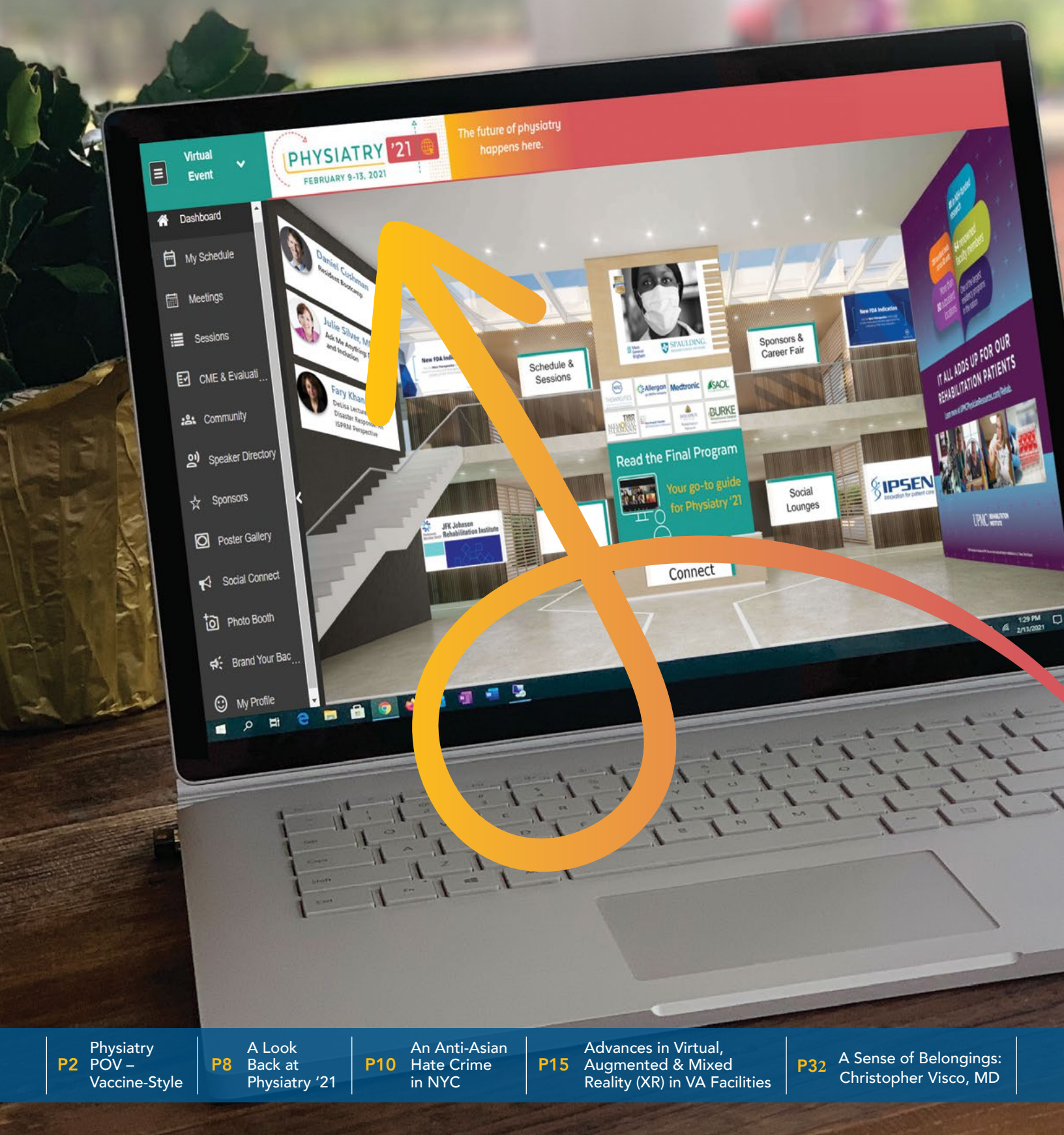
Physiatry FORWARD

SPRING 2021 | AAP'S MEMBER MAGAZINE

Association *of* Academic Physiatrists

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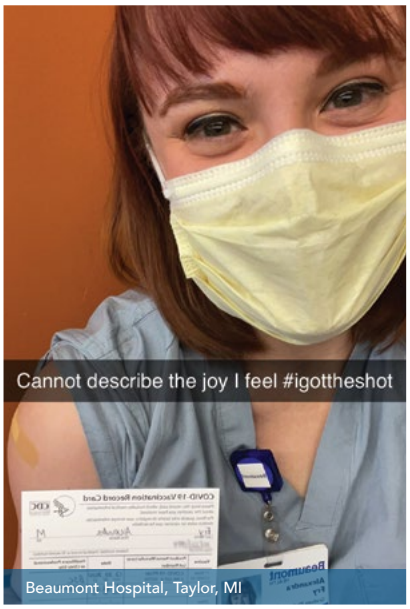
Johns Hopkins University, Baltimore, MD

Marianjoy Rehabilitation Hospital, Wheaton, IL



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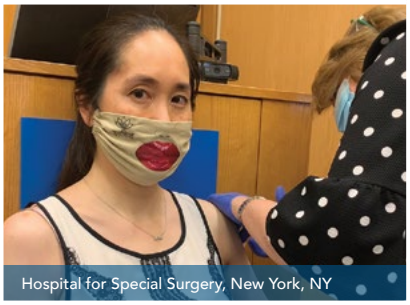
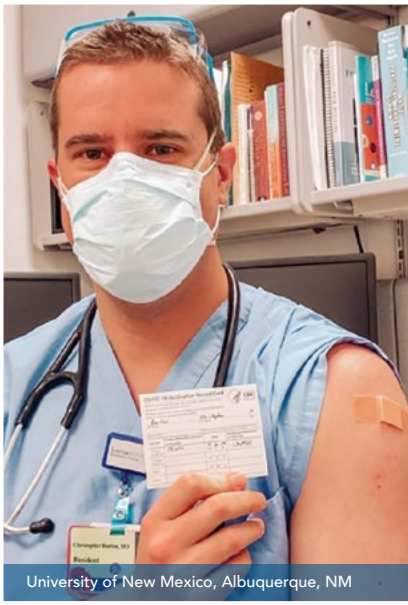
Montefiore Medical Center, Bronx, NY

