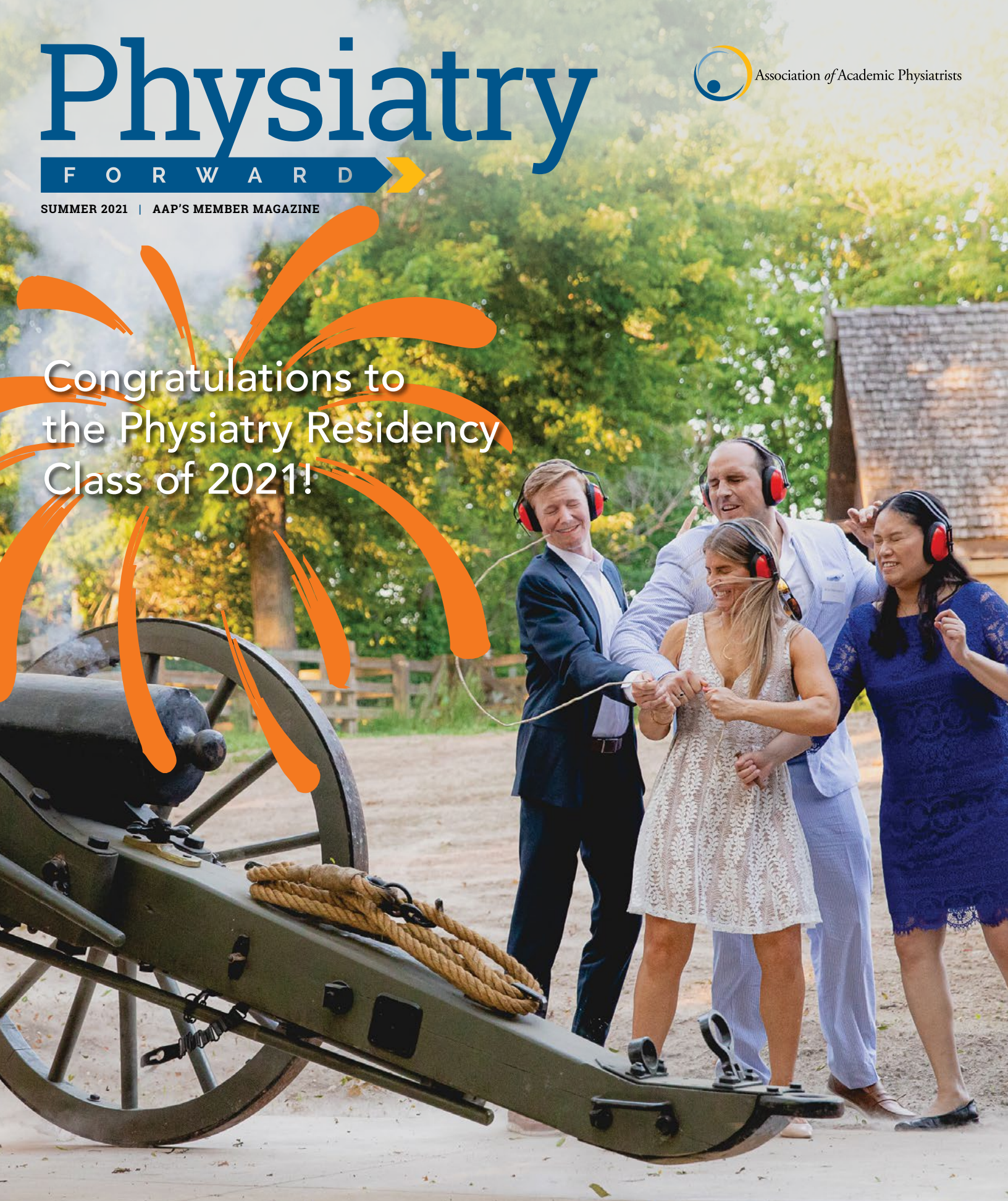
Physiatry FORWARD

SUMMER 2021 | AAP'S MEMBER MAGAZINE

Association *of* Academic Physiatrists



Congratulations to the Physiatry Residency Class of 2021!

PHYSIATRY POV:
PUSHING FORWARD


University of Pennsylvania, Philadelphia, PA


Kessler Foundation, East Hanover, NJ


Beaumont Health, Taylor, MI


Mount Sinai, New York, NY


University of Minnesota PMR, Minneapolis, MN


University of Texas McGovern Medical School, Houston, TX


Burke Rehabilitation Hospital, White Plains, NY


Medstar National Rehabilitation Hospital, Washington, DC


Nassau University Medical Center, East Meadow, NY


Beaumont Health, Taylor, MI


Vanderbilt University, Nashville, TN

Kessler Foundation, East Hanover, NJ


UC Davis, Sacramento, CA


Penn State, Hershey, PA

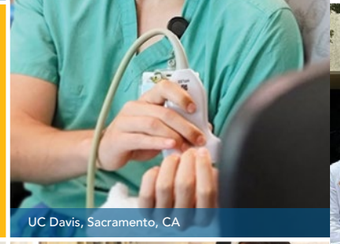

University of Louisville, Louisville, KY


Kansas University, Kansas City, KS


Burke Rehabilitation Hospital, White Plains, NY


Kessler Foundation, East Hanover, NJ


Mary Free Bed Rehab, Grand Rapids, MI


University of Kansas, Lawrence, KS


UT Health San Antonio Rehabilitation Medicine Dept, San Antonio, TX


University of Washington, Seattle, WA


University of Kentucky, Lexington, KY


UT San Antonio, San Antonio, TX


Montefiore Medical Center, Bronx, NY


Los Angeles VA Healthcare System, Los Angeles, CA


Montefiore Medical Center, Bronx, NY

Northwestern, Chicago, IL


UPMC, Pittsburgh, PA


University of Colorado, Aurora, CO


University of Toldeo, Toledo, OH


University of Miami, Miami, FL


University of Louisville, Louisville, KY


University of California, Davis, CA

University of Louisville, Louisville, KY


University of Louisville, Louisville, KY


University of Minnesota PMR, Minneapolis, MN

Physiatry Forward, the AAP's member magazine

It is with great pride that I write this message for the summer issue of *Physiatry Forward*. As the new Communications Manager for the AAP, I am humbled by the variety of content I have viewed while putting this magazine together. This community is beaming with research, leadership and education in physiatry that stretches all around the globe.

This has been a remarkable year where COVID-19, political, and social movements have continued to change the face of medical education, patient care and our daily lives. The AAP is here to help you learn and adapt as we push forward through 2021. We are privileged to shine an international spotlight on the leaders of today and tomorrow in PM&R.

Inside this issue we cover topics ranging from the use of medical marijuana in the field of physiatry all the way to pushing for bicycle lane advocacy. I want to know about content you'd like to see, stories you'd like to tell, and physiatrists you'd like to know. You can send your ideas anytime to tgleason@physiatry.org.

While I've not yet had the chance to meet many of you in person, I'm looking forward to the chance to do so at Physiatry '22 in New Orleans. Mark your calendars because registration is right around the corner. Until then, have a happy and healthy summer!

Taylor Gleason
AAP Communications Manager

Physiatry Forward is published four times a year by the Association of Academic Physiatrists (AAP). With a circulation of 2,500, *Physiatry Forward* is sent to active members of the AAP. To view past issues, visit www.physiatry.org/PhysiatryForward. To advertise, contact Taylor Gleason, Communications Manager, at tgleason@physiatry.org.

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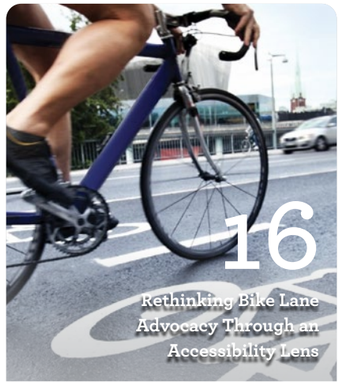

REGULAR COLUMNS

ON THE COVER

On the Cover: Physiatry grauates Kelsey Darlington, MD, Kyle Josephson, MD, Elizabeth Aguila, MD, and Brian McInerney, MD are celebrated at CEO Kent Riddle's home (Mary Free Bed Rehabilitation Hospital), where the night ended with a bang, literally.

Photo, courtesy Mary Free Bed Rehabilitation Hospital 2021

Contribute to our Fall issue of *Physiatry Forward!* Submit your day-in-the-life photo to be considered for our front cover. Send this content and more to Taylor Gleason at tgleason@physiatry.org.

FROM THE PRESIDENT

Gwendolyn Sowa, MD, PhD

Greetings! I hope that this finds you enjoying time with family and friends and appreciating all of the little joys in life. It is a time filled with resilience, hope and adjusting to a new normal. We are carefully watching across the globe to see how different international communities are continuing to fight COVID-19. As we look ahead with cautious optimism to a summer with increased opportunity to gather, we look forward to reconnecting in person more than ever. One of the things that I value most in my involvement with the AAP is the sense of professional and personal connection that it facilitates. Your AAP family looks forward to celebrating with you in 2022 at our annual meeting, Physiatry '22 in New Orleans! It is with anxious anticipation and pride that we await celebrating your many accomplishments, innovations, and collaborations. Most of all, we look forward to re-establishing the valuable gatherings and exchange of ideas that characterize our annual meeting. Come to share, network, and of course party with us in 2022. **We're going to throw a New Orleans style bash—don't miss it! We can't wait to see you.**

Speaking of connections, our newly formed Diversity and Community Engagement Committee, expertly led by Dr. Monica Verduzco-Gutierrez, has hit the ground running. One of the first orders of business was to craft a public statement on diversity, equity and inclusion, recently penned by the newly formed committee and approved by the AAP Board of Trustees. We appreciate all of our members and future members for the unique perspective each of you bring to our organization and our field. Let's spend some dedicated time and effort learning from each other.

The state of our organization is strong. Strategic planning, led by board members Drs. Pablo Celnik and David Morgenroth, has been stimulating, and thanks to all of our members who completed the recent survey assessing their perception of value of AAP. This will be invaluable in guiding our next steps and ensure that we are responsive to our members needs and goals. Our Public Policy Committee, masterfully chaired by Dr. Felicia Skelton-Dudley, continues to ensure that our voice is heard, tirelessly advocating for our mission. The AAP, ABPM&R and AAPM&R are working together to mitigate the impact of burnout on our specialty. This is an important and timely focus, and we are proud to be collaborating to address this complex and critical issue.

As I experienced the graduation of my oldest child this spring, with all of the highs and lows, I watched with awe at how eagerly and confidently she has embraced the next set of challenges. The last 18 months has taught us all how to handle disappointment, adversity, and uncertainly, while appreciating the things that we DO get to do more than ever. I see our field putting these newly sharpened skills to good use, in finding even more creative ways to help our patients and our trainees overcome their own challenges. That is the silver lining, and I know it will help us be an even more essential component of academic medicine.

