course in Treaty 8 to introduce high school students to rehabilitation medicine and careers in physical therapy, occupational therapy and speech-language pathology. At Paul First Nation, we are exploring a student-led teaching clinic and working toward regular physical therapy service.

We are early in this. The last two years have been about relationships. Everything else grows from there.

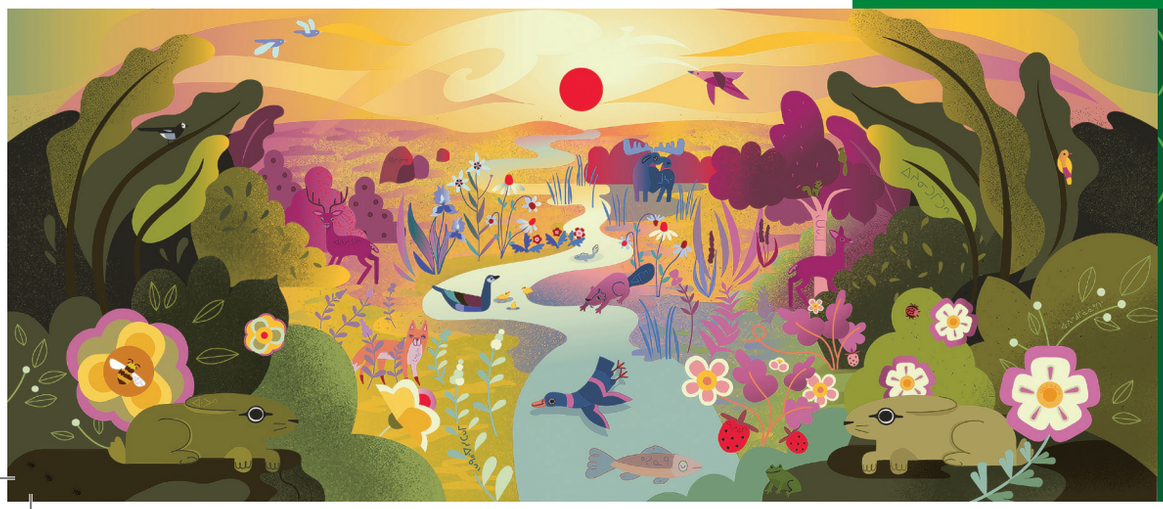
Partnerships IN ACTION

Treaty 8 Partnership
We're working with Treaty 8 communities to broaden access to rehabilitation professions and explore community-based rehabilitation education.

Indigenous Wellness Clinic
Collaborative research and clinical partnership with the Indigenous Wellness Clinic supports culturally responsive care.

Learning Together
Our students gain first-hand experience through community placements and wellness events such as the National Gathering of Elders.

Creating Belonging
An Indigenous partnerships and engagement coordinator and the faculty's Space of Truth and Reconciliation help create welcoming spaces for learning, reflection and connection.



Mural by pipikwan pêhtâkwan in Corbett Hall's Space of Truth and Reconciliation.

From four students to a national movement

In 1990, four Indonesian clinicians boarded a plane to Edmonton.

They came to train with us. They went home and built their country's first occupational therapy education program — the founding act of a profession in a nation of more than 280 million people.

For the next three decades, growth was slow. Every occupational therapist in Indonesia came from one of two programs. Two, for a population seven times the size of Canada's. The need was substantial, but the country lacked enough educators to expand its training capacity.

That began to change in 2023.

Professor Shaniff Esmail was invited to support occupational therapy programs at the University of Indonesia and Surakarta Health Poltekkes. He spent his 2024–25 sabbatical working alongside educators, university leaders and government officials, and together they built something the country had never had: a national occupational therapy curriculum. It is now approved by Indonesia's Workforce Minister and adopted as the standard for every program — existing and future.

The results arrived fast. Three new occupational therapy programs welcome their first students in September 2026 — among them Indonesia's first post-professional master's program, built to educate the educators. More programs are planned for 2027. And in June 2026, the *Indonesian Journal of Occupational Therapy* published its first issue: a national platform for research where none previously existed.

The work that began with four clinicians now supports a national curriculum, new educational programs and a growing profession.

It is the University of Alberta's founding promise — the "uplifting of the whole people" — carried across an ocean. The collaboration demonstrates how investment in educators can expand professional capacity across institutions and generations.

A group photo tradition, honoured. Faculty at Surakarta Health Polytechnic gather with Professors Shaniff Esmail and Sharon Brintnell during celebrations of 30 years of occupational therapy education in Indonesia, where both were recognized for their "lifetime of dedication" to the profession.





Some partnerships you can hold in your hands. Three of the four clinicians who came to Edmonton in 1994 — and went home to found occupational therapy education in Indonesia — show their U of A pride, three decades later.

