

InsideSARGENT

2025-2026

A Sargent
team is helping
redesign justice
for older adults

UNLOCKING OPPORTUNITIES

*Roger Richardson
Middlesex Jail &
House of Correction*

**Travis Roy's legacy
lives on | P6**

**Patients with
aphasia find their
voice again | P20**

**High-tech
rehab at the
Ryan Center | P30**

ADVANCING THE HEALTH AND WELL-BEING OF ALL PEOPLE.



FROM THE DEAN

ALEXANDRA MUNROE

Hello Everyone,

What a year it has been in higher education. At BU, we still celebrate the new leadership of University President Melissa Gilliam and Provost Gloria Waters, who is dean emerita of Sargent College. Dr. Gilliam's inauguration in September 2024 was a powerful moment. As she took the Founders' Chair, the spontaneous standing ovation in Agganis Arena reflected our pride in BU's founding mission to make higher education accessible to all.

In fall 2024, we revised Sargent College's vision, mission, and values to reflect our shared commitment to advancing the health and well-being of all people. These updates honor the dedication of our community to research, education, and clinical excellence. I take pride in that we are a collaborative and diverse community of learners, scholars, professionals, and practitioners that values scientific discovery, experiential learning, inclusion, accessibility, creativity, and innovation.

In 2025, higher education faces new challenges. Like many of our peer institutions, BU encountered financial pressures and uncertainty in federal support. Yet, Sargent College remains strong. Our professional programs maintained top rankings by *U.S. News & World Report*. Research funding rose by 27 percent, surpassing \$18 million for the first time—a testament to our faculty's excellence. Spring enrollment also grew by 6 percent, exceeding 1,800 students.

Donna Astion ('82) helped us close out the year with her convocation address to the Sargent Class of 2025. She encouraged students to explore and use their *Sargent Power*, a term she coined and defines as "figuring out how to make the best of the current environment and see the opportunities to move forward."

Looking ahead, we will be using our *Sargent Power*. We are renewing the college's strategic priorities in the context of continuing successes and future headwinds. We are launching an Innovation in Teaching and Learning Studio for our faculty to collectively address the changing landscape of education. We are increasing experiential learning opportunities for undergraduates as well as building new pathways for Sargent undergraduates to enroll in graduate programs at BU. We continue to invest in convergent research areas and innovate in our on-campus clinics with new treatment approaches.

Given all of this, I am excited for what comes next and am deeply grateful for your support. Together with our students, staff, and faculty, you help make Sargent the great place it is.

All the best,

A handwritten signature in blue ink, appearing to read "J Dennerlein".

Jack Dennerlein
Dean and Professor

OUR MISSION IS TO

- **ADVANCE KNOWLEDGE** of health and rehabilitation through science and scholarship
- **EMPOWER OUR STUDENTS** to be leaders discovering what is possible
- **TRANSFORM CLINICAL PRACTICE** through integrated research centers, partnerships, and outreach

As a collaborative and diverse community of learners, scholars, professionals, and practitioners, we value excellence achieved through scientific discovery, experiential learning, inclusion, accessibility, creativity, and innovation.

PEOPLE



164
STAFF MEMBERS

282
STUDENT
EMPLOYEES

92
FULL-TIME
FACULTY

RESEARCH

300+
PEER-REVIEWED
PUBLICATIONS IN 2024

26,000
CITATIONS IN 2024



Scan here for
a list of 2024–
2025 research
publications



9
RESEARCH/CLINICAL
CENTERS

(See page 41 for
a complete list.)

\$17.7
MILLION

in annual research
expenditures
supported by external
awards in 2024

30
FACULTY RESEARCH
LABORATORIES

BOSTON UNIVERSITY SARGENT COLLEGE

OF HEALTH & REHABILITATION SCIENCES

RANKINGS AND PROGRAM PERFORMANCE



#1

OCCUPATIONAL THERAPY
DOCTORAL PROGRAM
(U.S. News & World Report)

#5

SPEECH-LANGUAGE
PATHOLOGY MASTER OF
SCIENCE PROGRAM



#20



DOCTOR OF
PHYSICAL THERAPY

100%

PASS RATE FOR
REGISTRATION EXAM
FOR DIETITIANS

ENROLLMENT AND ALUMNI

1,271

UNDERGRADUATE
STUDENTS across six majors



631

GRADUATE STUDENTS
across six professional and Master
of Science programs



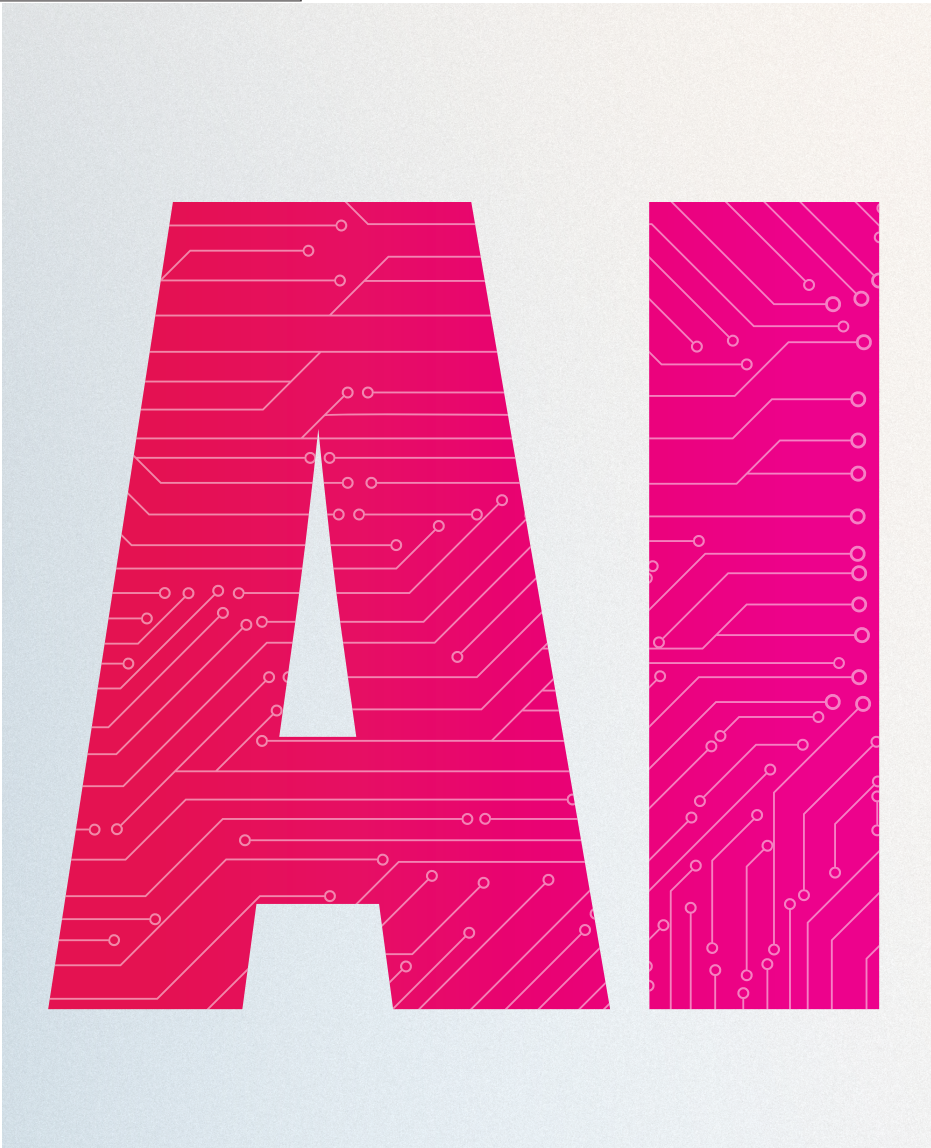
21,241

ALUMNI
in 76 countries



46

PHD STUDENTS
across three degree
programs



16

A NEW CLASSROOM ASSISTANT: AI

Sargent faculty discuss the practice and promise of artificial intelligence in health sciences pedagogy

18

GLOBAL HEALTH IN GHANA

A Sargent lab is co-developing a digital tool to spread health information



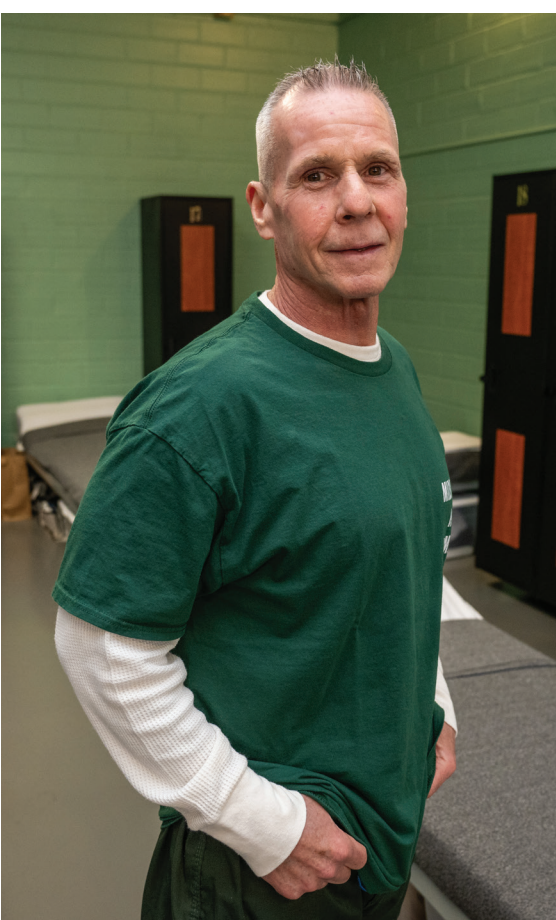
20

FINDING THE WORDS

Aphasia patients find their voices



VECTEEZY, COURTESY OF LINDSEY LOCKS, ALEX NABAUM



CYDNEY SCOTT, DOUG LEVY

26

UNLOCKING OPPORTUNITIES

A Sargent team is helping redesign justice for older adults

1

DEAN'S LETTER

2

BY THE NUMBERS

6

SARGENT NEWS

36

ALUMNI PROFILE: DAVID RUCHELSMAN

38

ALUMNI PROFILE: RANDI JACOBY

40

WHY WE GIVE

30

HIGH-TECH REHAB

A robotic exosuit intended to lower opioid reliance is the latest technology being tested in Sargent's Ryan Center for Sports Medicine



Scan to view current and past issues of Inside Sargent.



TRAVIS ROY’S LEGACY: BETTER CARE AFTER SPINAL CORD INJURY

Two new Sargent scholarships in Roy’s name extend the impact of a former Terrier hockey player whose career was cut short | BY STEVE HOLT

TRAVIS ROY’S DREAM of playing Division I hockey ended in 1995 when he crashed into the boards 11 seconds into his first game at BU. But Roy, who was paralyzed from the neck down in the accident, soon discovered a new dream—helping others with spinal cord injuries and funding research. Today, 30 years after Roy (COM’00, Hon.’16) was injured and 5 years after his death at 45, his philanthropic legacy lives on at Sargent College.