As always, I look forward to hearing from you. Be well in every way.

Sincerely,

Gwendolyn Sowa, MD, PhD
Department Chair, University of Pittsburgh Medical Center
Director, UPMC Rehabilitation Institute
President of the Board, Association of Academic Physiatrists

FROM THE EDITOR

Evaluations: The Carrot and the Stick

Sam Wu, MD, MA, MPH, MBA

Performance evaluations are a fact of life. Although giving it or receiving it may feel like the bane of our professional existence, evaluations can be uplifting in so many ways. Most evaluations in organizations are standardized. The differences in the impact of such evaluations can lie in the intentions of the evaluator as well as the perceptions of the evaluatee.

As physicians, we all got to where we are because of positive evaluations we received along the way. Some may have also experienced the pain of negative comments in evaluations that point out their human frailties rightly or wrongly.

Upon receiving a negative or unflattering assessment, it is human nature to deny such allegations. The stages of grief can be a strong force in those dark times. A mentor of mine once said that if one could look at the result and see what part or parts one could own, one would feel much better. This is sage advice indeed. As a physician, it is not if but when one will receive negative comments in an evaluation. The important thing is what you do about it. Do you crawl under a rock and wish that the situation never existed or do you embrace the feedback and find how you can grow as a professional. The choice is often not clear at first but if you believe in yourself and know that society also believes in you (just look at your medical diploma or your board certificate if you need convincing), you will come out at the other end of that situation much wiser and much more skilled as a professional.

Although evaluations usually aim to provide constructive feedback to the evaluatee, evaluators sometimes may be tempted to use the evaluation process as a tool to further their own agenda for better or for worse. This unfortunate situation can occur whether one is evaluating a subordinate, a colleague, or a supervisor. It is important to ask yourself, what are you trying to achieve with the evaluation you are rendering? Is it truly to improve the situation or is it to retaliate for a perceived slight? On the other hand, it is equally important to ask yourself, are you giving that extraordinary and perhaps undeserving glowing evaluation to avoid confrontation or curry favor with the recipient? It is important to keep in mind that on the other side of that evaluation is another human being with the same sensitivities and failings as we have no matter what their career levels. The constructive evaluations based on documented facts can help the evaluatee grow and may help not only the evaluatee but also all those around the evaluatee achieve greater career heights. Undeserving positive evaluations may lull the evaluatee into a sense of complacency. Conversely, destructive evaluations laced with personal attacks miss the aim of the evaluations altogether and may demoralize the evaluatee as well as harm the evaluatee's professional growth and the team dynamics.

The question then is which approach will you adopt as an evaluator: the carrot or the stick or a little of both and not too much of either?

Sincerely,

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

iHunch Swagger:

Wow, You Really Put in the Zoom Reps this Summer

By Margaret Beckwith, MD
An Excerpt from Physiatry in Motion

Remember how the formidable athletes in high school had the suave jock swagger? They'd roll up in groups to class or the cafeteria in their hoodies and sweatpants with their shoulders squared up and retracted, sprightly pep in their step and ear-to-ear grins from their exercise induced endorphins. On game day they'd do a little fancy foot work sideway sashay into the classroom and bring a small dose of bouncy, playful energy to the sleepy class.

Regretfully, jock swagger is outdated these days. All the cool kids are sporting the trendier, hyperbolic iHunch swagger. Have you jumped on this vogue train yet? It will only cost you a one way ticket to the spine disaster stop which is more popular than the Times Square-42nd street station in New York City. With an estimated 260 million smartphone users in the USA alone who send a combined average of 6 billion texts/day, it's no wonder the iHunch is becoming more prevalent and resulting in more physiatry clinic visits, especially as more citizens work from home and engage in virtual meetings around the clock.

It's not the load that breaks you down; it's the way you carry it.

iHunch, more formally known as Forward Head Syndrome or Anterior Neck Syndrome has many other colloquial names such as: text neck, computer neck, nerd neck, scholar's neck, and turtle neck among other coarser names. In 2017 The Spine Journal published a paper entitled, '"Text neck": an epidemic of the modern era of cell phones?' In which spine surgeons from Beverly Hills, CA voiced concerns about the rise in the number of patients presenting to their office with neck and upper back pain. They noted many of these patients had prolonged smart phone use in common and the spine surgeons were very worried about the spondylotic changes they were seeing in young patients.

You may be thinking, "What exactly is so terrible about the forward neck and thoracic hunch that many of us assume when using our computers and phones?" There are a couple of pathological processes at play here. Fundamentally, when assuming neutral or good posture position, the adult neck has 10–12 pounds of force acting upon it. The more we flex our neck forward to look at our screens, the more force we exert through our neck. For example, tilting our neck forward to 45 degrees, which is a very commonly assumed posture in smart phone users, results in 49 lbs of pressure running through our cervical spine. That's an additional 37–39 lbs than what your cervical spine is used to at baseline! And if you're soberly engrossed into your texting conversation or YouTube video, you might be flexing your cervical spine at 60 degrees which then puts 60 lbs of force through your neck. At this rate, you might as well be walking around with a military rucksack on your head! Chronically assuming this forward head posture leads to weakened deep neck flexors of the anterior neck which can lead to the chin protruding. Additionally, the iHunch posture leads to hyperactive, over-stretched levator scapulae and tightening of the upper trapezius. Overactivation of these muscles leads to repeated microtrauma which can cause myofibril damage and fibrosis. Over time the strain on these muscles can lead to decreased elasticity and ultimately shortening of these muscles. Furthermore, the thoracic hunch or kyphotic posture leaves the middle back muscles such as the lower trapezius, rhomboids, and erector spinae at risk of becoming stretched out and weak. Alterations in the properties of the muscles around the scapula from thoracic kyphosis can result in scapular dyskinesis and excessive

scapular protraction which lead to abnormal acromial depression and associated shoulder pain, especially from subacromial impingement syndrome. And lastly, with time, the chronically flexed thoracic facet joints can freeze and lock due to collagen of the surrounding ligaments, fascia, and capsule shortening which can then immobilize the joints. The overall combined macroscopic effect of the iHunch posture is facet joint compression in the cervical neck which can cause a cascade of complications such as cervicogenic headaches, degenerative disc disease, compression and reduction of foraminal spaces, and referred pain down the upper extremities. This list is by no means exhaustive.

What may come as a surprise to some is that this iHunch posture can have pathological implications for the entire body and not just the spine. As the head moves anteriorly and shifts the center of gravity, the upper body compensates by drifting backwards. This in and of itself results in another center of gravity shift for which the hips will tilt forward as compensation. As the pelvis tilts forward this can aggravate the lower back and cause the hamstrings to tighten leading to lower back pain and muscle

The overall combined macroscopic effect of the iHunch posture is facet joint compression in the cervical neck which can cause a cascade of complications such as cervicogenic headaches, degenerative disc disease, compression and reduction of foraminal spaces, and referred pain down the upper extremities. This list is by no means exhaustive.

spasms. An immobile lower back and forward-tilting pelvis can lead to a pot-bellied appearing lower abdomen, even in someone with a normal BMI who is otherwise fit! The knees may hyperextend to compensate for the anterior pelvic tilt and this may predispose you and your patients to knee and ankle injuries.

The hyperextended knees can shift the normal center of gravity from just in front of the heels to directly on the heels which can cause the calf muscles to tighten and result metatarsalgia among other complications. iHunch has quite the domino effect!

Moreover, as seen with hand dominance in certain settings, the perennial overuse of one upper extremity with a computer mouse or one-handed texting can lead to shoulder drop on the dominant side which will lead to the ipsilateral pelvis shifting superiorly while the contralateral pelvis tilts inferiorly. This balance shift can result in the contralateral knee rotating inward which can strain the ankle and lead to ankle eversion and collapse of the arch. It's the kinetic chain in full swing!

The iHunch is becoming more prevalent as technology use soars. Take a few minutes every day to protect yourself, family, friends, and patients from the grave effects of chronic bad posture and resultant breakdown of the kinetic chain. Spine, Mind and brush your teeth.

Margaret is a PGY-3 at Washington University PM&R in St. Louis, MO.

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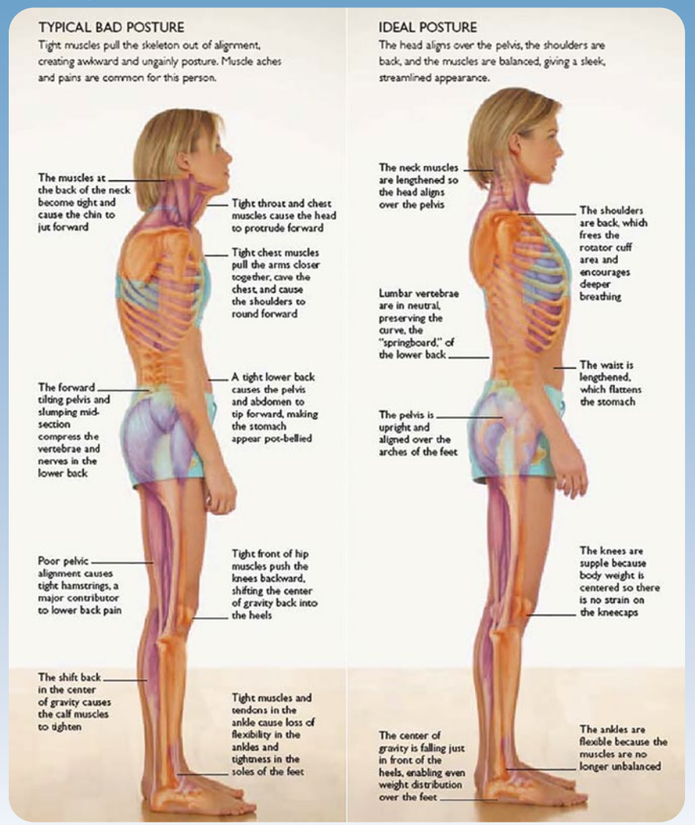
Courtesy: Image from HOBO Pace