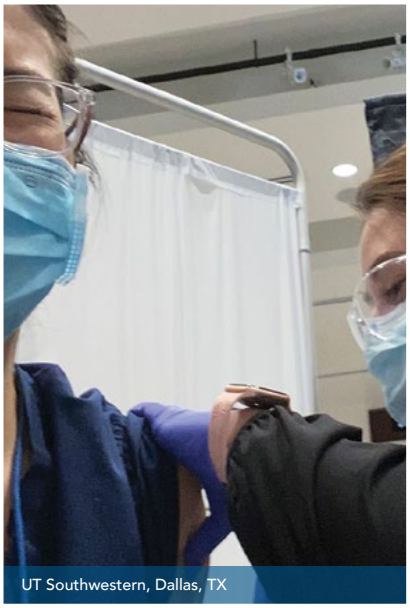

Burke Rehabilitation Hospital, White Plains, NY


Hospital for Special Surgery, New York, NY

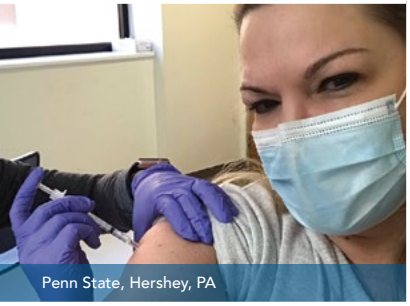
PHYSIATRY POV: VACCINE-STYLE


University of New Mexico, Albuquerque, NM


Penn Medicine at Rittenhouse, Philadelphia, PA


UT Southwestern, Dallas, TX


Temple University


Penn State, Hershey, PA


Penn State, Hershey, PA


University of Toledo, Toledo, OH

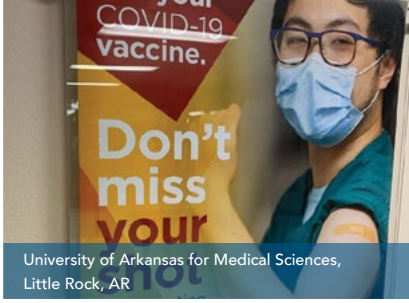

Rush University, Chicago, IL


Shirley Ryan AbilityLab, Chicago, IL

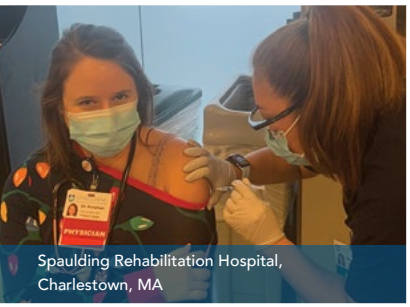

University of Arkansas for Medical Sciences, Little Rock, AR


University of Louisville, Louisville, KY


University of Kentucky



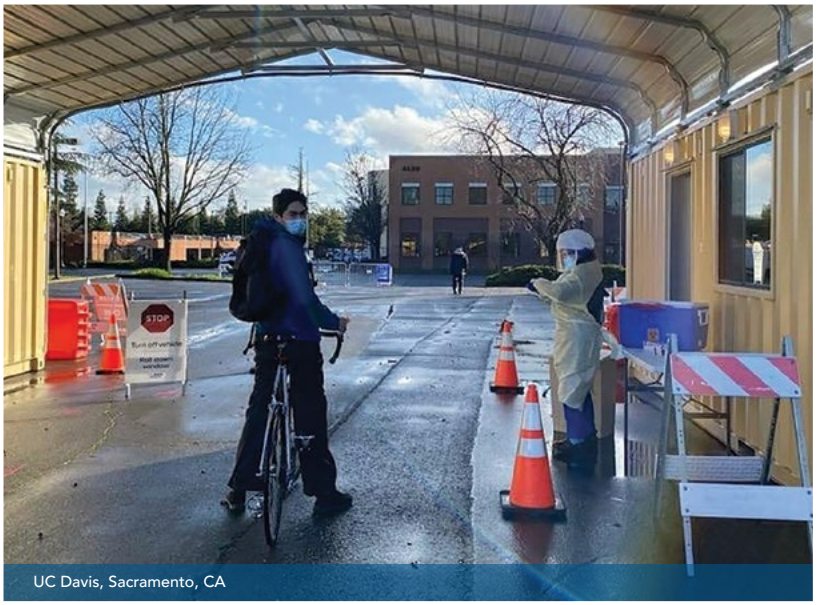
University of Arkansas for Medical Sciences, Little Rock, AR


Spaulding Rehabilitation Hospital, Charlestown, MA


UC Davis, Sacramento, CA


University of Miami, Miami, FL

University of Missouri, Columbia, MO

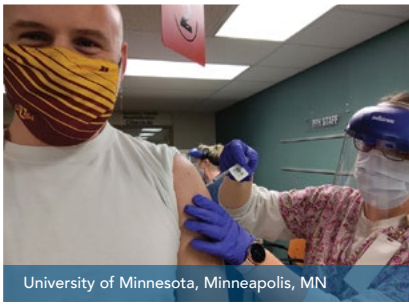


UC Davis, Sacramento, CA


Tower Health, Wyomissing, PA


Spaulding Rehabilitation Hospital, Charlestown, MA


UT Health Science Center, Houston, TX


University of Minnesota, Minneapolis, MN

Vanderbilt University, Nashville, TN


UT Health San Antonio, San Antonio, TX

University of North Carolina, Chapel Hill, NC


UT Health Science Center, Houston, TX

Physiatry Forward, the AAP's member magazine

We are amazed every day at the resilience of AAP members. This issue celebrates and uplifts those stories of grit and adaptation — from Anti-Asian hate crimes and the disastrous Texas snowstorm to conversion to a virtual world. You will also find articles that demonstrate your adaptation to new technologies such as XR and adaptive wear. We are also proud to bring you new words of wellness, a behind-the-scenes look at the new Secretary/ Treasurer of our Board, and much more.

