research utility. **Data Synthesis:** We analyzed 10 classifications that were designed for various purposes, for example, to support a reimbursement structure, foster common terminology and groupings for devices, facilitate data collection, and increase consumer product awareness. None address the breadth of mobility-related assistive devices at a level of granularity needed for AT outcomes researchers. **Conclusions:** There is a need to incorporate the best features of extant classifications into a unified classification of mobility-related assistive devices to support outcomes researchers. The adapted classification will ultimately contribute to the AT Intervention Specification Instrument, a tool being developed by the Consortium for Assistive Technology Outcomes Research to systematically quantify mobility-related AT interventions. **Key Words:** Assistive technology; Outcomes research; Rehabilitation; Wheelchairs.

Poster 74
Multilevel Correlates of Women's Physical Activity Behavior Following Participation in a Primary Prevention Program. Mireille Landry (Women's College Hospital, Toronto, ON), Dina Brooks, Sherry Grace, Scott Thomas.
Disclosure: None declared.

   Objective: To identify patterns of physical activity in women at risk for cardiovascular disease (CVD) and factors that are predictive of maintenance 6 to 36 months after participation in a primary prevention program. **Design:** Cross-sectional survey design. **Setting:** An ambulatory-based, women-only, primary prevention program. **Participants:** A cohort of women enrolled in a primary prevention program between May 2002 and February 2005 were targeted for recruitment. **Interventions:** Data were collected through a self-administered questionnaire. **Main Outcome Measures:** The main outcome was self-reported physical activity levels, assessed by the International Physical Activity Questionnaire, the Kaiser Physical Activity Survey, and the Duke Activity Status Index. **Results:** 105 women were eligible for this study. A total of 73 completed surveys were received (response rate, 73%). Approximately 82% of respondents were categorized as being "sufficiently active," with a median expenditure of 1680 metabolic equivalents per min/wk. Greater functional status was associated with younger age ($t=-2.13$, $P=.04$) and greater physical quality of life ($t=6.22$, $P<.001$). Higher physical activity levels were shown in women who were employed ($t=-3.95$, $P<.001$) and those who made plans to be physically active ($t=-1.97$, $P=.05$). **Conclusions:** This study provides important information on the assessment of physical activity among women: the results can be used to help develop more effective interventions for women at risk for CVD. **Key Words:** Primary prevention; Rehabilitation; Women.

Poster 75
The International Centre for Disability and Rehabilitation, University of Toronto. Penny Parnes (University of Toronto, Toronto, ON), Nora Cullen, Deb Cameron, Lynn Cookburn, Gillian Bone, Jeffrey Andrion, Laura Passelant, Rob Balogh, Won Ryu.
Disclosure: None declared.

   Objectives: To describe the interdisciplinary and international nature of the International Centre for Disability and Rehabilitation (ICDR), which was established in 2004 in response to (1) the identified need for sustainable rehabilitation assistance to people with disabilities in developing counties; (2) the need to expand the training of students and clinicians in the rehabilitation sector in order to respond to global needs; and (3) the University of Toronto's commitment to reach beyond its traditional borders. **Design:** Qualitative, descriptive. **Setting:** Professional and in-service training facility. **Participants:** Students, clinicians, and researchers drawn from the rehabilitation

sciences and beyond. **Interventions:** (1) Teaching: offering opportunities to influence the education of health care providers and students in Canada and internationally; (2) research and evaluation: contributing to new knowledge on rehabilitation issues in various cultural and ethnic settings; (3) service delivery: developing programs that provide appropriate services in countries with developing and transitional economies; (4) establishment of values to facilitate successful experiences in developing countries. **Main Outcome Measure:** Feedback forms. **Results:** Projects have been established in 9 different locations: Cambodia, Cameroon, Kenya, Nepal, North Korea, Pakistan, Philippines, Tanzania, and Trinidad. **Conclusions:** ICDR has made great progress in facilitating international and interdisciplinary experiences for a large number of people across the rehabilitation sciences and beyond. **Key Words:** Rehabilitation.

Poster 76
Influence of Subcortical Hyperintensities on Gait in Alzheimer's Disease and Healthy Older Adults. Neelesh K. Nadkarni (Health Sciences Centre and University of Toronto, Toronto, ON), Elysha Mawji, Sandra E. Black.
Disclosure: None declared.

   Objectives: To compare gait characteristics in patients with mild Alzheimer's disease (AD) and in healthy controls in relation to their underlying subcortical hyperintensity burden, a marker of cerebrovascular disease. **Design:** Cross-sectional analysis of a subsample of a longitudinal dementia study. **Setting:** University-affiliated tertiary-center in an urban community. **Participants:** 43 AD subjects (age, 74 ± 8y) and 34 healthy controls (age, 73 ± 8y). **Intervention:** Magnetic resonance imaging scans were performed within a 6-month window of participant's gait analysis, which was measured on an automated walkway (GaitRite). **Main Outcome Measures:** Subcortical hyperintensity burden was rated using the Age-Related White Matter Change scale. Velocity, stride length, base of support, and double-support times were captured on the walkway. **Methods:** The AD and healthy control groups were compared based on their subcortical hyperintensity load into the AD group with high load (n=21), the AD group with low load (n=15), controls with high load (n=18), and controls with low load (n=15). Correlations between these gait parameters and total subcortical hyperintensity scores were explored in overall AD and control groups. Data were analyzed using multiple analysis of variance and Spearman correlations. **Results:** There were significant differences in cadence ($F_{3,71}=5.3$, $P<.01$), velocity ($F_{3,71}=11$, $P<.01$), and stride length ($F_{3,71}=7$, $P<.01$), but not in step width and double-support time, between the controls with low load, the AD group with low load, the controls with high load, and the AD group with high load. These differences were significant after covarying for age and parkinsonism rating scores ($\lambda=.73$, F=2.3, $P<.05$, $\eta^2=0.1$). Post hoc tests revealed that gait velocity in controls with low load was significantly more than that of controls with high load ($P<.05$), the AD group with low load ($P<.01$), and the AD group with high load ($P<.001$). Spearman correlations revealed that total subcortical hyperintensity score correlated significantly with stride length and velocity in the overall AD ($r=-0.4$, $P=.01$) and control ($r=-0.4$, $P=.02$) groups. **Conclusions:** This study highlights the negative influence of subcortical hyperintensity on gait in healthy elderly and patients with AD and has implications for individualizing rehabilitation programs targeting gait in those with underlying cerebrovascular disease. **Key Words:** Alzheimer disease; Cerebrovascular accident; Gait; Rehabilitation.