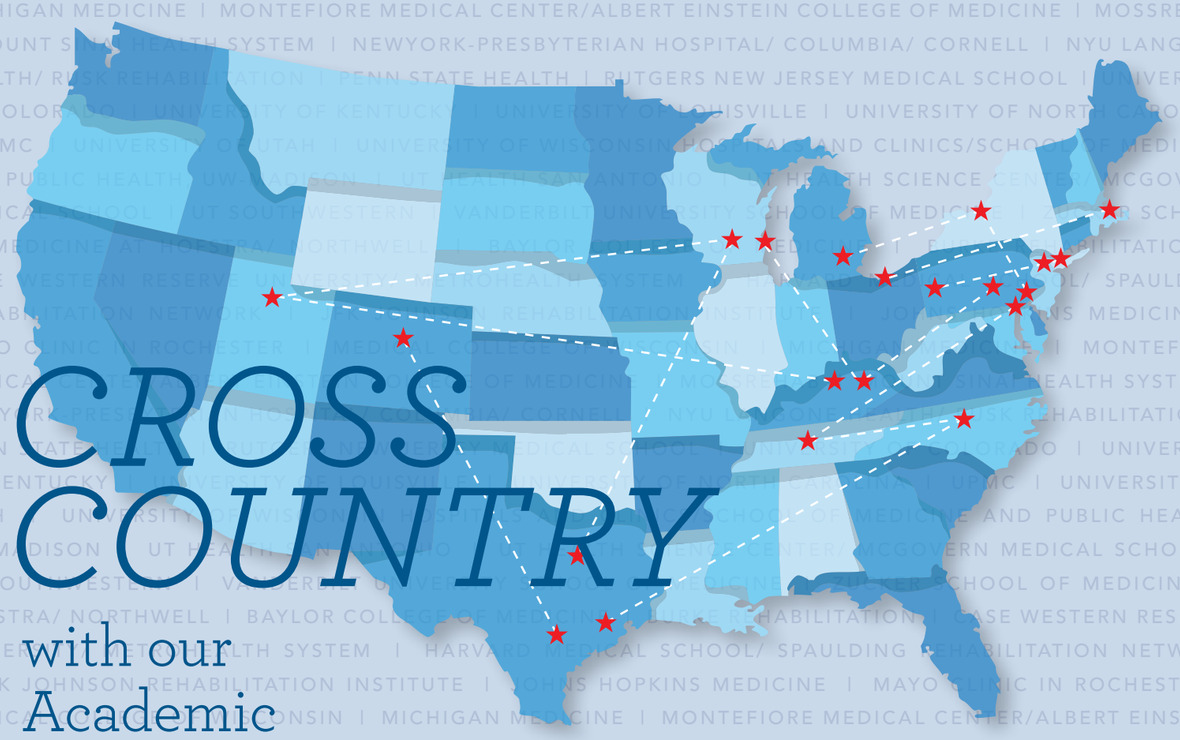
How do we manage and treat these maladaptations of the kinetic chain? *Spine, Mind, and brush your teeth.* Just like keeping your mind sharp and preventing cavities, maintaining good spine health requires daily attention and care. To the right are some basics steps that can be followed to improve the spine health of your patients and yourself!

1. Break the bad habit. Instead of holding your phone around your abdomen or waist, hold it at eye level to minimize forward flexion of the neck.

2. Ensure your office is optimizing ergonomics. Adjust your computer monitor height so that the top of the monitor is at eye level and slightly tilted away from you. The monitor should be approximately an arm's length away. Avoid "craning" your neck. Your arms should be relaxed with your forearms parallel to the floor and elbows should be bent between 90–120 degrees. Your arms should be supported by arm rests. Your chair should have a backrest with lumbar curvature support. Your thighs should be parallel to the floor and also flexed at 90–120 degrees like your elbows. Your feet should also be flat on the floor. Instead of dangling your feet, use a foot stool. You should keep key objects such as your telephone, keyboard, and mouse close to your body to minimize reaching. Take breaks from your screen every 25 minutes. A much more comprehensive office ergonomics plan including optimization of a standing desk can be found on Cornell's ergo web.

3. Utilize the Corrective Exercise Continuum. Prescribe therapies that balance the weakened and lengthened muscles against the overactive and shortened muscles. This involves a combination stretching, strengthening, myofascial release, and integrating dynamic total body exercise that improve total body coordination and movement patterns. Examples of chronically weakened and lengthened muscles from iHunch include the deep neck flexors such as longus capitis and longus coli as well as the scapular stabilizers and retractors such as the rhomboids, middle and lower trapezius, teres minor, and infraspinatus. Common overactive and shortened muscles include the deep upper cervical extensors such as longissimus capitis, splenius capitis, cervical multifidus, and upper trapezius as well as the shoulder protractors and elevators such as the pecs and levator scapulae. One very simple and traditional exercise that is often prescribed is the chin tuck in which the patient places his/her index and middle finger on his/her chin and guides his/her head into a "double chin" position. Alternatively, some patients find it easier to think of lifting the crown of their heads to the ceiling while keeping their chin parallel to the floor. This position is held for 5–10 seconds, repeated 10x per set and 1–3 sets are completed each day. This effectively strengthens the deep cervical flexors and lower cervical extensors. Best of all, it can be done pretty much anywhere including at the office.

4. Integrate yoga into your weekly routine. Yoga has been proven to improve muscular strength, reduce tension, stretch muscles and improve range of motion which all collectively help maintain the normal curves of the spine. Yoga is also great for improving awareness of how to activate different muscle groups and learn balanced movement patterns. Even if a twice weekly group yoga class is out of the question, there are plenty of apps and free videos on YouTube led by certified yoga instructors that can be effective tools. I challenge you to integrate a minimum of 15 minutes of vinyasa yoga twice a week into your busy schedule for a month and see if you can appreciate a difference in your posture, your mindfulness to your posture, and/or any improvement in back aches or pains.



CROSS COUNTRY with our Academic Partners

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

Baylor College of Medicine

Dr. Martin Grabois retired from Baylor College of Medicine after 48 years of service in May 2021. Dr. Grabois joined faculty in 1973 and served as the Chair of Physical Medicine from 1978 to 1990. He became the Chair of combined department of Physical Medicine and Rehabilitation in 1990 and served until 2012. He held many leadership positions of national and international organizations including serving as the President of AAP in 1983 to 1985. He will remain in the faculty as Distinguished Emeritus Professor. We appreciate his lifelong contributions to the field of physical medicine and rehabilitation and pain medicine.

Burke Rehabilitation

Burke Rehabilitation Hospital continues to expand its residency program. As of July, we will be training 16 residents, an increase of two. In 2022 we will have 18 resident physicians. We have also expanded our Fellowship program, adding Brain Injury Medicine to the existing Sports Medicine fellowship, with two fellows in each program. We received grants from the Craig H. Neilsen Foundation providing pandemic support for spinal cord injury patients through

Burke's Focus on Fitness Program, delivered via telehealth, and to support expansion of sports and recreation through virtual training, transitioning eventually to in-person.

Case Western Reserve University/ MetroHealth System

The MetroHealth System (MSH) completed renovation of 50,000 square feet of new space at its Old Brooklyn Campus, the home of the Department of PM&R at MHS and Case Western Reserve University. New space for the department includes: 1) 20,000 square feet Clinical Research Facility equipped for spinal cord, stroke and pain research; 2) 5,000 square feet Education and Training wing for medical students, neurotherapy residency, PM&R residency and 3 fellowships; 3) 10,000 square feet Ambulatory Center for the outpatient rehabilitation management of complex neurological and trauma-related conditions; and 4) 10,000 square feet, 14 bed acute stroke rehabilitation unit.

Harvard Medical School/ Spaulding Rehabilitation Network

The Department of PM&R at Spaulding and Harvard has had a dynamic spring. As a small example, Dr. Cheri Blauwet, in her role on the United States Olympic and Paralympic Committee, is preparing for the 2021 Tokyo Summer games. Ranked as the top program by reputation in the Doximity Residency Navigator, the Department celebrated its 26th graduating class. Dr. Irene Davis was featured in Neil Degrasse Tyson's "Star Talk" podcast speaking about the biomechanics of running. Dr. Ross Zafonte was honored with The Public Service Commendation Medal, the fourth-highest public service decoration in the U.S. Department of the Army.

JFK Johnson Rehabilitation Institute

At the JFK Johnson Rehabilitation Institute we have learned a great deal during the COVID-19 Pandemic. This inspired us to initiate an outpatient Post-COVID Rehabilitation Program, inclusive of cardiac and pulmonary rehabilitation. Our research on an innovative Stroke Recovery Program which includes a modified Cardiovascular rehabilitation program has shown exciting positive outcomes which have been recently published. This includes a reduction of one-year mortality, an improvement of cardiovascular function and overall-function and reduction of one-year all cause readmission rates of 22% for stroke patients. We're proud of our senior graduates and fellows and excited to welcome our incoming new class!

Johns Hopkins Medicine

On the Heels of COVID-19: Influx of Patients with POTS Symptoms

Johns Hopkins experts launched a clinic specifically for patients who were once infected with the virus that causes COVID-19 and who now experience symptoms of postural orthostatic tachycardia syndrome, or POTS. In collaboration with domestic and international partners, the experts are coordinating research to understand the incidence of POTS after COVID-19 and whether the incidence is the same as after other infections. They also aim to uncover if there is something about COVID-19 that makes people more susceptible to developing POTS, including with regard to the disease's effect on autoantibodies or on the sympathetic nervous system.

Mayo Clinic in Rochester

The Mayo Clinic, Rochester, PM&R Department continues to advance its Regenerative Rehabilitation Program with emphasis on ultrasound-guided peripheral and axial joint-directed therapies. Our programmatic focus has expanded to include machine learning for optimized matching of orthobiologic techniques with patient characteristics to enhance outcomes. We are actively expanding our portfolio of non-operative musculoskeletal therapeutics, yet tempering implementation with efforts to establish a robust framework for data collection and analysis. We are additionally using systematized, high-dimensional data collection and machine learning in our acute care practice to deploy our allied health staff in a manner that matches patient need.

Medical College of Wisconsin

Dr. N. Muni Reddy retired from MCW on Dec. 31st, 2020 after forty years of service to MCW. Dr. Mark Klingbeil retired from MCW on April 2nd, 2021 after serving 30 years as Medical Director for the FH & MCW BI program. Dr. Anjum Sayyad has been recruited as the Medical Director of Brain Injury medicine, effective May 1, 2021. Dr. William Waring retired from MCW on Dec. 31st, 2020 after serving as Medical Director of SCI at FH and MCW. Dr. Olivia Park joined the MCW PM&R faculty and SCI care team, and also serves as Associate Medical Director, inpatient PM&R. We wish these outstanding physiatrists an enjoyable retirement! We also congratulate our 2021 residency and fellowship graduates, all of whom are pursuing additional fellowship training (4 Sports Medicine, 1 SCI, 1 Pain and 1 Spasticity/ Neurorehabilitation).

Michigan Medicine

Michigan Medicine is pleased to celebrate an in-person graduation for our six senior residents and 4 fellows (Pediatrics, Cancer, Spine, SCI). We just completed our Ted Cole resident research day with 12 high level presentations, two of which are already published. PM&R is playing an important role in post-Covid care, led by Drs. Katharine Seagly and Joshua Startup. Dr. Alecia Daunter's publication in PM&R about functional decline post-Covid received significant press coverage. We are also leaders in our university-wide concussion center. Dr. JT Eckner, center research director, had a recent publication in JAMA about trends in concussions in adolescents.