This fall, two doctoral candidates, one in physical therapy and the other in occupational therapy, were the inaugural recipients of the Travis M. Roy Endowed Scholarship, funded with a \$1 million gift from the Travis Roy Foundation to Sargent. The fund will provide annual scholarships, starting

with the 2025–2026 academic year, to one or more graduate students studying occupational or physical therapy at the college. Preference for scholarships is given to students studying paralysis and spinal cord injury and who have demonstrated interest in a patient-focused career. The foundation also prefers that recipients make their careers in New England.

Marybeth Surratt (’27) and Luke Willett (’25/’27), each in the second year of their programs, will collaborate on a yearlong scholarship project focused on enhancing the quality of life of people who have experienced a spinal cord injury (SCI). The pair will also lead one or more public forums about best practices in physical or occupational therapy.

“Travis’ highly impactful legacy was built on his genuine desire to help people after SCI and raise awareness about and support research to optimize the health and well-being of those impacted by SCI,” say the program directors, Jennifer Kaldenberg (SPH’18), a clinical associate professor of occupational therapy, and Diane Heislein, a clinical associate professor of physical therapy, in a statement.

The Roy scholarships are the latest example of good emerging from an accident. Since Roy’s passing in 2020, his foundation has facilitated a partnership between Sargent and the Shepherd Center in Atlanta—the world leader in spinal cord rehabilitation where Roy received care—to

build out the center’s capacity to care for people with spinal cord injuries. The foundation provided a year’s support for a Sargent postdoctoral fellow embedded at the Shepherd Center to conduct learning health systems research, with additional support coming from the Jack Trotter Foundation.

“The beautiful thing about learning health systems is that the work is never done,” says Emily Evans, an assistant professor of physical therapy who has been overseeing the Shepherd Center collaboration. “This is a cyclical process focused on continuous improvement—always getting better and improving care for individuals with paralysis—so by providing support for this partnership, the Travis Roy Foundation is supporting



“The people of Sargent College are carrying Travis’ legacy forward.”
Arthur Page, Travis Roy Foundation board chair

the start of this and many future improvement cycles to come.”

In addition to its gifts to institutions, the Travis Roy Foundation has donated more than \$7.2 million to people living with paraplegia and quadriplegia to purchase adaptive equipment like wheelchairs, mattresses, and home and vehicle modifications.

Arthur Page, chair of the board of trustees at the foundation, says Roy loved BU, and Sargent in particular.

“He saw firsthand the skills and compassion of Dr. Terry Ellis [professor and chair of physical therapy], her Sargent colleagues, and its students,” Page says. “As was typical he wanted to give back. During his life, a professorship was endowed in his name; after he passed, his life work

funded a doctoral scholarship, and now is forging a collaboration with the Shepherd Center in Atlanta, to study and spread best practices in care and rehabilitation throughout the country. The people of Sargent College are carrying Travis’ legacy forward.”

LaDora Thompson, the Travis M. Roy Professor in Rehabilitation Sciences, focuses her research on cellular changes in muscle, such as those following a spinal cord injury. She met with Roy several times each year during his life, saying Roy “lived with a sense of quiet elegance,” maintaining “grace and composure in the face of adversity.” She points to several direct research advancements stemming from Roy’s influence and generosity.

“There are numerous exciting advancements,” Thompson says, “including the opportunity to develop new research initiatives, such as interventions to prevent muscle deterioration, and make innovative strides in experimental research, like reverse-translating human assessment tools to preclinical animal models. I am also able to support postdoctoral fellows and students, explore new avenues for collaboration with engineers and experts in musculoskeletal systems, and gain invaluable resources to pursue scientific projects that I might not otherwise have the means to undertake. Above all, this [Roy Professorship] provides me with the unique chance to build a legacy of exceptional scholarship and leadership in Travis’ name.” **S**

Opposite page: Roy on the ice at Agganis Arena in October 2015. Below: Roy speaking about his rehabilitation journey in 2012 at Sargent. Right: BU retired Roy’s No. 24 at Walter Brown Arena on October 30, 1999. Roy died in October 2020.



From left: Jen Kaldenberg, Diane Heislein, Emily Evans, Terry Ellis, LaDora Thompson



CLOCKWISE FROM TOP LEFT: COURTESY OF ARTHUR PAGE; ALBERT L’ETOLE; CHITOSE SUZUKI (KALDENBERG); BU PHOTOGRAPHY (HEISLEIN); MICHAEL D. SPENCER (ELLIS); COURTESY OF SARGENT COLLEGE (EVANS, THOMPSON); CYDNEY SCOTT

JACKIE RICCIARDI



Making Health Sciences More Inclusive

[Sargent faculty work to improve healthcare experiences of LGBTQIA+ patients and advocate for queer individuals who are entering the health professions](#) | BY TING YU

IN RESPONSE to growing student interest, Sargent is expanding research initiatives and academic offerings that recognize the challenges faced by LGBTQIA+ patients, providers, and students in the health sciences.

In 2023, Jesse Moreira-Bouchard ('18; '21, SPH'26), a clinical assistant professor in human physiology, founded the Queer Understanding Equity & Educational Research (QUEER) Lab at Sargent. With lab co-director Lisa Roberts, a senior lecturer in health sciences, Moreira-Bouchard develops teaching practices intended to foster a more inclusive classroom culture for queer students, who drop out of STEM majors at significantly higher rates than their cisgender peers. "If we can retain more queer students in the STEM pipeline," he says, "we'll have more queer physicians, and more queer patients will be treated with higher-quality care."

The QUEER Lab also investigates underlying drivers of health disparities—such as higher incidences of hypertension and cardiovascular disease—in LGBTQIA+ communities, where stress, anxiety, and depression are more prevalent. Moreira-Bouchard's course, Pathophysiology in Marginalized Individuals (SAR HS 438),

explores how minority stress affects the human body. The goal, he says, is to "create open-minded clinicians who don't see patients through bias, and who can take an individualistic approach to every patient they see."

Temor Amin-Arsala, who joined Sargent in 2024 as a clinical assistant professor, plans to focus their research on the intersection of occupational therapy and LGBTQIA+ health. Sexual minorities tend to have worse mental and physical health outcomes because "LGBTQIA+ individuals are less likely to go to primary care visits and seek preventative care due to past negative experiences," Amin-Arsala says. Not to mention, the stress of being part of a targeted group can lead to higher rates of drinking, smoking, and substance use.

"Many occupational therapy practitioners don't think sexual orientation and gender identity should come into play at all in the work we do," Amin-Arsala says. "But both play a big role in how people engage in their work and in their most meaningful activities. We need to educate students on how to advocate for intervention."

Clinical Assistant Professor Shannon Peters studies the ways in which the healthcare



"If we can retain more queer students in the STEM pipeline, we'll have more queer physicians, and more queer patients will be treated with higher-quality care."

Jesse Moreira-Bouchard ('18; '21, SPH'26), a clinical assistant professor in human physiology

system pathologizes normal gender diversity. "When something is seen as other, we understand it in medical terms—like gender dysphoria—rather than just as human diversity," she says. Peters believes this narrow lens degrades the quality of healthcare available to transgender and gender diverse individuals and marginalizes LGBTQIA+ healthcare professionals who often experience discrimination and hostility from supervisors, colleagues, and even patients.

In her course, Queering Health (SAR HS 333), Peters draws on queer theory, the history of queer communities, and queer culture to teach students about the unique physical and mental health needs that exist within the LGBTQIA+ community. For example, to the trans community, bathroom access and youth sports bans aren't merely divisive political debates, Peters says, but fundamental barriers to their full, healthy engagement in society. "Gender-affirming care is not just about getting pronouns right—or even hormones and surgeries," Peters says. "It's about patients having providers who are knowledgeable and have a holistic understanding of their communities and their unique needs and not requiring that education from their patients." ■

ANA VASILEVA, JAKE BELCHER

GETTY



PULITZER WINNER KIDDER DELIVERS 2025 DRENCH LECTURE

ON MARCH 26, 2025, Sargent College hosted Pulitzer Prize-winning author Tracy Kidder for its annual Meredith E. Drench Lecture, in partnership with the School of Public Health, the School of Social Work, BU Wheelock College of Education & Human Development, and the Center for Forced Displacement. In a talk titled "Variations on the Problem of Goodness," Kidder captivated a Tsai Performing Arts Center audience of more than 350 with his powerful storytelling, sharing insights from *Mountains Beyond Mountains* and *Rough Sleepers*. Through the stories of Paul Farmer and James O'Connell, an assistant professor at the Chobanian & Avedisian School of Medicine, Kidder highlighted the urgent need for compassionate, community-based healthcare—whether in Haiti or on the streets of Boston. Sargent Dean Emeritus and University Provost Gloria Waters introduced Kidder. The late Meredith E. Drench founded the lecture series in 2009 to share her passion and belief in the "compassionate rehabilitation" of the whole person, and the lecture series honors Drench's legacy and continues her mission of education and advocacy, focusing on the psychosocial aspects of rehabilitation. —Steve Holt



Caroline Brinkert, director of the Center for Stuttering Therapy and a lecturer in speech, language, and hearing sciences, facilitates her therapy group for teens who stutter.

Empowering Teens Who Stutter

A pilot group focuses on decreasing stigma, boosting confidence, and building peer support | BY SOPHIE YARIN



“The real emphasis is on the content of the message and not the surface-level features of how it’s being delivered.”

Caroline Brinkert, director of the Center for Stuttering Therapy

A CLASSIC speech therapy analogy explains the neurological and psychological connection at play in a speech disorder: the stuttering iceberg. “The tip is what other people see about you—the blocks, repetitions, or prolongations—and below the water is the emotional experience,” says Caroline Brinkert, director of the Center for Stuttering Therapy and a lecturer in speech, language, and hearing sciences. “So that could be feelings of guilt or shame, embarrassment, avoidance, or anxiety.” The hidden emotional effects of the disorder can be hard on any stuttering person, but Brinkert says that they’re especially difficult for teenagers, who are more likely to be bullied and experience anxiety than their nonstuttering peers. The risk for social alienation is high. That’s why, in 2024, Brinkert formed a therapy group for teens. “This group was the byproduct of...hearing so many different individual voices say things like, “There’s no one else in my school who stutters,” she says. “There was so clearly this necessity to get these teens together to share their life experiences, feel less isolated, and learn from each other.” The center has run an adult stuttering therapy group for more than 30 years, which Brinkert is using as a model. Teens will touch upon strategies and skills to reduce the physical tension of stuttering—which addresses the tip of the stuttering iceberg—but will also focus on tackling the challenges beneath the surface.

