

# Physiatry

F O R W A R D

WINTER 2021 | AAP'S MEMBER MAGAZINE



Association of Academic Physiatrists

Physical Medicine  
and Rehabilitation

VANDERBILT UNIVERSITY  
MEDICAL CENTER

Comprehensive  
Teaching

## The Wellness Issue

**P2** Physiatry  
POV

**P8** Trainee Wellness  
in COVID-19

**P12** Cross Country  
with Our Academic  
Partners

**P16** A Strong Black  
Woman: Vulnerable,  
Sensitive & Human

**P31** A Sense of Belongings:  
Nneka Ifejika, MD, MPH





Baylor College of Medicine, Dallas, TX



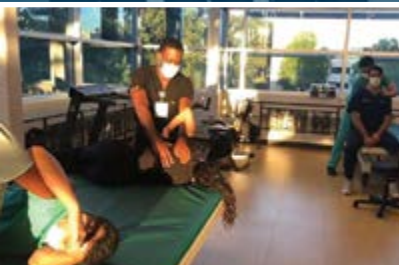
Boston Children's Hospital, Boston, MA



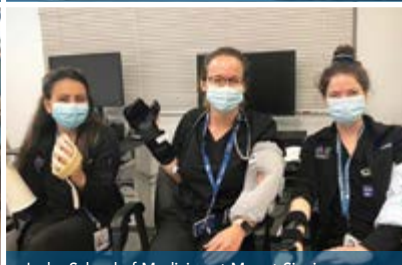
Burke Rehabilitation Hospital, White Plains, NY



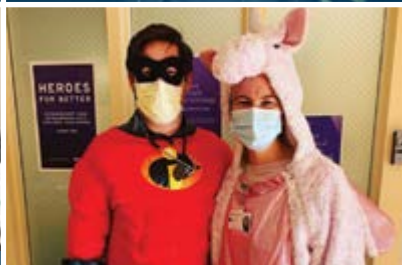
Case Western Reserve University, Cleveland, OH



Georgetown University, Washington, DC



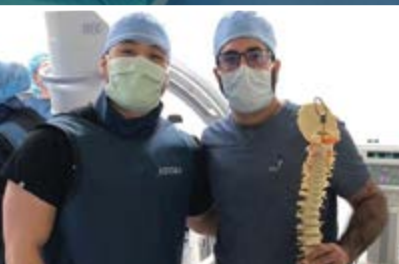
Icahn School of Medicine at Mount Sinai, New York, NY



Marianjoy Rehabilitation Hospital, Wheaton, IL



Johns Hopkins University, Baltimore, MD



Larkin Community Hospital, Miami, FL



Louisiana State University, New Orleans, LA



Mayo Clinic, Rochester, MN

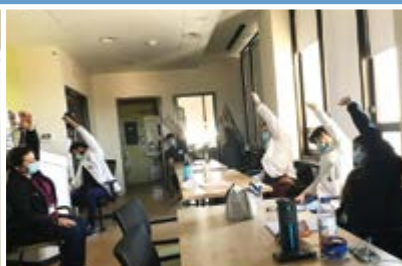


University of Alabama at Birmingham

# Physiatry POV



New York Medical College, New York, NY



Nassau University Medical Center, East Meadow, NY



New York Presbyterian Hospital, New York, NY



Northwestern University, Chicago, IL



McMaster University, Ontario, Canada



Penn State, Hershey, PA



PM&R Fort Worth, Fort Worth, TX



Rutgers New Jersey Medical School, Edison, NJ



Schwab Rehabilitation, Chicago, IL



Spaulding Rehabilitation, Charlestown, MA



UC Davis, Sacramento, CA



UCLA, Los Angeles, CA





University of Puerto Rico, San Juan, PR



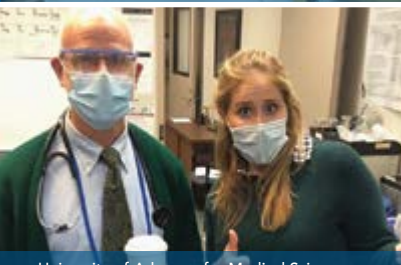
University of Colorado, Aurora, CO



University of Kansas, Kansas City, KS



University of Miami, Miami, FL



University of Arkansas for Medical Sciences, Little Rock, AR



University of Kentucky, Lexington, KY



University of Louisville, Louisville, KY



University of Minnesota, Minneapolis, MN



University of Cincinnati, Cincinnati, OH



University of New Mexico, Albuquerque, NM



University of Rochester, Rochester, NY



University of Ottawa, Ontario, Canada



University of Toledo, Toledo, OH



University of Saskatchewan, Saskatchewan, Canada



University of North Carolina, Chapel Hill, NC



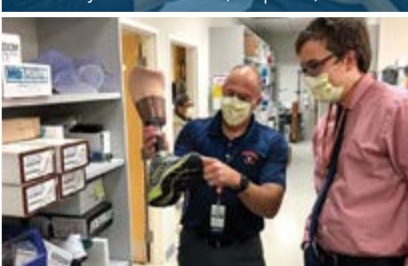
University of Toledo, Toledo, OH



University of Pittsburgh, Pittsburgh, PA



University of Utah, Salt Lake City, UT



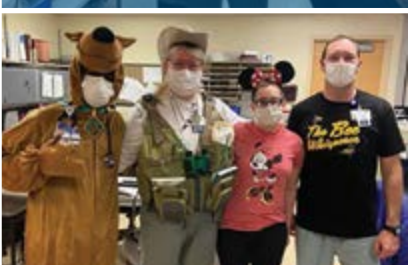
University of Virginia, Charlottesville, VA



UT San Antonio, San Antonio, TX



MossRehab, Philadelphia, PA



Wayne State University, Detroit, MI



Vanderbilt University, Nashville, TN



Montefiore Medical Center, Bronx, NY



Washington University in St. Louis, St. Louis, MO



Zucker School of Medicine at Hofstra-Northwell, Manhasset, NY





## Physiatriy Forward, the AAP's member magazine

Let's be honest — 2020 took a big toll on our health. Not just physical health with those impacted by COVID-19, but also our mental and spiritual wellbeing. As medical professionals, you have been on the frontlines for the first, second and now third wave of cases. It's causing more than burnout, it's causing 'burnover' as STAT News recently coined it.

As your professional society, we want to give you insight, support and motivation to put your health front and center while caring for your patients. In this issue of our member magazine, you'll learn strategies for ensuring wellness in your residency and fellowship programs, wellness programs PM&R departments are implementing, how leadership can make an impact, and how to ergonomically work from home. Don't forget to read this issue's Words of Wellness, created for you by the AAP's Resident/ Fellow Council Wellbeing Subcommittee. We also share poignant reflections on diversity and equity in healthcare, which effects the health of many of our peers.

As always, I want to know about topics you'd like to see, stories you'd like to contribute, and physiatrists you'd like to know. You can send your ideas anytime to [jdilworth@physiatriy.org](mailto:jdilworth@physiatriy.org).

**Jackie Dilworth**  
Marketing & Communications  
Manager

*Physiatriy Forward* is published four times a year by the Association of Academic Physiatrists (AAP). With a circulation of 2,500, *Physiatriy Forward* is sent to active members of the AAP. To view past issues, visit [www.physiatriy.org/PhysiatriyForward](http://www.physiatriy.org/PhysiatriyForward). To advertise, contact Jackie Dilworth, Marketing & Communications Manager, at [jdilworth@physiatriy.org](mailto:jdilworth@physiatriy.org).

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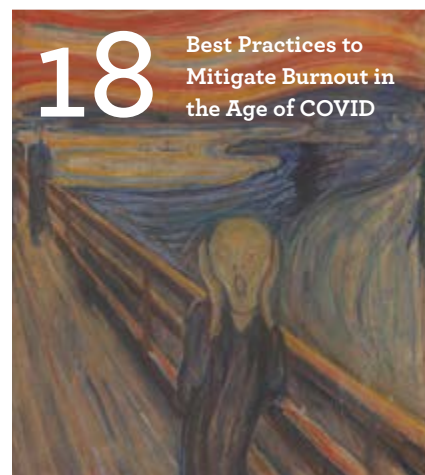
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## ON THE COVER

Sometimes Aaron Yang, MD and the Vanderbilt PM&R family like to "horse" around. Other times, they are lucky to have a therapy horse help their patients in the rehabilitation process.



**Contribute to our Spring issue of *Physiatriy Forward*!** Submit your day-in-the-life photo to be considered for our front cover. Send this content and more to Jackie Dilworth at [jdilworth@physiatriy.org](mailto:jdilworth@physiatriy.org).

# PHYSIATRY '21 IS ALMOST HERE!

## PHYSIATRY

## '21



*The future of physiatry happens here.*



February 9-13, 2021

We know you're counting down until the next time you can see your AAP family face-to-face (we are, too). Participating in our first-ever Virtual Annual Meeting will make your reunion that much sweeter.

Here's what you can expect:

- **Educational Sessions** covering everything from COVID-19 rehabilitation to diverse and inclusive curriculums to passing your virtual Boards
- Hand-picked expert speakers and topics for new **Ask Me Anything sessions**, where your burning questions take center stage
- **Unique Networking Events** – from virtual escape rooms to a 3-day Career Fair
- **Virtual Social Lounges** giving you ample opportunity to connect with your peers



It's easy to see why you need to be at **Physiatry '21**.

**VISIT [WWW.PHYSIATRY.ORG/2021](http://WWW.PHYSIATRY.ORG/2021) TO REGISTER TODAY!**

# FROM THE PRESIDENT

Greetings Friends,

I hope you enjoyed the holidays and that you approach 2021 with a sense of hope and optimism. **This will be the last President's Message I write for *Physiatry Forward*.**

The two years of my AAP presidency come to an end in mid-February at our virtual meeting, *Physiatry '21*. When my presidency began, I was fearful that I might become known as the "Mickey Mouse President," given that the two Annual Meetings during my tenure were scheduled for Orlando and Anaheim. It is now clear that my tenure has been most impacted by the COVID-19 pandemic; thus, being known as the Mickey Mouse President now looks far more appealing than it originally did.

Up against these substantially challenging circumstances, however, our February 2020 ISPRM/ AAP Joint World Congress was a remarkable success and certainly one of the very last meetings of this kind in the world. **The performance of our organization when confronted by these challenges was astounding,** demonstrating the ability of the AAP leadership and staff to perform nimbly, flexibly and decisively under duress.

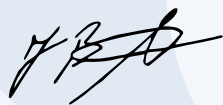
In fact, the success of that meeting has paved the way for an ongoing partnership in the form of an alliance between the AAP and ISPRM that has recently been formalized. In addition, in 2020, the AAP formalized a partnership with the Canadian Association of PM&R (CAPM&R) in which their members are also AAP members and the *American Journal of PM&R* is the official journal of the Canadian organization. **These relationships are affirmations of the increasingly global focus and reach of the AAP,** which remains the only organization in the world dedicated to academic physiatry. Finally, in partnership with many other medical organizations, the AAP became a member organization of the Medical Society Consortium on Climate and Health, demonstrating our commitment to this sentinel global issue of our time.

Within the AAP, there have been several important structural changes of note. Our newest committee is the Diversity & Community Engagement Committee. This committee represents an expansion and maturation of the Membership Committee and reflects our organization's commitment to ensuring that all its members are truly represented both within the AAP and in academic physiatry in general. We look forward to announcing the leadership and inaugural committee for the Diversity & Community Engagement Committee in early 2021, as well as for the new Global Academic Physiatry Subcommittee. **Please consider volunteering with the AAP in 2021 and beyond;** volunteerism is an outstanding mechanism for personal growth, national and international networking, and academic advancement.