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@physiatry.org.

Jackie Dilworth
Marketing & 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 Jackie Dilworth, Marketing & Communications Manager, at jdilworth@physiatry.org.

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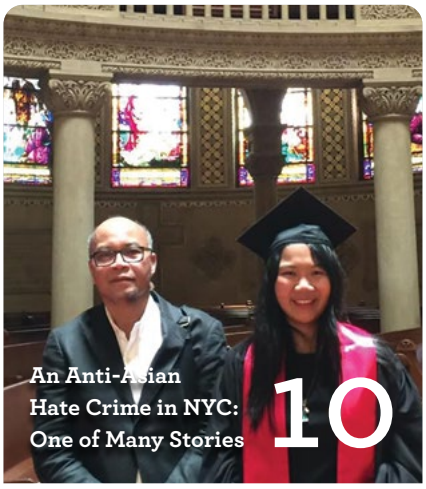


ON THE COVER

1,470 people tuned in from all over the globe to participate in Physiatry '21 this past February

Contribute to our Summer issue of *Physiatry 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@physiatry.org.

PHYSIATRY '22

The future of physiatry happens here.

New Orleans, LA
February 1-5, 2022

SAVE THE DATE

The future of physiatry happens here.

Join renowned leaders and rising stars at the premier conference for academic physiatry. Physiatry '22, the AAP's 2022 Annual Meeting, will offer you five days of unparalleled scientific learning, sharing and career advancement opportunities.

"The AAP Annual Meeting is the most important and beneficial meeting that I attend. As an educator, administrator, researcher and clinician, I always come away with actionable ideas and content."

NOMINATE A PEER FOR AN AWARD
April 15 - June 15, 2021

SUBMIT AN ABSTRACT
May - September 2021

REGISTER
September 2021

"The AAP Annual Meeting is the most important and beneficial meeting that I attend. As an educator, administrator, researcher and clinician, I always come away with actionable ideas and content. This meeting is a must for any academic physiatrist and for all physiatrists in training."

WWW.PHYSIATRY.ORG/2022

FROM THE PRESIDENT

Gwendolyn Sowa, MD, PhD

It is with great humility and pride that I write this first column for *Physiatry Forward,* standing on the shoulders of giants. As I reflect on our previous leaders in the AAP, I am thankful to all of the mentors that I have had through this wonderful organization. In particular, our immediate Past President Adam Stein, MD inspired us through a year like no other. His calm and confident guidance of the AAP, topped only by his courageous leadership of his own department in New York at the epicenter of the pandemic, was extraordinary. I am also in awe of our members, who went above and beyond to support each other through these challenging times. As we reflect on what 2020 taught us — grace, patience, respect, kindness, resilience, to name a few — we also reflect on the fact that our organization is incredibly strong.

In February, the physiatry community showed up in a big way for the AAP's first virtual Annual Meeting, topped off by a dance party during Adam's magnificent presidential address. We had over 1,450 attendees, our highest attendance at an AAP meeting ever, second only to our combined meeting with ISPRM in 2020. Attendance from our international colleagues remained strong this year, as we welcomed attendees from 21 countries! While we missed the intimate breakfasts, coffees, and cocktails that have come to characterize our annual event, we learned to connect in new ways. The RFPD cocktail demo and virtual Escape Room were especially popular. Engagement was through the roof with our virtual Poster Gallery and photo booth, and Twitter blew up with 300,000 accounts reached and 2.5 million impressions of #Physiatry21! My kids tell me that is really good! While the social events were memorable, the sharing of knowledge was also strong, with 65 sessions live and on-demand and over 800 posters and scientific papers. New this year was our "Ask Me Anything" sessions which were very successful and provided a great opportunity to interact in real-time. Our Education Committee has plans to continue hosting these year-round on a variety of topics, so stay tuned. I find myself more thankful than ever for each opportunity to connect and engage, and can't wait until we can again do so in person. In the interim, we will do what physiatrists do and be creative and adapt.

The next year promises to be one of rapid and substantial change in every aspect of our lives. Let's be opportunistic. The AAP has hit the ground running in our next phase of strategic planning. It's a time for big, audacious goals. Among many things, the AAP will help to ensure and strengthen the indispensable role of Physiatry in every academic medical setting. Flexibility and innovation will be the name of the game as we strive to continue to support and link our academic community. We won't wait for the next crisis to ensure that we address disparities, inequities, and all types of barriers to our progress. We need to imitate our rapid mobilization during the last year, and be just as nimble as we were on day one of the pandemic. We will leverage our strengths in teamwork and volunteerism, and to succeed, I need to hear from you. This is your organization, and every voice needs to be heard for us to continue to grow and thrive, so reach out to me at gsowa@physiatry.org with your ideas, questions, concerns, inspirations, and accomplishments.

Until we meet again, keep in touch and take care of yourself and each other. I can't wait to see what we do next.

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

How Residents Can Become Successful in Their Training

Sam Wu, MD, MA, MPH, MBA

Ernesto Cruz, MD

Residency training is considered a major step in fulfilling one's dream to become a skilled physician. The process of applying to and completing residency training is arduous and demands not only time and effort but also perseverance from hopeful medical student applicants and matriculating resident physicians.

Residents are evaluated semiannually by their residency program utilizing milestones in six core areas in the context of their participation in Accreditation Council on Graduate Medical Education (ACGME) accredited residency programs.[1] These milestones are established by the American Board of Medical Specialties (ABMS) and the ACGME. The six areas are:

1. Patient care and procedural skills
2. Medical knowledge
3. Practice-based learning and improvement
4. Interpersonal and communication skills
5. Professionalism
6. Systems-based practice

The essence of these competency evaluations is to determine the degree in which a resident is progressing from Level 1, which is an incoming resident, to Level 4, in which they substantially demonstrate the milestones targeted for residency. There is also a Level 5, which is reached by only a few exceptional residents who have advanced beyond performance targets set for residency and this level is deemed "aspirational."