Montefiore Medical Center/Albert Einstein College of Medicine

Montefiore Rehabilitation continues our research regarding COVID-19, with many publications looking at COVID rehabilitation throughout the continuum of care. Come see our many presentations at upcoming meetings, hopefully face to face again soon! We congratulate our 10 fellows and 9 resident graduates and look forward to greeting the same number of new residents and fellows. Our multidisciplinary efforts continue to grow with the Spine Center, Cancer Center, and Stroke Center in a new practice space in Westchester and in coordination with our Montefiore Health System Partners. A special shout out to Jennifer Cushman, MD, Albert Einstein resident AOA inductee for 2021.

MossRehab

MossRehab had a very successful match for its first residency training program class and our longstanding Brain Injury Medicine fellowship. We are excited about these 2 important academic steps and our continued important research work through Moss Rehabilitation Research Institute. Finally, we are proud that we are celebrating 120 years of rehabilitation on June 24.

Learn more about our Academic Partnership and its growing benefits at www.physiatry.org/AcademicPartners.

Mount Sinai Health System

The Mount Sinai Department of Rehabilitation and Human Performance continues to be in the forefront of SCI and TBI research and patient care. We have also played an integral role in the Post-Acute Covid Center, rehabilitating patients with fatigue and brain fog. Our Trusted Network continues to expand to New Jersey, and Westchester. We have a new partnership with Logitech for Adaptive e- sports tournaments. Our Performance 360 Program has signed contracts with the New York Liberty, New Jersey Devils, and Brooklyn Nets. We are also the official medical provider for the US Fencing National / Olympic team.

NewYork-Presbyterian Hospital/ Columbia/ Cornell

The department celebrated another set of successful residency and fellowship matches, welcoming an outstanding group of eight new residents and three new fellows. We are planning a mixture of in-person and virtual PM&R electives at our two medical schools this summer in order to accommodate visiting medical students, despite ongoing capacity limitations imposed by the pandemic. As the pandemic recedes, we have seen growing volumes of patients in our ambulatory practices, which now span Putnam County, Westchester County, Manhattan and Brooklyn. Our collaborative multi-disciplinary spine program now spans Columbia and Cornell under the rubric of the NYP Och Spine Hospital and continues to see growth and excellent outcomes.

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

Penn State Health Department of PM&R is pleased to announce the success of our 2021 residency graduates who each matched at fellowships. Drs. Samantha Willer & William Rieck will be moving on to sports medicine fellowships while both Drs. Aliya Jafri & Renuka Rudra will be continuing at Penn State for Spinal Cord Injury and Pain Medicine respectively. The department is also looking forward to advancing our cancer rehabilitation program and strengthening our collaboration with the Penn State Cancer Institute with the addition of Dr. Sara Lay, a fellowship-trained cancer physiatrist, who will be joining as faculty later this year.

Rutgers New Jersey Medical School

Rutgers New Jersey Medical School (NJMS) Department of PM&R announces the retirement of Bruce Gans MD , Professor of PM&R, a tremendous leader for the field of PM&R and the Executive Vice-President and Chief Medical Officer at Kessler Institute for Rehabilitation. Steven Kirshblum MD, has been named the new CMO for Kessler. Our department has had significant growth and expansion including having Peter Yonclas MD being named Chair of PM&R at our St Barnabas Medical Center and Ondrea McKay MD being named Assistant Dean of Student Diversity at Rutgers NJMS.

University of Colorado

University of Colorado (CU) PM&R has continued to grow through COVID. Our rehabilitation beds within the UCHealth system have expanded by 2.5 times the number designated pre-COVID allowing us to provide better continuity of care for post-acute services, high quality rehabilitation care, new providers, and call systems. In addition to the expansion of our residency complement, we are pleased to announce the launching of a funded PM&R Sports Medicine Fellowship track (led by Dr. Adele Meron) within the Primary Care Sports Medicine Program. With NIH-funded research in TBI and physical therapy, we are now among the top 5.

University of Kentucky

The University of Kentucky approved the lease of space by UK PM&R to be used to begin operating the outpatient services currently offered by Cardinal Hill Rehabilitation Hospital beginning in the early fall.

The expansion and renovation will add an additional 19,000 square feet of space to develop UK's therapy programs and 13,835 square feet for clinic space that will include 27 clinic rooms. The move will create a "one-stop shop" for patients transferred from UK to Cardinal Hill as inpatients, enabling them to see their UK doctors for follow up care and receive their ongoing therapy at Cardinal Hill.

University of Louisville

University of Louisville's Division of Physical Medicine and Rehabilitation has welcomed in a new program director- Dr Catherine Schuster to start this academic year. Additionally, the program has been granted a compliment 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 Dr Kaelin always say: Its happening here! Go Cards!

University of North Carolina

Our multidisciplinary COVID-19 Recovery Clinic opened in February 2021 and has already seen 250+ patients. We're currently recruiting a TBI physiatrist to join our rapidly growing department. We've enhanced our resident education by incorporating DEI into every resident lecture. Congratulations to graduating residents on their fellowship matches (Daniel Sainburg, DO, Pain Medicine and Akash Patel, DO, Sports Medicine) and new jobs (Thai Truong, MD, Private Practice). We welcome our Fantastic Four new interns: Taylor Baker, DO, Hagar Elgendy, MD, Sierra McLean, MD, and Raveen Sugantharaj, DO. Our next virtual workshop, "Psychosocial and Cultural Aspects of Disability", will take place in August. @UNC_PMR

UPMC

University of Pittsburgh Medical Center (UPMC) PM&R is flourishing in 2021. Congratulations to Fabrisia Ambrosio, PhD, MPT, whose paper was accepted in eLife; Jennifer Collinger, PhD, and Robert Gaunt, PhD, whose paper published in Science; Yetsa Tuakli-Wosornu, MD, MPH, who won AMSSM's Best Overall Research Award; and Amy Houtrow, MD, PhD, who testified at the US Senate Special Committee on Aging on the impact of the pandemic on people with disabilities. Finally, we are excited to welcome back Allison Schroeder, MD. Dr. Schroeder was a 2020 residency graduate and is returning to UPMC as a faculty member.

University of Utah

The University of Utah Division of PM&R celebrates our one-year anniversary of the state-of-the-art Craig H. Neilsen Rehabilitation Hospital. This amazing facility is connected by a sky bridge to the Vizient #1 in Quality University Hospital and is fueled by amazing staff and University of Utah faculty. https://youtu.be/T4OEciSQBUE Our medical director of Complex Care, Dr. Jeanette Brown, is leading the University's work to establish a COVID Long haulers clinic. Our GME programs continue to expand and thrive. We're thrilled to be welcoming our new UofU PM&R residents: Kristen Saad, MD, Jason Mascoe, MD, Andrew Kramer, DO, Dalton Brady, MD, Omar Rachdi, DO, James Tran, MD, and Tim Curtis, MD.

University of Wisconsin Hospitals and Clinics/School of Medicine and Public Health, UW-Madison

A welcome to new faculty members starting this fall: Jacob Halverson, MD and Allison Glinka Przybysz, MD. Our faculty and residents are busy! Nalini Sehgal, MD and Michael Suer, MD have published "Questions and Answers in Pain Medicine." Michelle Poliak-Tunis, MD volunteered recently as an examiner for 2021 Part II ABPMR Board Examinations. Bonnie Weigert, MD is serving as AANEM president and is planning the fall conference, where Walton Schalick, MD, PhD will be presenting on the ethical use of new treatments for neuromuscular disease. Residents Yeng Her, MD, PhD, presented for AAP's online webinar Orthobiologics & Regenerative Medicine Series, and Matthew Cowling, DO, continues to release podcast episodes for the series "The Docs in the Box."

UT Health San Antonio

In May 2021 we hosted a successful inaugural research day with two amazing keynote speakers, Dr. Steve Wolf and Dr. David X. Cifu. Residents and faculty presented their new research and continue to be proliferative in publishing this year. Dr. Don McGeary, Vice Chair of Research for our department was awarded a $14 million multisite study of treatment for headache associated with TBI funded by the Congressionally Directed Research Programs involving multiple members of our department. He was also awarded a $7 million study of cannabis derivatives for neuropathic pain in older veterans funded by the VA HSR&D.

UT Health Science Center/ McGovern Medical School

Argy Stampas, MD, MS and Radha Korupolu, MD were awarded Masters of Science in Clinical Research. Dr. Korupolu also received a KL2 award for investigating tidal volumes in SCI, joining Dr. Stampas' KL2 for neuromodulation for SCI bladder dysfunction. Kudos to James Chang, PT, PhD for receiving his MBA. Gerard Francisco, MD co-authored a publication in The Lancet (vagus nerve stimulation in stroke). Best wishes to Kirk Roden, MBA, a former Chair of the AAP Administrative Directors Council, in his retirement. Finally, all the best to our outstanding graduates: Jaskiran Ghuman, DO, Lavina Jethani, MD, Mahmut Kaner, MD, Sam Kim, MD, Kemly Philip, MD, PhD, Eric Wagner, DO and Bei Zhang, MD. We will miss you!

UT Southwestern

We are delighted to announce that UT Southwestern PM&R Department has assumed medical direction of rehabilitation at Texas Health Dallas (THD)/ Presbyterian Hospital and welcomes Dr. Lisa-Ann Wuermser and Dr. Raymond Cheng to our faculty. THD, the flagship hospital for Texas Health Resources (largest healthcare system in North Texas), currently has 875 beds and is a Level 2 Trauma Center. Our other inpatient rehabilitation units are also located at UT Southwestern/Zale, Parkland Hospital, North Texas VA, and Children's Medical Center. In other news, Dr. Surendra Barshikar is leading our effort in working with CDC on a multicenter EMR-based study of "Long-COVID."

Vanderbilt University School of Medicine

We recently welcomed Mosi Jones, MD to the Vanderbilt PM&R family. He will be the Medical Director for the Dayani Health and Wellness center, and will have a practice focused on EMG, ultrasound, sports, and tendon/nerve pathologies. Bart Huddleston, MD is taking a key role in our multidisciplinary post COVID clinic. Under the leadership of Bill Sullivan, MD we have had a significant growth in our services lines at the Veterans Hospital, with planned additional expansions in multiple subspecialities. Additional expansions are anticipated with soon to be advertised positions in brain injury and spine medicine.