**Finally, I would like to highlight several areas of recent programmatic success within the AAP.** Membership within the organization continues to grow spectacularly. We are now approaching 2,500 members. It was not all that long ago that we were at less than half that number. The AAP Mentorship Program has also grown at a very rapid rate. There are, as of this writing, 123 active mentor and mentee pairs. I have had the pleasure of serving as a mentor to a Program Director as well as a current resident and have found the structured approach very valuable and the experience truly rewarding. Finally, the AAP has rapidly evolved a comprehensive menu of virtual educational offerings; to-date, there have been over 10,000 virtual didactic live and on-demand views.

Wishing you and your families a 2021 filled with hope, health and happiness.

Sincerely,



Adam Stein, MD  
Department Chair at Northwell Health  
President of the Board, Association of Academic Physiatrists



Adam Stein, MD

# FROM THE EDITOR

## Academic Medicine: Reaching Beyond Academia

One of the goals of physiatry is to help patients achieve their maximum functional potential. Some physiatrists achieve this goal by providing care to patients in private practice settings. Others accomplish it by training the next generation of physiatrists, caring for patients in academic medical centers, or publishing their research in academia. **I have often been asked by medical students and residents whether these pathways are mutually exclusive.** The short answer is that these pathways are not mutually exclusive, and in fact, they may carry a significant amount of overlap. Physiatry professionals in all types of career paths may participate in academic medicine.

The Merriam-Webster online dictionary defines academia as “the life, community or world of teachers, schools and education.”<sup>1</sup> In the journal *Academic Medicine*, Steven Kanter, MD describes academic medicine as “the discovery and development of basic principles, effective policies, and best practices that advance research and education in the health sciences, ultimately to improve the health and well-being of individuals and populations.”<sup>2</sup> Therefore, academic medicine encompasses activities occurring in a wide spectrum of environments and is not limited to only those occurring in academic centers. This inclusive vision can be observed in the authorships of articles published in the *American Journal of Physical Medicine and Rehabilitation* and other similar peer-reviewed journals. **Scholarly contributions to these journals have come from authors from all practice settings, including private practice.**

**The education and mentorship of physiatrists-in-training is not restricted to physiatry professionals in academic centers.** Physiatry residency training programs have increasingly offered elective rotations in the community setting, allowing the affiliates in private practice to instruct and mentor physiatry residents in a manner similar to those in academic centers. In addition, PM&R departments in medical schools often have adjunct faculty appointments available for voluntary (i.e. non-employed) physiatrists who are actively engaged in training their medical students, residents and fellows. **Academic professional societies, such as our Association of Academic Physiatrists (AAP), embrace members regardless of their affiliation with academic institutions.** The AAP serves as a valuable resource by providing access to educational programs, networking events and initiatives to support the career growth of all physiatry professionals.

Consequently, academic medicine is open to all physiatry professionals through a variety of routes, regardless of their career paths. **Physiatrists may engage in academic medicine by** applying for adjunct faculty appointments in a medical school department, volunteering to teach, hosting rotations for trainees, actively engaging in academic professional societies (such as the AAP), and by publishing their clinical findings in professional journals. As long as there is a will to do so, it is never impossible or too late to take part in academic medicine.

Sincerely,



Sam Wu, MD, MA, MPH, MBA  
Department Chair at Temple University  
Editor-in-Chief of *Physiatry Forward*



Sam Wu, MD, MA, MPH, MBA

#### References:

1. Academia. <https://www.merriam-webster.com/dictionary/academia> ; Accessed December 5, 2020
2. Kanter SL. What is Academic Medicine? *Academic Medicine* 2008;83(3):205-206.



# Ensuring Trainee Wellness During a Time of Social Distancing

By: Ravi Kasi, MD, Chirag Shah, MD, Malcolm Moses-Hampton, MD, Sol Abreu-Sosa, MD, and Ryder Moses-Kessler, MD, Rush University Medical Center



Over the past several years, residency programs throughout the country have made significant strides to improve the wellness of their residents. A typical program would typically involve creating initiatives incorporating each component of the “Wellness Wheel” as noted in the table below.<sup>1</sup> **To achieve Wellness, each resident must find their unique balance between the components of the “Wellness Wheel.”**

The need to take a holistic approach to wellness is based upon Karasek’s Demand-Control-Support<sup>2</sup> model. The “Demand-Control” component stipulates that the stress of work demands (e.g. duty hours) can be balanced by allowing more control over those demands (e.g. creating one’s own schedule). Since this “balance” was difficult to achieve with just this simple intervention, the model was expanded to include a “support” component that further counterbalances the work demands.

**When the pandemic hit, the delicate balance was disrupted** as we were unable to implement social initiatives due to social distancing/ quarantining. To counteract this, it was imperative to take a holistic approach to provide all the “support” that was needed for each resident, not simply just implementing virtual social events. Here are suggestions for an individualized and/or departmental plan based upon the “Wellness Wheel.”

## SUGGESTIONS FOR INTERVENTIONS

### Social



- Organize virtual social events (i.e. quarterly dinner, game night, etc.). There is a litany of new online games that can be conducted with individual or group competition. Outdoor activities can also still be implemented with appropriate social distancing.
- Create chances for residents to share their non-medical passions within the hospital community to find other residents (or faculty) who share those interests (e.g. music).
- Encourage residents to stay connected with friends and family via video calls.
- Create a web of accountability by having a resident peer-to-peer program. Ensure that the “peers” are communicating regularly at least weekly.
- Create team-building exercises for wellness initiatives.
- Highlight opportunities for residents to complete chores together while socially distanced (e.g. grocery shopping, laundry).

### Physical



- Ensure that resident duty hours are not increased excessively as a result of increased hospital deployment. Any slight increase in duty hours from the program norm (even if is below ACGME requirements) could negatively impact one’s wellness. As such, it is important to ensure that any change in duty hours be completed via a transparent group discussion. This will allow the usage of the “Demand-Control-Support” model noted above.
- Create individual and team group wellness competitions for sleep, exercise, nutrition, hydration, etc. The competitions could be arbitrated via iPhone or Fitbit devices with the winner(s) receiving a monetary prize.
- Create a culture of “plugging out” when leaving the hospital by reducing (or eliminating) all off-hour communication unless it is urgent. Rather, encourage off-hour communication to be focused on pleasurable topics.
- Invest in a clear door fridge (for visual appeal) filled with water, snacks, etc. in a central location for all residents. Ensure that adequate funding is available via the department as some residents may find it even more difficult to find time to grocery shop with inflexible hours. In addition, residents could be feeling a financial strain.
- Create flexible wellness half-days to give residents time for self-care.





#### References:

1. COVID-19 and personal well-being. <https://healthcenter.indiana.edu/health-answers/psychological-stress/wellness-wheel.html#:~:text=The%20wellness%20wheel%20illustrates%20a, intellectual%2C%20environmental%2C%20and%20financial.&text=When%20you%20lose%20balance%20within,and%20you%20can%20experience%20distress.>
2. Kenneth S. Shultz, Mo Wang, Eileen M. Grimmins, and Gwenith G. Fisher. Age Differences in the Demand-Control Model of Work Stress: An Examination of Data From 15 European Countries. *J Appl Gerontol.* 2010 Feb; 29(1): 21–47.

## SUGGESTIONS FOR INTERVENTIONS

### Emotional



- Create regular group meetings to ensure transparency on the impact of COVID-19 on the residency program and the institution. The communication should address any rumors on changing roles, changing educational experiences, etc. These meetings should be structured to allow the residents to have a voice in the decision-making.
- Ensure residents feel comfortable about openly communicating their needs and wants without the fear of punishment or being looked down upon. Remind them that it is “okay to be not okay” and to validate their emotions without judgement.
- Ensure that senior residents and faculty are modeling appropriate behaviors to promote wellness. This also includes transparency in seeking wellness resources.
- Strongly incorporate, if not mandate, utilization of hospital resources for wellness. At Rush University Medical Center, the hospital has invested in a Center for Clinical Wellness that offers 24/7 counselling services, well-being coaches, and mini-wellness retreats, to name a few.

### Spiritual



- Support the observance of religious holidays by allowing time off. If a resident is not able to share this experience with their loved ones due to social distancing, help create a sense of community by allowing them to share the experience with their co-residents.
- Focus at least one monthly residency meeting on situations that impacted values, beliefs and/or ethics. At Rush, this is accomplished during our monthly chairpersons’ rounds where residents can share their stories.
- Encourage each resident to take time each day to refocus themselves and reflect on events of the day.

### Occupational/ Intellectual



- Create individualized meetings with residents to ensure that they feel they are on track to achieve their future career goals. Ask about the opportunities being threatened by the pandemic and how they feel regarding any change in their clinical roles. Then, utilize your resources to help narrow the gap.
- When there are acute changes to education or schedules due to the pandemic, provide the residents with autonomy to make their own decisions either individually or as a group.
- Create initiatives to help residents find meaning in the work that they are doing, such as creating patient success stories that were served by the team. Utilize these opportunities to celebrate residents for the work that they are doing monthly or, at the very least, quarterly.

### Environmental



- Continue to do community service work even remotely. Residents could benefit from completing advocacy work and/or creating institutional change to provide more meaning to the work that they are doing.
- Ensure you are promoting a safe work atmosphere by adhering to institutional and CDC guidelines when it comes to protocols for clinical and social interactions with open and direct communication.
- Purchase or encourage residents to bring in “comfort items” (e.g. sun lamps in the winter).

### Financial



- Utilize hospital resources for child and elder care, legal support, and financial planning.

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**HERMANN**  
Rehabilitation & Research



By: Eric Jones, Medical Student at California Northstate University College of Medicine and Membership/ Recruitment Representative for the AAP's Medical Student Council

# A Guiding Light: Parkinson's Disease within Physiatry



**I**'ll always remember the way his hand shook in mine. It was all I knew, that was just my grandfather, "Opa". Growing up, Opa had Parkinson's Disease (PD). Receiving his diagnosis when I was just a toddler, I supposed every grandfather must have had shaky hands. However, as his disease progressed, so did my understanding of the intricacies of this multi-faceted condition. While Opa's motor, cognitive and behavioral symptoms slowly advanced, one thing remained constant: his enduring spirit. As I traverse my way through medical school, his journey remains a steadfast pillar of my devotion to serving my community and the field of physiatry.

Perhaps my most stark memory came on a routine high school afternoon as I ran on the treadmill at the local gym. Opa's balance had become increasingly concerning at this point, to the point that he needed a specialized walker. As I neared the end of my run, I looked up to see Opa and my grandmother at the front desk purchasing a membership. **Naïve to the impact of rehabilitation in PD, I was perplexed by the idea of Opa at the gym.** Upon the recommendation of his physiatrist, he began strength training at the gym in addition to physical therapy. Months later, he even began neuro-boxing, a proven form of neurorehabilitation to increase balance, mobility, gait and quality of life. In this short time, a spark was created as I was introduced to the novel role of rehabilitation in PD.

As I gathered information throughout my medical education and within the physiatry community, I developed a greater understanding of the physiatrist's role in PD and have become excited about the first PM&R PD fellowship beginning in 2021. While my aim is not to educate on this topic, I grew inspired by the unique value of rehabilitation in PD. Inclined to contribute to this growing field, I had an idea. Last year, I proposed a local 5K run to my university, with hopes of bringing the school, surrounding community, and local Parkinson's community together. Spring was the best of time year for a run, and April just so happened to be Parkinson's Awareness Month. **Thus, as a tribute to Opa's dignified fight, the California Northstate University (CNU) Students 5K for Parkinson's was put in motion,** with all proceeds being donated to The Michael J. Fox Foundation for Parkinson's Research.