Prior to any rotation, residents and supervisors should set goals and expectations that may lead to a better understanding of the objectives of the rotation in the context of their residency training program. During the rotation, the resident should also request timely feedback from the supervisor as such feedback could lead to superior performance during the rotation. It is essential that the resident demonstrate the aptitude to convert constructive criticism from supervisors to actionable tasks to overcome obstacles that are impeding their training progression. Of note, it is a critical role of the training program to monitor supervisors to ensure that critiques of residents are constructive.

For example, the resident's case presentation should contain a succinct and focused history, pertinent physical exam, impression with appropriate differential diagnosis, and a proposal for treatment given the impression. **As a resident progresses in their training, all of these elements should become more refined,** particularly the treatment proposals. The supervisor's role is to identify areas of the case presentation that are well done and areas that could be improved. The resident should endeavor to improve future management of cases and future case presentations based on these feedbacks. In summary, when the resident assumes the role of mentee while the supervisor assumes the role of mentor (rather than a mere critic of the resident's performance), the resident will likely be positioned to be successful in the rotation and in their transformation into a skilled physician.

Sincerely,

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

Co-authored by Ernesto Cruz, MD
PM&R Residency Program Director at Temple University Hospital/ Moss Rehabilitation

References

1. The Physical Medicine and Rehabilitation Milestone Project. www.acgme.org/Portals/0/PDFs/Milestones/PMRMilestones.pdf?ver=2015-11-06-120521-480; Accessed February 27, 2021

PHYSIATRY '21

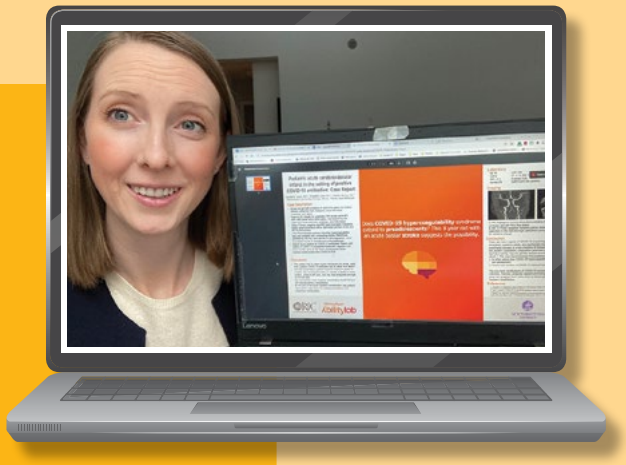
February 9-13, 2021

The future of physiatry happened here.

We did it! Physiatry '21 was the AAP's first (and hopefully last) digital conference, and we couldn't be more grateful for your enthusiasm and support. The AAP Annual Meeting keeps getting bigger, breaking yet another participation record with 1,470 people from 20 countries. From Zoom happy hours and brand-new Ask Me Anything sessions to adaptive sports medicine pearls and tips for your first job, you came eager to make the most of our virtual world. We had an incredible time learning, tweeting, laughing and even dancing with you.

POSITIVE BUZZ FROM ATTENDEES

The physiatry family continues to grow on social media! There were 1,200 posts about #Physiatry21 from 296 contributors, topping out with over 2.6 million impressions. Here's some encouraging feedback attendees have already shared in evaluations:



"I loved the exchange of knowledge with renowned professionals from countries outside Brazil."

"FROM THE HALL TO THE ROOMS AND EASE OF NAVIGATION BETWEEN THE VENUES, YOU HAD ANTICIPATED IT ALL. IT WAS REALLY COOL!"

"My AAP connections have been a real help over the past year — while everything else about 2020 seemed to work against us. Appreciating AAP more than ever."

"CUTTING EDGE, INTERACTIVE CONTENT WITH OUTSTANDING DELIVERY IN VIRTUAL FORMAT."

NEW BOARD & COUNCIL LEADERS ELECTED

Adam Stein, MD officially passed the gavel to Gwendolyn Sowa, MD, PhD, the new President of the AAP's Board of Trustees. Five new Members-at-Large were also elected. Meet them all at www.physiatry.org/Board.

The AAP's Resident/ Fellow Council (RFC) and Medical Student Council (MSC) have new leaders at their helm, and these trainees are already on their way to making a big impact! We also had some leadership changes in the Administrative Directors Council and Program Coordinators Council. Find your community at www.physiatry.org/Communities.

"THE SUPPORT AND MENTORSHIP FOR RESEARCH AND EDUCATION WERE OUTSTANDING."

"The program was exceptional for fostering connection and goodwill among attendees despite COVID-related isolation."

"THIS MEETING PROVIDED BOTH GLOBAL AND NATIONAL EXPERTS, WHICH ADDED TO THE ROBUSTNESS AND QUALITY."

SEE YOU NEXT YEAR

There is no true replacement for the AAP's in-person meeting, so save the date for what's going to be our biggest party yet: Physiatry '22, February 1-5, 2022 in New Orleans, Louisiana.

If you haven't claimed your CME credits, head over to www.physiatry.org/CME2021 to do so.

An Anti- Asian Hate Crime in NYC: One of Many Stories


Natty Jumreomvong pictured with her dad at her college graduation

By: Oranicha (Natty) Jumreornvong, Medical Student at the Icahn School of Medicine at Mount Sinai and Member-at-Large on the AAP's Medical Student Council

MY HEART THUDDED IN MY CHEST AND BLOOD POUNDED IN MY EARS. MY NAILS BLED AS I TRIED TO CRAWL AWAY. I AM NUMBED FROM THE NONSTOP IMPACTS ON MY KNEES AND ABDOMEN. MY THROAT HURT FROM CALLING OUT FOR HELP, BUT THE RESPONSE WAS DEAFENING EXCEPT FOR THE ASSAILANT'S VENOMOUS WORDS — "CHINESE VIRUS."