“We talk about rebalancing the priorities of therapy: leaning more into discussions like, what might you be avoiding in terms of words or situations, career choices, or college majors, based on either self-stigma or perceived stigma?” she says. “The real emphasis is on the content of the message and not the surface-level features of how it’s being delivered.” The group is still in its pilot phase after launching during the fall 2024 semester with up to five teens joining sessions via Zoom or in person. By spring 2025, the group had six new members and had welcomed back two who’d returned. Half of the semester’s six hourlong sessions are devoted to relevant discussion topics—like coping with anxiety, presenting in front of groups, and building confidence in peer conversations—while the other half serve as open-ended social conversations and are held in partnership with the National Stuttering Association’s Boston chapter. As word gets out and the group’s numbers continue to grow, Brinkert believes that participants should be in charge of shaping its future direction. A new advisory board of veteran members helps Brinkert shape the group’s long-term goals. “Teens are in the middle of forming their identities and their value systems,” she says. “They’re so ripe for this conversation, and it’s really exciting to work with them to reframe [their condition], give them tools to feel confident about their communication, knowing that that’s all possible while stuttering.” **S**

COURTESY OF THE CENTER FOR STUTTERING THERAPY

PHOTOS THIS PAGE COURTESY OF SARGENT COLLEGE

FROM SARGENT TO THE WORKFORCE

Through networking events and its first job fair, Sargent is creating career pathways for students | BY TING YU

STUDENTS CITE Sargent’s impressive job placement rates as one of the top draws of the college. Part of that success stems from Sargent’s commitment to providing students with robust career pathways into the health professions. In February, the college hosted an inaugural undergraduate career fair, bringing together 40 employers, organizations, and graduate programs from

across the healthcare spectrum. The event, held in the George Sherman Union’s Metcalf Hall, drew 260 undergrads from all BU colleges and majors. “Our vision was to have something for our students from all facets of healthcare,” says academic advisor Roslyn Abukasis, who planned the event. “We had everything from hospitals to community health and graduate programs,

internships, research opportunities, gap year options, and military pathways for students who are interested in medical school or nursing.” Abukasis hopes to expand the event in 2026. “I’ve already heard from students who landed jobs through connections they made at the fair,” she says. “Next year, I’d love to add another 15 to 20 employers and open it up to Sargent graduate students.” Sargent alumni are getting in on the action too. Last fall, the Sargent College Alumni Association sponsored its first alumni-student networking event during Alumni Weekend. A panel featured 12 alumni professionals—such as physicians,

public health experts, and industry leaders—representing nearly every Sargent major and ranging from newer grads to established veterans in their fields. Students and alumni also had a chance to network in smaller group sessions tailored to their area of focus. More than 200 students attended the events. Sargent College Alumni Association president Kelly Pesanelli (CGS’94, Sargent’96,’98), a senior lecturer in health sciences and human physiology and a parent to a BU student, says she was thrilled to see students linking up with alumni mentors at the event, and some even getting job offers on the spot. “My goal was to provide an opportunity for alumni to come back and do something meaningful for current students, and for our students to have a chance to learn from alums how they got to where they are,” Pesanelli says. “I think it was really important for our students to see that career trajectories rarely progress in a straight line.” New this year, each Sargent program has its own alumni board responsible for creating major-specific programming for its cohort. Pesanelli says the physical therapy board recently invited Hannah Wengertsman (’16,’18), head athletic trainer and physical therapist for the WNBA’s Phoenix Mercury, to speak to Sargent’s physical therapy students. “Hannah talked about what it’s like to work with WNBA players and how she got a foothold in professional sports,” Pesanelli says. “These connections are everything.” **S**



“My goal was to provide an opportunity for alumni to come back and do something meaningful for current students, and for our students to have a chance to learn from alums how they got to where they are.”

Kelly Pesanelli (CGS’94, Sargent’96,’98), president, Sargent College Alumni Association



Sargent College hosted its inaugural undergraduate student career fair in February 2025, bringing together 40 employers, organizations, and graduate programs from across the healthcare spectrum.

FACES OF CHANGE

New faculty are committed to Sargent’s mission of advancing the well-being of all

HAYFORD M. AVEDZI

**CLINICAL ASSISTANT PROFESSOR,
HEALTH SCIENCES**

Research focus: improving population health outcomes, health policy, and clinical practice using evidence-informed strategies.

Clinical experience: transdisciplinary population and clinical health research/ interventions, leadership, and management in Africa, Europe, and North America.

KEITH SPANGLER

**CLINICAL ASSISTANT PROFESSOR,
HEALTH SCIENCES**

Research focus: spatial analysis, climate change, and social determinants of health, using methods and data sets from both epidemiology and geoscience to understand the health impacts of climate change and other environmental exposures.

MEG SALVIA ('13)

**CLINICAL ASSISTANT PROFESSOR,
HEALTH SCIENCES**

Research focus: binge eating disorder treatment and prevention, diabetes, and messaging efficacy and nutrition skills acquisition.

Clinical experience: nutrition counseling for eating disorder treatment and recovery, diabetes, and pregnancy nutrition.

TEMOR (TAY) AMIN-ARSALA

**CLINICAL ASSISTANT PROFESSOR,
OCCUPATIONAL THERAPY**

Research focus: the experiences of historically underrepresented and minoritized peoples, groups, and populations as they pertain to occupational performance and engagement, with an additional focus on LGBTQIA+ health. Their scholarly work also attempts to shed greater insight into the

experiences of LGBTQIA+ occupational therapy practitioners and students, targeting change and inclusion at the micro, meso, and macro levels of societal context.

Clinical practice experience: inpatient mental health, residential homes for individuals in substance use recovery, skilled nursing facilities, schools, home health, and senior centers.

SARAH BARNES

LECTURER, HEALTH SCIENCES

Research focus: the role of the immune system in a variety of illnesses, including transplant rejection, cancer, and neurological disease. She is interested in the interactions between the immune system and other body systems in the context of both health and disease, with a particular interest in neuroimmunology, mucosal immunology, and the gut-brain axis.

Educational expertise: approaches teaching physiology from a function-focused, systems-wide perspective rather than an organ-specific perspective.

AMY HILL

**SENIOR LECTURER, PHYSICAL
THERAPY**

Research focus: the validity and responsiveness utility of standardized outcome measures in individuals with spinal cord injury—with a particular interest in that of veteran health outcomes related to physical therapy. Other areas of interest include navigating ethical issues that arise in healthcare and identifying patient-centered solutions.

Clinical experience: veteran health outcomes related to physical therapy, particularly in the Veterans Affairs system.

JESSIE FRANCO ('12)

LECTURER, OCCUPATIONAL THERAPY

Clinical experience: adult rehabilitation, with a diverse clinical background across multiple settings, including inpatient rehabilitation, skilled nursing facilities, long-term acute care, and acute hospitals. Her areas of expertise include acute care, splinting, burns, neurology, trauma, and orthopedics.

JAMES C. BORDERS

**ASSISTANT PROFESSOR, SPEECH,
LANGUAGE & HEARING SCIENCES**

Research focus: the rehabilitation of voice and swallowing dysfunction in neurodegenerative disease. Borders is also passionate about meta-science, statistics, and how these practices affect the transparency, rigor, and replicability of science.

KATHARINE B. PARODI

**CLINICAL ASSISTANT PROFESSOR,
OCCUPATIONAL THERAPY**

Research focus: the root causes of bias-based harassment among adolescents, temporal trends in youth mental health, factors influencing population-level changes, and contextual-level factors contributing to the well-being of sexual and gender minority youth.

From left: Avedzi, Spangler, Salvia, Amin-Arsala, Barnes, Hill, Franco, Borders, Parodi.



COURTESY OF SARGENT COLLEGE



COURTESY OF SARGENT COLLEGE

AWARDS

Sargent honors its outstanding faculty and staff from the 2024-25 academic year.



STAFF AWARD OF MERIT

SHARON SANKEY (WHEELOCK'04)
ASSISTANT DEAN, STUDENT SERVICES

This award honors a Sargent staff member who has made an impactful service contribution benefiting the Sargent community. Sharon supports Sargent in a number of important ways and goes above and beyond in fulfilling the multifaceted needs of the college and its students.

From Sharon's nomination:

"Sharon always displays the utmost professionalism and positivity in her interactions with faculty, staff, and students. Her calm and reassuring nature immediately diffuses stressful situations, and she seeks creative strategies to issues and problems that arise."

FACULTY AWARD OF MERIT

EILEEN B. O'KEEFE (SON'05)
CLINICAL PROFESSOR AND CHAIR, HEALTH SCIENCES

This award honors a Sargent faculty member who has demonstrated excellence in their position and made a positive impact on the Sargent community.

From Eileen's nomination:

"Prof. O'Keefe is an extraordinary advocate for her faculty. [She] consistently prioritizes their professional development, well-being, and scholarly achievements, ensuring that every faculty member feels supported and valued. Her thoughtful mentorship and strategic guidance have brought new energy to the department that fosters both individual and collective growth."



WHITNEY R. POWERS AWARD FOR TEACHING EXCELLENCE

CLAUDIO FERRE
ASSISTANT PROFESSOR, OCCUPATIONAL THERAPY

This award recognizes an outstanding teacher from the Sargent faculty and is named in honor of Whitney R. Powers, a professor emeritus of Sargent College, who for more than 25 years shared his gifts as an outstanding teacher.

From Claudio's nomination:

"There are many reasons why Claudio is a great professor, but the one that sticks out to me the most is his genuineness and kindness."

STAFF IMPACT AWARD

KATIE NERLINO (SSW'27)
PROGRAM ADMINISTRATOR, DEPARTMENT OF SPEECH, LANGUAGE & HEARING SCIENCES

The Sargent Staff Council created this award to recognize a staff member who exemplifies exceptional service, innovation, and collaboration.

From Katie's nomination:

"Your dedication to students, faculty, and clients, your proactive problem-solving, and your unwavering support for our community have left a profound impact on Sargent College."



Stacey Zawacki (center) with her SCNC team (from left): Sarah Gilbert, Elizabeth Sauter, Elizabeth Matteo, Rachel Reynolds, Anna Piccinini, Alessandra Anderson, India Wilkerson. Not pictured: Clare Whitney and Leslie Caiola.

Thought for Food

Nutrition program director Stacey Zawacki says the secrets to student success are collaboration and opportunities for experiential learning | BY SOPHIE YARIN

IN 2004, Stacey Zawacki, a registered dietitian and licensed nutritionist, worked part-time at Sargent to create and facilitate a six-week lunch-and-learn nutrition series for BU employees. Since then, she has grown the series into what it is today: the Sargent Choice Nutrition Center (SCNC), which offers counseling, education programs, and workshops to the BU community and the public. Now the center's full-time director and a clinical assistant professor of nutrition, Zawacki ('98, SPH'12) also is the new director of the college's nutrition program—which includes a Bachelor of Science in nutrition and master's programs in nutrition offered with and without internships.

Zawacki says the nutrition training programs are designed to accommodate any student's chosen career through hands-on experience and collaboration so that "they are ready to go out there and deal with the challenges that people face."

Inside Sargent spoke with Zawacki about how she grew the SCNC and how it remains integral to a nutrition student's education at Sargent.

Inside Sargent: How did the SCNC expand to what it is today?

Stacey Zawacki: Once word got out, we thought that if we offered these services to the larger community, then we could have a larger team doing more things, which would create additional learning opportunities for our students. I had a role meeting people in Student Health Services, the Department of Athletics, and Dining Services, and we [ultimately] developed what we called at the time the Sargent Choice Healthy Food and Education Program.

