

CAPABILITY STATEMENT

CORE COMPETENCIES

Within the Military Health System (MHS), Interactive Metronome® (IM) is dedicated to improving the lives of patients and families impacted by: TBI, amputations, and their associated conditions. IM is an evidence based, engaging therapeutic modality that improves cognitive and motor skills.

THE PROGRAM

IM is a structured and goal-oriented program designed to challenge the patient to perform customizable, synchronized, repetitive motor movements to a precise reference tone. A patented auditoryvisual guidance system provides immediate feedback measured in milliseconds to improve timing and rhythm.

IM improves synchronization of neural impulses within key brain networks for cognitive, communicative, sensory, & motor performance.

PATIENTS WHO BENEFIT

Within the MHS, IM has been scientifically proven to be an effective modality for patients suffering from:

- TBI Blast Injury
- Concussion
- Stroke
- Amputation (adaptive training)

PAST PERFORMANCE



Defense and Veterans Brain Injury Center (DVBIC)

The DVBIC funded a 2-year study showing that IM was an effective cognitive remediation for blast related traumatic brain injury. The study was published in *Neuropsychology*, the journal of the American Psychological Society (Nelson, MacDonald, Stall, & Pazdan, 2013). The DVBIC continues to use IM.

18 Medical Centers and 8 Military Hospitals use IM

- James A. Haley Veterans' Hospital
- VA San Diego Healthcare System
- West Palm Beach VA Medical Center
- Southern Arizona VA Health Care System
- Boise VA Medical Center
- VA Palo Alto Health Care System
- Jack C. Montgomery VA Medical Center
- VA Long Beach Healthcare System
- Alaska Healthcare System
- VA Caribbean Healthcare System -San Juan
- New Mexico VA Health Care System
- Hershey "Woody" Williams VA Medical Center - Huntington WV
- Michael E. DeBakey VA Medical Center - Houston

- VA Hospital Lake City
- William S. Middleton Hospital
- Tomah Medical Center
- Sioux Falls Medical Center
- Minneapolis Health Care System
- U.S. Army Research Laboratory
- Martin Army Community Hospital • William Beaumont Army Medical Center
- Evans Army Community Hospital
- Womack Army Medical Center
- U.S. Army Health Center Vicenza
- Raymond W. Bliss Army Health Care
- Walter Reed National Military Medical Center

RESEARCH

Interactive Metronome® is patented technology backed by research with over 35 studies published in leading scientific iournals.

Peer reviewed studies repeatedly confirm the **importance** of timing & rhythm for human performance. According to IM research, improving neural timing may result in better function in the following areas:

- Attention Processing Speed
- Working Memory Executive Functions
- Expressive & Receptive Language
- **Regulation of Self Control**
- Upper Extremity Function
- Motor Coordination
 Balance

DIFFERENTIATORS

- Interactive Metronome, Inc. is a GSA approved vendor.
- 15 years of published clinical research supports the utilization of the IM program in rehabilitative and therapeutic settings.
- Specific military research A study¹ performed at the DVIBIC in Fort Carson, Colorado, showed that subjects utilizing IM, in addition to standard rehabilitation care, outperformed standard care on 21 out of 26 neuropsychological measures among active-duty soldiers with mild-to-moderate TBI.

COMPANY DATA

Interactive Metronome, Inc. has been in business since 2001 and had done business with the VA for over 11 years. The IM program is backed by 15 years of clinical research, including more than 35 published studies and white papers.

Please visit www.interactivemetronme.com for further details.

DUNS: 015570872	Accept Credit & Purchase cards
CAGE: 3AW47	FSS Contract Number:
Socio-economic certification:	GS35F344GA
Small business	GSA Schedule: 70 SIN 132-8
NAICS Code: 334118, 423450	

FOR MORE INFORMATION CONTACT

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REFERENCE

Nelson LA, MacDonald M, Stall C, and Pazdan R. (2013). Effects of interactive metronome therapy on cognitive functioning after blast-related brain injury: A randomized controlled pilot trial. Neuropsychology, 27, 666-679.