Growing up as a queer woman in Thailand, a homogenous country often marred by military dictatorships, censorships, and bloody coups, **I am used to violence and often see the United States as a safe haven.** However, about a few months ago, after a shift at the hospital, a woman with a child approached me and spat on my face. "Take your Chinese virus out of our country," she said.

I brushed it off. **Like many Asian Americans and immigrants, I am used to minimizing my own pain** because I did not want to rock the boat. But earlier this week, I received a phone call from my elderly father in Thailand. A former monk, he is known for his calm and gentle presence. However, for the first time in my life, his voice shook. He whispered, "Did you see the news about the Thai elderly man who was murdered? Please be careful."

Images of my elderly father bleeding and lying on a concrete floor flashed into my mind. **He had always dreamt of immigrating to America to be reunited with me after my medical training.** It could have been him who was attacked. My palms sweat at the forbidden thought. I brushed off my fear and responded, "Don't worry Papa. I go straight to the hospital and back. They won't hurt me because this country needs doctors."

A few hours later, **in broad daylight on my way to the hospital, I was assaulted and robbed** after being called "Chinese Virus." The bystanders stood in shock until I asked for one to call 911. There were a few police officers who came, but I only felt safe around an Asian officer. I am still processing the events that happened after minimizing my pain for so many years. I cannot fully describe how I feel, but I am able to share some facts.

In the past year, anti-Asian hate crimes have increased by 1900% in New York City alone and have included gruesome incidents, such as a 61-year-old Filipino man whose face was slashed, an 84-year-old Thai American who was murdered on his morning walk, and an 89-year-old grandmother who was lit on fire. Potential recommendations I implore our AAP community and medical schools across the nation to consider include:

- A statement to stand by the Asian American Pacific Islander (AAPI) community and condemning these xenophobic attacks
- Addition of "Model Minority Myth" lectures to be added to diversity and inclusion curriculum
- Provide online bystander training
- Provide reimbursements for Uber rides or other transportation options when students, residents, fellows, and faculty feel unsafe
- Provide support for students, residents, fellows, and faculty who have been affected, either directly or indirectly, by this nationwide Anti-Asian sentiment

As we continue to implement anti-racist measures and work toward more diversity and inclusion, I hope that we can also involve all groups in the discussion. **We can't call ourselves anti-racists until we acknowledge all marginalized people, including those in the Asian community.**

CARE THAT *DEFIES BOUNDARIES*

The Craig H. Neilsen Rehabilitation Hospital at University of Utah Health is reimaging and reinventing what's possible for those rebuilding from and adjusting to life-altering injuries and conditions. The Neilsen Rehabilitation Hospital is transforming the patient experience and outcomes—with a focus on hospitality and dedicated programmatic teams.

Fueled by the world class faculty of Utah's Division of PM&R, we help our patients defy boundaries through impactful, innovative technology. Our patients rediscover the outdoors in ways they never thought possible—with the Tetradapt initiative and the TRAILS Program.

- Tetradapt is a global initiative founded at U of U Health that creates, builds, distributes, and supports assistive technology products like the Tetra Ski, the world's first independent alpine ski for those with complex disabilities.
- The TRAILS (Technology, Recreation, Access, Independence, Lifestyle, Sports) program utilizes innovative technology and equipment designed and built by our medical and technical staff to provide a fun and safe environment for beginners to seasoned pros in alpine and Nordic skiing, water sports, cycling (road, mountain, and virtual), swimming, wheelchair tennis, and recoil shooting.
- Learn more how the Neilsen Rehabilitation Hospital is making a difference in the lives of patients at uofuhealth.org/neilsen

HEALTH
UNIVERSITY OF UTAH

Craig H. Neilsen
REHABILITATION HOSPITAL
UNIVERSITY OF UTAH

Conversion to a Virtual World Amidst a Global Pandemic

By: Diane Braza, MD, Sara Cuccurullo, MD, David Steinberg, MD, MMM and Lyn Weiss MD, Leadership of the AAP's Chairs Council

Many aspects of academic medicine changed nearly overnight with the onset and subsequent impact of the COVID-19 pandemic. Nearly immediately, non-patient facing staff members were reassigned to remote work, faculty and residents were redeployed to acute care units to care for COVID-19 positive patients, and outpatient visits plummeted. As the financial impact of the pandemic was felt by the healthcare industry, expense mitigation strategies were put in place. Yet, our institutions and PM&R departments faced these new challenges with courage and creativity, resulting in the development of virtual platforms for education, resident/ fellow/ faculty recruitment, patient care, and CME in the following ways.

RESIDENT & FELLOW RECRUITMENT FOR MATCH

As COVID-19 surged, the AAMC's Electronic Residency Application Service changed the resident interview process for the 2020-2021 season. In the interest of safety, interviews were changed to virtual platforms. In theory, this sounded like a straightforward approach, but it had both its upsides and its downsides.

Benefits of this approach include a decreased risk of COVID-19 exposure to the applicants and interviewers, the alleviation of concern over quarantining when medical student applicants were traveling from state to state, and a significant cost savings related to travel for the applicant (many of whom are already in considerable debt for their medical education). Reduced recruitment costs, such as receptions and lunches, were also noted.

One of the downsides of this approach was the immediate need for Program Directors to create virtual content despite strained financial and staff resources. This included the development of virtual tours, overviews, website updates, video content, and the allocation of time to engage in virtual open houses/ welcome receptions.

It is yet to be seen how this change to the interview process will turn out. It will ultimately be realized during Match Week, March 15-19, 2021, and the results may impact the future of the interview process moving forward.