It sounds like this work really lends itself to collaboration. Why is that?

Nutrition and food are a universal language, but it's often an area that people find challenging. If an occupational therapist is doing an adaptive-equipment cooking class, why not collaborate with a nutrition professional and work that element in? I have been involved in so many interprofessional teams—it really makes what we can do so much more effective.

How does the SCNC create experiential opportunities for nutrition students?

When we do something in the classroom, we want to make sure that students have a chance to see it in action and participate. Having SCNC dietitians come into the classroom and mentor them is really valuable, but students may decide to do a practicum with us, or an outpatient rotation, or volunteer in our Terrier Fueling Station. Students can assist with our Healthy Cooking on a Budget classes at FitRec, or answer questions at our Sargent Choice Test Kitchens. Sargent also has a simulation lab for clinical training, where students can get hands-on experience and feedback. Students also can go through HIPAA training and have an opportunity to observe sessions with SCNC dietitians.

It really takes a village, doesn't it?

That's right. I just happen to be the face of some of that work, but the ideas and the innovation really come from our whole team and the teams they work with. That's really core to what we do at Sargent. **S**

A NEW CLASSROOM ASSISTANT

Sargent faculty discuss the practice and promise of artificial intelligence in health sciences pedagogy

By STEVE HOLT

DUSTIN ALLEN DOESN'T SHUN ARTIFICIAL INTELLIGENCE IN HIS CLASSROOMS, he embraces it. In fact, Allen, director of the human physiology program and a clinical assistant professor, assigns a suite of artificial intelligence (AI) tools alongside the required reading to students in his Pulmonary Pathophysiology course to help them absorb what they're learning: Google's NotebookLM to create an AI tutor for the course; OpenEvidence or Scholar GPT to quickly find and summarize peer-reviewed research articles for their semester-long projects; and DALL-E or Adobe Firefly to generate images for the scientific infographics they'll use in projects and papers.

"AI is opening science and health science to a wider range of people and backgrounds," Allen says. "While it has major limitations and bias, it is also incredibly cheap, speaks multiple languages, and can take highly technical language and translate it into simple, more inclusive language that demystifies science. AI won't replace learning or a classroom, but it will make learning happen more quickly and be less intimidating."

Allen isn't alone. In classrooms across Sargent, faculty are integrating AI into their health professions teaching. They are using a variety of tools to help students brainstorm and enhance clinical decision-making skills. They are using AI to develop educational materials, outline course content, and translate text into different languages. Caroline Brinkert, a clinical lecturer in speech, language,

and hearing sciences and director of the Center for Stuttering Therapy, uses a personally trained GPT to simulate an adult stutterer. Kate Stewart, a clinical assistant professor of occupational therapy, partners with students to critically appraise AI-generated content, such as sample treatment plans.

"I believe AI is most powerful when used not as a shortcut, but as a tool for learning," Stewart says.

Dean Jack Dennerlein says that while humans will always be at the center of Sargent's work to advance the health and well-being of all people, AI is enhancing curriculum development and the learning process and preparing students for a professional environment in which the technology will be ubiquitous. Sargent's philosophy echoes the University's: that faculty must critically engage with AI rather than ignore it.

"BU believes generative AI can dramatically enhance learning when used thoughtfully, and faculty should acknowledge that students already have access to these tools—they will either use them without guidance or with purposeful direction that enriches their education," says Kenneth Lutchen, vice president and associate provost for research.

Inside Sargent spoke with several faculty members about the AI tools they're using, how they address AI's limitations and risks, and their hopes for further application of the technology. **S**

HOW DO YOU ASSURE THE INTEGRITY OF YOUR TEACHING MATERIALS DEVELOPED WITH AI OR MITIGATE ANY OTHER CHALLENGES PRESENTED BY AI?



Dustin Allen: I think all instructors should be thinking a lot about both protecting their intellectual property—especially if they are writing books or textbooks, publishing research, etc.—as well as AI-proofing their courses. I tend to think that as AI becomes more prevalent, skills like public speaking, teamwork, active listening, and quick decision-making will ultimately become the differentiator of successful individuals. So incorporating skill-building activities in courses—rather than essays and other traditional assessment strategies—should be a priority.



Kate Stewart: Using guidelines developed by Karen Jacobs, clinical professor and associate dean for Digital Learning & Innovation [and inspired by guidelines written by the University's Institute for Excellence in Teaching & Learning], I support students to consider the appropriate use of AI, focusing on transparency, verification, and source acknowledgement. I also guide students in critically appraising AI-generated content, reinforcing the notion that AI should support, not replace, human judgment.



Caroline Brinkert: The unpredictability of AI has worked well for simulating a client, as often student clinicians have to think on their feet and manage unexpected responses or constraints.



Sara O'Brien, lecturer, nutrition: I have been learning to understand how to spot AI hallucinations [a response generated by AI that contains false or misleading information presented as fact] and follow up on the sources provided by AI to make sure they are real and valid.



Samantha Brown, clinical assistant professor of physical therapy and director of clinical simulation: I use AI as a guide to develop frameworks for patient cases. I then go through the information it provides for accuracy and applicability to PT based on current evidence.

WHAT ABOUT AI MAKES YOU HOPEFUL IN HEALTH PROFESSIONS PEDAGOGY?



Stewart: I am hopeful that AI will empower a new generation of occupational therapy practitioners who are not only competent users of technology, but also informed, ethical advocates for their clients and communities. In occupational therapy education, we teach students that the tools we use should enhance human connection and professional reasoning—the use of AI is no different. I believe our responsibility as educators is to equip students with the necessary strategies to shape our profession's use of AI to align with our profession's core values.



Brown: I'm very hopeful! I am working with faculty from [BU Questrom School of Business] and the computer science department to develop a framework for students to interact with AI through an avatar to practice taking a patient history.



O'Brien: AI is most helpful for future health professionals when they are taught how to use it—not to replace their critical thinking, but to assist with taking their interview with the patient and turning parts of it into their required medical documentation.



Brinkert: Kelly Hansen [lecturer in speech, language, and hearing sciences] and I are coauthors of the Simulation and Clinical Innovation committee and are working to thoughtfully evaluate the speech, language, and hearing sciences curriculum and embed AI simulations across the master's program as a way to develop clinical skills within the classroom, and prepare students to excel in the real world.



Jennifer E. Bentley, clinical assistant professor, speech, language, and hearing sciences: If students can learn efficient and effective ways of using AI to create therapeutic stimuli, they may be able to ease some future time demands.



Scan here to read more about AI in Sargent classrooms.



STRENGTHENING NUTRITION WITH WOMEN AND CHILDREN

A Sargent lab is co-developing a digital tool to empower evidence-based decision-making in Ghana | By MARC CHALUFOUR

IN OCTOBER 2024, just weeks after joining Sargent, Hayford Avedzi was back in his native Ghana to speak at the 9th Africa Nutrition Conference in Cape Coast. Avedzi, a clinical assistant professor of health sciences and member of Sargent's Global Health Nutrition Lab, was presenting his results from a trial of a digital health tool that delivers nutrition advice to people with diabetes. A member of the audience was intrigued—and wanted to know if the same approach could be adapted to help women and children in Ghana.

That audience member was Anna Lartey, a professor at the University of Ghana, Legon, and the former director of nutrition at the Food and Agriculture Organization of the United Nations. Her question sparked a discussion with Avedzi and Lindsey Locks, director of the Global Health Nutrition Lab—and launched their largest project to date.

Within months of the conference, a Sargent team—Locks, Avedzi, and Jacqueline Lauer, a clinical assistant professor of health sciences—was collaborating with the University of Ghana and the Ghana Health Service to develop a mobile platform that will deliver evidence-based prenatal

and postpartum nutrition information. It's called ObaaPa, which means "good woman" in Ghana's Twi language. The work is in its early stages, but Locks hopes that by the end of the project, every prenatal clinic in Ghana will post a QR code for patients who want to download the app.

A LEADER IN GLOBAL NUTRITION

Locks, an assistant professor of health sciences, arrived at Sargent in 2018 and established the Global Health Nutrition Lab with the intention of developing nutrition-related interventions for underserved communities in Africa and Asia. Lauer was hired in 2020. The two have launched programs in maternal, child, and adolescent health in India, Tanzania, Uganda, and Zambia.

Many of the lab's early projects involved collaborating with partners already established in those countries. They've worked with colleagues at the BU School of Public Health to study the role of nutrition in maternal and child health in India and Zambia. In addition, they've collaborated with Boston Medical Center, BU's primary teaching

Opposite page: Lindsey Locks (far left), director of Sargent's Global Health Nutrition Lab, talks to nutrition students and health workers at the University of Ghana Nutrition Research and Training Center in Asewese, Ghana. This page: Locks and Hayford Avedzi spoke at the Africa Nutrition Conference in Ghana in October 2024.

hospital, to study the connection between malnutrition and tuberculosis. "We're at the point with the lab where we want to develop and commit to our own research site. That's what Ghana offers," says Lauer.

The hiring of Avedzi in 2024 opened the door to expanding their work into Ghana. His relationships there were significant, but there were other reasons it made good sense for Sargent to partner with the West African nation. "Ghana has a history of international work, and the University of Ghana is a global leader in nutrition," Avedzi says. Sargent will have access to sophisticated labs and highly trained researchers, and BU students will have access to University of Ghana programs. Avedzi took

the first group of Sargent students to Ghana on a service learning trip in July.

Despite recent progress, Ghana continues to struggle with maternal and child undernutrition. Maternal and infant mortality rates have dropped, but still exceed United Nations Sustainable Development Goals. A 2020 report from the National Institutes of Health concluded that nutrition-focused community education programs should be a priority.

One strength that Sargent brings to the partnership is an expertise in the development and promotion of digital health tools. The team's vision for the app includes dietitian videos, a chat room, and other features that will deliver nutrition information directly to Ghanaian women—an estimated 85 percent of whom own mobile phones.

FILLING THE HUMANITARIAN VOID

Sargent's relationships in Ghana have developed just as the Trump administration has contracted the United States Agency for International Development (USAID). The US had long been the global leader in health and humanitarian aid, and USAID was responsible for distributing more than \$40 billion annually, much of it targeting disease and hunger. The rapid halt to funding has left the global health community reeling.

More than 100,000 jobs have been lost worldwide and critical sources of data shut down. Brooke Nichols, an associate professor of global health at SPH and the BU Chobanian & Avedisian School of Medicine, has projected that nearly 168,000 additional children will die from malnutrition in the first year following the discontinuation of aid.

The Global Health Nutrition Lab would have submitted their app for a USAID grant but will now have to find funding elsewhere. "The federal government has abandoned the idea that people around the world should be working together for a common good," says Locks. "But American individuals and organizations have not. Everyone is frantically trying to salvage what they can, whether that's saving data or lives."