Zucker School of Medicine at Hofstra/ Northwell

The Department of PM&R at Zucker School of Medicine at Hofstra/Northwell created and led a regional initiative, "#NY/NJ Strong," a consortium of the major academic medical institutions in New York and New Jersey. The consortium was formed to study and publish the experience of our patients requiring rehabilitation services due to the COVID-19. Led by Susan Maltser DO, Vice Chair of PM&R at Zucker School of Medicine, the consortium has submitted its initial publication to the American Journal of PM&R and plans to publish several additional studies describing the disabling effects of COVID-19. We wish to thank our partners at Rusk Rehabilitation, Mount Sinai, Kessler Institute for Rehabilitation, Burke Rehabilitation, Montefiore Health System, New York-Presbyterian, and JFK Johnson Rehabilitation.

Rethinking Bike Lane Advocacy Through an Accessibility Lens

By: Wali Sabuhi, Medical Student at Boston University School of Medicine and Member-at-Large on the AAP's Medical Student Council

I have recently begun keeping tabs on local bike advocacy work for selfish reasons. I am an able-bodied commuter who likes to see more of my city amenable to cyclists. The decision to bike on any road at any time of year should not be a matter of having courage; no one should have to fear injury when they opt to bike rather than drive a motor vehicle.

The aspiring physiatrist in me feels doubly justified in having this interest. After all, ideal bike infrastructure, with protection barriers, adequately sized buffers, signage, dedicated traffic lights, and prompt snow removal, is an effective preventative measure in reducing incidence of life-altering injuries among our patient population. But this past February, after attending the Moving People Forward conference held by the nonprofit Bicycle Colorado, it dawned on me that this area of urban design is germane to our field for reasons beyond the obvious necessity to ensure rider protection. Specifically, bike infrastructure, if developed with only cyclists in mind, runs the risk of introducing new accessibility barriers for assistive device users. On the other hand, designing for inclusivity may, in fact, benefit those who use assistive devices (whether they be canes, walkers, or power wheelchairs) who seek the assurance of safety in navigating streets.

It is no secret in the physiatry community that accessibility continues to be an unmet target in many cities. Paratransit services often require advanced reservation or operate on restricted hours and routes.[1, 2] In New York, less than one-third of MTA stations are ADA compliant.[3] In most cities, it is a common sight post-snowfall, long after roads have been cleared, to see unshoveled stretches of sidewalk or icy curb cuts that can only be navigated if pedestrians are able to leap around them. A 2015 study out of Georgetown identified a 36% greater risk of fatality for pedestrians in wheelchairs as compared to general pedestrian mortality.[4] City planners will often seek to improve dangerous transit conditions in the aftermath of tragedies, but it is because of persistent advocacy that design deficiencies are identified before casualties occur.

In 2019, San Francisco's Vision Zero Coalition, whose goal is to eliminate all traffic casualties by 2024, published a report entitled "Getting to the Curb," which highlights how default bike lane design is not universally beneficial for safe cycling and pedestrian accessibility but can be optimized to approach that benchmark.[5]

- **Some traditional bike lane design principles intended primarily for cyclist benefit can introduce new obstructions or safety concerns for other pedestrians.** For instance, concrete barriers are often used to stop cars from dangerously stopping and standing in bike lanes, however these dividers introduce an obstacle for mobility aid users. An alternative — transit islands (concrete boarding stops separated from sidewalks) — offer an elevated platform for paratransit vehicles to conveniently access and include curb cuts to enter and exit. Transit islands, like the barriers, offer a concrete separation between bike and car lanes. They also allow public buses to arrive at a stop without having to merge across bike lanes.
- **Taking all stakeholders' needs into consideration can give rise to bike lanes that not only benefit cyclists but also all pedestrians in ensuring safety while crossing streets and accessing walking paths.** For example, road buffers that separate bike and car lanes reduce the likelihood of a cyclist getting doored (i.e., a car door is abruptly opened into the path of a cyclist, causing a crash). They also, if designed to sufficient width, allow for any mobility aid users who disembark from vehicles to safely navigate along the buffer until they have access to a ramp to the sidewalk.

These city planning design principles serve as an opportunity for the physiatry community to not only advocate on behalf of our patients with physical disabilities but to platform their voices. In San Francisco and Denver, city planners commonly invite mobility aid users to the planning table and on field visits for input. Every city poses its own constraints with regards to baseline infrastructure, road width, and weather conditions, so engaging end users of all abilities is critical. And unsurprisingly, getting the design correct on the first iteration costs cities significantly less than does revision of an imprudent design to correct for inaccessibility.

I also suspect that, at some point, legislation will be proposed to permit power wheelchair operation in bike lanes, which introduces an alternative for users who experience difficulty going up and down curb cuts at every block.[6] Currently, wheelchair users are subject to the same legal restrictions as all pedestrians in not formally being permitted to use bike lanes in most American cities.

In the last year, the circumstances of the pandemic have catalyzed reimagination of urban design across cities.[7, 8] We have seen designation of entire road lanes for outdoor restaurant seating, major street closures to expand pedestrian access, and constitutively activated walk signal buttons to reduce fomite transmission risk.[9] There has also been a dramatic increase in cyclists across North American cities, some of which have responded by expanding their bike lane network (e.g., New York instituted >60 new miles in temporary bike lanes in 4 months as part of its Open Streets Initiative).

There is reason to believe that some of these changes, if the promise is recognized, could become permanent, which is cause for celebration for advocates seeking to reclaim their cities from motor vehicle saturation. It could also be cause for celebration among many of our patients who seek to reclaim accessibility in a world that has much work to do to achieve that benchmark.

PROGRAMS YOU MIGHT CONSIDER FOLLOWING OR JOINING:

- Your local Center for Independent Living chapter
- Your local StreetsBlog publication
- PeopleForBikes
- League of American Bicyclists
- National Association of City Transportation Officials
- Bike Lane Uprising
- Your local pedestrian and cyclist safety advocate groups!

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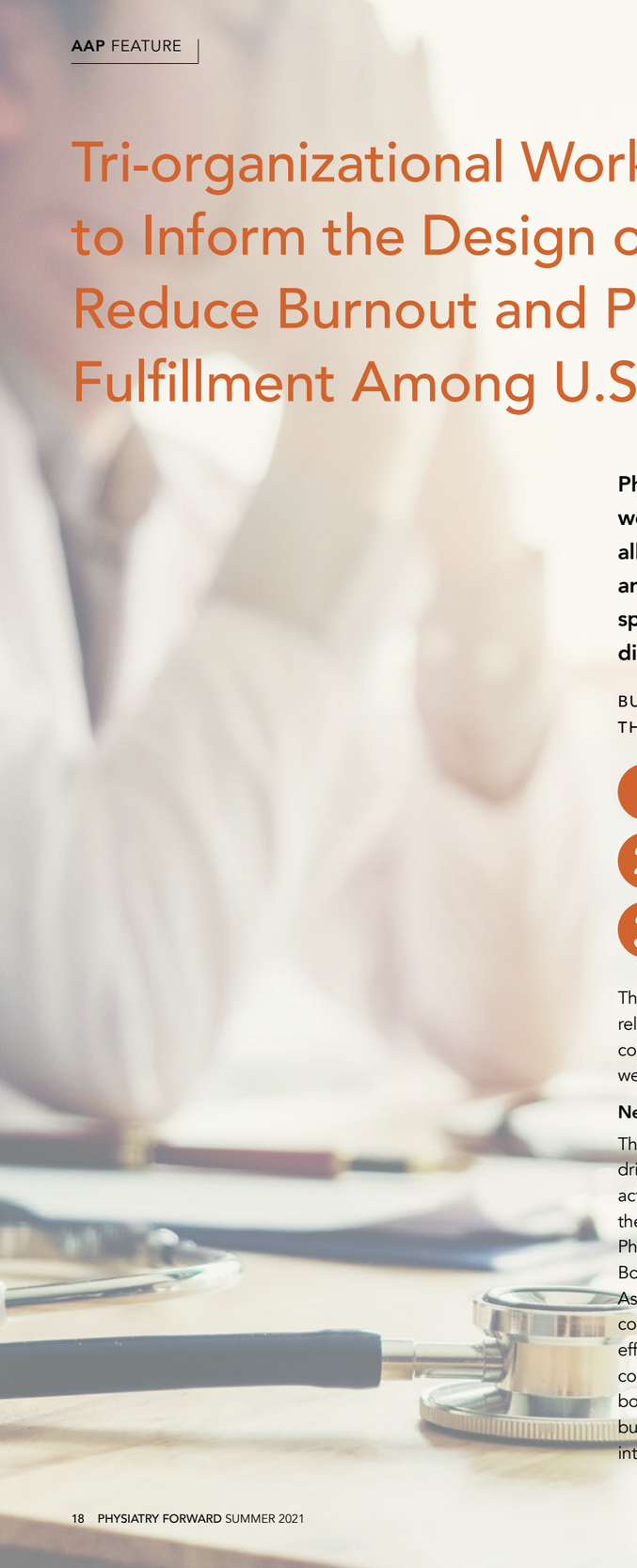
Tri-organizational Workgroup Established to Inform the Design of Interventions to Reduce Burnout and Promote Professional Fulfillment Among U.S. Physiatrists



Physician burnout and its corollary, physician wellness, is a major challenge for physiatrists across all practice areas and settings. Physiatric leaders are aware of the data that demonstrates our specialty has one of the highest rates of burnout, dissatisfaction and unhappiness.

BURNOUT IN MEDICINE IS COMMONLY DEFINED BY THE FOLLOWING THREE CRITERIA:

1. **Emotional exhaustion**
2. **Depersonalization (cynicism or callousness)**
3. **Loss of personal accomplishment (lack of work fulfillment)**

These combined detrimental effects raise serious alarms relating to individual physician health and well-being; specialty cohesiveness including recruitment, retention and reputation; as well as organizational growth potential.

New Collaborative Research Study

The aggregate PM&R responses from prior research do not drill down into the specialty enough to assist in identifying actionable interventions. Therefore, to gain further insight into the causes of burnout in physiatrists, the American Academy of Physical Medicine and Rehabilitation (AAPM&R), the American Board of Physical Medicine and Rehabilitation (ABPMR), and the Association of Academic Physiatrists (AAP) have entered into a collaborative project to address these issues. The tri-organizational effort will initiate and fund a research project—designed and conducted by the Stanford Medicine WellMD Center—to identify both cross-cutting issues as well as PM&R-specific drivers of burnout that can be translated into actionable and impactful interventions by the partnering organizations.

"The impact of burnout in physiatry has been well documented, and it is important for our field to quickly and substantially reverse this alarming trend. This study is the first of many actionable steps to come in addressing burnout in a collaborative, coordinated, and consistent manner."