It turns out planning a 5K wasn't as easy as it seems. After months of sorting out city road closures, local sponsors, registration, race timing, etc, the logistical roadblocks made it seem near impossible at times. But seeing classmates' excitement, I couldn't let it go.

Our team regrouped and found new ways of fundraising including Pancakes for Parkinson's, and the opportunity to send a runner to the Chicago Marathon as a charity sponsor for The Michael J. Fox Foundation. The 5K was finally coming together: t-shirts ordered, sponsors confirmed and course approved!

**However, COVID-19 struck just weeks prior to the 5K.** Although runners could not come together on race day, the community effort was felt as \$750 was raised for Parkinson's. Further, I am honored to have been given the opportunity to join the Parkinson's Association of Northern California (PANC), serving over 600 people with Parkinson's through support groups, exercise classes, conferences and establishment of a medical student volunteer program. I remain grateful to CNU, PANC, and The Michael J. Fox Foundation for their unwavering support in making this vision possible.

**Above all, I hope this narrative serves as a reminder to continue pursuing that spark, regardless of the obstacle ahead.** While the memory of Opa's hand shaking in mine resides, his unwavering grasp and prevailing light remain rooted within me as I continue my journey in physiatry.

Stay tuned, as I will be representing The Michael J. Fox Foundation at the next running of the Chicago Marathon...

**As I traverse my way through medical school, his journey remains a steadfast pillar of my devotion to serving my community and the field of physiatry.**





# CROSS COUNTRY

with our  
Academic  
Partners

*Here's the latest news on faculty, facilities and feats from AAP Academic Partners!*

## Baylor College of Medicine

We are saddened to share that Margaret Nosek, PhD passed away on November 21, 2020. Dr. Nosek was the Founder & Executive

Director of the Center for Research on Women with Disabilities (CROWD) and Tenured Professor at BCM. During her 36-year tenure, she was awarded nearly \$16 million in grant funds for research and training. She had a severe congenital physical disability, and was an ardent activist in independent living and disability rights. The President's Committee on Employment of People with Disabilities honored her as a



"Disability Patriot" in 1991. In her words, "If you truly believe you are a woman of value, you gain tremendous strength to forge your way through the most stubborn of barriers."

## Case Western Reserve University/ MetroHealth System

The Board of Trustees of the MetroHealth System has approved \$7.6 million for a new ambulatory clinical space and research and education facility for the department of PM&R at the Old Brooklyn Campus. The 18,000 square feet clinical space will provide state-of-the-art care for patients with medically complex conditions. The area will include a large therapy gym, 14 physician examination rooms, individual treatment offices for speech therapy and vocational rehabilitation, and conference area for teaching and charting. The 23,000 square

feet research and education facility will include multiple laboratories, including a fully equipped gait lab, as well as multiple conference rooms for education and training.

## East Carolina University

The pandemic has been challenging, but some positives that came from this were the dedication and hard work displayed by our residents, along with residency department organizational skills, to plan for such a challenge regarding patient care and resident wellness. Some of the wellness opportunities that we provide include burnout sessions incorporated into education, attending-resident mentorship programs, and program events such as beach trips, group exercise, ultimate frisbee and volunteering. Further, to expand on the limited PM&R opportunities during the



pandemic, we piloted a successful Virtual Rotation for interested visiting medical students.

#### **Harvard Medical School/ Spaulding Rehabilitation Network**

Faculty from the Department of PM&R have received several recent national awards and showed leadership during the COVID-19 crisis by organizing an expert task force that published "Can mHealth Technology Help Mitigate the Effects of the COVID-19 Pandemic?" in the *IEEE Open Journal of Engineering in Medicine & Biology*. In other work, the group outlined the steps taken to establish an outpatient-based rehabilitation program for COVID-19 by co-publishing a study in PM&R titled "Ambulatory Rehabilitation of Patients Hospitalized with SARS CoV-2 Infections: Early Pandemic Experience in New York City and Boston."

#### **Icahn School of Medicine at Mount Sinai**

The Mount Sinai Department of Rehabilitation and Human Performance has shown resilience and growth through the COVID-19 pandemic. We are proud of our faculty and staff who served on the frontline when we transformed to med-surg beds. We developed a remote patient monitoring program for COVID patients, and recharge rooms for the frontline providers. Through our partnership with Logitech, we continue innovating for e-sports and persons with disabilities. Our residency program grew to include categorical spots. We are proud of doctors Drs. Bryce, Dams O'Connor and Putrino, who continue to acquire grants and increase our research portfolio.

#### **JFK Johnson Rehabilitation Institute**

We have learned a great deal about the COVID-19 Pandemic and continue to care for the rehabilitation needs of the patients in our area. This includes starting a Post-COVID Rehabilitation Program, inclusive of cardiac and pulmonary rehabilitation. Our 174-bed inpatient rehabilitation institute and satellites are back to fully functioning. In-person outpatient services and research are back up and running with strict COVID precautions. Telehealth is also active. We welcomed medical students from our home medical schools back as learners. Other exciting news includes Beverly Hon, MD being awarded the Bors Award for Scientific Development in Spinal Cord Injury Medicine.

#### **Johns Hopkins Medicine**

Clinicians in the Department of Physical Medicine and Rehabilitation devised a comprehensive rehabilitation program across ICU, acute care units, ACIR, and ambulatory clinics and telemedicine for COVID-19 survivors. The goals include: prevent deterioration during a hospital stay, facilitate functional recovery, manage impairments secondary to COVID-19 infection, and conserve PPE and maintain physical distancing using telemedicine. Clinicians are also sharing expertise on how to integrate rehabilitation as a strategic priority within health systems around the world by positioning it as a service that can reduce care costs. International collaborators include a stroke institute in Abu Dhabi and mobility programs in China and Australia.



#### **Medical College of Wisconsin**

On Jan. 11, 2021, the Froedtert & the Medical College of Wisconsin Neuroscience Institute will welcome patients to approximately 19,750 square feet of newly updated space within the Specialty Clinics building. Our new neuroscience environment will include dedicated space for Rehabilitation Medicine, Neurophysiology, Neuroscience and Neuropsychology. Features will include five EMG rooms with custom sinks to warm patients' limbs prior to appointments, ten Rehabilitation Medicine rooms, 26 Neuroscience exam rooms and an advanced assessment room for neuro-ophthalmology. Earlier this year, we opened a new neurological rehabilitation space of about 8,800 square feet.

#### **Michigan Medicine**

The Department of PM&R expanded its inpatient capacity, opening 24 beds at our joint venture partnership hospital in Chelsea, Michigan. John Danko, DO is Medical Director over our beds at Chelsea and University Hospital, and Joshua Startup, MD will be Associate MD at Chelsea. Carrie Pilarski, PhD has been appointed as Director of DEI and will lead efforts around departmental culture, pipeline and curriculum. She recently published on disability and medical rationing in the COVID era.

Susan Murphy, ScD, OTR was awarded an NIH U01 grant focusing on teaching community health workers to participate in clinical research, especially in underserved communities.

#### **Montefiore Medical Center/ Albert Einstein College of Medicine**

Montefiore Rehabilitation has had a busy quarter. We published multiple articles regarding COVID-19, and are pursuing COVID-19 research on the effects of rehabilitation throughout the continuum of care. We want to call out the achievements of our staff and faculty in the pandemic and are bracing for the second wave that is likely to come to NY. Our multidisciplinary efforts continue to grow with the Spine Center, Cancer Center and Stroke Center in a new practice space in Westchester. A special call out to Erika Trovato, DO, who will join the AAP's PAL program and Felicia Ambrose, MD for her NIH COVID-19 Pilot Grant.



#### **NewYork-Presbyterian Hospital**

Our department continues to advance its mission despite the roller coaster ride of the COVID-19 pandemic. We have resumed a full array of outpatient services, with safety precautions for patients and staff. We have welcomed multiple new faculty over the past several months, including Michelle Chi, MD, Ben Shin, MD, Dara Jones, MD and Jason Edwards, DO at Weill Cornell, and Kaile Eison, DO, Charley Scott, MD and Christine Townsend, MD at Columbia. Our research program has resumed, and we are excited to welcome Joanna Smeeton, PhD to our stem cell program, whose research lab is studying animal models of joint regeneration in arthritis.

#### **NYU Langone Health/ Rusk Rehabilitation**

NYU opened its second medical school, the NYU Long Island School of Medicine. It is a tuition-free, three-year school dedicated to training primary care physicians. The newly created Department of Physical Medicine and Rehabilitation at NYU Winthrop will play a prominent role in training these physicians, as there will be a required rotation in physiatry.

### Penn State Health

The Department of PM&R continues to flourish in their academic and clinical areas. We are excited to be starting our 3rd year of fellowships in Spinal Cord Injury and Brain Injury and continue to have a PM&R specified fellowship in the Pain Anesthesia Department. The newly formed Pediatric Rehabilitation Medicine program includes Teresa Such-Neibar, DO, Director, and ShaEssa Wright, DO. Recruitment is ongoing for several positions. A special shout out to Natasha Romanoski, DO, who was named AAP's representative to the AAMC. The department is led by Lori Grafton, MD, Interim Chair.



### Sunrise Health GME Consortium

Here at Sunrise Health PM&R, we have been working diligently to establish our program as one of the best! We have incorporated our new Motion Analysis lab into department learning and research endeavors, and are having fun doing it. We are proud of one of our distinguished residents presenting clinical research at this year's AAPM&R Annual Meeting. Additionally, several of our residents have abstracts accepted for Physiatry '21. In this year of COVID-19, wellness activities remain essential to our residency programs. We have been able to continue using national and state parks to hike while staying responsibly socially distant.

### University of Alabama at Birmingham

The PM&R Wellness Committee has continued to offer programming focused on supporting the personal wellness of our employees during COVID-19. We realized that we had neglected the spiritual aspect of wellness in our department and invited UAB Hospital Chaplain Corey Agricola to lead a brief video on spiritual wellness and tips for staying spiritually anchored during these difficult times. Our faculty are also committed to exploring the impact of COVID-19 on individuals with disabilities. Four of the PM&R faculty were awarded "During the COVID-19 Era" pilot funding through the UAB Center for Engagement in Disability Health and Rehabilitation.

### University of Kansas Healthcare System

The Department of Rehabilitation Medicine had tremendous growth during 2020! Research developments include a new RO1 grant regarding wearable functional brain mapping in primates with stroke (Randy Nudo, PhD), a RCT regarding the efficacy of Morselized Amniotic Membrane in Knee Osteoarthritis pain (Neil Segal, MD, MS), and a new "Residency Research Track" to foster development of clinician scientists. Clinical highlights include new programs in oncology rehabilitation/ survivorship (Megan Clark, MD), sports rehabilitation clinics with the KC Royals and KU Jayhawks (John Alm, DO), and new rehabilitative programs in advanced heart failure with LVAD devices and transplant (Sarah Eickmeyer, MD).

### University of Kentucky

COVID-19 continues to show the adaptability of our program. We implemented a virtual recruitment series, "Wildcat Wednesday", showcasing opportunities here at UK PM&R to medical students. This was greatly received and was one of the first virtual recruitment opportunities for students. We also adapted our didactics to a hybrid format, including a new "Virtual Grand Rounds" that is available to all in the PM&R community. Several residents presented their research virtually at multiple conferences, including AAPM&R. Despite COVID-19, we continue to provide our residents with abundant hands-on experiences keeping in line with our pre-COVID education. Follow us on Twitter: @uk\_pmr.