The ObaaPa app project will require development and testing. Avedzi was awarded a Clinical Faculty Scholarship Grant by Sargent College to fund early research into app development. Locks hopes it will be widely available in five to eight years. The potential payoff for those years of research and development is huge. There is, of course, the immediate value for mothers, expecting mothers, and their children; beyond that, the app could be used by the Ghana government to deliver other health programs. For Sargent, Locks sees an opportunity to apply the strategies developed and lessons learned from the project in other countries.

"I have faith in our lab and our students," she says. "We will continue to do this critical work regardless of the geopolitical context. Universities are important—we can foster critical collaborations. We can help." **S**



COURTESY OF LINDSEY LOCKS

COURTESY OF LINDSEY LOCKS



FINDING the WORDS

*Aphasia robs millions
of the ability to
communicate.
Sargent College is
helping some regain
their voice.*

By RICH BARLOW

Illustrations by ALEX NABAUM

TIFFANEY FRONGILLO LIMPS, SLIGHTLY, TO THE FRONT OF THE SARGENT CLASSROOM.

An invisible cane of courage assists her to the podium for a short speech in front of seven other people with aphasia who are here for a special Toastmasters program that eases participants into public speaking. It's part of their therapy to reclaim their communication skills from the neurological disorder, which typically follows a stroke or head injury and damages the use or understanding of language, reading, and writing.

Aphasia affects two million Americans, and the Sargent attendees are at various stages of recovery. Frongillo speaks haltingly—with an occasional, soft “ugh” of frustration when she struggles with a word—during a short talk on football and her beloved New England Patriots. “I absolutely loved Tom Brady, my favorite player all-time,” she says. “Coach Mayo, not good,” she says of the just-fired Jerod Mayo. “He must have known it we—ugh—was coming.”

She explains why she's come to this program for two years, calling it “my family.” Email is easier for her, and in an exchange after the meeting, she recounts running a learning center she founded for children with autism in Beverly, Mass., until five years ago, when a stroke made that work impossible. Today, she's a stay-at-home mom for her 11- and 8-year-olds. “Aphasia causes frustration and stress,” she writes. “It can affect my whole family. But we are a strong team! My aphasia doesn't affect my intelligence.”

There is no cure for aphasia. But at BU, a blend of clinical and research programs—led by Sargent's Aphasia Resource Center (ARC) and the University-wide Center for Brain Recovery (CBR)—has vaulted the University to the vanguard of institutions working to make it a condition that people can live with more easily. Thanks to Sargent researchers and clinicians, for example, we have the Boston Diagnostic Aphasia Examination, a commonly used method for diagnosis, as well as an enhanced understanding of the role of neuroplasticity in aiding recovery—which

VECTEZY



involves leveraging the brain's ability to use its functioning regions to newly process language and counter aphasia's effects.

Maura Silverman, executive director of the nonprofit National Aphasia Association, says that Sargent's approach of "connecting cutting-edge research with hands-on clinical interventions has resulted in a model for the larger aphasia community, and has positioned BU as a leader in medicine's efforts to... improve long-term outcomes for people." CBR, she says, "has played a vital role in advancing the field of aphasia research and treatment. Their commitment to the intersection of scientific discovery and clinical care has helped shape our field's understanding of language habilitation and recovery, while directly improving the lives of individuals with aphasia and their families."

At the Toastmasters event, Chris Carroll follows Frongillo at the podium. His recovery is further along; three and a half years at BU helped bring his speech back after losing the

ability to speak for three months following a stroke—"and I'm very grateful," he says. He launches into a near-flawless talk about his Boston childhood and his favorite downtown pizza place, Regina Pizzeria. During Frongillo's talk, the room's screen featured snippets from her presentation; during Carroll's, it displays visuals, including a watercolor of the restaurant. "My parents, matter of fact, they were dating when they ate at the same place," he tells the room. "It's been there forever."

One by one, attendees give four-minute talks, each received with applause and words of encouragement, including from two student interns working the screen-controlling laptops—Jessica Lindenberg ('26) and Sarah Finnegan ('25,'26)—and faculty lead Jerry Kaplan, a lecturer and ARC's clinical supervisor.

ARC offers this and an array of other community and group therapy programs, online or in person, for people with aphasia: listening to and discussing favorite songs, indulging in performing arts (members put on a show

at the end of the semester), reading and discussing books, analyzing movie scenes, and sharing stories. Many of the center's patients often participate in the University's aphasia and brain recovery research and education, sparking a virtuous cycle, where their concerns and questions advance and inform new studies and train future clinicians. In turn, they benefit from breakthroughs in treatment and care that they and others like them have helped pioneer.

TREATING AND RESEARCHING APHASIA—AND GIVING HOPE

As the Toastmasters event demonstrates, people with aphasia can struggle to find words, finish sentences, or use the right words. Some have difficulty grasping written material or writing sentences that make sense. These symptoms can follow a stroke, which damages or destroys brain cells by either blocking or cutting blood flow—hence, oxygen and nutrients—to the cells or by

JACKIE RICCIARDI



causing a blood vessel to rupture and bleed. And aphasia isn't just something that affects older adults. Kaplan has seen the condition increasingly strike much younger patients during his career (most people who have a stroke are 65 or older). ARC recently produced a five-part documentary explaining the condition. "Johan, in our film, was 23," Kaplan notes.

While most commonly caused by a stroke or brain hemorrhage, aphasia made headlines in recent years following two celebrity cases that resulted from different causes: former congresswoman Gabby Giffords, who was shot in the head by a would-be assassin, and actor Bruce Willis, who developed a dementia-related type.

Both cases brought fresh attention to BU's aphasia programs, which also saw an uptick in interest after two of its patients appeared on *PBS NewsHour* in 2022, clarifying the condition's hurdles—and discussing how they live with it, successfully. One said her kids "know why my word is not perfect,

JACKIE RICCIARDI, VECTEZY



"People need to connect with a community. They do better when they have a sense of this community, that they're not alone, that they haven't lost their intelligence, and that there is hope for change."

**ELIZABETH HOOVER (CAMED'13),
CLINICAL DIRECTOR OF THE APHASIA RESOURCE CENTER
AND A CLINICAL PROFESSOR OF SPEECH, LANGUAGE,
AND HEARING SCIENCES**

Opposite page: Swathi Kiran (from left), Jerry Kaplan, and Elizabeth Hoover have won BU and Sargent College national recognition in aphasia treatment and research. This page: Kiran shows some tools the researchers use in their therapies for individuals with aphasia.

but I understand, and they understand me." Though BU also treats patients whose condition may be too severe for such public display, those who can communicate effectively can give others hope, "because all these folks have come a long way in their journey and are willing to share it," says Elizabeth Hoover (CAMED'13), ARC clinical director and a clinical professor of speech, language, and hearing sciences.

ARC typically sees about 80 to 90 people per week. On the research end, "we have, at this point, over 500 patients in our database," says Swathi Kiran, ARC research director, CBR founding director, and the James and Cecilia Tse Ying Professor in Neurorehabilitation. "They enroll in randomized control trials or treatment studies. At least 200-plus of them are people who are bilingual—we are focused on understanding how the bilingual brain recovers from a stroke."

In one recent study, Sargent researchers, led by Kiran and PhD student Manuel Jose Marte ('25), analyzed whether machine learning models could predict language recovery in 48 English and Spanish speakers who had aphasia stemming from strokes. Accounting for varying aphasia severity and education levels, the researchers not only wanted to predict who would benefit from language therapy, but also whether the patients would improve in both languages.

The study showed that machine learning models could predict treatment outcomes relatively successfully—potentially helping clinicians better tailor therapies for bilingual patients—and that factors such as the severity of language impairment mattered for predicting improvement.



Opposite page: At weekly Toastmasters meetings at Sargent, people with aphasia ease into public speaking with the help of a supportive community.



*“It goes back to something a client said to me decades ago. **It’s not that I’m recovering from aphasia, but that I’m recovering with aphasia,**’ and it means it’s like diabetes or any chronic condition—I can not only live, but I can also thrive with my community and my supports.”*

JERRY KAPLAN, LECTURER AND ARC’S CLINICAL SUPERVISOR

that uses infrared light to measure brain function and a partnership with BU computer scientists to develop AI algorithms to better predict patient rehabilitation.

Kiran echoes Kaplan in saying one size does not fit all for people with the disorder, with this caveat: some kind of interactive therapy, along the lines of ARC’s offerings, remains essential. There are medicines that studies suggest might help, she says, “but the scientific evidence has not found that to be more effective than rehabilitation. There are some very compelling studies that you can stimulate the brain by providing electrical current. But even those are effective only when you give it with therapy.”

In addition, Kaplan says, “it matters to the patients that we are contributing to these young healers”—the supervised BU students who support research studies, help with programs like Toastmasters, and facilitate many of ARC’s meeting groups, getting real-world experiences of working with patients. “It’s different from going through a hospital where you’re being ‘fixed.’”

That matters to the young healers, too. Finnegan says that working with patients, particularly through Sargent’s Toastmasters program, “has already made an impact on me—seeing the community that Toastmasters has created.” Initially inclined toward pediatrics, she adds, “After learning more about aphasia and experiencing Toastmasters, I do think I would be interested in broadening my experiences and working within a medical setting for both children and adults. I am particularly interested in stroke recovery and the VA hospital programs for retired veterans.”

“It goes back to something a client said to me decades ago,” Kaplan says. “It’s not that I’m recovering from aphasia, but that I’m recovering with aphasia,” and it means it’s like diabetes or any chronic condition—I can not only live, but I can also thrive with my community and my supports.”

Sargent offers that kind of support—along with encouragement. The last speaker at that Toastmasters session, Ken Behar, details the improvement in his walking since his stroke, such as the surprised faces of fellow pedestrians in his hometown who see him without his rollator. Afterwards, one of the interns, Lindenberg, compliments him on his detailed description: “I felt like I was walking with you.” **S**

“With the rise in the Hispanic population in the US, the higher risk of stroke in this community, and the fact that the aging population is also increasing in this country, finding effective and efficient therapies for these adults is even more important,” says Kiran, who receives funding from the National Institutes of Health (NIH) and last year won the American Speech-Language-Hearing Association’s (ASHA) highest award, the Honors of the Association. She’s also the cofounder of and scientific advisor to Constant Therapy Health, which offers digital therapeutic programs and apps for at-home speech, language, and cognitive rehabilitation practice.

Research also informs ARC’s community programs, like its book club. Working with collaborator Gayle DeDe (’02, ’08), a research associate professor at Temple University, Hoover has an NIH-funded grant for a clinical trial looking at the efficacy of conversation group treatment. (Hoover and DeDe first worked together when the latter was a BU student, and they founded Sargent’s Toastmasters program.) Hoover says it’s the first study to date of a “group, participation-based treatment that’s been funded by the NIH.” With 200-plus participants, it’s also the largest study of its kind, she adds. While data is still being analyzed, initial results suggest that people can benefit from conversation treatments; a deeper data dive, the researchers hope, will allow them to

target the best candidates for such therapy.