TELEMEDICINE FOR PATIENT CARE

As the risk of virus transmission mounted across the country, every healthcare system faced restrictions that limited in-person visits, cancelling procedures deemed to not be "time sensitive." For physiatrists, many new and established patient visits (as well as procedural visits) were delayed or cancelled. In response, telemedicine strategies were rapidly deployed to facilitate continued provision of care. Almost all states scrambled to provide emergency medical license waivers so out-of-state physicians could legally provide virtual care to patients. Several telehealth platforms were quickly deployed, some with HIPAA compliance features but many without.

Telemedicine has some clear benefits. Most obviously, both providers and patients can be assured that there is no COVID-19 transmission risk. For patients who live far away, virtual visits are significantly more convenient and less costly. Providers can even deliver virtual care from remote sites, often from their offices or the comfort of their own homes. Providers have quickly adapted to the interfaces and have learned to assess patients and provide care.

However, telemedicine also has limitations. The convenience of remote visits is often accompanied by significant technical challenges for both parties. Internet connections and technologies often fall short. A plethora of platforms have led to a dizzying array of connectivity challenges that often lead to clinic operational inefficiencies and staff dissatisfaction. Many patients struggle to figure out how to sign in and participate in their virtual visits. Staff and physicians need to learn the specific connection steps for several platforms, and patients often experience long delays, inability to see or hear their providers, or other poor experiences. Dissatisfaction is evident in declining scores on patient satisfaction surveys. Clinic managers now recognize that virtual visit facility fees are limited or non-existent. Ancillary revenue has declined as well since patients often receive their medications, labs, or imaging services from providers outside of the academic center. Including trainees in telehealth visits has also proven to be difficult. The visits themselves have the obvious limitation to physical examination. While physiatrists have learned to virtually examine extremities, cognition, speech, mobility, and other physical features, virtual visits can never provide the same level of physical examination as an in-person visit.

Almost all providers and patients now accept telehealth as a normal part of healthcare delivery. Commercial and government insurers and policy makers have allowed these visits under emergency proclamations. However, the future of telehealth will depend on continued reimbursement and regulatory policies that allow and support their continued use.

CME

Conferences at fun and exotic locales have been converted to web-based virtual platforms. On-demand availability of CME courses has offered more scheduling flexibility for attendees. Because of this, it is possible to view two lectures that may have been scheduled at the same time. Often, the conference is available for CME credit to attendees for prolonged periods outside of the scheduled meeting time. Importantly, the cost of these conferences has decreased. Registration fees are lower and there are no airline, hotel, or entertainment/ meal costs. Yet, many physiatrists and trainees are now paying individually due to institutional expense mitigation strategies.

> "Yet, our institutions and PM&R departments faced these new challenges with courage and creativity."

In-person attendance at conferences allowed for dedicated educational time away from the office while being immersed in a more academic setting. Without this dedicated time, some may try to "squeeze in" lectures between patients and other responsibilities. They multitask and likely do not get the same comprehensive benefits of education, networking, and much-needed wellness breaks.

Virtual attendance reduces many interactions with colleagues, including opportunities for informally "bouncing ideas off each other," discussing research posters, and exploring restaurants, entertainment, or parks in the area. The absence of hands-on workshops, interactive panel discussions, Q&A sessions, and receptions also impacts learning and sense of professional well-being.

Given these pros and cons, in the future there will likely be a hybrid model for CME, allowing the advantages of both old and new.

Despite these challenges associated with pivoting to a virtual world, some true silver linings have emerged amidst the journey. We will likely see permanent changes in some areas as situations surrounding the COVID-19 pandemic "normalize."

Snowstorms & Support: Everything's Bigger in Texas

By: Derrick Allred, MD, PM&R Residency Program Director at UT Health San Antonio

One of the many benefits to living is South Texas is the weather. During resident recruitment season, we often highlight the fact that we get the opportunity to engage in typical "summer activities" during winter and spring months. Being able to comfortably go camping, hiking or fire up the barbecue in January and February is awesome! Prior to this winter, it has snowed twice in San Antonio during the ten years I have lived here, and both times (to my disappointment) the snow had melted before I could find and zip up my coat that was stored away in the back of the closet.

The snowstorm and freeze that hit Texas in mid-February was different than any of the trite snow flurries we've had during the past several decades. What started as an opportunity for everyone to post a picture on social media of their kids building a snowman quickly turned into something far more serious and prolonged than most had expected or prepared for. "San Alaska" or "Sno-vid" turned into a situation that was at the very least uncomfortable or inconvenient, and at the worse downright dangerous. **As wonderful as our city is, we do not have the infrastructure here to deal with heavy snowfall.** There are no snowplows, no salt trucks, and our citizens certainly are not accustomed to driving in icy conditions. Combined with freezing temperatures, extended and widespread power outages, a potentially compromised water supply, and flooding in homes and businesses due to busted pipes, our community faced unique challenges and risks for its citizens that also drastically affected our hospital, staff and patient care abilities.

Here is where I would like to praise those who belong to the UT San Antonio PM&R family. To begin, **here is an excerpt from an internal medicine faculty member who was supervising one of our interns** on medicine wards during this challenging week: "We were concerned that resident morale would slump [during this time], but your resident embraced positivity and saw the humor in it all. This resident developed creative solutions to every problem encountered and worked as a team to make sure every patient received the best care possible. He was cheerful, flexible, adaptable, and collaborative despite the crazy circumstances."

THE UNPROVOKED COMRADERY DEMONSTRATED BY RESIDENTS AND FACULTY LOOKING OUT FOR EACH OTHER WAS INSPIRING.

Times of trial, large or small, can amplify our best qualities. **The above statement from this hospitalist encapsulates what we all are as physiatrists at the core.** I had a chance to witness this firsthand among my "rehab family" here in San Antonio. Several attending physicians stayed in the hospital for days to ensure that care for our inpatients continued safely. Even though clinical operations were minimized to limit the need to travel for our residents, I was beyond impressed at the attitude of those on inpatient services who demonstrated admirable commitment to their patients and came to work on their own accord with a positive and team-centered attitude; especially our night float resident and interns on internal medicine services. I cannot say enough of their commitment to their calling as physicians.