A LEGACY OF COMMUNITY-DRIVEN CARE

1985
ISTAR founded by Einer Boberg

1990
The faculty partnered with colleagues in Indonesia to help establish the country's first occupational therapy education program

2002
Corbett Hall Speech-Language Clinic and CHEEP open their doors

2009
The Corbett Hall Physical Therapy Teaching Clinic opens — student-delivered care reduces waitlists in the faculty's own halls

2014
Alberta Aphasia Camp launches, bringing together 28 campers at YoWoChAs on Lake Wabamun

2016
AAC Camp Alberta welcomes its first 18 campers

2026
Expanded teaching clinic capacity through the reopening of the Musculoskeletal and Sports Physical Therapy Clinic in a newly renovated space

Looking ahead

Bring innovative health care to the people who need it, shaped by the communities we serve

This year's partnerships with Indigenous communities, expansion of rural teaching clinics and virtual models of care represent early steps toward this long-term commitment.

Learning through care

Our students change lives well before they cross the stage.

Learning here happens alongside patient care.

Much of our programs' strength comes from how closely education is tied to patient care. Students learn in a wide range of settings, across different clinics, levels of access, community histories, and geographic locations. In each one, they gain new perspectives, therapy strategies and ways to support people, while helping bring rehabilitation to those who might not otherwise receive it.

Sometimes that learning happens just steps from the classroom. The Musculoskeletal and Sports Physical Therapy Clinic reopened in a newly renovated space in April 2026. Under the supervision of licensed clinicians, students provide affordable assessment and rehabilitation while learning to manage complex cases. At the clinic, students step into a model of care that's already in place. Elsewhere, they help build one from scratch.

The first OT in the room

Sometimes a student is how occupational therapy arrives somewhere for the first time.

While some students learn in established clinics, others find themselves in entirely new territory — bringing rehabilitation therapy to places it's never been before.

In Camrose, students completed role-emerging placements with Recovery Alberta's Camrose Addictions & Mental Health Clinic, the Maskwacîs Education Schools Commission, and Camrose Family & Community Support Services. None of these organizations had an occupational therapist on staff. In these settings, students create their own job descriptions — first identifying organizational needs, then designing solutions.

In Calgary, capstone teams have taken on similar challenges with the city's housing and outreach sector. One team worked with the Calgary Drop-In Centre — one of North America's largest shelters — to address a persistent question: why do guests prepared for independent living often lose their housing? The students ran focus groups, identified five recurring challenges (finances, employment, daily living tasks, functional cognition, and household management), and developed an interview tool. The Drop-In Centre has now integrated this tool into its housing intake process.

Other teams collaborated with Inn from the Cold to create a resilience tool in durable formats for use with families. A team working with The Way In Network provided outreach workers with a home safety assessment for older adults aging in place.

Another partnered with Sustainable Calgary to study how children commute to school, offering occupational therapy perspectives that hadn't been considered before.

Through partnerships with Indigenous communities, students have developed culturally relevant wellness resources, piloted new mentorship models, and learned from community-defined priorities.

These accomplishments are possible because of sustained relationships with local health providers, school divisions, and community organizations in Camrose and Calgary. That trust encourages groups outside health care to try new approaches.

While placements and capstones last only a few months, what students build with communities endures — tools, programs, and new perspectives on persistent challenges.



A Career Shaped by Care

A final clinical placement introduced Jon Ashmead (MScPT '06) to transplant rehabilitation, the work that would define the next two decades of his career.

Early in that career, Jon met a young mother in heart and lung failure. Too unstable to leave the hospital, she visited the rehabilitation gym daily — sometimes on 15 to 20 litres of oxygen. When she grew too weak, Jon brought therapy to her bedside.

Eventually, her condition declined, and she was moved to intensive care and placed on life support. One Friday, Jon was told she was not expected to survive. He had grown close to her and her 19-year-old son, and left the hospital feeling helpless. After months of helping her stay strong, all he could do was wait.

The next morning, everything changed.

Less than a day after her family was called to say goodbye, a donor heart and lungs became available — an extraordinarily rare match.

She received the transplant.

But survival was only the beginning. After nearly two months in intensive care, she developed foot drop in both legs and had to learn to walk again. Jon helped her take those first steps.

"Teaching someone to walk again after such a prolonged stay in intensive care — that stays with you," he says.

Nearly 20 years later, Jon and his former patient still meet every few years. "I tear up every time I see her," he says. "She was a fighter and never gave up."

The young mother Jon met at the start of his career is now a grandmother.



Vianna Aiello represents pediatric OTs at the Early Years Canmore Fair.



Participants in the Walker Clinic. From left: students Peyton Harty, Mak Sheppard, Emmanuel Gumasing and Delaney Stelmaschuk, instructors Sarah Hamill and Rebecca Alley.

Learning through care
IN ACTION

Twice a year, our occupational therapy students partner with Boyle Street Community Services and Hope Mission to run a walker clinic in Edmonton's inner city. The clinic is open to all — no referral or appointment needed. People simply walk in, speak with a student, and are assessed for a properly fitted gait aid.

That last part matters more than it sounds. For someone with nowhere to sit, a walker set at the wrong height — or the wrong walker entirely — can mean the difference between making it to an appointment or not.

Bringing the equipment together takes a community. Nursing students on placement at Boyle Street track down donations, while Home Health Store Inc. supplies the rest. At the most recent clinic, fifty-three people attended — the highest turnout yet.

Students leave having fitted a walker for someone they have never met, in a space that looks nothing like a clinic. It's the kind of hands-on practice you can't teach from a chair.