### University of Louisville

University of Louisville's Division of PM&R has welcomed in a new Program Director, Catherine Schuster, MD, to start this academic year. Additionally, the program has been granted a complement increase to four residents each year. Dr. Schuster is excited to support Louisville's growing family. Swift adjustments to our rotation and lecture schedule within the challenges of the pandemic have ensured

ongoing education of our residents while providing exemplary patient care. Virtual lectures and telehealth have allowed us to practice and engage in medicine whatever the circumstance. As Darryl Kaelin, MD always says: "It's happening here! Go Cards!"



### University of Minnesota

The Department of Rehabilitation Medicine would like to congratulate the following faculty and residents.



In faculty news, Parisa Salehi, MD was named the PM&R Division Director, Leslie Morse, DO received the APS Excellence Award from ASCIP, and Ricardo Battaglini, PhD accepted the Vice Chair of Diversity, Equity and Inclusion role. Residents have been keeping busy, with Ovuokerie Addoh, MD, PhD and David Balser, MD being accepted into the RMSTP program and Matthew Puderbaugh, DO being named 2020 Outstanding Resident of the Year in Military Medicine & Surgery from the American Osteopathic Foundation and Association of Military Osteopathic Physicians & Surgeons!

### University of Missouri

Great things in Mizzou land. Joseph Burris, MD received the AAPM&R 2020 Distinguished Member Award. Scott Frey, MD, PhD, received a \$1.5 million grant from the Department of Defense to study "Quantitative Ambulatory Assessment and Prognosis of the Impact of Severe Upper Limb Injuries on Real World Behavior". Vovanti Jones, MD and William Christensen, MD published a book chapter titled "Management of Pain in Neuromuscular Disorders". Dr. Jones and Claire Finkel, MD, Associate Residency Program Director, lead the department's Diversity and Inclusion Committee. The SOM featured our newsletter on National Asian American and Pacific Island Heritage.

### University of North Carolina

Construction continues on our new state-of-the-art inpatient rehab center



where we'll grow both our inpatient bed capacity and our residency program by 33%. Congratulations to William Filer, MD, Residency Program Director, on his recent promotion to Associate Professor and to senior resident Daniel Sainburg, DO on his acceptance into the UNC Pain Fellowship program. This past month, we successfully hosted our 2nd Annual UNC Concussion Symposium, made numerous presentations at UNC's Spina Bifida Virtual Family Conference, and gave multiple presentations at the annual meetings of the ACRM, APHA and AAPM&R. Watch our resident recruitment video at [youtu.be/\\_VLrQ5VTRwY](https://youtu.be/_VLrQ5VTRwY) and follow us on Instagram @uncpmr.

### University of Pittsburgh Medical Center

UPMC PM&R extend congratulations to Amy Wagner, MD, who was elected to the National Academy of Medicine; Amy Houtrow MD, PhD, who received the ACRM Women in Rehabilitation Science Award; and Jessica Beardsley, MD, who was appointed to AAMC Organization of Resident Representatives. PM&R faculty/residents received several grants. Corina Bondi, PhD received funding from NINDS; Brad Dicianno, MD and Gina McKernan, PhD received a grant to study how autonomous vehicles serve people with disabilities; Kuntal Chowdhary, MD received the Nadler PASSOR Musculoskeletal Research Grant to study PRP treating osteoarthritis; and the NIH renewed a grant for the AR3T initiative.

### University of Utah

The Division of PM&R is proud to announce that our faculty member, Jacob George, PhD, recently received the first-ever NIH DP5 award in the field of PM&R. Dr. George's research focuses on using artificial intelligence, brain-machine interfaces and bionic exoskeletons to restore and enhance functional recovery in stroke, brain injury and SCI patients. Dr. George's NeuroRobotics Lab is a foundational component of the new Craig H. Neilsen Rehabilitation Hospital research center. We send our well wishes to all our colleagues across the country as our faculty, staff, trainees, patients, families and communities continue the battle against COVID-19.

### University of Washington

The Department of Rehabilitation is excited to announce the following news:

- Molly Fuentes, MD, MS received a 5-year NIH K23 Award from the National Institute of Minority Health & Health

Disparities for her project, "A New Model of Rehabilitation to Meet the Cultural Needs of American Indian/Alaska Native Children with Disabilities."

- Sean Rundell, DPT, PhD was awarded a 5-year NIH R01 from the National Institute of Aging for his project, "Lumbar Stenosis Prognostic Subgroups for Personalizing Care and Treatment (PROSPECTS)."
- Pradeep Suri, MD, MS and co-authors received an ISSLS Prize for Lumbar Spine Research in Clinical Science for Examining Causal Effects of Body Mass Index on Back Pain: A Mendelian Randomization Study.

### UT Health San Antonio

The Department of Rehabilitation Medicine saw a large surge of COVID-19 in July that shuttered the doors of University Health Rehabilitation and the VA units in order to house acute hospital patients. We thank the residents, who became frontline COVID physicians, and faculty, who shifted to care for our patients in the acute hospital and virtually. In response, we have developed a robust Post-COVID-19 Recovery Clinic that has been unfortunately busy. We hope the clinic will eventually be out of business. We also recruited Brian Fricke, MD, Cancer Rehabilitation Physician, to the Mays Cancer Center.

### UT Health Science Center/ McGovern Medical School

Welcome to our new faculty members, Jason Hua, DO, Peter Riedel, DO, Ryan Stork, MD and Alex Wu, MD, who are strengthening our partnership with the TIRR Memorial Hermann Network. Glenda Bosques, MD, Christopher Falco, MD, Joel Frontera, MD, Stacy Hall, DO and Ajai Sambasivan, MD were honored with the UTHealth McGovern Medical School Dean's Teaching Award. Congratulations to Sheng Li, MD, PhD for his NIDILRR award for non-invasive intervention for post-amputation phantom limb pain. Argy Stampas, MD was recently promoted to Associate Professor, and Mary Russell, DO appointed Vice Chair of Quality & Compliance. Nikola Dragojlovic, DO assumed leadership of our residency program, making Joel Frontera, MD a recovering Program Director.



### UT Southwestern

UT Southwestern is now ranked #12 in Blue Ridge NIH funding rankings! We are also thrilled that our Rehabilitation Psychology Division has grown from 0 to 4.5 psychologists, 2 rehabilitation counselors and a postdoctoral fellow in only 4 years - with three of our faculty participating in funded research. Finally, our faculty Surendra Barshikar, MD, Fatma Gul, MD, Merrine Klakeel, DO and Amy Mathews, MD have published a new book, "Practical Guide to Botulinum Toxin Injections." The book is meant to fit in lab coat pockets and be an easy reference for trainees and physiatrists.

### Vanderbilt University School of Medicine

Vanderbilt University Medical Center (VUMC) is continuing to grow at



an exponential pace. In addition to the acquisition of McFarland Rehabilitation Hospital, we are currently purchasing two additional hospitals and partial ownership in a third. Doing so will significantly expand the Department of PM&R's footprint for both inpatient and outpatient rehabilitation services. There has also been a significant expansion of multiple service lines both at the VA and VUMC including: spine, SCI, cancer, pediatrics, EMG, MSK/sports and inpatient consultations. Collectively, the future is bright for the Department of PM&R at Vanderbilt and the patients we serve.

### Zucker School of Medicine at Hofstra/ Northwell

The Department of PM&R has had an eventful autumn. The increasing demand for services on our acute inpatient rehabilitation unit at Glen Cove Hospital led to an expansion to a total bed capacity of 75 and the addition of a full-time physiatrist, Lon Satnick, MD. In addition, two of our faculty have been promoted: Susan Maltser, DO to the rank of Associate Professor of PM&R and Steve Aydin, DO to the rank of Clinical Associate Professor. Outpatient growth continues as well with the addition of Patrick Martone, DO, cancer rehabilitation specialist and Brian Golden, DO, board-certified in Pain Medicine.



## AAP ESSAY CONTEST SUBMISSION!

By: Matthew Harmon, MD, Resident  
Physician at the University of Colorado and  
Contributor to the AAP's Essay Contest

# A Strong Black Woman: Vulnerable, Sensitive & Human

She struck me as strong, resilient, and nervous. She had dark, smooth black skin that was chapped on her knuckles, a bit leathery but smooth and aged. A sly slanted smile, flashed in between playful banter flaunting bright white teeth that contrasted her dark and weathered countenance. She was young but tired and worn from the years, and it showed. We began to discuss her upcoming emergent lower limb amputation. **She confided in me her fear of death, her lifestyle regrets, and the all-too-common doubts she harbored as a minority in the healthcare system.**





**M**y Aunt Margie loved to cook corn bread, collard greens, ham hocks and black-eyed peas. She would sit next to her spittoon, stuff chewing tobacco into her cheek and watch soap operas on TV while I scanned the house **taking mental note of my family, my history and my ancestry.** The cornbread was sweet and gritty, and it soaked up the smooth black-eyed pea paste and ham hock gravy. It all mixed together with the sweet, salty, bitter collards. I miss my Aunt Margie dearly.

I couldn't deny the overwhelming feeling of connection with my patient, and I had to believe its because she reminded me of something familiar. She was a black woman from the South who spoke with a strong drawl, and survived the fire of the Civil Rights era. In a vast sea of majority, she stood out to me as something that I could relate to: **she became someone I knew.**

Diversity in the workplace transcends the comfort of seeing a variety of faces in the office. The forces of implicit bias are entwined with our being as much as the polynucleotide coils that determine our individuality. With this being said, there is therefore no level of diversity training, cultural competency education, or systemic racism seminars that can begin to solve our societal predicament. Consider an analogy of the immune system of **a complex organism, made resilient through an impressive array of immunoglobulins to harmful proteins, and a diverse microbiome in robust environmental homeostasis.** Upon removing the diversity of the microbiome, or destroying the myriad of immunoglobulin response mechanisms, the health of the organism is devastated. In similar ways, our own neighborhoods, communities, and healthcare systems suffer.

Each unique life scenario, community background and racial identity will produce a one-of-a-kind individual with their own implicit bias, individually poised to apply their own biases. We are all born, raised and cultivated to be sensitive to our own socio-emotional markers.

**A medical community that provides a rich and diverse workforce fosters an evolving likelihood for the physician to recognize a friend, colleague, or family member in the face of their patient. In this diverse, thriving medical ecosystem the black woman is given space to become whole again: strong, vulnerable, sensitive, and human.**

The uniqueness that we all bring to our communities, both personal and professional, is the fabric of a society that is well equipped to deliver services without unequal, and unfair bias. But who we discover as our family, community, and culture is predominantly out of our control. According to the National Fair Housing Alliance Report, **"approximately half of all Black persons and 40 percent of all Latinos live in neighborhoods without a White presence."**

Studies have repeatedly revealed stark disparities, inequalities, and ineptitudes when it comes to treating the black patient. A 2019 study by Mende-Siedlecki et. al. found a significant tendency for white participants to be less sensitive to painful expressions on black faces. This insensitivity, and many others like it, eventually **leads to inequities such as the under-treatment of pain, the unequal identification of mental health needs, and the under-diagnosis of cardiovascular disease in the black patient.**

What does all of this mean? What would I like the reader to take away from this dialogue? The message is simple: diversity is the key. Unfortunately, the answer is far from simple, but I do believe that a focus upon restoring the cultural flora of our communities, work places and social spaces is a good start. **The US population is approximately 12.3% black, but the physician workforce is only comprised of 5% black doctors according to the AAMC.** The reconstitution of our daily experience with diversity allows a natural and more inclusionary environment to evolve. A medical community that provides a rich and diverse workforce fosters an evolving likelihood for the physician to recognize a friend, colleague, or family member in the face of their patient. In this diverse, thriving medical ecosystem the black woman is given space to become whole again: strong, vulnerable, sensitive, and human.



