a control mechanism that seeks to place each peg in each hole in the same time, irrespective of distance travelled. Whether the same holds true for patients with upper limb dysfunction or, a sign of recovery will be investigated even with specific interventions (e.g., Botox). **Key Words:** Brain injury; Motor function; Technology; Rehabilitation.

Poster 62

The Moderating Role of Alcohol Misuse on Functioning 10+ Years After Traumatic Brain Injury. Keenan A. Walker (Mt. Sinai School of Medicine, St. John's University, Queens, NY).

Disclosure: None disclosed.

Objective: To investigate the role of post-injury alcohol misuse on psychological, behavioral, and somatic symptoms among TBI survivors many years post injury. **Design:** Cross sectional. **Setting:** Urban medical center. **Participants:** 617 community-dwelling individuals (64% male, 76% Caucasian, mean(SD) age= 38 (10) years) who had sustained a TBI. Average time since injury was 12.23 (5.91) years. **Interventions:** Not applicable. **Main Outcome Measures:** Beck Depression Inventory (BDI), Symptom Checklist (SCL; affective/behavioral and somatic dimensions); Structured Health Interview (SHI; neurological dimension); Quality of Life Questionnaire (QOL; psychological distress and psychological wellbeing dimensions). **Results:** 43% of participants were classified as abstainers, 19% consumed alcohol more than twice per week, and 6% more often than three times a week. Chi-Squared test indicated no differences in consumption across injury severity. Linear regression analyses indicated significant main effects for post-injury alcohol misuse on depression (BDI; p. **Conclusions:** Substance misuse is associated with greater psychological, behavioral, and somatic symptoms many years post-injury across all levels of TBI severity. Individuals who consume alcohol after TBI may be at risk for poorer long-term outcomes. **Key Words:** Substance use; traumatic brain injury; long-term; outcome; Rehabilitation.