The words she thought were gone

Imagine the words that connect you to everyone you love suddenly out of reach. That was **Judy Hilton's** reality after two strokes left her with severe aphasia, turning everyday conversation into a daily challenge.

Judy's story is about what she found next.

At the Corbett Aphasia Rehabilitation and Education (CARE) Program, while rebuilding her communication skills, Judy found a community of people dedicated to helping her express herself, grow in confidence and take part.

Launched in 2021, CARE brings together registered speech-language pathologists and student clinicians to support people with aphasia across Alberta and Saskatchewan. The program is guided by the Life Participation Approach to Aphasia, which treats a return to ordinary life as the point of therapy rather than a bonus.

After a second stroke in 2024, Judy returned to CARE and put in the work. By spring 2025, she was participating independently in group conversations — speaking, writing, gesturing and using technology to communicate. She also returned to one of her favourite hobbies: crafting.

For Judy, every conversation is a step forward. For students, CARE offers something no textbook can: hands-on experience delivering compassionate, person-centred rehabilitation that restores connections.



Opening up what's possible

When a young boy climbed into an emPOWER car — a small motorized vehicle designed to help children explore independence — he lit up.

"He had a huge smile as he navigated the chair around our office," recalls **Farrah Hasham**, an alumna and our alumni representative. "He didn't want to stop driving."

For Farrah, that was rehabilitation in one moment — a child finding out what he could do.

Nearly two decades into her career as a pediatric physical therapist, Farrah continues to expand access for children across Edmonton through home- and school-based therapy, her work at the Glenrose Rehabilitation Hospital and volunteer service with You Can Ride 2. Her perspective has evolved alongside her practice.

"When I first started, I was very impairment-focused," she reflects. "Over time, I've learned that function and participation are what matter most. Every child and family is unique."

That philosophy mirrors the education she received here: rehabilitation as participation, not repair.





Supervising, and still learning

Clinical education is built on partnership.

For occupational therapy students **Jayleen Hills** and **Élise Machado**, a leadership placement with Covenant Health meant travelling to rural long-term care sites, identifying gaps between urban and rural allied health services and designing practical solutions for teams with limited resources.

For clinical educator **Whitney McKenzie**, the learning goes both ways.

"Each student has brought a unique lens, a unique set of skills to both myself and our organization," she says. "Having students consistently has kept the importance of curiosity alive in my practice."

Placements build competence. Whitney McKenzie's students built something in her, too.

Turning experience into care

As a member of Canada's national cycling team and a two-time Olympian, **Allison Beveridge** knows what rehabilitation feels like from the patient's side of the treatment table.

After years of being the patient, she wanted to be the one doing the treating.

During the faculty's MSc in Physical Therapy program, Beveridge completed placements across neurological, musculoskeletal and upper-extremity rehabilitation settings. Those experiences, combined with her own time as a patient, continue to influence the way she practises today.

"It gives you a lot more empathy for the patient in the moment," she says. "How much the person matters in the situation — and what they ultimately want to achieve."



Learning never stops



Since 2009, more than 22,700 rehabilitation professionals have kept learning with us. Here, that has always been part of the profession.

In 2000, long before online learning became the norm, we launched the Alberta Rehabilitation Continuous Learning Network (ARCLN), connecting rehabilitation professionals across the province through satellite broadcasts, videoconferencing and emerging web technologies. At a time when telehealth was still in its infancy, we were already bringing expert-led learning to clinicians in communities that couldn't easily access it.

That innovative approach continues today. Developed in partnership with researchers, clinicians and health-care organizations, our continuing education offerings respond to emerging evidence and the changing needs of rehabilitation practice. Graduate certificates, online micro-courses and professional development opportunities help clinicians build new skills, adding depth to what they can offer the patients in their communities.

This year alone, more than 3,600 clinicians took a course with us, then carried it back to their own patients in their own communities.



The camp that became a community

Marc Boutilier was eight when he first attended our AAC Camp Alberta. He's 18 now — and he hasn't missed a summer since.

For 10 years, our Augmentative & Alternative Communication (AAC) Camp — the first of its kind in Canada — has given children who use communication devices something rare: the chance to simply be kids. Surrounded by other campers who spoke the way he did, Marc's device became a tool for jokes and teenage banter, not just for essentials. "At camp, he seems to really understand that he can use this device to truly express himself," says his mother, Gail.

Campers are paired with a student from our speech-language pathology, occupational therapy or physical therapy programs for one-on-one support. Last summer, Marc worked with Matthew Halter, an SLP master's student at Augustana who had entered the program expecting to work with adults, particularly stroke survivors relearning to speak.

"I didn't really foresee myself going down that route," Halter says. "AAC Camp definitely changed that."

Ask co-organizer Jasmine Travers what she remembers most, and it's campfire giggles, high ropes shrieks and a two-hour dance that lasted four.

"We get to see where all the real, serious joy happens in our fields," she says. "It's incredible."



From patient to practitioner

Long before **Alyshah Walji** became a speech-language pathology student, she experienced rehabilitation as a patient.