# Best Practices to Mitigate Burnout in the Age of COVID

To many in healthcare, 2020 feels like the longest and most stressful year of our lives. If physician burnout was a concern before, it is now a crisis. Prior to COVID-19, changes in how care is provided, documented and reimbursed threatened healthcare organizations and contributed to physician burnout.<sup>1</sup> Pressures on productivity, efficiency and expenses led to disillusionment and exhaustion. The pandemic threatens to greatly amplify physician burnout. Now more than ever, we need to implement steps to mitigate burnout.



By: David Steinberg, MD, MMM, Chief of PM&R at the University of Utah, Executive Medical Director at the Craig H. Neilsen Rehabilitation Hospital, and Secretary/ Program Director of the AAP's Chair Council

**T**he pandemic has accelerated change with longer shifts, staff shortages, sparse equipment and supplies (particularly PPE), and stretched finances. Healthcare workers report that COVID-19 has resulted in increased stress (57%), depression (48%) and anxiety (33%).<sup>2</sup> Top factors included fear of getting/ transmitting COVID-19, concern for the health of family and friends, perceived lack of control and/or uncertainty, lack of testing and PPE, social distance/ isolation from family, performing clinical work outside of their specialty, the need and expectation to provide social support to patients, and difficult triage decisions or rationing of care due to resource scarcity. Not all was despair, however. More than 60% of respondents reported feeling a high level of purpose and meaning.

Burnout is a syndrome characterized by high emotional exhaustion, high depersonalization (i.e. cynicism), and a low sense of personal accomplishment from work. Prior to COVID-19, **a national survey of American psychiatrists demonstrated that 50.7% of respondents met the definition of burnout.**<sup>3</sup> Only 38% of respondents reported not becoming more callous towards patients. PM&R trainees reported 50% burnout, as well. Three reasons were cited as the most common causes: increasing regulatory demands, work load and job demands, and practice inefficiency and lack of resources. Burnout rates were associated with job stress and working more hours per week.

**Personal costs of burnout include increased risk of error and occupational injury, substance abuse, and even suicide.** Other consequences are reduced professional development and career regret, quality of care, professionalism, patient satisfaction, and communication between care providers and patients.<sup>4</sup> Burnout leads to increased patient safety events, malpractice claims, higher physician

turnover and decreased work effort. The costs of replacing a physician are estimated to be 2 to 3 times the physician's annual salary. Shanafelt et al found that increase in burnout was associated with a 30% to 40% increase in the likelihood that physicians would reduce their professional work effort during the next 24 months.

**So, what should we do? Leadership can make a difference.** There is an inverse association between the leadership score of a physician's immediate supervisor and the likelihood of burnout ( $p < .001$ ). Several leader behaviors can have a positive impact, including "check-in" rounding, facilitating peer support opportunities, and reinforcing a compassionate, purpose-driven culture. Practical measures should address mounting job demands with sufficient job resources and supports (e.g. job control, alignment of professional and personal values, and manageable work-life integration). Leaders can also assist their team members to develop their talents and professional motivations. Physicians who spend at least 20% of their professional effort focused on the dimension of work they find most meaningful are at dramatically lower risk for burnout.<sup>5</sup>

Increasing focus on productivity also leads to burnout as doctors respond by shortening time spent with patients, ordering more tests/ procedures or working longer hours. Leaders can look for alternative incentive models such as rewarding greater patient satisfaction or other quality measures. Other strategies include promoting greater flexibility, encouraging taking vacation time, optimizing the practice environment and creating a healthy organizational culture. Many interventions help providers improve their efficiency and resiliency. Training could include how to implement efficient work practices as well as life balance techniques like positive psychology exercise and mindfulness training. Wellness committees should have leadership support and resources to identify and address top stressors.

**Physician engagement, characterized by vigor, dedication, and absorption in work, is the positive antithesis of burnout.** "The reality is that an engaged physician workforce is requisite to achieving institutional objectives, that small investments can have a large impact, and that many effective interventions are cost neutral." Shanafelt et al identified 9 organizational strategies to promote physician engagement: 1. Acknowledge and assess the problem; 2. Harness the power of leadership; 3. Develop and implement targeted interventions; 4. Cultivate community at work; 5. Use reward and incentives wisely; 6. Align values and strengthen culture; 7. Promote flexibility and work-life integration; 8. Provide resources to promote resiliency and self-care; and 9. Facilitate and fund organizational science.

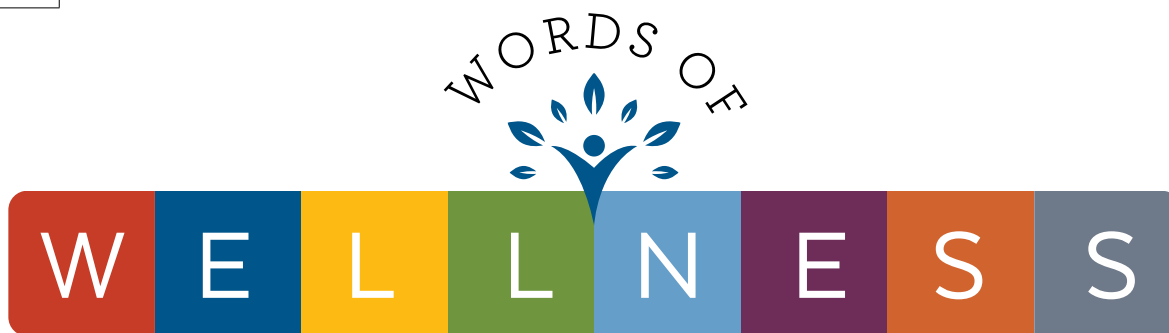
**The AAP's Chair Council is leading a charge to help academic psychiatry programs identify and share best practices and resources** to combat burnout and promote wellness. A PM&R Chair Wellness Survey will ascertain what strategies are being utilized most effectively to support our faculty and staff. Findings will be shared broadly among programs and will help launch initiatives to more effectively empower us to sustain if not thrive through the pandemic and beyond.

Leaders in academic psychiatry are wise to implement best practices in wellness promotion in order to counter these pervasive changes. **If wellness programs were a priority prior to the pandemic, it is now an absolute necessity.**

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PICTURED: "THE SCREAM" BY EDVARD MUNCH, AN ICONIC REPRESENTATION OF BURNOUT TO THE AUTHOR.



Welcome to your quarterly Words of Wellness, a column dedicated to giving you resources and inspiration to intentionally practice wellness and encourage your peers. These features are brought to you by the AAP's Resident/ Fellow Council Well-being Subcommittee. If you would like to contribute to this column, contact our Subcommittee Chair, Dayna Yorks, DO, at [dyorks@sralab.org](mailto:dyorks@sralab.org).

#### FEATURED WORKOUT



**Perform the first move for 30 seconds, rest 10 seconds, then repeat for a total of 4 times. After you have done the exercise 4 times, move on to the next and repeat! See the full workout at <https://www.instagram.com/p/BiSeo5phZ4i/>.**

#### PLYO LUNGES

- In a lunge position with front knee over ankle, push off with both feet and switch legs so the opposite leg is now in front, and continue switching. Make sure to land with soft knees. Modify with reverse lunges.

#### SIDE PLANK WITH LEG RAISE

- Come into side plank with a straight left arm (left hand is directly under left shoulder) and lift hips up to the ceiling. Stack right foot on top of left foot. Lift right leg straight up, lower, and repeat. Modify by bringing right foot in front of the left and holding. Switch sides.

#### SKIERS

- Standing on right leg, bend your knee and push off, hopping laterally to the left, landing softly on left leg with bent knee. Right arm comes down to the ground, and try to keep your right leg off the ground for more difficulty. Push off through left leg and hop laterally to the right, landing softly on right knee. Keep alternating sides. Modify by bringing the back leg onto the floor as you land (removing the balance challenge).

#### SINGLE LEG DEADLIFT HOP

- Stand on your right leg with a slight bend in the knee. Keeping your back and left leg straight, bring your torso down and left leg up so you are parallel with the floor. Push through right leg to lift yourself back to vertical. Switch sides.

#### TUCK JUMPS

- Stand neutral with elbows at 90 degrees and hands straight out in front with palms facing down to the floor. Bend your knees, then jump up and simultaneously tuck both knees up trying to reach your hands. Land softly on your feet and repeat. Modify with regular squats.

#### SINGLE LEG GLUTE BRIDGE

- Lie on your back with arms by your side and knees bent. Feet should be planted so your fingers graze your heels. Lift the right foot up straight to the ceiling. Using your left glute, bridge up by lifting your hips, then slowly lower to the ground and repeat. Modify with a regular bridge (both feet on the floor).



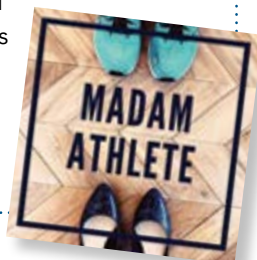


## PODCAST REVIEW



## Madam Athlete with Giselle Aerni, MD

This podcast was started in August 2020 by a female sports medicine physician that details inspiring stories of professional female leaders in sports and athletics. Dr. Aerni and her guests discuss accomplishments, tips for overcoming challenges, and how to maintain balance and wellness as females navigating a career journey.



## FEATURED RECIPE



## Black Bean Veggie Burgers

Source: Rosa Pasculli, MD, MBA

## INGREDIENTS

- Olive oil
- 2 cans black beans (rinsed)
- ½ onion, diced
- 2 cloves garlic, minced
- 1 jalapeño (with or without seeds depending on your spice level), diced
- 1 rib of celery, diced
- 2 green onions (whites), sliced
- 1 egg
- ½ tsp salt
- ½ tsp pepper
- ½ tsp garlic powder
- 1 tsp paprika
- 1 ½ tsp cumin
- ½ cup breadcrumbs, panko or coconut flour

## INSTRUCTIONS

- Using a small saucepan over medium heat, heat a tablespoon of olive oil and then add in onion, garlic, jalapeño, celery and green onion. Stir frequently until cooked down and aromatic, then remove from heat and let cool.
- In a large bowl, mash the black beans (use a potato masher) until mixture holds together. Beat in the egg. Add in salt, pepper, garlic powder, paprika and cumin. Fold in breadcrumbs, then the cooled onion mixture.
- Use your hands to form patties (6-8 depending on size).
- Heat a skillet over medium heat (preferably cast iron), brush with olive oil, then cook the burgers for about 5 minutes on each side until charred.
- Serve with hamburger buns and optional toppings: lettuce, tomato, pickles, or any other favorites!



## RESIDENCY WELLNESS INITIATIVE



**This year, our Brain Injury Medicine wellness events may look different, but we remain thankful for the opportunity to connect with our mentors, near and far!** Kelly Heath, MD (pictured top left), Director of the Penn PM&R Brain Injury Medicine Fellowship, organized a virtual yoga event for the current and past fellows. It was great to be reminded how therapeutic yoga can be, and even more so in uplifting company. Here's to women in medicine and mentorship across generations!



## BOOK REVIEW



## Less by Andrew Sean Greer

Last year's winner of the Pulitzer Prize, this novel is the story of Arthur Less, an aging, somewhat successful writer who flees San Francisco and travels around the world to avoid attending the wedding of his ex-lover. The author writes beautifully about each place Less visits (Mexico, Morocco, India - to name a few), and through his prose, Less becomes increasingly appealing. He is often silly and bumbling, but as his journey continues, you can't help cheering for him and wanting him to succeed. Somehow along the way, you start to see that there's more to him than you initially believed. This book is light but heartwarming, and allows for a fun escape.