"The Association of Academic Physiatrists (AAP) could not be more eager to collaborate with ABPMR, AAPM&R, and the Stanford Medicine WellMD Center on this crucial project," shared Gwendolyn Sowa, MD, PhD, President of the AAP's Board of Trustees. "The impact of burnout in physiatry has been well documented, and it is important for our field to quickly and substantially reverse this alarming trend. This study is the first of many actionable steps to come in addressing burnout in a collaborative, coordinated, and consistent manner."

"Representing the three major physiatry organizations in the United States, this workgroup seeks to gain knowledge and insight in order to offer physiatrists strategies to minimize the effects of burnout and enhance wellness, no matter what subspecialty, geographic location, or type of professional environment in which physiatrists work. These strategies must be more than just recommendations to reduce stress and 'optimize' personal work-life balance," said Stuart M. Weinstein, MD, AAPM&R President.

"I cannot think of a more important issue for the tri-organizations to tackle. Burnout is a tragedy that impacts physicians in a wide range of professional settings throughout their professional life-cycle. We all want to 'do something.' Working collaboratively, that something can be thoughtful, data-driven and effective," said James T. McDeavitt, Chair, ABPMR Board of Directors.

The primary goals of this project are to determine variability in the experience of burnout in different physical medicine and rehabilitation subspecialties and the factors that contribute to burnout at both the individual and system level, as well as to identify and inform development of interventions to reduce burnout and improve professional fulfillment among physiatrists.

Such interventions could include centrally-provided resources that enable physiatrists to pursue self-assessment and develop individual approaches and skills to promote well-being, as well as efforts to catalyze organization-level efforts and guidance for local actions by organizations and practices to help optimize the environment. They may also involve utilization of society-provided activities to equip physicians with content knowledge and insights into improvement methodology to drive progress in these domains, as well as creating offerings that help individuals identify and develop new approaches to cultivate professional fulfillment and improve well-being.

The study will employ qualitative interviews, focus groups, surveys and data analysis to inform the design, development and evaluation of interventions by AAPM&R, ABPMR and AAP to mitigate burnout and promote professional fulfillment.

THREE AIMS

This multi-phased research project will have three aims:

- Define the variability in the experience of occupational burnout among physiatrists and how the factors that contribute to it vary by practice setting and sub-discipline.
- Identify actionable domains at the individual, practice, and professional society level to reduce burnout and improve professional fulfillment among physiatrists.
- Identify the modifiable individual characteristics and behaviors of physiatrists who have high professional fulfillment.

A project workgroup—comprised of up to two member representatives from each partnering organization, as well as the executive directors from each organization—has been established to address administrative issues, research and potential uses of information from the research initiative.

The workgroup includes:

- DJ Kennedy, MD; Vanderbilt University Medical Center (VUMC)
- Sabrina Paganoni, MD; Spaulding Rehabilitation Network/ Harvard Medical School
- Dani Perret, MD; University of California, Irvine
- Jim Sliwa, DO; Shirley Ryan AbilityLab
- Stuart Weinstein, MD; University of Washington
- Carolyn Kinney, MD; ABPMR Executive Director
- Tiffany Knowlton; AAP Executive Director
- Tom Stautzenbach; AAPM&R Executive Director and CEO

Watch for updates on this important research study in future AAP communications.

Medical Marijuana:

Guidance for the Field of Physiatry

By: Ryan Hafner, MD and Michael F. Saulino, MD, PhD

"Marijuana prohibition has done far more harm to far more people than marijuana ever could." These were the powerful words of William F. Buckley, a prominent American conservative radio commentator in the 1960s.[1]

The very topic of marijuana (cannabis) and its usage in the United States has caused a remarkably divisive political and societal tug-of-war for decades. Regardless of personal or political beliefs, the cannabis industry is set up for unprecedented growth in this country. Forbes notes that cannabis is "one of the fastest growing industries in the United States," with both medical and recreational-based sales of at least $15 billion in 2020, an increase of 40% compared to 2019.[2] A recent large survey showed that 7% of U.S. adults reported using marijuana for medical purposes in 2020.[3] The strongest evidence to-date for indications with medical marijuana (MMJ) based on randomized controlled trial studies are for chronic pain, neuropathic pain, and spasticity associated with multiple sclerosis.[4] Given the predominance of these symptoms in the patient population treated by the average physiatrist, it is of upmost importance to stay informed regarding the usage, benefits, risks, and current research of such a treatment.

The physiology and biochemistry behind cannabis continues to be elucidated. In the 1990s, cannabinoid receptors were identified in humans with significant distribution in the central and peripheral nervous systems.[5, 6] Studies of endocannabinoids, naturally formed compounds in the human body that have activity at cannabinoid receptors, have shown significant involvement in the anti-inflammatory cascade, neuroprotection and neural repair of injured and degenerating brain tissue, as well as mood, perception, learning, and memory.[7, 8, 9, 10]

Regarding pain and marijuana, a recent Cochrane-based systematic review and network meta-analysis evaluated 25 studies that had looked at medical marijuana for treatment of chronic nociceptive, neuropathic, and cancer-based pain.[11] This review and other current research show moderate quality evidence for decreasing visual analog scale (VAS) scores in chronic neuropathic pain, more than with nociceptive pain.[12] Regarding spasticity and marijuana, there is moderate quality evidence for reducing spasticity in multiple sclerosis.[12, 13] One particular oromucosal spray has been researched heavily in Europe with over 55,000 patient-years of data, showing promising improvements of both patients' own Numerical Rating Scales for perceived spasticity as well as Modified Ashworth Scale testing.[14, 15, 16]

FOR LONG-STANDING COMPLEX CONDITIONS SUCH AS PAIN AND SPASTICITY, IT WILL BE NICE TO ADD ANOTHER EVIDENCE-BASED TREATMENT IN OUR TOOLBOX AS PHYSIATRISTS.

Methods of administration include inhaled (smoked, vaporized, nebulized), edible (pills, capsules, homemade products), sublingual (tincture, oil, liquid) and topical/transdermal (creams, ointments, patches). Each formulation has potential differences regarding onset, peak, and resolution of effects (both therapeutic and adverse).[17] There is currently no evidence-based protocol for recommended dosage or method of delivery for a specific indication.[18]

The most common adverse effects as reported by adult patients using medical marijuana include dizziness, dry mouth, nausea, euphoria, confusion, somnolence, and hallucinations.[19] Other risks of marijuana can include significant drug-drug interactions (i.e., warfarin), decreased neurocognitive performance, and concern for altered brain development in adolescents.[20, 21, 22, 23, 24, 25]

As medical marijuana becomes more prevalent with time, physiatrists will need to be aware of the risks and benefits of medical marijuana usage and when it might be appropriate to certify a patient for its usage. For long-standing complex conditions such as pain and spasticity, it will be nice to add another evidence-based treatment in our toolbox as physiatrists.

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WORDS OF WELLNESS

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, Theodora Swenson, MD, at theodora.tran@vumc.org.

FEATURED WORKOUT

As Physiatrists, we all know the benefits of exercise and movement! We also know how challenging it can be to stay active. So when your Fitbit reminds you, "It's time to move!" here are a few simple exercises to try at work.

1. Take the stairs! Even if you have 10 flights to your ultimate destination, start by taking one flight. You can always pop out of the stairwell to grab the elevator at another floor.

2. Back extensions – stand up from your chair, put your hands on your hips, and lean back! Give your spine a break from the constant state of flexion. Your discs will thank you.

3. Squats – bring your feet just outside of hip width. Keep your chest lifted, shoulders back, and abs braced. Push your hips down and back bringing your butt to knee level. Squeeze your glutes to rise. You can do this from your chair or while standing on rounds!

4. Calf raises – keeping your knees straight and your glutes tight, lift your heels off of the ground then slowly lower with control. Level up by doing one leg at a time.

5. Standing leg extensions – keeping your body completely vertical, extend one leg on a 45 degree angle behind you. Actively squeeze your glutes as you kick and make sure to brace your abs hard to prevent your back from arching while you kick. This is a great way to fire up your hip stabilizers both on the kicking leg AND the standing leg.

6. Tricep dips – Place the palm of your hands on the edge of your chair with elbows tucked behind you. Slide your butt forward to that it grazes the edge of your chair. Lift your chest, squeeze your shoulders back. Bend your elbows 90 degrees then straighten them to fire up the back of the arms. When I dip, you dip, we dip!

7. Wall or desk push ups – you don't need to put your hands on the floor to perform an effective push up! Try placing your hands wider than shoulder width on the wall or on the edge of a desk. Bring your feet hip width apart. Squeeze your shoulders back, brace your abs hard to keep your spine in neutral. Lower your body down so that your elbows come to 90 degrees and extend.

8. Wall or desk plank – bring yourself into the wall or desk push up position from above. Squeeze your shoulders back, brace your abs hard, and squeeze your glutes. Tap one shoulder with your opposite hand, then switch. Level up by lifting the opposite leg while you tap your opposite shoulder. The key is to keep your body totally still to light up your core!

FEATURED RECIPE

Fresh Mint Squares

Chef: Dr. Thea L. Swenson

INGREDIENTS

- 1/2 cup fresh mint
- 13-15 large medjool dates (pitted)
- 1 cup almond flour
- 1 cup of nuts: almonds, pecans, or cashew
- 1/2 cup raw cacao powder
- 1 cup mini chocolate chips
- 3 tbsp coconut oil, melted
- 2 tbsp raw cacao powder
- 1 tbsp raw honey or maple syrup
- 1/2 tsp vanilla extract
- 1 pinch fine himalayan salt

INSTRUCTIONS

- Chop the mint using a food processor. Add 1 cup of nuts and pulse until coarse. Pour mixture into a separate large bowl.
- Process dates into a creamy paste.
- Mix date paste with mint mixture in the large bowl.
- Add almond flour, raw cacao powder, salt, chocolate chips and knead together.
- Line a baking pan with parchment paper and spread mint and date mixture evenly. Set the baking pan aside.
- In a double-boiler over simmering water (or stack a glass bowl on top of a saucepan), melt the coconut oil. Mix in the remaining ganache ingredients, and stir until smooth.
- Spread ganache evenly on top of the mint and date layer in the baking pan.
- Refrigerate for at least 15 minutes. Cut into squares and serve.

PODCAST REVIEW

TED-Talk Review – *An ER Doctor on Triaging Your "Crazy Busy Life"*

Reviewers: Dr. Tracey Isidro and Dr. Stacey Isidro
Estimated time: 11 min
Speaker: Darria Long Gillespie, MD, MBA
Bio: https://drdarria.com/
Link to TED talk: https://www.youtube.com/watch?v=nLjchFPvcQo

As doctors we have busy lives. In this 11-minute TED talk, Dr. Darria Long Gillespie, MD, MBA gives an excellent TED Talk about how to triage a "crazy busy life." She uses her experience as an Emergency Medicine physician and provides ways to change from "crazy busy" mode to "ready" mode. By triaging, being efficient, and having the right mindset, we can skillfully manage various situations. We hope you get a chance to incorporate at least one of her tips. We did, and we're already seeing positive changes in how we handle residency and life. We're ready, are you?