Living with low vision — and later undergoing cancer treatment during graduate school — she relied on rehabilitation to maintain her independence. Those experiences deepened her determination to help others.

During one clinical placement, she watched a five-year-old child speak his first words to his mother.

At that moment, Walji experienced rehabilitation from the clinician's perspective for the first time.

Today, she works with children and families to build the communication skills that make so much else possible — being understood at home, at school and by the people who love them.





Creating pathways to practice

Alberta's shortage of physiotherapists has two solutions: educate more graduates and help experienced clinicians already here enter practice.

Every year, internationally educated physiotherapists arrive with years of clinical experience. Most arrive with deep expertise. What's harder to find is a clear way into the Canadian health-care system.

In 2012, we set out to build one.

Our instructors **Barb Norton**, **Bernadette Martin** and **Michelle Barnes** worked with Alberta's physiotherapy regulator and adapted a model piloted in Toronto to create Western Canada's first university-based bridging program for internationally educated physiotherapists. Designed as a hybrid program from the outset, it prepared clinicians not only for licensing requirements, but also for the professional, cultural and clinical realities of practising in Alberta.

Today, that work continues through the Essential Skills in Canadian Physical Therapy Practice course, led by Clinical Lecturer Michelle Barnes. Thousands of internationally educated physiotherapists have gone on to practise across Western Canada. In 2022, we initiated a similar educational model for internationally educated occupational therapists. As Alberta's demand for rehabilitation professionals continues to grow, the question is no longer whether internationally educated clinicians are part of the solution. They already are. The challenge is making sure their path into practice is as strong as the care they are ready to provide.

Where the bricks led

Lifelong learning extends forward from graduation. But sometimes it starts much earlier — with a table full of Lego.

This year, a Grade 12 student named Ethan wrote to a retired researcher with a request: he wants to work on assistive technology for children with physical disabilities. "I would love the opportunity to give back and contribute to the faculty that inspired me," he wrote.

The researcher was **Kim Adams**, whose research put robots and communication devices in the hands of children who couldn't use standard ones. For nearly ten years, Adams opened her assistive technology lab to FIRST LEGO League teams: kids aged 9 to 14, including home-schoolers and children with disabilities, some on their first real team of any kind. They built and programmed robots for competition, surrounded by the lab's real work — technology helping children with disabilities play and learn. Ethan's older brother Nicholas was there too. He returned as a mentor, and is now working toward a master of science in physical therapy at the faculty where he once built robots.

Ethan will attend U of A this fall. The bricks led him back.

A LEGACY OF EXPANDING OPPORTUNITY

2009
Continuing Education launches, opening faculty expertise to practising clinicians.

2010
Physical therapy launches at Augustana Campus in Camrose, graduating 120 students over the next decade.

2012
The Calgary satellite campus opens to address southern Alberta's therapist shortage; its first OT class of 12 has grown to roughly 30 per cohort.

2013
Bridging program for internationally educated physiotherapists launches

2021
The faculty crossed the 1,000-student mark in 2021-22 and has continued to grow.

2023
Calgary Campus celebrates 10 years and 470 graduates.

2024
Augustana reopens with relaunched MSc PT and new MSc OT and MSc SLP programs.

Looking ahead

Reimagine Access and Inclusion in Education

We continue to expand access to rehabilitation professions through distributed learning, community partnerships and flexible educational models.

Research that changes practice

Research makes its greatest impact when it moves beyond the page — shaping how care is delivered and who can access it.



Karim Fouad, PhD
Professor and Canada Research Chair (Spinal Cord Injury)

Sharing knowledge that accelerates discovery

Some of science's most valuable findings never see daylight. They sit in filing cabinets — the negative results, the isolated datasets, the insights no single study can surface alone.

Karim Fouad, a professor and Tier 1 Canada Research Chair, is changing that. With collaborator Adam Ferguson at UC San Francisco, Fouad built the Open Data Commons for Spinal Cord Injury (ODC-SCI), a platform that lets researchers worldwide pool, share and reuse both preclinical and clinical data. Supported by Wings for Life, ODC-SCI reflects a growing conviction that transparency and collaboration will accelerate discovery for everyone.



Adriana Ríos Rincón PhD
Associate Professor
Department of Occupational Therapy

Making rehabilitation smarter

How do you measure engagement in someone who can't describe their own experience?

It's a critical question for people living with dementia — because in game-based therapies, sustained engagement is what makes treatment work. Associate professor Adriana Ríos Rincón found an answer in brain waves. Using EEG data instead of traditional self-reported questionnaires, her team demonstrated that engagement can be objectively tracked, even in people who can't put their experience into words. Next: adaptive games that automatically adjust difficulty to keep engagement at its best.



PhD candidate Mitchell Holmes helps connect an fNIRS cap worn by his supervisor, CSD professor Jacqueline Cummine.

Building better treatments

Research is helping address persistent gaps in care — and revealing new possibilities in unexpected places.

Professor Margaret McNeely's new Lymphedema Research and Training Program aims to help fill a critical evidence gap for the more than 1.25 million Canadians living with lymphedema, most of whom are cancer survivors. Her team is using tools like MRI to better understand tissue changes and tailor interventions, building the clinical evidence base that patients and practitioners urgently need.