“People need to connect with a community,” says Hoover, an ASHA lifetime fellow and a Tavistock Trust for Aphasia Distinguished Scholar Award winner. “They do better when they have a sense of this community, that they’re not alone, that they haven’t lost their intelligence, and that there is hope for change. You can continue to make changes in your language and your functional communication for decades after your stroke, as long as the intervention and the type of treatment you’re engaged in is appropriate.” (One problem, Kiran says: health insurance covers the emergency treatment that stabilizes stroke patients to send them home, but then often gives only limited coverage for the therapy to recover language and speech skills.)

By treating patients while conducting research, BU is “not just saying we’re trying to understand what aphasia is, we’re also actually helping you on a daily basis,” says Hoover. “I think our clients feel honored when they participate in research.”

A HISTORY OF APHASIA RESEARCH AT BU

The University’s interest in aphasia treatment dates back to the 1960s, but it was at the beginning of this century that it began to become a national hub for research and practice. For Kaplan, the decision to join BU owes in part to the University’s simple courtesy of answering a question.

In the 1990s, Kaplan, then at Spaulding Rehabilitation Hospital in Boston, launched monthly meetups for patients with aphasia, but eventually realized he had to expand services, given the varying needs of attendees. He broached collaborations with multiple universities and hospitals. “The only one to even respond was Gloria Waters and Sargent College,” he says.

Waters—now University provost and chief academic officer, and previously a Sargent professor, then dean—is a leading scholar of language and memory who codeveloped an assessment battery for aphasia. Kaplan decamped for BU in 2006, where he joined another recent recruit—Hoover, who’d already started running some treatment groups with Waters. Together, they founded the Aphasia Resource Center with funding from the Boston Foundation and Mynde S. Rozbruch Siperstein (’78) and Gary S. Siperstein (Questrom’80).

The Center for Brain Recovery launched in 2022 with the goal, Kiran said then, “to become a national, international, premier center to understand, diagnose, and treat individuals with brain disorders,” including aphasia. The center grew out of Sargent’s long-running Aphasia Research Laboratory. Among its current projects are a collaboration with the BU Neurophotonics Center to track post-stroke recovery via a wearable system

JACKIE RICCARDI

GAMES AND
PUZZLES
FOR MENTAL
AND SOCIAL
ENRICHMENT

UNLOCKING OPPORTUNITIES

SPECIALLY
DESIGNED
RAISED BEDS
MAKE IT
EASIER FOR
RESIDENTS TO
GET IN AND
OUT

EXERCISE
EQUIPMENT IN
THE UNIT TO
KEEP BODIES
STRONG

*A Sargent
team is helping
redesign justice
for older adults*

By AMY LASKOWSKI

WAYFINDING
SIGNAGE ON
THE FLOORS TO
ADDRESS SPACIAL
DISORIENTATION
AND REDUCE THE
RISK OF FALLING

CYDNEY SCOTT

Roger Richardson has been in and out of jail throughout his adult life for various offenses, including drug possession, and most recently, violating his probation. Now 59, he hopes that being housed in a new unit for older adults at the Middlesex Jail & House of Correction in Billerica, Mass., will help him stay out for good once he's released.

The Older Adult Re-Entry (OAR) unit, created in collaboration with a team from Sargent, provides age-appropriate care for incarcerated adults aged 55 and older. It aims to prepare them for life outside prison walls by stimulating the mind and teaching skills for independent living. All residents are required to participate in occupational therapy and rehabilitation programming designed by the Sargent team—with the ultimate goal of reducing recidivism.

Richardson was invited to apply to the medium-security jail's new unit in October 2024. "It's been pretty good, you know?" he says. He describes the unit as "quieter, calmer, and more comfortable" than housing for the general population. And he's enjoyed the programming, which includes foreign language classes, Alcoholics Anonymous meetings, and occupational therapy. "It's helped me a lot," Richardson says. "I'd definitely do it again if I had to—but hopefully, I never have to come back."

About 20 men, those incarcerated and those awaiting trial, live in the voluntary unit. While its windows still have grates and the door still locks from the outside, OAR is specially designed to meet the needs of older adults. There are no upper bunks, which can be difficult to climb into. The beds, arranged in neat rows, dormitory-style instead of in individual cells, are raised to make it easier for residents to get in and out. The unit also has padded rocking chairs to stimulate the brain's balance systems, low-threshold shower stalls to prevent tripping, and directional signage on the floors to reduce the risk of falling.

At the March 21, 2025, opening ceremony and tour of the facility for government officials and the press, Middlesex Sheriff Peter Koutoujian said he and his colleagues believe OAR is the only unit in the country that combines specialized accommodations for older adults with rehabilitation programming.

"We are truly thrilled to be part of this innovative and groundbreaking project that is first of its kind in the United States," Sargent Dean Jack Dennerlein said at the event. He believes that OAR will make a meaningful impact on the lives of those

5X

The proportion of state and federal PRISONERS WHO ARE 55 OR OLDER is about FIVE TIMES what it was three decades ago.

20

About 20 MEN, both already incarcerated and those awaiting trial, live in the voluntary unit.



From top: The unit utilizes a dormitory-style setup with elevated beds, personal lockers, and padded rocker chairs to stimulate brain health. Games and books keep aging brains active and healthy.

in the unit and the communities they return to after their release, as well as on Sargent's students and faculty. Dennerlein said he hopes the unit can "pave the way for a more equitable and rehabilitative approach to corrections."

A GROWING NEED FOR SPECIALIZED CARE

Older adults are the fastest-growing demographic across the United States, including in

its jails and prisons. The proportion of state and federal prisoners who are 55 or older is about five times what it was three decades ago. This trend is driven, in part, by longer life expectancy, harsher sentencing (in some cases), and the rising number of crimes committed due to economic hardship (stealing, for example).

Older incarcerated adults face higher rates of chronic diseases and victimization compared to the general prison population, making them the most costly group to house. Research also shows that incarceration accelerates the aging process.

In 2019, Koutoujian had the idea of creating an older adult reentry preparation unit, similar to other targeted units at the Middlesex facility, such as those for young offenders ages 18 to 24 and for military veterans.

He and his team first consulted with UMass Boston's Gerontology Institute and sociology department to conduct a needs assessment of the older population at the Middlesex facility. Older adults face specific challenges in jail, says the assessment's coauthor Laura Driscoll ('99,'01), a UMass alum whose dissertation focused on her work on the project.

"Older adults tend to have worse hearing and vision issues, and they can't always hear the instructions they are supposed to follow, or even be able to visually identify where they are supposed to go," says Driscoll, a Sargent clinical assistant professor of physical therapy

and a board-certified geriatric physical therapist. "And they may not have access to the typical things that older people have, such as specialized meals, a walker, or a cane."

The UMass team concluded that the Middlesex Jail's aging population would greatly benefit from a specialized housing unit and accommodations.

In 2023, Shawn MacMaster, Middlesex assistant superintendent of program services, emailed Emily Rothman, a Sargent professor and chair of occupational therapy, to inquire about a partnership. He'd learned about BU's best-in-the-nation occupational therapy program after a simple Google search. Rothman's staff were thrilled by the invitation.

"We got a tour and drew up recommendations," says Anne Escher ('08), a clinical associate professor of occupational therapy, who worked alongside Jen Kaldenberg (SPH'18), a clinical associate professor of occupational therapy, and Jennifer Keenan (CAS'07, Wheelock'12,'22), assistant dean of clinical education administration and community partnerships. "They took every single one."

THE FIVE PILLARS OF OAR

Beyond the physical accessibility enhancements, OAR has five pillars: treatment, including AA meetings and substance use disorder programming; social enrichment, like games and puzzles; education, in the form of foreign lan-

guage, life skills, and book groups; occupational therapy, to teach goal-setting and achievement, executive functioning skills, self-regulation, and healthy roles, routines, and habits; and health and nutrition.

Koutoujian says these pillars aim to reduce isolation, foster prosocial behavior, and promote cognitive health. Challenging the mind "is something we focus a little bit more on here than we do in other units, since this acts as a protective factor against cognitive decline," he says.

The programs focus on creating healthy routines, managing stress, and using cognitive strategies, such as visual aids and routines to focus better and finish tasks, all aimed at setting the men up for success after leaving jail. There are workshops on digital literacy, financial planning, healthy living, effective communication, self-confidence, teamwork, and family reunification.

Over the last year, Sargent's occupational and physical therapy students have also worked in the unit, helping with tasks like needs assessments, an exercise guide, and group therapy. In March 2025, Driscoll started an exercise program with the men on the unit, which Sargent students now help to lead.

A NATIONAL MODEL

Before OAR opened, Sargent's team trained the correction officers on age-related changes and how to support these older residents.



The Sargent occupational therapy team that worked with the Middlesex Jail to design its Older Adult Re-Entry unit included (from left) Laura Driscoll ('99,'01), Jen Kaldenberg (SPH'18), Anne Esche ('08), Emily Briggs, and Jennifer Keenan (CAS'07, Wheelock'12,'22).



Feature

Roger Richardson, 59, describes the Older Adult Re-Entry unit as "quieter, calmer, and more comfortable" compared to being housed with the general population.

“
[OLDER ADULTS
IN JAIL] MAY
NOT HAVE
ACCESS TO
THE TYPICAL
THINGS THAT
OLDER PEOPLE
HAVE, SUCH AS
SPECIALIZED
MEALS,
A WALKER,
OR A CANE.”

—LAURA DRISCOLL ('99,'01)

"If someone seems not to be listening to you when you announce it's time to hand out medicine, it might just be because they can't hear you," Keenan says. "So maybe just go over to them and calmly say, 'Hey, did you hear that?' If they start to act differently when the sun starts to go down, it could be a sign of dementia or a sign of general confusion."

Team members say this training has been well-received by the Middlesex officers, which perhaps isn't surprising. Research shows positive effects on correction officers who lead reentry programs and specialized units with a focus on rehabilitation—rather than a punitive approach.

Some of this has to do with stress levels. "If everyone is expecting violence [in a prison], then everyone is on edge all of the time," Keenan says. "It raises people's stress levels. But there is some evidence to show that having approaches like this, that are targeted toward the actual needs of the people living there, actually reduces the stress on the people who are running the unit too."

Koutoujian believes OAR has the power to influence the future of corrections. "This unit is visionary," he said during the tour. "This can be—and should be—a national model." ■

CLOCKWISE FROM BOTTOM LEFT: JAKE BELCHER, CYDNEY SCOTT

CYDNEY SCOTT

By ALENE BOURANOVA

HIGH-TECH

REHAB

At some point in your life, you'll probably experience low back pain.

Low back pain (LBP), acute or chronic pain in the lower back region, is the most common contributor to disability around the world. It's one of the top reasons Americans visit their primary care doctors every year and a condition that spares almost no one. National Library of Medicine estimates say a whopping 80 percent of Americans in

their lifetime will experience an episode of LBP that impedes their ability to function.

Low back pain is also one of the primary contributors to America's opioid crisis.

"We know that a lot of folks who end up addicted to opioids or overdosing on opioids start off with low back pain," says Diane Dalton, a clinical associate professor of physical therapy.