UPCOMING AUGUST WELLNESS EVENT

"Wellness During Times of Transition"

Hosts: Dr. Lisa Wiesenberger and Dr. Harman Grewal

Transitions are hard. They can be daunting, uncertain, and intimidating. As physicians, we all have undergone, and will continue to undergo many transitions throughout our education, training, and into our careers. This August, the AAP Wellness Subcommittee will be hosting an event for medical students, residents, and fellows that discusses personal wellness during points of transition. A group of panelists from different levels of training will give advice, share struggles, and discuss wellness during times of change. The event will focus on the different transitions from medical student to intern, intern to PM&R PGY-2, and PM&R resident to fellow. The goal of the event is to help bridge gaps between transition points, abate fear, and hear from current residents of how these changes can be efficient and effective. We invite trainees at all levels to join and be a part of the discussion!

NEWS FOR DEPARTMENT CHAIRS & DIVISION CHIEFS

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, COVID-19 numbers have decreased significantly nationwide and the COVID-19 vaccine has become available to Americans across the country. This amazing scientific advancement has quelled the swell of Covid across America, as many states begin to start to return to some new type of normal. The executive members of the Chair Council are hoping that you and your family, staff and patients are all doing well.

The "Virtual" AAP National Meeting 2021 was a first for all of us and was successfully executed!

The 2022 Chair Council Annual business meeting and program is presently being planned based off the input gathered at the past National Chair Council meeting. The upcoming AAP National Chair and Administrators meeting for Physiatry '22 will cover the following topic; **"Supporting Department Financial Health through Philanthropy and Other Creative Solutions."** The session will include a presentation and discussion with administrative directors and department chairs addressing successful strategies for supporting department financial health through philanthropic support and other mechanisms. Since academic physiatry programs increasingly rely on clinical revenue to fund mission-based activities this topic, Post Covid, has become increasingly relevant. As financial challenges mount, department chairs and administrators must find alternative sources of financial support in order to succeed. It has been identified that departmental leaders need effective skills, strategies, and knowledge as well as creativity and courage in order to implement successful alternative funding mechanisms. This problem exists amongst PM&R Chairs and Administrators due to lack of resources and lack of strategies to apply knowledge to practice. Learners will address the following through the program:

1. **Discuss trends and causes of academic department financial stress**
2. **Identify characteristics of successful philanthropy and other funding programs**
3. **Apply new skills and knowledge to develop an effective philanthropy or alternative funding strategy**

In short, Department Chairs and Administrators will learn from peers and expert panelists regarding philanthropy and other creative funding strategies. The course moderator and director will be David P. Steinberg, MD. The entire Chair Council executive leadership hope that you can join us for this valuable course.

Thanks to all of you that participated in The Burnout and Wellness Survey 2020. Presently the Chair Executive council and the members of the Burnout and Wellness Committee are in the process of writing up a synopsis of the results of this National survey. David Steinberg and Josh Alexander are leading this initiative. In addition, the American Board of Physical Medicine and Rehabilitation (ABPMR) requested of the AAP executive members of the Chair Council to develop a Performance Improvement Project on Wellness. This was submitted to the ABPM&R. We were grateful to collaborate with the ABPM&R on this important Initiative.

The collection of the Webinars for the Chair Council-are continuing to expand. Presently the existing **Chair Council Podcasts-** include;

- **Leveraging Electronic Health Records for Research Purposes.** Lyn Weiss, MD interviewed Andrea Cheville, MD
- **Managing People: The Most Difficult Part of Your Job.** Diane Braza, MD interviewed James McDeavitt, MD
- **Show me the Money.** David Steinberg, MD interviewed Greg Worsowicz MD

As a result of the requests of the members of the Chair Council Committee at the Annual Meeting 2021, the upcoming future podcast will be on the following topic;

- **US History of PM&R.** Betsy Sandel, MD to be interviewed by Sara Cuccurullo, MD (upcoming summer 2021)

Finally, "The Chair Council Email Chain" initiated a national department "Lecture List" which started the end of November 2021. Each department was asked to list out lecturers from their department that would be available for Virtual lectures (Grand Rounds) at the national level. This list has generated significant interest by Physical Medicine and Rehabilitation Program Director's Nationwide to help them enhance their academic curriculum. We would like to thank Candace Street for help with the organization of this resource.

The Executive Council is wishing you all Safety and Health,

Thank you,

Sara Cuccurullo

AAP Executive Council Members;
Diane Braza, MD – Past President
Sara Cuccurullo, MD – President
Lyn Weiss, MD – Vice president
David Steinberg, MD – Secretary

NEWS FOR RESIDENCY & FELLOWSHIP PROGRAM DIRECTORS (RFPD)

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

Hello everyone!

It's almost summertime and we are not that far away from Physiatry '22 in New Orleans! We look forward to seeing everyone there, especially all the fellowship and residency program directors and coordinators at the pre-meeting workshops!

With the summer comes the start of new residents, medical student rotations and the lead in to the 2021-22 interview season. With that in mind, it's important to re-iterate the "Initial Summary Report and Preliminary Recommendations of the Undergraduate Medical Education to Graduate Medical Education Review Committee (UGRC)" released by the Coalition for Physician Accountability (CoPA) (www.physicianaccountability.org). I encourage all of you to look through the recommendations since most previous CoPA recommendations have been endorsed by the AAMC and ACGME as well as adopted by most Offices of Graduate Medical Education (GME). The RFPD's stance is that it recommends that all members of the RFPD follow the CoPA guidelines and recommendations unless otherwise instructed by their home GME.

We want to direct you specifically to recommendation #26:

26. Interviewing should be virtual for the 2021-2022 residency recruitment season. To ensure equity and fairness, there should be ongoing study of the impact and benefits of virtual interviewing as a permanent means of interviewing for residency.

The final CoPA report will be released June 30, but we do not expect seismic change from their preliminary recommendations. We encourage any program directors to reach out to the RFPD via our email listserv as we will be discussing techniques and advice on how best to plan for and execute virtual interviews for what is now a 2nd recruitment season.

We also hope that you are all ready for PM&R milestones 2.0 that become effective July 1, 2021. As you may recall we had a great session about these new milestones at the last RFPD workshop at Physiatry '21. If you were present, please look through your materials as a refresher. Whether you were present or not, you can always ask the AAP and the RFPD for questions or guidance. The Accreditation Council for Graduate Medical Education (ACGME) also has a lot of resources on implementation and information about the new milestones on their website.

Finally, please do encourage your trainees and medical students to submit abstracts to Physiatry '22 and save the date, Feb 1-5, 2022. See you all there.

NEWS FOR MEDICAL STUDENT EDUCATORS

www.physiatry.org/MedStudentEducators

By: By: Leslie Rydberg, MD, Assistant Professor and Medical Student Education Chair at Northwestern University/ Shirley Ryan Ability Lab and Secretary/ Program Director of the AAP's Medical Student Educators Council

This summer the Medical Student Educators Council is pairing up with the AAP Medical Student Summer Clinical Externship program to host the second Virtual Introduction to PM&R summer program for medical students. This program is underway right now. It features didactic presentations on a variety of topics and small group discussions with the goal to allow the medical students to get an early introduction to the field of Physical Medicine and Rehabilitation and to learn some basics about caring for and working with people with disability. The program was created last summer in response to the shutdown of in-person clinical experiences. The program received great feedback especially in the domains of networking, career exploration, and mentorship. If you are interested in participating in the Virtual Introduction to PM&R program **next** summer, please contact Amy Schnappinger aschnappinger@physiatry.org

NEWS FOR VETERANS AFFAIRS PHYSIATRISTS

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

We enjoyed hosting our first **"virtual" AAP VA Council meeting on April 28, 2021.** Lively and fruitful discussion included participants chiming in from California to Puerto Rico! The group identified some themes of VA Physiatrist concerns, priorities, common strengths, opportunities for improvement and possible collaborations and roads for mentorship. Some of our aspirational goals are listed below:

- Increase active involvement of VA physiatrists in the academic home of AAP
- Promote the AAP Mission "Mentor, Discover, Lead" amongst academic VA physiatrists
- Optimize effective and efficient communication to foster VA interfacility collaboration
- Revitalize the VA Council Listserv to share helpful resources, webinars, and updates
- Offer mentorship to AAP members interested in VA issues/ career opportunities

Please feel free to join any future VA Council events - non-VA AAP members are welcome!

Your VA Council Leadership,

Dixie Aragaki, MD - VA Council Chair 2020-2022
Greater Los Angeles VA Healthcare System

Nandita Keole, MD - VA Council Chair-Elect 2020-2022
Phoenix VA Healthcare System

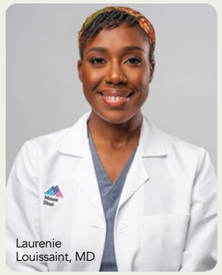
Alice Hon, MD - VA Council Secretary 2020-2022
Long Beach VA Healthcare System

Thiru Annaswamy, MD - Past VA Council Chair 2018-2020
North Texas VA Healthcare System

NEWS FOR RESIDENTS & FELLOWS

www.physiatry.org/ResidentsFellows

By: Amy Park, DO, Resident Physician at Zucker School of Medicine at Hofstra-Northwell and Chair of the AAP's Resident/Fellow Council


Laurenie Louissaint, MD

As we head into the final stretch of the 2020-2021 academic year, the RFC has hit the ground running in their new roles. We have had some very productive and fruitful meetings since first coming together as a council. We also recently welcomed our new **Diversity, Equity and Inclusion Committee Representative, Laurenie Louissaint, MD!** We are excited to have her join the team and looking forward to working with her this year. Congratulations to the graduating medical students who will start their Physiatry training this summer as resident physicians! We are looking forward to meeting you soon. Stay tuned for an exciting summer season with the RFC. We will be involved in a welcome event for the new residents, starting a monthly fellowship roundtable series for current residents, and participating in the Medical Student Virtual Summer program.

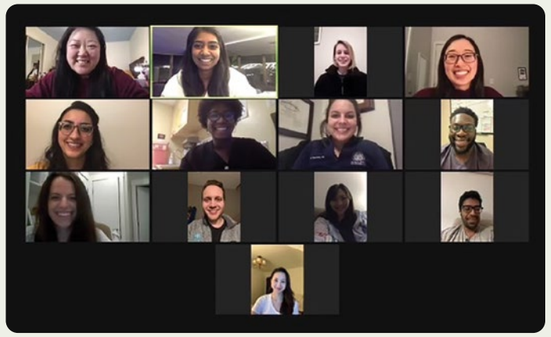
Here are some of the latest updates from each of our subcommittees:

Wellness subcommittee: The wellness subcommittee is continuing to diversify their resources. In addition to the 'Words of Wellness' column, they are hosting 'Wellness Wednesdays' on our social media accounts, working on more episodes of the Wellness podcast, and brainstorming ideas for summer zoom events. Check out the 'Words of Wellness' column for more content!