And sometimes discovery comes from an unexpected place — like the mouth. Working with his supervisor, Professor Jacqueline Cummine, PhD candidate Mitchell Holmes found that numbing participants' mouths with lidocaine helped some read faster without affecting accuracy, suggesting oral sensory feedback influences reading-related brain activity. The finding points toward a greater role for speech-language pathologists in supporting people with dyslexia and other reading difficulties.



Margaret L. McNeely, PT, PhD
Professor, Department of Physical Therapy/ Department of Oncology
University of Alberta & Cancer Care Alberta



“We need to do a better job in terms of investing and making sure they know who they are is important.”

Katelyn Favel
PhD Candidate
Department of Occupational Therapy

Changing how rehabilitation is taught

Katelyn Favel has spent her career navigating two worlds — and working to build something better than both.

An occupational therapist from Poundmaker Cree Nation, she came to the profession drawn by its holistic view of human life. But she quickly noticed what was missing: Indigenous ways of knowing, consistently sidelined by the Western frameworks that dominate health-care education.

That “uncomfy feeling,” as she describes it, became the foundation of a career.

Now a PhD candidate with us and a Vanier Scholar, Favel is asking what it would take to decolonize OT education from the ground up, and what it would look like to build something new, developed by and for Indigenous communities. Her doctoral thesis, “LandBack: Decolonizing Occupational Therapy Education,” draws on principles of Indigenous sovereignty and self-determination to envision a curriculum where Indigenous epistemologies are central, not supplementary.

The work is personal. Favel thinks often about her three-year-old daughter and the school system she will enter — and about all the children who are still being asked to leave their identities at the door. “They’re the future,” she says. “We need to do a better job in terms of investing and making sure they know who they are is important.” She is already putting that vision into practice through clinical work and consulting at wîcîwitowin, and as a board member of the Indigenous OT Collective of Canada.

A LEGACY OF COLLABORATION AND INNOVATION

1976
Faculty status gives rehabilitation disciplines a shared multidisciplinary home.

1989
The Rehabilitation Research Centre is established, providing shared expertise, resources and infrastructure for interdisciplinary research.

1993
A U of A, Covenant Health and Alberta Health Services partnership unites surgery, rehabilitation, engineering and prosthetics to advance reconstructive craniofacial care.

1996
The faculty's first patent is granted.

2011
The Smart Condo living lab brings disciplines together to develop technologies that support independence and aging in place.

2017
The Open Data Commons for Spinal Cord Injury is established as a global platform that makes research data more accessible, reducing duplication and accelerating discovery.

2018
HiMARC connects researchers, clinicians, military members, veterans and families to advance rehabilitation, resilience and mental health.

2020
The pandemic pushes telerehabilitation from experiment to necessity.

2023
FRM, Saxion University and the University of Waterloo form an international partnership on rehabilitation technology, aging and innovation.

2026
Six active patents, 22 new research grants, 208 publications — and the launch of the Lymphedema Research and Training Program — mark a year of research growth.

Looking ahead

Build a faculty structure that lets good ideas cross departments

Many of this year's discoveries reflect the increasingly collaborative research environment envisioned in the faculty's strategic plan.

2025-26 by the Numbers

Growing to meet Alberta's rehabilitation needs

Since our first class graduated in 1956, more than 11,000 rehabilitation professionals have begun their careers here. Our student body has nearly doubled in the past 25 years — from 561 students in 2000 to nearly 1,100 today — as we have expanded across three campuses to help meet Alberta's growing need while maintaining the same rigorous standards for every graduate.



First-year physical therapy and occupational therapy students at FRM's Calgary campus.







Learning

This year, international students from at least 16 countries brought global perspectives to programs across the faculty.

12 PhDs awarded

1,589 student placements — **172** out of province, **10** international

1,124 clinical educators

Community

10 clinics and camps serving Albertans

146 participants at AAC Camp Alberta – Easter Seals Camp Horizon

92 participants at Alberta Aphasia Camp

Lifelong learning

3,621 Continuing Education learners in 2025–26; **22,703** since the program began

1,400+ physical therapy candidates assessed through provincial clinical competency exams, supported by **220+** examiners and standardized patients

Research

$7.9 million in research revenue

208 peer-reviewed publications — **22** new research grants - **6** active patents

Giving

328 donors supporting **80** projects — **$3.8 million** raised



THEN

We began by answering urgent needs — helping Albertans recover from polio and return from war.



NOW

Education, research and care work together — with patients, families and communities — to improve lives across Alberta.



NEXT

Rehabilitation will be more connected, more accessible and shaped with the communities it serves.

The next chapter has already begun

We welcomed our first class of physical therapy students in 1954, two decades before we became a Faculty. Ever since, we've evolved alongside the changing needs of the people we serve. Every new program, partnership and discovery has been a response to one question: what do our communities need next?

This year we launched *Expanding Horizons*, our strategic plan for 2026-2030. Everything in it started somewhere in these pages — a placement in a town without an OT, a curriculum written on another continent, a walker fitted in a shelter. The plan commits us to more of that, in more places.

Building our next 50 years

The next 50 years ask us to imagine more — for rehabilitation and for every life it touches.