# REHABILITATION MEDICINE

HIGH-QUALITY  
EDUCATION, RESEARCH,  
AND CLINICAL SERVICES  
THROUGH OUR FOUR  
DIVISIONS

- Adult Neuropsychology
- Physical Medicine  
& Rehabilitation
- Physical Therapy
- Rehabilitation Science

BLUE RIDGE  
INSTITUTE



2019 National  
Institutes of Health  
Ranking



**MEDICAL SCHOOL**

UNIVERSITY OF MINNESOTA

**Driven to Discover®**

[med.umn.edu/rehabmedicine](http://med.umn.edu/rehabmedicine)



# REPRESENTATION, DIVERSITY & BIAS:

## Strategies to Fight Structural Racism & Start Conversations

By: Tiffany Lau, MD, Resident Physician at Burke Rehabilitation Hospital and Chair of the AAP's Resident/ Fellow Council

Self-work and education to understand systemic racism individually

ADDRESS IMPLICIT BIAS AND STRUCTURAL RACISM

Promote anti-racist, diverse, equitable and inclusive organizations

Since 2003, after the publication of *Unequal Treatment* by the Institute of Medicine<sup>1</sup>, there has been a growing recognition of the role of provider implicit bias in patient care. Fast forward to 2020, a time where the COVID-19 pandemic has magnified not only the health disparities in America's communities of color and poverty, but also the intuitional and systemic racism that exists in the nation. **Disproportionately there have been more COVID-19 cases and deaths in communities of color and poverty.** According to a recent report from the AMA<sup>2</sup>, currently 60% of the population is reported as 'White', which represents 31% of the COVID-19 cases and 49% of deaths. Whereas the populations reported as 'Black' represents 13% of the population, but 20% of COVID-19 deaths. The numbers are also dire for Hispanic, Asian and Native American populations.

In response to this troubling data is a call to action for how we can help to mitigate and eventually eliminate the healthcare disparities resulting from structural and systemic racism. Many leaders in academic medicine have begun to have conversations to address these systemic issues. Many organizations, such as the AAP, AMA and the AAMC, have made commitments and offered strategies to combat and eliminate racism. **The framework that the AAMC has in place to address and eliminate racism** gives each person and organization goals to strive for: 1. Self-work and education to understand systemic racism individually; 2. Promote anti-racist, diverse, equitable and inclusive organizations; 3. Collaborate with communities (work with and learn from each other to recognize and disrupt systemic and structural racism within academic medicine); and 4. Speak out about the need

for meaningful progress toward eliminating racism to keep it a top priority. We must continue to always fight structural racism and start needed conversations.

On a grander scale than simply a sole hospital or organization focusing on anti-racism efforts, an organization in Chicago called West Side United is comprised of healthcare organizations, government agencies, faith-based centers and others to improve the well-being of their community. These different groups were able to create an intentional agreement and align their goals specifically to improve the community health and well-being of those that are most vulnerable in their own backyards.

**Additionally, healthcare providers are well poised to help heal healthcare disparities.** Provider implicit racial bias has been consistently negatively associated with both care satisfaction and provider trust among racial/ ethnic minority patients. In a recent article from US News & World Report about tackling racism and disparities in healthcare, Omar Lateef, DO, President and CEO of Rush University Medical Center, said, "realizing that real change happens when you recognize what the problem is and then you put in place an intentional effort to change."<sup>3</sup>

**In order to combat structural racism and negative healthcare encounters, many strategies and programs have been developed.** One such example is a communication skills training program for students and residents in various healthcare fields in an attempt to reduce racial/ ethnic disparities that arise from negative patient care encounters.<sup>4</sup> Another innovative strategy that has been developed by a group at Boston Children's Hospital is

interdisciplinary case rounds to address implicit bias and structural racism for faculty and trainees. These case rounds address the impact of structural racism and implicit bias on patient care and also start self-reflection on implicit bias.<sup>5</sup> Furthermore, some hospitals have begun to put more efforts into looking into the hospital leadership. It has been noted in literature that diverse Boards make better decisions and drive better outcomes. The make-up of leadership and representation sends an important message about the values of an organization, especially when these Boards focus not only on representation, but also inclusion and belonging. "We need to strategically come together to call out these issues boldly and say 'racism is a public health crisis,' so that we can start to solve it," Lateef said.<sup>3</sup> **Only after we do this can we begin to affect change and start to tackle racism and disparities.**

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## NEWS FOR DEPARTMENT CHAIRS & DIVISION CHIEFS

[www.physiatry.org/ChairCouncil](http://www.physiatry.org/ChairCouncil)



*By: Sara Cuccurullo, MD, Chair at Rutgers Robert Wood Johnson Medical School/ JFK Johnson Rehabilitation Institute and Chair of the AAP's Chair Council*

Since our last update, much has happened with the impact of COVID-19 on all of us. The "Amazing AAP Chair Council Email Chain" that has continued to evolve during COVID-19 and has continued to grow into a tremendous resource for Chairs nationwide. The sharing of best practice patterns and valuable resources at such a critical time has been amazing, including the brainstorming of COVID-19 research ideas. Another topic that has been recently addressed is a running list of lecturers and specific topics from individual PM&R departments from around the country for Grand Rounds. These speakers are being captured by the AAP and will be available for future virtual presentations upon request. In addition, 2020 recruitment of incoming residents and fellows have also been addressed. Thanks to all those who have participated in this email chain and have sent not only clinical guidance and advice, but also tremendous emotional support.

The Chair Council leadership has been meeting monthly and been working on the following:

1. The Chair Council Agenda and virtual format for the AAP's Annual Meeting. The Chair Program is scheduled for Friday, February 12, 2021 from 5:00pm to 6:30pm ET. Agenda will include a lecture on "Best Practices for Mitigating Burnout and Promoting Wellness in the Age of COVID" by David Steinburg, MD, MMM and Josh Alexander, MD; and the Chair Council business meeting.
2. An upcoming webinar in which Greg Worsowicz, MD will be interviewed by David Steinberg, MD, MMM on "Show Me the Money," offering new and experienced insight into the financial challenges of being a Chair in the current climate of medicine.
3. The Chair Council Workgroup on burnout and wellness has decided to work on a survey which is being spearheaded by David Steinburg, MD, MMM and Josh Alexander, MD. This is an IRB-approved project that has been sent out to all PM&R Chairs and their administrators nationally. Thanks to all of you who have participated in the survey!
4. In addition, the Chair Council has been working with ABPMR on developing a self-directed Performance Improvement Project (PIP) related to wellness/burnout that could be applied to an entire department. The Chair Council worked on this exciting potential project and sent the ABPMR a final draft of a Burnout PIP for them to review.

Wishing you all safety and health!

Your Chair Council Leadership,

Sara Cuccurullo, MD, *President*

Lyn Weiss, MD, *Vice President*

David Steinberg, MD, MMM, *Secretary*

Diane Braza, MD, *Past President*

## NEWS FOR RESIDENCY & FELLOWSHIP PROGRAM DIRECTORS (RFPD)

[www.physiatry.org/RFPD](http://www.physiatry.org/RFPD)



*By: Miguel Escalon, MD, Vice Chair and Residency Program Director at Mount Sinai and Vice Chair of the AAP's RFPD Council*

The 2020-2021 residency and fellowship season is well under way. We continue to adjust to virtual interviews, but with support of organizations such as the AAP, there is more information about residency and fellowship programs available online than ever before. There are also many resources for Program Directors and programs. As this interview season progresses, I encourage any applicants or Program Directors needing guidance in navigating the process to reach out to their AAP Council.

The RFPD Council has been discussing the possibility of working on and creating position statements on several issues surrounding applications to residency and fellowships. The purpose of these position statements would be to reduce stress and anxiety and to improve fairness for applicants and programs involved in applications and matches moving forward. Examples of topics that could be discussed are standardization of letters and requesting of specific parameters in applications. Similar position statements have been created in Emergency Medicine. The next steps involve not only working with the RFPD to continue discussing topics that the group would like to create these position statements on, but also working on setting a framework or working groups tasked with continual updating and oversight of these statements so that they become ingrained in the culture of the RFPD - as opposed to statements released every 5-10 years in isolation.

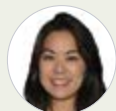
As Physiatry '21 approaches (mark your calendars - February 9-13, 2021!), the RFPD Council continues to finalize the RFPD pre-conference workshop to adjust it for a virtual format. The speakers and line up for the workshop can be found at [www.physiatry.org/PreConferenceWorkshops](http://www.physiatry.org/PreConferenceWorkshops).

Lastly, as COVID-19 numbers continue to increase across the country, we would like everyone to know that we are a community. Please don't forget that we can lean on each other for advice and support and guidance. We are stronger together.



## NEWS FOR VETERANS AFFAIRS PHYSIATRISTS

[www.physiatry.org/VeteransAffairs](http://www.physiatry.org/VeteransAffairs)



By: Dixie Aragaki, MD, Residency Program Director at the VA Greater Los Angeles Healthcare System and Chair of the AAP's Veterans Affairs Council

Happy New Year from your VA Council! Whether you work with the VA or not, we have two sessions at Physiatry '21 that are sure to spark some inspiration. Join us for:

### A Community Physiatrist's Guide to Providing Quality Veteran Care

Presented by a physiatrist, psychologist and psychiatrist who practice, this session will address unique health issues faced by US Veterans and introduce strategies for community-based healthcare providers to enhance their cultural competency when serving our nation's heroes.

### VA Research Funding Opportunities for Non-research Faculty

Brought to you by the AAP's VA Council and Research Committee, this session is designed for trainees and early career physicians to help you navigate research in clinical medicine practice and the application process for VA grant funding opportunities.

Your VA Council Leadership,

Dixie Aragaki, MD, Chair  
Greater Los Angeles VA Healthcare System

Nandita Keole, MD, Chair-Elect  
Phoenix VA Healthcare System

Alice Hon, MD, Secretary  
Long Beach VA Healthcare System

Thiru Annaswamy, MD, Past Chair  
North Texas VA Healthcare System



## NEWS FOR RESIDENTS & FELLOWS

[www.physiatry.org/ResidentsFellows](http://www.physiatry.org/ResidentsFellows)



By: Tiffany Lau, MD, Resident Physician at Burke Rehabilitation Hospital and Chair of the AAP's Resident/ Fellow Council

Here at the RFC, we are all about innovation and continued development! We would like to announce the creation of our new subcommittee the Research/ QI Subcommittee. Applications will open for this new subcommittee in Spring 2021, along with our other subcommittees. We are also working hard to prepare for the virtual Physiatry '21. We have many exciting sessions planned in the resident and fellow track. Registration is open now, and we hope to virtually see you there!

### Here are the latest updates from each of our subcommittees:

- **Wellness Subcommittee:** We are pivoting monthly virtual wellness events to address other topics of interest such as lifestyle medicine, mentorship, financial planning, job search and work/life balance. These exciting sessions are a way to continue to stay well and learn more about different topics that affect personal wellness. Also check out more fantastic content from this subcommittee in the Words of Wellness column of this magazine.
- **Social Media Subcommittee:** Our Social Media Subcommittee has continued to keep us updated and in sync with the different innovations in physiatry, as well as the variety of different programs and initiatives offered by the AAP. Follow the AAP on Instagram and Twitter to keep up with all of our updates! Make sure that you don't miss out on anything going on.
- **Digital Outreach:** The fall issue of Physiatry in Motion was published recently and we are working on the next exciting issue. If you would like to write an article for Physiatry in Motion, the RFC's publication, please reach out to us. We are also generating many fabulous new podcasts and new episodes for our existing podcast series such as Road to Chair, Research Committee, Pocket Mentor, Journal Club, Wellness, and Entrepreneurship. We will soon be releasing a board review podcast set to publish in January 2021.