Dalton, also a physical therapist at the Sargent-affiliated BU Physical Therapy Center (BUPTC)—part of BU's Ryan Center for Sports Medicine & Rehabilitation—is among the researchers working on clinical, non-opioid solutions for low back pain. One solution? A robotic backpack.

Dalton is the clinical lead for a joint BU-Harvard University trial through the Back Pain Consortium (BACPAC) Research Program, part of the National Institutes of Health's Helping to End Addiction Long-term (HEAL) Initiative. The trial, run out of BUPTC, tests the efficacy of using exosuit technology to augment the care of patients experiencing prolonged low back pain.

At first glance, the exosuit resembles a hydration backpack that a long-distance runner or hiker would wear. Once on your back, the exosuit—based on tech first developed at Harvard and refined at Sargent—straps across your chest and stomach, with additional straps around your thighs. Wires crisscross around the back of the exosuit.

A researcher turns on the device. Nothing happens at first—until you perform a squat. As you bend your knees and push your hips back, the exosuit's

A robotic exosuit intended to lower opioid reliance is the latest technology being tested in the BU Physical Therapy Center at the Ryan Center for Sports Medicine



Harvard researcher Marija Bakoc—under the watchful eye of Trace Sears ('92,'93,'05), a senior physical therapist in the BU Physical Therapy Center—demonstrates using an exosuit to assist with lifting weights; the technology could help those experiencing low back pain.



Deepak Kumar

mechanics help lower you down into a squat position. You move to straighten up and—whoosh!—the suit helps shoot you back to a standing position, with minimal strain on your back.

Louis Awad, an associate professor of physical therapy and the trial's principal investigator, was working at Sargent and Harvard's Wyss Institute for Biologically Inspired Engineering when he first observed the exosuit's clinical potential. Later, he would experience the benefits himself: Awad reagravated an old back injury in 2020. Normally, he says, a flare-up would put him in bed for a few days. Instead, he strapped on an exosuit. With the device's help, he says, "I was up and moving on day one."

That's precisely the trajectory BUPTC wants for its trial participants—and for any future exosuit users.

"I view the tech as a partner in value-based care, where the goal is not just better outcomes—i.e., less pain and disability—but also to achieve these outcomes faster, and with lower recurrence rates," Awad says.

PATIENT-FORWARD RESEARCH

On a recent weekday afternoon, BUPTC—which is open to the public and the University community—is buzzing with clinicians and patients. The clinicians—including residents and fellows, and 19 full-time therapists, many of whom also teach at Sargent—lead patients through exercises on a gym's worth

COURTESY OF SARGENT COLLEGE, OPPOSITE PAGE: DOUG LEVY

INNOVATION AT RYAN

motion-tracking sensors



DEEPAK KUMAR has given clinical volunteers suffering from knee osteoarthritis wearable sensors to track and analyze their movements both in and outside the clinic. The sensors are inertial measurement units (IMUs) that are worn on the torso and legs, relaying real-time data to Kumar on a patient's gait, home exercise progress, and daily activities.

The technology offers promise for conducting physical therapy remotely, which would benefit patients with mobility issues. Kumar has also observed that the data sent from outside the clinic is as or more reliable than that collected in a clinical or therapeutic setting, as patients may alter their movements in front of a researcher or therapist.



"I view the tech as a partner in value-based care, where the goal is not just better outcomes—i.e., less pain and disability—but also to achieve these outcomes faster, and with lower recurrence rates."

LOUIS AWAD

of equipment. Patients range from young to old, with various levels of physical capability. The patients in the center today make up some of the almost 27,000 patient visits BUPTC has in a year.

The center is unique among its peers, says director James Camarinos ('07,'09).

It's highly uncommon for a physical therapy doctoral program to have its own clinic to train students. It's even rarer for a university-related clinic to be completely self-sustaining (BUPTC is funded by its client services, according to Camarinos). And to help run research trials on top of all that?

"It's a pretty aspirational clinic," says Camarinos, who's also the director of Sargent's Orthopaedic Physical Therapy Residency program. "We have to do all of the things a private business would do, while also fulfilling our academic obligations."

Everything that happens in the center is also a direct application of what students learn in their classes, he stresses. Research, then, is a natural extension of the classroom: "It's not just about implementing what we know, but also trying to advance



Sears calibrates the exosuit to a participant's low back pain level. Once calibrated, each participant performs a series of movements, first with the exosuit and then without.

the science of what we don't know," Camarinos says.

The BACPAC trial is just the latest entry in a series of BUPTC-supported research. A previous research trial involving wearable tech, led by Deepak Kumar, an associate professor of physical therapy, tested AI-powered sensors' ability to assess the movement patterns of patients with knee osteoarthritis in and out of clinical settings (see sidebar on page 33). The trial's findings, published in an American College of Rheumatology journal, demonstrated that the wearable sensors were reliable when used by patients at home—opening the door to more accessible care for all, but especially individuals experiencing mobility issues.

Many ingredients go into helping people get better, according to Camarinos. One is delivering care that has good research behind it, he says. Another is simply easing the burden on patients. While that can involve high-tech solutions, it also includes the more mundane, like helping patients navigate their insurance.

"In the truest sense, part of what gets people better is that they don't dread coming to a place like this," Camarinos says. "My hope is that patients would tell you that they like to come here, and that they really feel taken care of."

UP AND MOVING

While regular patients work on everything from postsurgical rehabilitation to a return to sports, Harvard researcher Marija Bakoc is taking exosuit trial participant Jonathan Li (CGS'24, Pardee'25) through a series of movements. Li was recruited for the trial after coming to the center with moderate back pain when lifting weights.

After a warm-up, each trial session starts with calibrating the exosuit to a participant's low back pain level. (More pain means more support from the suit.) Then the data portion begins. Li bends, twists, then walks the length of a hallway. Bakoc asks him to rate the difficulty for each set of movements—meant to replicate different ways someone would move throughout a day—and makes notes



Louis Awad

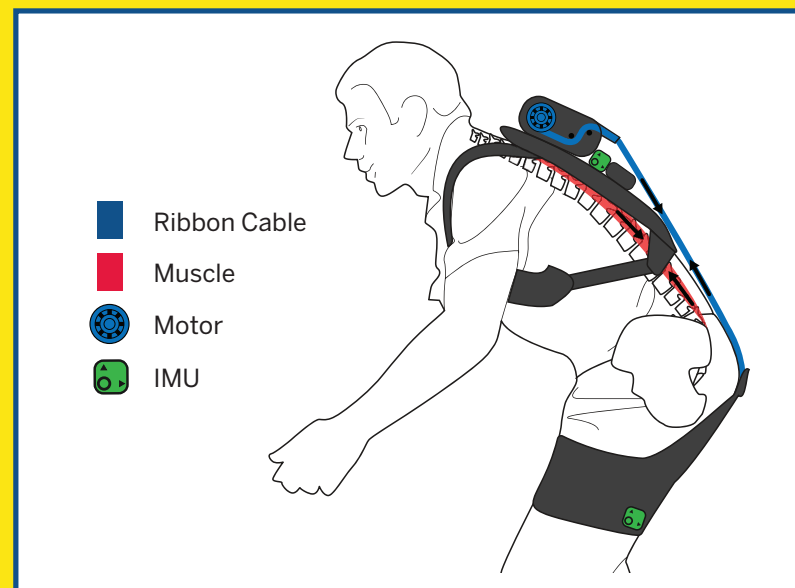
on her tablet. Later, she'll have Li perform the same movements with the device turned off.

The goal is to create quantifiable metrics for how quickly you can observe changes in someone's mobility, explains Trace Sears ('92,'93,'05), a senior physical therapist at

CYDNEY SCOTT; DAVID GREEN

INNOVATION AT RYAN

BACPAC exosuit



THE BACPAC EXOSUIT is a soft, fabric-based wearable device initially designed at Harvard to alleviate strain on a wearer's back during bending, lifting, and repetitive tasks. Sargent's Louis Awad has adapted the exosuit as a physical therapy tool for those experiencing low back pain. Here's how it works: Wide straps extend from the shoulders across the torso and around the thighs. A compact motor inside the small backpack adjusts tension in the straps via ribbon cables, which artificially support the spine during motion. Built-in motion sensors called inertial measurement units (IMUs) near the thighs and spine detect changes in exertion and automatically increase or lower the assist given by the exosuit. The level of assistance can also be controlled externally by a clinician or researcher using a tablet device, allowing patients to gradually wean off the assistance as their lower back strength and functioning increase during therapy.

"In the truest sense, part of what gets people better is that they don't dread coming to a place like this. My hope is that patients would tell you that they like to come here, and that they really feel taken care of."

**JAMES CAMARINOS ('07,'09),
DIRECTOR OF THE
BU PHYSICAL THERAPY CENTER**

BUPTC. The exercises also help improve the exosuit tech: Ultimately, the exosuit should be able to recognize if someone is experiencing low back pain, based on their movements, and adjust the support level accordingly.

It's hardly surprising that this trial landed at BUPTC, Sears says.

"For a number of years now, we've been on the leading edge of conceptualizing how we treat people with low back pain," he says.

For one, opioids don't need to be the first line of attack for someone experiencing LBP, Sears says. Research shows that physical therapy intervention, or getting people up and moving earlier in the recovery process, is highly effective for reducing pain and restoring function. But movement can be a hard sell for someone who's hurting.

That's why the exosuit could be a game changer for enhancing care.

"Someone who was maybe afraid to try [an activity] before, I've discovered, has been not afraid to try it with the exosuit on," Sears says. "They get the experience of, 'Oh, I can do this—it doesn't hurt as much as I thought it would!' And suddenly we're moving them in the right direction." ■

CYDNEY SCOTT; DIAGRAM COURTESY OF LOUIS AWAD

HELPING HANDS

Goal of orthopedic surgeon David Ruchelsman ('00) is to get Boston's best athletes back in the game | By MARC CHALUFOUR

A POSTER OF A GIANT X-RAY hangs in the hall outside the waiting room at Boston Hand to Shoulder, a small and prestigious orthopedic surgery practice in Newton, Mass. It shows the delicate architecture of a hand—carpals, metacarpals, and phalanges—with chunky New England Patriots, Boston Bruins, and Boston Red Sox championship rings stacked on the fingers. “We had a hand in six world championships,” the text at the bottom reads. The hallway, lined with framed jerseys from the same teams, leads to David Ruchelsman’s office. Each jersey bears an autograph and a personal message of thanks to “Dr. R” or one of his partners in the practice.

Ruchelsman ('00), the chief of hand and upper extremity surgery at Newton-Wellesley Hospital, performs more than 700 surgeries a year on everyone from infants to grandparents. He’s built his reputation fixing the hands of elite athletes whose livelihoods depend on hitting 100-mile-per-hour fastballs and catching footballs with their fingertips.

His patients have included college hockey stars, an Olympic sailor, and a concert violinist. He’s been a hand and wrist consultant for the New England Patriots.

“I have the opportunity to meet some of the most successful people, but at their most vulnerable times,” he says. “To guide them through that, not just physically with their surgery, but emotionally—I feel blessed to be able to do it.”