Reimagining Access
Wider access to the rehabilitation professions — including admissions that recognize lived experience and non-traditional routes — so the people delivering rehabilitation reflect the communities receiving it.

Strengthening Community Partnerships
Solutions co-created with Indigenous communities, health-care organizations and community partners, including an Indigenous Healthcare Access Pilot built in partnership and honouring Treaty responsibilities.

Advancing Innovation
Researchers, clinicians, educators and learners tackling complex rehabilitation challenges together — with technology measured not by what it can do, but by who it reaches.

Connecting Care, Learning and Discovery
The Rehab Med Integrated Teaching Clinic will unite patients, students and researchers under one roof — a living lab where knowledge moves faster from discovery to care.

Expanding Our Reach
From rural Alberta to the Rehab Med Global Campus, rehabilitation education and care will cross every kind of distance — reaching communities hours from the nearest specialist, and learners on the other side of the world.

Leading With Purpose
Students, faculty, staff, alumni, donors and community partners — every person in these pages — shaping the future of rehabilitation medicine together.

Looking ahead

More people are living longer after injury and illness. Communities expect care that reaches them where they are. Technology is rewriting what's possible — and partnerships will decide who benefits.

The challenges are significant. So is the opportunity.

For decades, we have been defining rehabilitation medicine in Canada. Fifty years from now, we want to be able to say the same thing: we listened first, and we built what communities needed.



Thank you for making it possible

The impact starts with you.

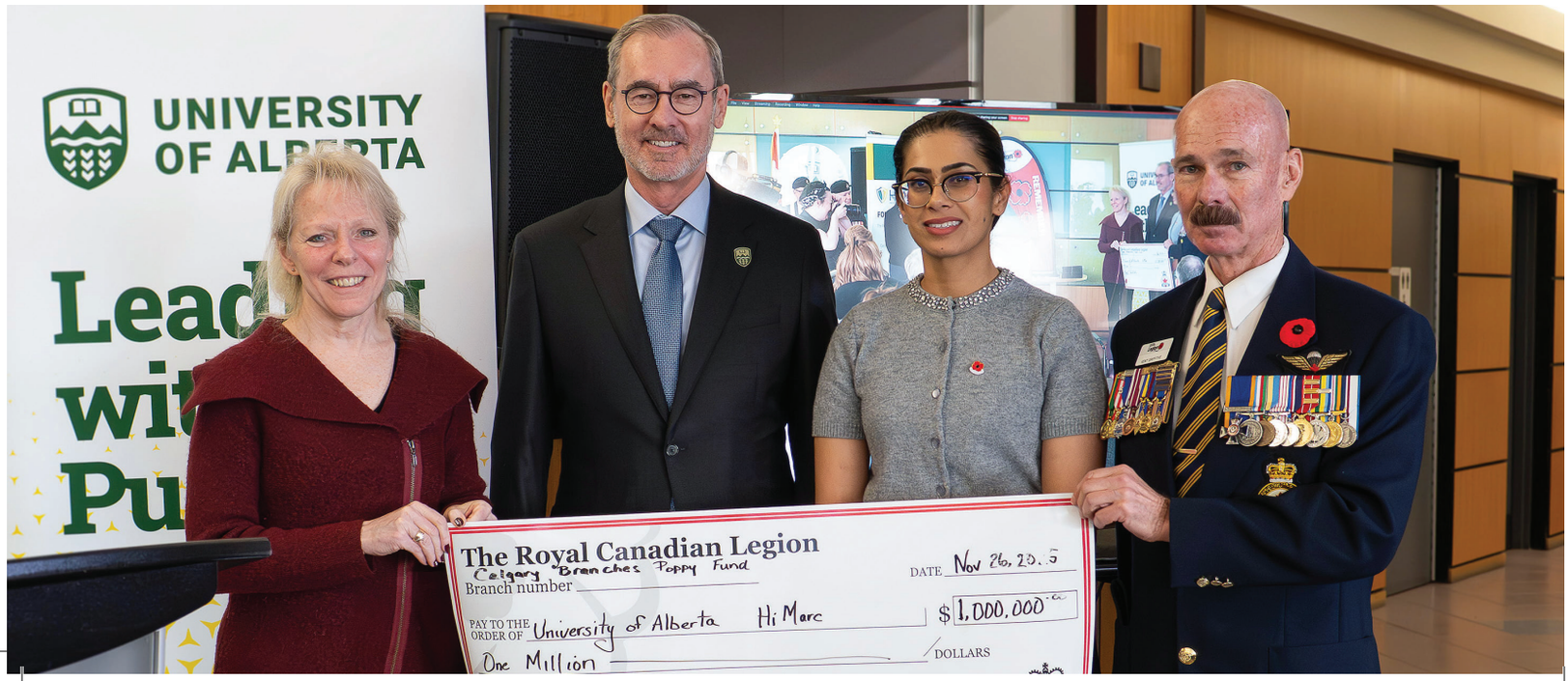
Every story in these pages — the breakthroughs, the students, the discoveries, the lives changed — exists because of our donors and community partners. Your generosity funds research, widens access to care, opens doors for students and helps build what rehabilitation becomes next. Thank you for making this year, and the next 50, possible.