We have been working hard to bring you great content and keep you all as connected as possible with the physiatry community during this time. We have more ways than ever to be involved with the AAP RFC and we welcome and celebrate the diversity of all. We want to hear from you. Please reach out to via Twitter @AAPPhysiatry\_RFC or email at residentfellowcouncil@gmail.com with any feedback or questions. Thank you for the opportunity to serve you all as your Resident/ Fellow Council!

## NEWS FOR MEDICAL STUDENTS

[www.physiatry.org/MedicalStudents](http://www.physiatry.org/MedicalStudents)



By: Nicole Katz, Medical Student at Lewis Katz School of Medicine at Temple University and Chair of the AAP's Medical Student Council

The AAP's 2020-2021 Medical Student Council is honored to continue to serve the psychiatry premedical and medical student community. Our efforts focus on cultivating a stronger online network, increasing the accessibility of psychiatry resources, and providing virtual opportunities to replace those hindered by current COVID-19 limitations. Here are some highlights from our recent work:

### NEW

**1) Medical Student Didactics:** Learn about fundamental rehabilitation concepts from residents, fellows and attending physicians. These learning opportunities are held live monthly and recorded for those who wish to watch at a later date. Access these lectures and the full schedule at [www.physiatry.org/webinars](http://www.physiatry.org/webinars).

### UPCOMING

**2) Psychiatry '21:** Register now to participate in sessions geared specifically towards medical students!

### CONTINUOUS

**3) Virtual Journal Club:** Participate in hour-long live sessions that include student-led article presentations and discussions enriched by residents, fellows and attending physicians! Access these events and the full schedule at [www.physiatry.org/webinars](http://www.physiatry.org/webinars)! Email us at [aapmedicalstudentcouncil@gmail.com](mailto:aapmedicalstudentcouncil@gmail.com) if you are a medical student interested in presenting or a resident, fellow or attending interested in leading a discussion.

**4) International PM&R Interest Group:** Engage in a web-based PM&R interest group specifically for medical students at international medical schools wishing to connect with one another! This group can be found on Facebook under the name "PM&R Virtual International Medical Student Interest Group."

**5) Newsletter:** Sign up for the AAP MSC newsletter at [www.physiatry.org/MedicalStudents](http://www.physiatry.org/MedicalStudents) to never miss an opportunity! Want to be featured? We are always looking to highlight new voices and experiences. If interested, please email [aapmedicalstudentcouncil@gmail.com](mailto:aapmedicalstudentcouncil@gmail.com).

**6) Twitter:** Follow @AAPPsychiatry\_MSC to stay up-to-date on the above opportunities and build connections within the PM&R community!

## NEWS FOR MEDICAL STUDENT EDUCATORS

[www.physiatry.org/MedStudentEducators](http://www.physiatry.org/MedStudentEducators)



By: Carley Sauter, MD, Assistant Professor at the Medical College of Wisconsin and Chair of the AAP's Medical Student Educators Council

The Medical Student Educators Council has been continuing to actively adapt to the new virtual learning world! In November, we sponsored a webinar for fourth year students interested in applying to PM&R residencies. A panel of educators and members from across the country gave information and fielded questions on applications, virtual interviews, program selection and general guidance with the process of residency application. The session was well attended and well received by students.

Our work with the Disability Integration Toolkit team continues and we are excited to present a session at Psychiatry '21 that features this collaboration. The session will give educators the opportunity to learn about the process of tool development and begin development of new tools. For any questions, please contact Amy Schnappinger at [aschnappinger@physiatry.org](mailto:aschnappinger@physiatry.org).

## NEWS FOR PROGRAM COORDINATORS

[www.physiatry.org/ProgramCoordinators](http://www.physiatry.org/ProgramCoordinators)



By: Stacey Snead-Peterson, MS, Program Manager at the University of Pittsburgh and Newsletter Editor for the Program Coordinators Council

The holiday season may have felt lonelier this year due to COVID-19, but your PM&R Program Coordinators family is always here to offer tips and connection. Reach out to the Coordinators Listserv with any questions or just to say 'hi' at [aap-programcoordinators@googlegroups.com](mailto:aap-programcoordinators@googlegroups.com).

### WELL-BEING MOMENT

#### **3 Steps to Overcome Beliefs that Limit Your Life by Deb Johnstone**

Do you want to change or design your next life chapter, but feel like something is stopping you? Or perhaps you already know you have beliefs that are getting in the way. Harboring beliefs that limit us can really get in the way of creating the amazing life we want and deserve in our next chapter. Often, we are not even aware that we have limiting beliefs. We just know that there's more to life than we are experiencing, but we can't see what it is. Or we have great ideas, but we're not actioning them.

Awareness is 95% of the change journey. That's why it's important to arm ourselves with awareness of anything that could be keeping us stuck. Find tips to help you take control at [www.debjohnstone.com.au/3-steps-to-overcome-beliefs-that-limit-your-life](http://www.debjohnstone.com.au/3-steps-to-overcome-beliefs-that-limit-your-life).



**SEMI-ANNUAL & NEW YEAR REVIEW CHECKLIST**

After clinical competency committee (CCC) meetings are completed and individual resident meetings are scheduled, here's how you can begin prepping for reviews:

**Mid-Year Evaluation Meetings**

- Evaluations
  - Milestones Evaluation
  - Rotation Evaluations
    - Faculty Evaluation of Resident
    - Staff Evaluation of Resident
    - Peer Evaluation
    - Patient Evaluation
  - Self-Evaluation
  - Didactics Evaluation
- Mentor Meeting Form
- Research Requirement Form/ Update
- Quality Improvement Form/ Update
- ACGME Case Logs ([www.acgme.org](http://www.acgme.org))
- Conference Attendance
- Elective List
- Work Hours Attestation
- Work Hours Submission Report
- Work Hours Details Report (PGY-1s)
- Individual Learning Plan
- Wellness Goals

**Summative/ Final Evaluation Meetings**

Same as above, but include:

- AAPM&R Exam Scores
- AANEM Exam Scores
- CV
- Resident Scholarly Activity Template

**PHYSIATRY '21**

The Program Coordinators schedule has been posted on the AAP's website at [www.physiatry.org/ProgramCoordinators!](http://www.physiatry.org/ProgramCoordinators!) If you haven't registered already, we hope you will. Residency operations and interviews have been turned upside down with COVID-19, and our sessions will help you adapt and grow with ease. We also have a virtual happy hour planned to bring some camaraderie to this challenging year. Contact Kara Dyer, our Secretary/ Program Director, with any ideas on presentations for next year or to present yourself at [kara.dyer@vumc.org](mailto:kara.dyer@vumc.org).

You'll also find our updated PM&R Coordinators' Manual at that webpage. Thank you to Cindy Grogg, TAGME and Stacey Snead-Peterson, MS for updating it!

**YOUR AAP COORDINATORS COUNCIL OFFICERS**

**Chair:** Nicole Prioleau

**Chair Elect:** Cynthia Volack, C-TAGME

**Program Director/Secretary:** Kara Dyer, C-TAGME

**Newsletter Editor:** Stacey Snead-Peterson, MS

**COORDINATOR SPOTLIGHT:  
YANA SPEDALE**

**Yana is the Residency Program Coordinator at Marianjoy Rehabilitation Hospital in Wheaton, Illinois. Here is our interview with her.**

**1. HOW LONG HAVE YOU BEEN IN YOUR CURRENT POSITION?**

I just celebrated my 20-year anniversary at Marianjoy!

**2. WHAT IS YOUR FAVORITE AAP MEMORY?**

My favorite AAP memories include seeing all my fellow coordinators and catching up with our previous residents.

**3. WHAT IS YOUR FAVORITE THING TO DO IN YOUR LEISURE TIME?**

My favorite thing to do is catch up on all my errands. It may not sound like fun, but once it's done, I can relax and enjoy a good movie.

**4. WHAT IS YOUR FAVORITE HOLIDAY AND WHY?**

I really like Thanksgiving because it's a great time of year and I enjoy the spirit of being thankful.

**5. WHAT WOULD WE BE SURPRISED TO KNOW ABOUT YOU?**

I grew up in Chicago with great public transportation, so I didn't learn to drive until I was 30.

# Your Guide to Staying Aligned & Pain Free

By: Armando Alvarez, MD, MPH, Rosa Rodriguez, MD and Laura Huang, MD, University of Miami



It's a pain, both working from home and the way we work from home. **Poor posture may lead to back and neck stiffness, pain and strains, also sometimes referred to as myofascial pain syndrome.** A lot is changing and, without a doubt, social distancing and stay at home orders have led to significant shifts in how we work and attend school. Your efficient and safe ergonomic office or library set up may now be a couch or kitchen table. In the home office setting, the academic community is also facing reduced physical activity and prolonged sitting, which are known to further exacerbate muscular imbalances and pain.

## POSTURE & ERGONOMICS

Prolonged sitting, particularly with poor postural alignment, can contribute to stiffness of front body muscles and weakness of back body muscles. Let's call proper postural alignment of your head, neck, shoulders, spine, hips and legs 'home base.' Postural deviations from home base tend to be subtle but compounding in nature. You might not be aware of these deviations until the pain hits you several days and many hours later.

**The most ergonomic and evidence-based approach to sitting in front of a computer or laptop** is with both feet flat on the floor about hips' distance apart. The angle of your knees, hips and elbows should be 90°. Shoulders should be down and back, with a gentle downward tuck of your chin. Your gaze should fall to the midpoint of the screen. If your feet don't quite reach the floor, a small step stool or old textbooks can bring the floor up to you. If you're lucky to have a counter or shelf around the right height for yourself, consider converting it to a standing desk.

A novel and unusual predicament that working, teaching and learning from home provides is the essential and exclusive use of computer cameras or laptops for teleconferencing. When cameras are positioned too high, neck pain may result secondary to extension strain. Conversely, cameras positioned too low may cause pain from prolonged neck flexion. Ideally, the camera would be about the level of your lower face. Books can be stacked under the laptop or camera to bring it to an ergonomic height. Utilizing a keyboard and mouse separate from the laptop may also be more comfortable for some individuals to minimize wrist or shoulder discomfort.

A chair with a firm seat and back support is preferred for spinal support. For low back support, a pillow or rolled up towel can be placed in the curve of your low back. Products such as lumbar support rolls and wedge cushions are also readily available for purchase online.

## PHYSICAL ACTIVITY & EXERCISE

**For those who are teaching, keep in mind the prolonged sitting times of your students.** Allowing a quick break after 15–30 minutes of lecture may alleviate some inattention stemming from an uncomfortable position or posture. These imbalances can cause significant back, shoulder and neck pain. Coupled with decreased physical activity, it can lead to a sore outcome and worsening pain, which leads to worsening productivity, more physical inactivity and worsening posture, a vicious and unrelenting cycle.

As physiatrists, we like to approach problems holistically. We would feel remiss to give you tips on posture and pain without also mentioning physical activity and

exercise. More and more data are emerging regarding the positive effects of physical activity and exercise on not only the body's immune system, mental health, sleep, but also their role in reducing one's overall risk of developing heart disease, cancer, obesity and dementia.

## For best results, try to spread your physical activity throughout your day.

We recommend taking breaks every 20–30 minutes or at the very least, every 60 minutes. Try to avoid going to the kitchen and snacking often! If you must snack, go for fresh or unprocessed foods that are rich in fiber. Staying hydrated, maintaining a consistent sleep schedule, and regular stress reduction practices are also key components in to your overall wellness.