What was most impressive to watch was the **outreach from those residents and faculty minimally affected** to those who were significantly affected. Some residents and their loved ones without electricity for days were welcomed into the homes of those residents who still had everything working. The unprovoked comradery demonstrated by residents and faculty looking out for each other was inspiring. It makes me grateful to be a Texan, but also a physician and physiatrist in a wonderful place to practice.

ADVANCES IN VIRTUAL, AUGMENTED & MIXED REALITY (XR) IN VA FACILITIES

By: Thiru Annaswamy, MD, MA, Section Chief at the VA North Texas Health Care System, Professor of PM&R at UT Southwestern Medical Center and Past Chair of the AAP's VA Council

FIGURE 1

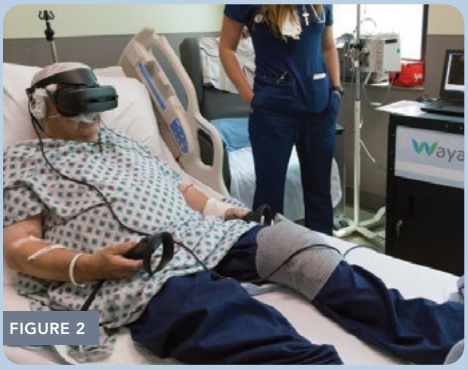


FIGURE 2

IT'S AN EXCITING TIME TO WORK IN THE VETERANS HEALTH ADMINISTRATION (VHA) AS A USER AND ENTHUSIAST OF VIRTUAL, AUGMENTED, AND MIXED REALITY (XR FOR SHORT) TECHNOLOGIES!

The VHA has made tremendous strides in incorporating XR technologies into practice. VHA's Innovation Ecosystem (VHA-IE), in collaboration with other stakeholders, has been facilitating this process and assisting in the introduction of these tools for use in VA health care facilities, including in PM&R-relevant areas such as pain management, exercise instruction and home exercise programs, physical and occupational therapy, medical training and simulation, and management of associated disorders such as post-traumatic stress disorder.[1] VA's Office of Information & Technology, Information Security and Office of Research & Development are now working with VHA-IE and VA medical facilities to facilitate more complete integration of these technologies safely and securely nationwide. Through VHA-IE, XR integration efforts have been advocated for and championed by the XR Network and Advisory Committee. VA Ventures is another new center for innovation, that will be operating as an incubator to promote collaborative innovations between VA clinicians, academia, tech start-ups, and established industry.[2] In addition, innovations in XR and other areas are supported by VA's Technology Transfer Office to assist in invention disclosure, patent applications and commercialization opportunities.

These new, innovative, and rapidly developing initiatives across the VA system are changing the future of PM&R research and clinical care. Some examples include: a) improving Veteran engagement during evidence-based treatments for chronic pain, b) treating phantom limb pain using virtual mirror therapy,[3] c) facilitating remote physical examinations in telehealth,[4] d) virtual coach-assisted home exercise programs after stroke and other chronic disabling conditions, e) assisted cognitive behavioral therapy for chronic pain,[5] and e) treating pain after burns, post-surgery, and multi-trauma.

Most of these XR applications are immersive in nature, but others are non-immersive for patients and clinical situations that may require a less "threatening" virtual environment. An example of devices and apps that are currently being used and explored for trials include Samsung Oculus and HTC Vive *(Figure 1)*. Vendors who have worked with several VA facilities and have apps and programs that are customized for Veterans' needs include Wellovate[6] *(Figure 2)* and AppliedVR.[7]

Physiatrists and other rehabilitation professionals working in VA facilities nationwide are increasingly being exposed to XR technology, which is yet another option available in their tool belt to use for the betterment and wellbeing of their patients.

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By: Alex Moroz, MD, MHPE, Chair of the AAP's Residency & Fellowship Program Directors (RFPD) Council and Associate Professor, Residency Program Director and Vice Chair of Education at NYU Grossman School of Medicine

A BALANCING ACT:

A PROGRAM DIRECTOR'S THOUGHTS ON HANDLING REQUESTS FOR RESIDENTS

IT'S BEEN TWENTY YEARS SINCE I TRAINED IN A LARGE URBAN ACADEMIC RESIDENCY PROGRAM. UPON GRADUATION, I REMAINED AT MY HOME INSTITUTION AND STAYED IN THE RESIDENCY TRAINING BUSINESS. I PROGRESSED FROM AN EAGER CHIEF RESIDENT, TO AN AMBITIOUS FACULTY MEMBER, ASSOCIATE PROGRAM DIRECTOR, PROGRAM DIRECTOR, AND VICE CHAIR OF EDUCATION.

Over the years, I have seen residency training, and our program, change in remarkable ways. I often say that I'm jealous of the current residents because of the training they are receiving today. I would love to take credit for all of the changes, but most resulted from the evolution of medical education nationally and positive regulatory changes, with a greater focus on involving residents in decisions related to their education, institutional accountability, enhancing resident wellness, and preventing burnout.

One constant remained — **as a Program Director, I found myself regularly fielding requests for new resident rotations.** The format of these ranged from informal social events to written GME proposals, with everything in between. They came from surprisingly varied sources, including residents themselves, hospital administrators, faculty, chairs and deans, and sometimes involved a great deal of political pressure.