A transformative investment

For decades, the Royal Canadian Legion – Alberta/ Northwest Territories Command has stood behind those who serve. This year, they made history doing it.

Their $1 million gift to the Military, Veteran and Family Connected Campus Consortium (MVF3C) is the largest single donation in the Legion's history. The consortium, a growing network championed by professor **Suzette Brémault-Phillips**, helps veterans, serving members and their families thrive in post-secondary education.

The Legion didn't stop there. Combined with additional Legion gifts to HiMARC and the 3MDR virtual-reality PTSD therapy program — and more than $300,000 leveraged from other legions — total giving reached over $1.3 million: a transformative investment in military mental health and education.





Giving voice to the future

Arnold and Grace Rumbold saw what happened when people who stutter found their voice — and they never stopped supporting it.

For nearly 40 years, inspired by ISTAR founders Einer Boberg and Deborah Kully and the remarkable progress they witnessed firsthand, the Rumbolds helped the Institute for Stuttering Treatment and Research change lives while creating learning and research opportunities for future clinicians. Today an endowment continues what they started in 1986.



Leading the next generation

Joan McGregor spent her life in service — as a compassionate clinician, a health-care leader and a mentor to those around her.

Through the Joan McGregor Graduate Endowment in Occupational Therapy, established by her husband, Doug Watson, that dedication lives on in students committed to leadership, community service and improving health care.



Giving hope through movement

The students at St. Theresa Catholic School watched their teacher recover from cancer. Then they did something about it.

Together with school staff, they raised $6,000 for the Alberta Cancer Exercise (ACE) program, which uses evidence-based exercise to help people rebuild after cancer treatment. Their teacher inspired them. Now their gift is inspiring others.



Investing in those who care

Caring for tomorrow's clinicians begins long before they enter practice.

Inspired by a lifetime of mentorship, David Magee established the Dr. Judy Chepeha Physical Therapy Endowment for Mental Health and Wellbeing to support students facing personal, financial and mental health challenges. Honouring Chepeha's legacy of compassion, the endowment helps ensure future rehabilitation professionals have the support they need to thrive.



A legacy that came full circle

For years, Lisa Pashniak gave to the Institute for Stuttering Treatment and Research (ISTAR) because she believed in its work.

Then, after surviving a brain aneurysm and developing aphasia, she became one of the very people the program serves. Now, through a legacy gift in her will, Lisa is paying for the help she received to be there for someone else.



A lifetime of giving back

Marion Schmitke's connection to occupational therapy has never faltered.

More than 50 years after she began her career — and as a three-time graduate of the U of A's OT program — she remains one of our most devoted supporters, with over 200 donations helping fund the research, student awards, lab equipment and learning spaces that support future occupational therapists.

At 87, Schmitke embodies the person-centred philosophy she helped pioneer over a career spent largely at Alberta Hospital Edmonton, where she built vocational programs and helped develop Alberta's first OT assistant training. "Marion has touched countless lives through her faithful support to the faculty," says Sandy Thompson-Hodgetts, interim chair of occupational therapy. For Schmitke, it's simpler still: "I think I was born to be an occupational therapist."

2025-26 Giving

$3,783,100
Total raised

$1,868,615
Annual research

$1,679,247
Annual programs

$191,812
Academic endowments

$29,757
Awards endowed

$13,669
Annual awards

328 donors

80 projects supported

Fifty years of generosity

Over the faculty's recorded history, **5,220 donors** — **1,623 alumni** and **3,597 friends of the faculty** — have given more than **$47.3 million** in donations and pledges. Their gifts range from **$1 to $1.9 million**.

Every gift built something.

And they keep coming back:

3 donors have given for **30 or more** consecutive years

26 donors for **20–29** consecutive years

105 donors for **10–19** consecutive years

291 donors for **5–9** consecutive years

Generosity through the years

1986
Alberta Elks Foundation becomes ISTAR's founding donor, contributing more than **$3.7 million** over four decades.

1986
Arnold and Grace Rumbold begin nearly **40 years** of support for ISTAR.

2025
The Royal Canadian Legion – Alberta/NWT Command gives **$1 million** — leveraging **$300,000+** more from other legions.

2026
328 donors support **80** projects in the faculty's 50th year.


Anti-Gravity Treadmill






SCHOOL OF
REHABILITATION
MEDICINE

THE EDMONTON JOURNAL, SATURDAY, JULY 31, 1954—

Rehabilitation Medicine Has Many Opportunities For Women

BY GRACE SMITH
(Journal Staff Writer)

The young boy in the Hubbard tank was bei
sisted by the physiotherapist to regain the use of l
muscles. Water in the T-shaped unit made the
ments easier and gradually his knee began to re
to the treatment and bend farther until the moti
came voluntary.

His recovery, like that of many other patients in all age groups,

of physical medicine an
Hall is in charge of the
therapy department at t









open many new career opportunities and fill a growing need for trained physiotherapists in Edmonton hospitals.