FINDING HIS FOCUS

Ruchelsman expected to follow a premed track at BU’s College of Arts & Sciences until he discovered the premed opportunities at Sargent. “I wanted to do something in the realm of sports,” he says. “I didn’t know if that was going to be athletic training or physical therapy or exercise science, but all of those career options were under a single roof at Sargent.”

He appreciated that Sargent’s courses—designed for students studying occupational and physical therapy—focused on the upper and lower limbs. In his gross anatomy class, Ruchelsman was drawn to the intricacies of the hand. “It’s really its own organ,” he

I have the opportunity to meet some of the most successful people, but at their most vulnerable times. To guide them through that, not just physically with their surgery, but emotionally—I feel blessed to be able to do it.”

DAVID RUCHELSMAN ('00)

says. “It allows us to interact with our environment. Without your hands, life is very different.”

He learned that lesson during his first semester of med school at New York University. After breaking a thumb playing basketball, he took his first exams in a cast. The experience helped him focus on orthopedic surgery with a specialization in the upper extremity.

Ruchelsman’s work with elite athletes led to one of the most important innovations of his career. Metacarpal fractures, common injuries for a hand surgeon to see, have traditionally been treated with the insertion of a metal plate or a series of temporary wires. Both demand lengthy recoveries.

Looking for a way to get athletes back into action sooner, Ruchelsman began using headless screws, inserting them through small incisions that require just a couple of stitches to close. “Patients can start motion two to three days later,” he says. He published a paper on the procedure in 2014 in *The Journal of Hand Surgery*. Ruchelsman has also pioneered the use of ultrasound-guided cortisone, which allows for more accurate treatments, and has developed a specialty in complex nerve and tendon transfers.

GIVING BACK

Ruchelsman chose to join a small practice because he’s able to stay involved in research and education. With the support of some of his patients, he established the nonprofit Hand Surgery Research and Education Foundation and he teaches at the Tufts University School of Medicine. He’s also stayed connected to BU. Ruchelsman was a founding member of the Sargent College Clinical Advisory Board and serves on the Sargent Dean’s Advisory Board.

Ruchelsman hopes his clinical and educational expertise can help Sargent students.

“I’m happy to hear that human physiology has blossomed at Sargent,” says Ruchelsman, who had about 30 students in his undergraduate class; approximately 130 graduated in the Class of 2025. “What a magical program, if you’re interested in a career in clinical medicine. Human physiology for four years then medical school is a wonderful model.” **S**



CONOR DOHERTY



COURTESY OF RANDI JACOBY

THE VALUE OF WHOLE-PERSON CARE

Randi Jacoby's ('80) pediatric speech therapy practice is powered by her time at Sargent—and lots of love | Supplied by SARGENT COLLEGE

FOR RANDI JACOBY, every day she is at work is a great day. As the director of Jacoby Speech Therapy Associates for Children in Manhattan for more than 40 years, she has helped countless children and their families. "My calling in life has been to lift these children up, not only to remediate speech and language disorders, but to elevate a child's overall functioning and self-image," Jacoby ('80) says. "I strive to help parents to not only understand their child's differences, but to accept them, and to find areas of talent and ability in their children in order to make them feel positive about themselves."

Jacoby says that the key is to not simply view the patient as an individual with a disability, but rather as a whole person, putting their self-esteem and confidence at the forefront. "My goal is to find strengths, whether in a stroke patient or a child with a learning disorder. I ask myself, 'How can I incorporate areas of interest and ability in that patient in order to facilitate and enhance the therapeutic process?'" Of course, her secret to building lasting relationships with all patients is to form a great therapeutic bond. Many of those strong relationships have lasted decades, as some of her earliest patients now bring their children to her for treatment.

Jacoby's career started from a desire to help people and make a daily impact—a desire that brought her to Sargent at 17 years old. "I chose BU because unlike other schools, BU had a program exclusively devoted to health and rehabilitation," she says. "At the time that I studied, my professors were some of the most well-recognized names in my field, writing the evaluation tools that continue

"BU gave me access to the highest caliber of practitioners in my field. My goal was to follow in their footsteps and build my own path with the knowledge and skills that I developed at Sargent. I now have the privilege to do the same for the next generation. That is the greatest reward."

RANDI JACOBY ('80)

to be the gold standard for testing today." Having the opportunity to study with leaders in the field such as Elisabeth Wiig, Eleanor Semel, and Nicholas Bankson was a great draw for Jacoby. "When I arrived at BU, the classes were small and it allowed me to have great access to my professors," she says.

In college, Jacoby pursued a leadership role outside of the classroom. As the president of the BU Student Speech and Hearing Association, Jacoby created the first student-led symposium, which drew an audience of more than 300 rehabilitation professionals. It was that first formal speaking engagement that would foreshadow a long career of public speaking through both lectures and podcasts. Jacoby became a regular speaker at the renowned 92Y in New York, as well as at schools and hospitals. She has been frequently quoted in textbooks and periodicals, including the *New York Times*. "The hallmark of my career has been to reach a wider audience, in order to both educate and inform," she says. "When I first began my career, there appeared to be a stigma regarding treatment in children. I hope that I have advanced the narrative in recognizing the value of early identification and remediation."

In recent years, as a member of the Sargent College Clinical Advisory Board, Jacoby provides her clinical knowledge and expertise to advise future therapists. "BU gave me access to the highest caliber of practitioners in my field," she says. "My goal was to follow in their footsteps and build my own path with the knowledge and skills that I developed at Sargent. I now have the privilege to do the same for the next generation. That is the greatest reward." ■



New graduate Sophia Sheumack ('25) flanked by (from left) her father, Nicholas; brother Thomas; and mother, Marisa.

Giving: A Family Tradition

[Sophia Sheumack \('25\) follows her parents' generous example](#) | BY LOUISE KENNEDY

“BU HAS GIVEN ME SO MUCH,” says Sophia Sheumack ('25), a human physiology major who plans to go to medical school. “I’ve been very happy with the opportunities available, like doing research and clinical internships, cofounding the One Love club at BU, and being a part of a sorority. I’ve graduated feeling satisfied that I took advantage of what BU had to offer.”

That’s why she joined her parents, Marisa and Nicholas Sheumack, vice chairs of the BU Parents Leadership Council, in giving to Sargent College even before she graduated.

“I just think about how any little thing that you can do to help the school can really make a difference,” Sophia says, “and help the generations to come.”

It’s an approach to philanthropy that Marisa and Nicholas say has always been part of their family’s life.

Like her daughter, Marisa has been impressed by the many opportunities available at Sargent. She cites Sophia’s spring internship in pain management at Brigham and Women’s Hospital in Boston. “She’s not even in medical school yet, but she’s able to observe procedures and gain hands-on experience with patients,” she says. “She has the opportunity to talk to providers about their experiences, which is a gift as she begins the next chapter of her education.”

Sophia also cites her relationships with professors and the classes that aren’t available to undergrads elsewhere. “Learning about and working with the human body at the undergraduate level is a chance not everyone experiences,” she says, “because that’s usually a med school or grad school-level class.”

It’s a lot to be grateful for—and to support in any way possible. **S**

COURTESY OF THE SHEUMACK FAMILY

BU Sargent College

InsideSARGENT

2025–2026



Follow BU Sargent College:

linktr.ee/SargentCollege



Dean

Jack Dennerlein, PhD

Interim Assistant Dean for Advancement

Kristina Lentz Capano

Associate Dean for Finance and Administration

Daniel Young

Editor

Steve Holt

Contributors

Rich Barlow, Alene Bouranova (COM'16).

Marc Chalufour, Louise Kennedy,

Amy Laskowski (COM'12),

Sophie Yarin, Ting Yu

Cover Photography

Cydney Scott

Designer

Raquel Schott

Produced by Boston University

Marketing & Communications

About

Inside Sargent is a publication of Boston University Sargent College of Health & Rehabilitation Sciences. For additional copies or more information about BU Sargent College, contact sarcom@bu.edu. Visit us at bu.edu/sargent.

Boston University’s policies provide for equal opportunity in employment and admission to all programs of the University.

Printed on FSC-certified paper.

Please recycle this publication.

Boston University Sargent College of Health & Rehabilitation Sciences has been advancing the health and well-being of members in our communities for more than 140 years. Our learning environment fosters the values, effective communication, clinical skills, and transformative research that distinguish outstanding health professionals, leaders, and care. We continuously enhance our degree programs to meet the future needs of our students while advancing the latest research. Our curricula include hands-on training in and outside of the classroom, including fieldwork, providing students in every degree program with experiences in clinical and community settings. We have established partnerships with more than 1,500 healthcare facilities across the country and around the world including our own on-campus outpatient clinical centers that offer a wide range of services here in Boston. These integrated clinical research centers accelerate how we research and transform practice and education.

Areas of Study

Behavior & Health
Health Science
Human Physiology
Nutrition
Occupational Therapy
Physical Therapy
Rehabilitation Sciences
Speech, Language & Hearing Sciences
Speech-Language Pathology

Distinctive Programs

Combined BS and MPH in Public Health
Combined BS in Health Studies and
Doctor of Physical Therapy
Combined BS and MS in Human Physiology
Joint Bachelor of Science in Linguistics and Speech,
Language & Hearing Sciences
Combined Doctor of Occupational Therapy/
PhD in Rehabilitation Sciences
Combined Doctor of Physical Therapy/PhD
in Rehabilitation Sciences
Fellowship in Orthopaedic Manual
Physical Therapy
Neurological Physical Therapy
Residency Program
Orthopaedic Physical Therapy
Residency Program

Sargent College Clinical and Research Centers

University-wide centers:

Center for Brain Recovery

Ryan Center for Sports Medicine & Rehabilitation

College centers:

Academic Speech, Language & Hearing Center

Aphasia Resource Center

BU Physical Therapy Center

Center for Neurorehabilitation

Center for Psychiatric Rehabilitation

Hearing Research Center

Sargent Choice Nutrition Center



Boston University Sargent College of Health
& Rehabilitation Sciences

635 COMMONWEALTH AVENUE
BOSTON, MA 02215

NONPROFIT
US POSTAGE
PAID
BOSTON MA
PERMIT NO. 1839



Act today for better tomorrows

With one simple move, you can change the lives of BU students for generations to come—and save money for your loved ones, too.

Your unused retirement assets—an IRA, 401(k), 403(b), or other tax-deferred plan—could be a substantial legacy. But leaving them to your family may trigger substantial income taxes. Instead, you could provide for your loved ones with other assets and consider naming BU as a beneficiary of your retirement accounts.

It's easy to do, and we'll be happy to help. To learn more, please contact Boston University Planned Giving at 800-645-2347 or opg@bu.edu, or visit bu.edu/plannedgiving.

Download a complimentary copy of our Estate Planning Guide at bu.edu/estateguide.

Boston University Planned Giving

GET IN TOUCH

Email: saralum@bu.edu

Mail:

Boston University
Sargent College of Health
& Rehabilitation Sciences
Development & Alumni
Relations Office
635 Commonwealth Avenue
Boston, Massachusetts 02215

bu.edu/sargent/alumni



Follow BU Sargent College:
linktr.ee/SargentCollege