Multiple organizations, including the American Heart Association, American Cancer Society and the American College of Sports Medicine, recommend that every adult get 150 minutes per week of moderate intensity exercise. That may sound like a lot, but divided over 5 days, is only 30 minutes per day! Get creative - there are numerous online resources, depending on your interests. **Regular exercise is about finding something you enjoy doing and will do consistently.**

Teleworking and the changes that it brings can be difficult, but by adapting together, we can achieve great things and make this time the best we can. We are all in this together!

This article was featured in the Fall issue of *Physiatry in Motion*, a quarterly publication by the AAP's Resident/ Fellow Council. See the full article, references and other great content at <https://residentfellowcouncil.medium.com>.



# An Interview with the First Neurorehabilitation Fellow



By: Maryam Hosseini, MD, Resident Physician at Montefiore Medical Center/ Albert Einstein College of Medicine and Research Representative for the AAP's Resident/ Fellow Council

In early 20th century, Professor Heinrich Sebastian Frenkel started organizing a neurorehabilitation field as the department of "ré-éducation fonctionnelle" in Paris. In the United States, the American Society of Neurorehabilitation (ASNR) was established in 1990 to meet the needs of patients with various neurologic illness and offer new strategies to improve neurological function. This would not be possible without basic and clinical research. If not newly emerging, the subspecialty of neurorehabilitation is blooming and trainees may not be aware of the exciting career opportunities within the field. Therefore, I interviewed Steven Sparr, MD, Professor of Neurology and Assistant Professor of Rehabilitation Medicine at Albert Einstein College of Medicine. In this short interview, Dr. Sparr shares his perspective of neurorehabilitation as the one of the first neurorehabilitation fellows in the country. To learn more about Neurorehabilitation Fellowships, visit [www.asnr.com/m/pages.cfm?pageid=3365](http://www.asnr.com/m/pages.cfm?pageid=3365).

## Q. HOW DID YOU BECOME INTERESTED IN A NEUROREHABILITATION FELLOWSHIP?

Labe Scheinberg, MD, who ran the Multiple Sclerosis Center at Einstein, realized that patients under his care had major rehabilitation needs and felt that neurologists should be trained to better serve their patients by learning some of the techniques of PM&R. The stroke and spinal cord injury units at Burke Rehabilitation Hospital were already being run by neurologists and the idea for a training program was born. I had completed residencies in Internal Medicine and Neurology, and I found the field appealing because in caring for patients in an acute rehabilitation setting, I could use my skills in Medicine and Neurology. Also, I have a "maternal" personality in that I enjoy providing an encouraging, supportive environment for those who are not yet fully independent.

## Q. WHAT IS THE ROLE OF NEUROREHABILITATION SPECIALISTS?

The role of Neurorehabilitation is to 1. Provide rehabilitation services to patients with disabling neurological disorders such as stroke, spinal cord injury, multiple sclerosis and TBI; and 2. Engage in research into the recovery process and ways it can be enhanced.

## Q. WHAT IS YOUR ADVICE TO PHYSIATRISTS-IN-TRAINING ON NEUROREHABILITATION ROTATIONS?

When psychiatry residents rotate on Neurology, I encourage them to improve their examination skills and knowledge of common neurological disorders. Since these residents already have a strong knowledge of basic Neurology, I also encourage them to be on the lookout for unusual and fascinating cases. Quite often, residents who rotate with us find an interesting case to present at national PM&R meetings.

## Q. WHAT ARE THE PROS AND CONS OF PRACTICING AS A NEUROREHABILITATION SPECIALIST?

The downside of Neurorehabilitation is that it does not have as many "billable" procedures compared with Interventional. If maximum earning capacity is the goal, neurorehabilitation should not be the first choice. But if you want a career that includes close personal care of patients, collaboration with a team of therapists, and a deep sense of satisfaction when progress is made, then this field may be a good fit.

## Q. HOW DO NEUROLOGISTS VIEW NEUROREHABILITATION?

At one point, Neurorehabilitation was the fastest growing subspecialty of Neurology. It is now a well-accepted subspecialty with its own certification process and its own section at the American Academy of Neurology. In recent years, Neurorehabilitation has joined with PM&R professional organizations for joint conferences and educational events. This crosstalk between specialties has been to the mutual benefit of both fields.

## Q. ANY FINAL THOUGHTS?

In the end, I believe we are attracted to a career based on our personality traits. As mentioned, I think that physicians who thrive on patient interaction and can provide encouragement to those disabled by neurological disorders, would find a career in Neurorehabilitation rewarding. Those with strong research interests in the recovery process will find themselves on the ground floor of a relatively new and important field as be explore newer technologies for treatment and assessment.



## PM&R & Pulmonary Rehabilitation for COVID-19



We are bringing you excerpts from popular podcasts in each issue of *Physiatry Forward*! Recently, Eric Wisotzky, host of the AJPM&R Journal Club Podcast, interviewed Tina Wang, MD, Assistant Professor at Loma Linda University and Attending Physician at the Loma Linda VA, about pulmonary rehabilitation during the acute management of COVID-19. Hear this full podcast and browse all of our AAP series at [www.physiatry.org/podcasts](http://www.physiatry.org/podcasts).

### Please give a brief summary of your work.

This article starts in March when the pandemic was first accelerating in the U.S. In anticipation, we got together and asked, what can we do to best contribute to the crisis? And not just as physicians, but also with our unique perspectives as physiatrists. We looked specifically at pulmonary rehabilitation... a broad therapeutic concept defined by the American Thoracic Society as a comprehensive set of interventions. The cornerstone of pulmonary rehab is exercise and movement. So, we took a look at summation of this evidence and what may apply to our modern-day COVID patients. Some of the recommendations are hygiene, huff coughing, expectorant management, education about the course of the disease, breathing exercises, physical movement, stretching. In the inpatient setting we made many recommendations, but one of the most pressing and poignant one is positioning. The literature shows that sitting and standing are really the preferred positions to optimize ventilation and perfusion. While we do want to use proning and targeted positioning, we want to switch these positions often, every two minutes based on the cystic fibrosis data.

### Q. Besides provider safety, are there barriers to implementing early rehabilitation in COVID patients?

Limited resources, workload and reimbursement are all conversations that we have as a department and must continue to have as a group and profession. In response to limited resources, we created outpatient

handouts and web-based educational materials. The other issue that arises quite a bit in PM&R is the interdisciplinary awareness of PM&R and what we have to offer our colleagues. The teamwork that has happened in our department is really a testament to the true team-based nature of PM&R, with all of us drawing on our strengths to educate our colleagues.

### Q. Are there specific interventions that you found to be of greatest benefit to the patients?

The statement 'exercise is medicine' is very appropriate in relation to pulmonary rehab. We see that this strongly aids in recovery. That being said, the greatest benefit to our patients will be a tailored program that empowers them. So, if our patient is a singer, we want to get them singing. If our patient is a yogi, we want to get them back into their yoga routine. These activities should be done in isolation and with proper precautions in place.

### Q. Could you talk about the utilization of telehealth with pulmonary rehab or any other aspects of COVID care?

Repeated studies have shown that pulmonary rehab when done through telehealth is just as effective as an in-person rehabilitation regimen. The reality is that telehealth is here to stay, for better or worse. The VA early on implemented our video conferencing even before COVID. Telehealth really is an art — a skill set. Even though the skill set is different from in-person visits, the concept is the same. We develop these skills with experience.

In pulmonary rehab, we have tools like the modified Borg Scale and the speech Dyspnea Score that can give us a feel for what this patient's needs are at that moment.

### Q. What have you found helpful in dealing with the stresses of COVID care?

One of the things that I've found very beneficial is my yoga studies. I study a very traditional form of yoga called Vinyasa, a therapeutic approach that employs quite a bit of meditation. So, the movement guides the mind and focuses the mind. My local VA has asked me to lead yoga sessions at lunch to help the staff cope as well with wellbeing. Yoga and meditation bring clarity to the present moment. And, in the present moment, there's a lot of unknowns. There's a lot of fear, a lot of grieving for life how it used to be. Maybe anger at the unfairness of things that we may be seeing, behaviors out there. These are not emotions to run away from. They're emotions to express and to face head on, and to understand why we feel this way.

As physicians, there's always another milestone, so we smother these emotions. We shove them down into some horrible corner, and one day they burst out in one form or another. The question is the *why* and *where* are these things coming from. Until we get to that point as an individual and help each other develop these skills through relationships, I think burnout will continue to really haunt us as a profession.



# A Sense of Belongings: Nneka Ifejika, MD, MPH



A behind-the-scenes look at the treasured belongings of one featured member



Here's a look at the objects most important to Nneka Ifejika, MD, MPH, Section Chief of Stroke Rehabilitation and an Associate Professor of PM&R at UT Southwestern Medical Center, and an Assistant Editor of the peer-reviewed journal *Stroke*. She has received a three-year NIH/National Center for Advancing Translational Sciences Institutional Career Development Award and two Congressional commendations for her work with underserved populations affected by cerebrovascular disease. She is also the 2019 recipient of the AAP's Early Career Academician Award.

- 1. Hair Combs:** I stopped chemically relaxing my hair in 2011; most hair clips are not designed for my kinky-curly texture. I found these combs from artisans in Bend, Oregon who use recycled materials (these have actual nuts and bolts incorporated into the design).
- 2. Organic Watermelon:** We have a long growing season in Texas. I retrieved this November sugarbaby watermelon from the backyard garden.
- 3. Calendar:** I enjoy incorporating my travel pictures into a calendar, so every month is a reminder of past adventures. This picture is from Taquile Island, located in Lake Titicaca, Peru.
- 4. Straw Basket Lid:** I purchased this from a group of lovely craftswomen in Zimbabwe... the basket holds textiles picked up on safari. It was quite an adventure getting it home in one piece. I was able to maneuver into an open row of seats for the flight from Johannesburg to JFK.
- 5. African Headscarf with Matching Face Mask:** I decided to add some flair to my PPE. The face mask also has a removable filter insert, which is definitely a plus.
- 6. Small Painting by Ted Ellis:** Supporting African-American artists is an important aspect of cultural preservation. This was the first painting I purchased, from his home studio in Friendswood, Texas. I tend to buy directly from the artist, and preferably from their personal collection (hint — artists keep their best work). I have had the honor of visiting the home galleries of Jonathan Green, Lou Stovall, Joseph Holston and Velaphi Mzimba. Sam Gilliam and Jacob Lawrence are on my dream art wish list.
- 7. Motivational Pebbles:** Inspired by the India Arie song, these sit on the conference table in my office. Whenever I'm stuck in a rut or procrastinating on a deadline, I shuffle these pebbles between both hands, take a beat, and get back on track.
- 8. Essie Nail Polish:** I'm a home manicure girl, have been since childhood. Dark colors and metallics are popping for Fall/Winter.
- 9. Charging Pod:** I have three of these — one at work, one at home and one that stays packed in my computer bag. Back when we used to travel (you know, in February 2020), there was no guarantee of in-seat power!
- 10. Digital Storage:** These secure keys are a vibe. Small enough to fit within the inner pocket of a handbag, but large enough to hold images, graphics, figures, etc. I have two in heavy rotation, one with retired UT Health projects, the other with new UT Southwestern proposals.
- 11. Spiral Notebook:** I received this one when I participated in the Faith and Politics Institute 50th anniversary of Bloody Sunday with the late Rep. John Lewis. He was a brilliant man, brave beyond measure, and insistent that we work together to affect change.



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