Dr. J. R. Fowler, medical director of the rehabilitation clinic of the Workmen's Compensation Board, will head the school of physiotherapy from which students will graduate with a diploma, which will be recognized by the Canadian Physio-

formities through disuse
re-establishment of the f
of tissues and organs.

Therapy procedures a
extensively in cases of pa
particularly residual p
following cerebral accide

In the department's
nasium, physical traini
structors help patients
use of muscles on a nur
special units, and teach t





Women students entering the University of Alberta this fall
of commencing a new profession as a physiotherapist. The course ha
Gill and Toronto universities, and the U. of A. is the first western Univ
Pictured in the layout above, are physiotherapists at the University
habilitation. In the top photograph Miss Anne Ahara, a McGill gradu
Hall, who is in charge of the physiotherapy department, assist a you
the use of his leg muscles in the Hubbard tank. Below, Mr. Zennon Yo
structor, works with a patient on the Elgin appliance exercise table on
00 different movements of a resistive and assistive nature. The Hub
re among the most costly pieces of equipment in the rehabilitation de
er Studios.

Physiotherapy Opens Career Field For Women; U. Of A. To Offer Cours

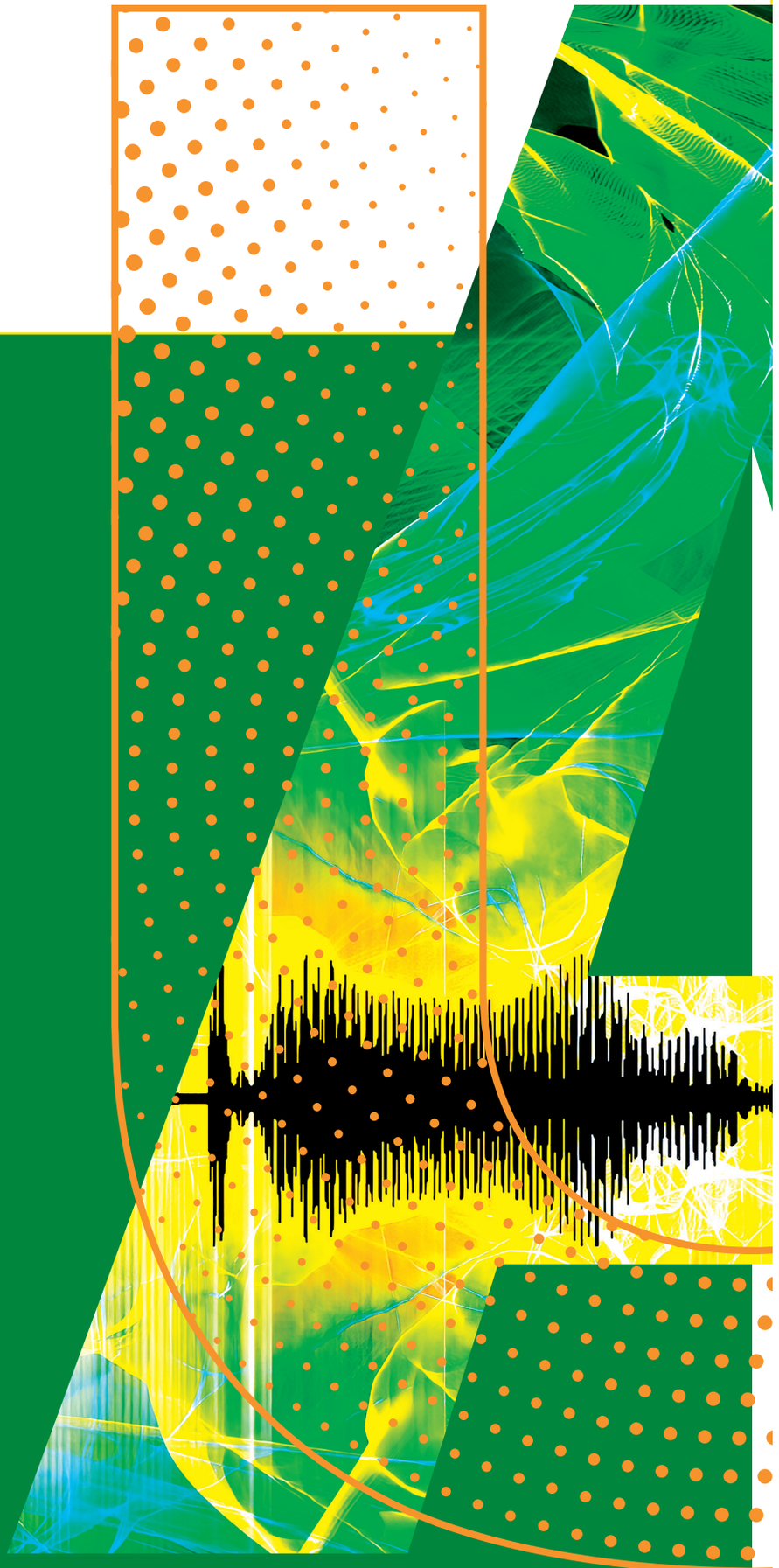
1955 or early 1956.

Another vital phase

Dr. M. C. Adamson is director therapists' work, part

This is rehab.

Leading with Purpose.



UNIVERSITY OF ALBERTA