Social Media Subcommittee: Our social media accounts continue to be active and engaging with our members! Check out our daily posts throughout the month of June that will include collaborations with the Medical Student Council, a new 'Faculty Friday Feature' and spread awareness of up-to-date research in the field. Stay informed with all of the amazing accomplishments and opportunities available for medical students, residents and fellows by connecting with us on Twitter and Instagram.

Digital Outreach: Our Board Review podcast has received great feedback since its launch in January. We are currently working on reaching out to department chairs across the country to expand our 'Road to Chair' series. Check out the episodes released so far, and stay tuned to learn about the fascinating career paths of these amazing individuals. If you have any ideas for a podcast episode and/or would like to contribute to the RFC's quarterly newsletter, Physiatry in Motion, don't hesitate to reach out to our Social Media/ Digital Outreach rep and our Technology Rep.

Research and QI Subcommittee: The newly established Research and QI subcommittee has been working hard to recruit speakers for the 'Orthobiologics and Regenerative Medicine' lecture series—check out the schedule on our website. Whether you are new to the field of research, or a seasoned investigator, there are plenty of resources and opportunities to get involved. Keep your eye out for our survey and help guide our action plan for the year.

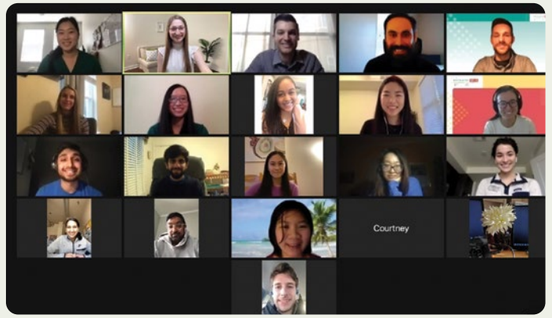


Above, our Resident Fellow Council meets virtually for the first time as the 2021-2022 board.

Visit the AAP on Twitter and Instagram!

https://twitter.com/AAPhysiatrists

https://www.instagram.com/aaphysiatrists/



Medical Student Council

NEWS FOR MEDICAL STUDENTS

www.physiatry.org/MedicalStudents

By: Eric Jones, Medical Student at California Northstate University College of Medicine and Chair of the AAP's Medical Student Council

The 2021-22 AAP Medical Student Council is off to an exciting start. First off, we would like to congratulate all of the outstanding graduates who recently matched into physiatry! In our opening months together as a council, we have collaborated to create new ways of building connection and engagement within the physiatry community. We are excited to unveil new opportunities throughout the year, including expanded medical student mentorship, insight into disability education, a physiatry clinical resource guide for medical students, and collaborative sessions at Physiatry '22. We continue to be honored to serve the medical student community, and always welcome any questions or suggestions.

See below for ways to become involved and stay up-to-date!

VIRTUAL JOURNAL CLUB:

Our monthly sessions are being re-vamped to now feature a prominent clinician in the field of physiatry! Each month, three presenters will be aided by our clinician in presenting focused topic literature impacting the field of physiatry. The full schedule, zoom links, and all previously recorded sessions can be found at www.physiatry.org/webinars. Join us for our next session on June 15 at 8:00PM EST to learn about spasticity by Dr. Francois Bethoux. Our following session will be held July 20 at 8:00PM EST on the topic of post-stroke rehabilitation. Email us at aapmedicalstudentcouncil@gmail.com if you are a medical student interested in presenting or a resident, fellow or attending interesting in leading a discussion.

PROGRAM DIRECTOR FEATURE:

Follow us on Twitter @AAPhysiatry_MSC to stay updated with our recent launch of the Program Director Feature! Each week, we highlight program directors of various physiatry residency programs nationwide, giving insight into what makes each program unique. Follow along to learn more!

AAP OUTSTANDING STUDENT INTEREST GROUP AWARD:

We are excited to announce this inaugural annual award, honoring the tremendous work that student interest groups do in promoting the future of physiatry. Applications are due June 15, and we look forward to highlighting medical students' efforts in supporting inclusion and opportunities within physiatry.

NEWSLETTER:

Sign up for the AAP MSC newsletter at www.physiatry.org/MedicalStudents to never miss an opportunity! Want to be featured? Highlight your passions by contributing to our new section: "Get to Know Us: Passions Outside of Physiatry"! Additionally, if you have anything else you'd like to share, we are always looking to include new voices and experiences. If interested, please email aapmedicalstudentcouncil@gmail.com.

TWITTER:

Follow @AAPhysiatry_MSC to stay up-to-date on the above opportunities and build connections within the PM&R community!

REHAB REWIND

The Road to Chair with Clinton Faulk, MD

We are bringing you excerpts from popular podcasts in each issue of *Physiatry Forward!* Recently, we interviewed Clinton Faulk, MD. He is the Program Director and Chair of ECU's Physical Medicine and Rehabilitation and Director of the Wound Care Center. Hear this full "Road to Chair" podcast and browse all of our AAP series at www.physiatry.org/podcasts.

Q. Let's jump to the beginning. Why did you get into medicine to begin with?

Nobody in my family had done medicine before. So, in college, I just had to do something medical related. I wasn't sure what that would be — physician, physician assistant, or something in that area? So I did respiratory therapy and pre med and respiratory care. After my first two years, I got certified as a student respiratory therapist and started working at Georgetown Hospital in Washington DC, on the weekends and nights, and then became fully certified and graduated with my degree and went on to work full time as a respiratory therapist at shock trauma in Baltimore. That was my introduction into getting into medicine. But I found that it didn't quite fulfill everything that I wanted to do. It was a great field but not where I wanted to finish my career, I wanted to go further into medicine.

Q. At what point did you discover PM&R?

As I went through medical school and my training, I didn't have any PM&R exposure, which is very common for medical students today as it was back then. And I did some research and while I was doing my clinicals in the Washington DC area, I had an opportunity to do a physical medicine and rehabilitation rotation as an elective. A lot of people chose the traditional electives that a lot of people do, and I decided to do electives in areas that I didn't know much about. When I did my rotation in PM&R, it opened up a different door of medicine that I hadn't seen before.

Q. What did you do in residency to prepare yourself to take on leadership roles?

I was chief resident my fourth year and so I felt that I wanted to do a leadership role. I'm not somebody that likes to get up and talk a lot, but I like to strategically plan and talk when necessary. And so I felt that I can grow into some of these roles. And so, being a leader, I think, takes different avenues. Some people, they say, are born with it, some people develop it. I'm not sure which one I fit into as far as that's concerned, but I think it's something that had to grow into the experience and comfort level.

[JUMPING WAY FORWARD]

Q. After a rigorous selection process [at ECU], you were ultimately named as our Chair. Have you enjoyed the job as Chair? Do you like where you are at now in your career?

I do. Yeah, I think it all comes kind of full circle. I did have to give up some of my clinical care. That was a hard transition for me because I was used to being on the floor. But I felt that it was a duty of mine that if I'm asked to do a certain role, and I think that I can do it, then need to take that next step in my career. It's been more than challenging. The COVID pandemic also happened right when I became chair. I thought a lot of things that I initially wanted to do had to take a back seat. Maybe later on in my career, I'll be going back to some other patient care needs. I thought when I was Program Director that if I was going to be as Chair one day, I'd want to do both, at least for a while. I think sometimes there can be a disconnect between a Rescue Training Program and the Physician Hospital Administration. I thought I can better represent the Rescue Training Program if I could do both positions.

Q. You've spent your entire career, since your residency, at ECU. What made you want to spend your entire career at one institution? Is that something you'd recommend to others?

I didn't know what the future held, I first moved here from my residency training. As I was here, I did have two children born and realized that I liked the area. My wife liked the area for young children. That doesn't mean I had to stay in North Carolina for any reason… but thought this is a good place to give it the first start. I felt confidence in it for my family. I felt the program was willing to mentor me and focus on how I can be better in [it], as well. I didn't know it would lead to being Chair one day. I have looked at other opportunities through the years, which I think other people do as well. It's healthy, once in a while, to see what else is out there. Sometimes you'll realize that what your current position is may be better than what you're looking for. My decision typically would fall to what's best for my family first, and then fell to what my career was second. That's why I chose to stay here.

A Sense of Belongings: Christine Groves, 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 Christine Groves, MD, MPH. Dr. Groves is practicing full-time in Nepal. She moved there in 2014 and is one of two PM&R doctors in the entire country. Dr. Groves works clinically and teaches at the Spinal Injury Rehabilitation Centre, the largest inpatient rehab hospital in Nepal. She is also affiliated with Indiana University School of Medicine, Department of PM&R.

1. **Leather tote:** Handcrafted by artisans in the high desert region of Mustang, Nepal. It reminds me daily of the beauty and creativity intrinsic to every culture.
2. **Sourdough starter:** Bread baking has long been an enjoyment of mine. Preparing and sharing meals with friends and family is one of the most restful, enjoyable ways I spend time.
3. **AeroPress:** Hands-down the best cup of coffee is brewed with an AeroPress. Portable and indestructible, this tiny invention has kept me caffeinated and warm, whether at the office or trekking in the Himalayas.
4. **Passport:** I don't take lightly the doors this passport literally opens. Experiencing diverse countries and cultures has shaped me since my first journey abroad as a French student at age 17.
5. **Running shoes:** I love the simplicity of an outdoor run after a long day at work. No gym or special equipment needed. The fresh air, physical exertion, and time alone help me process the day and wind down for the evening.
6. **Smartwool Socks:** I've flown my share of 14-hour flights and hiked a few multi-day journeys. These socks are superstars! Never wearing out and seriously never smelling, they go with me everywhere. (No financial disclosures here — just a loyal fan.)
7. **AirPods:** I have a 90-minute commute both ways. Listening to lectures, podcasts, and music makes the time more enjoyable and productive. AAP, keep those podcasts coming!
8. **Journal and a pen.** I start every morning, however brief, with a few quiet moments of prayer and journaling. This time is invaluable. It grounds me in a greater story and reminds me that life isn't about…well...me.
9. **Guitar picks:** I'm not a skilled musician by any means, but took up playing acoustic guitar while studying the Nepali language intensively in 2014. The last thing I wanted to do after a full day of work and language learning was open a book. Getting lost in the music was a unique gift during that season — one I still continue to enjoy.
10. **Reflex hammer:** hands-down my favorite clinical tool. Even ten years into practice, I'm still amazed how much we can learn from a detailed physical exam.

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