"Participating sites will reflect the health care needs of the community and the educational needs of the residents."[1]

TABLE 1

RESIDENCY OPERATION PILLAR	ALTRUISTIC LENS	REALISTIC LENS
Recruitment & Retention	• Recruit and train the best and brightest medical students for the benefit of our patients	• Match and ranking list metrics • Recruiting residents from top 25 medical schools • Recruiting URiM residents
Regulatory Compliance	• Follow the rules because they reflect the best educational practices	• ACGME Resident surveys • ACGME Faculty surveys • ACGME AFIs/citations
Wellness & Satisfaction	• Physicians who are satisfied, rested, and mentally well perform best, are motivated to learn, and provide better care	• ACGME Resident wellness surveys • ACGME Faculty wellness surveys • Resident grievances • ACGME AFIs/citations
Readiness for Practice	• Matching residency training to future employment has positive physician and population health impact	• Internal Alumni Surveys • USNWR Alumni Votes • Doximity Alumni Votes

The majority of requests for residents to rotate at a new site reflected the health care needs of the community, through the staffing or clinical needs of the particular faculty or site leadership. **The educational needs of the residents were always part of the conversation, but rarely the primary driver for the request.** The exceptions were the ideas that came from the residents themselves, where their educational and wellness needs were often the only relevant motivation, sometimes to the exclusion of all other factors.

A combination of good intentions, long-term growth view, and a clear vision for the program was usually enough to decide if a particular request made sense and would move us closer to that vision without disrupting the other elements of the program. Occasionally, the decision itself was not enough — I needed to explain and justify, sometimes to more than one kind of stakeholder. Conveying my thinking, feelings and experience to others, who were often not familiar with residency operations, called for a bit of reflecting. A conceptual model of sorts emerged, rooted not in experiments but experience.

I realized that central to my decisions was a notion of balance. The obvious tension was between the clinical needs of the community and the educational needs of the residents. On a more granular level, each decision needed to consider the consequences for the four pillars of operating a residency program: *recruitment and retention, regulatory compliance, wellness and satisfaction, and preparedness for practice* (Table 1). Additionally, each of the pillars had to be considered through both an *altruistic* and a *realistic* lens.

I suspect most Program Directors stay in their roles, despite the ups and the downs, because they believe their work has meaningful impact on future physicians and patients. The altruistic view also aligns with typical a residency program's vision and mission statements and ACGME program aims.

In order to thrive in a highly complex clinical and GME environment, Program Directors must also be realistic. While the value of some of the outcomes in the "realistic" column is subject to ongoing debate, these are often of great importance to the medical school Deans, and are increasingly used in evaluating performance of both Department Chairs and Residency Directors.

The Program Directors reading this undoubtedly will agree that each change in the residency program leads to multiple consequences, some obvious, some becoming apparent months or years after the change is implemented. I think this model offers one way of thinking about implementing change, and perhaps a practical yardstick for evaluating proposals for new resident rotations that is as simple as the subject matter allows.

Ultimately, the decision of whether to deploy residents (to a new site, new experience or new teacher) should rest on a balance between the clinical needs of the population and the educational needs of the residents that will also advance the residency program towards its vision.

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Be the Doctor You *Want* to Be at Reading Hospital – Tower Health

Reading Hospital Rehabilitation at Wyomissing Offers a High-Quality ACGME-approved Advanced Physical Medicine & Rehabilitation Residency Program

Reading Hospital offers a long tradition of excellence in post-graduate medical education. Our collative Physical Medicine & Rehabilitation Residency program is designed to provide strong foundations in every aspect of physiatry and to ensure an abundance of patient exposure. With only four positions offered each year, our experienced faculty is able to guide our residents with one-on-one teaching and mentoring as they work with our interdisciplinary team to provide patient-centered care.

Reading Hospital is the Magnet®-recognized, 714-bed acute care flagship hospital of Tower Health and also home to the area's only Level I Trauma Center. Reading Hospital is Five-Star Quality Rated by CMS, Magnet® recognized, and recipient of Healthgrades® America's 100 Best Hospitals' Award™ five years in a row. Reading Hospital's Emergency Department is the busiest single-site ED in Pennsylvania.

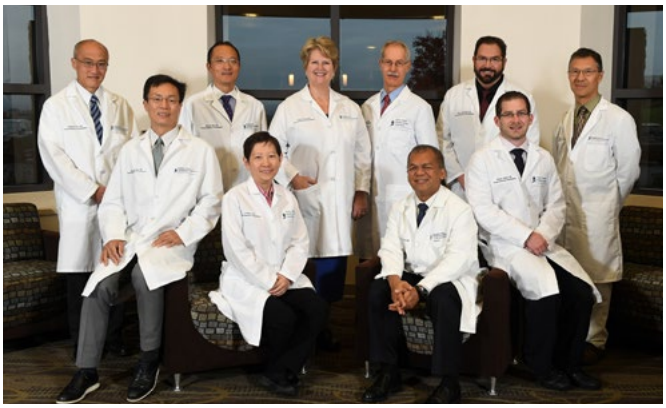
Reading Rehabilitation Hospital at Wyomissing is a 111-bed rehabilitation hospital that includes a 61-bed acute rehabilitation unit, including a secure brain injury unit, and a 50-bed sub-acute rehabilitation unit.

Located in beautiful Wyomissing, Pennsylvania, our Reading Hospital Rehabilitation Hospital is CARF-accredited in stroke, amputee, brain injury, and general rehabilitation.

Tower Health Medical Group - Physiatry is a busy outpatient practice with specialty clinics, including amputee and Parkinson's Disease. The EMG lab is AENEM-certified and performs more than 2500 EMGs per year.

Since our first residency programs were established more than 60 years ago, our commitment remains: meeting our residents' professional goals so that they can be the physician they want to be.

For more information on the Physical Medicine & Rehabilitation Residency program, contact our program administrator, Kelsey Podnieks, by emailing Kelsey.Podnieks@towerhealth.org.



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TowerHealth.org/academic-affairs/residency-programs

Fashion for Function:
Physiatry Promotion of Adaptive Wear

By: Alethea Appavu, DO, Resident Physician at Rush University Medical Center and Social Media Representative on the AAP's Resident/ Fellow Council

The field of physiatry aims to treat, protect, and provide for those with disabilities by offering patients expert medical guidance, support, resources and psychological assistance. One way in which this is accomplished is by issuing specialized equipment. An underutilized resource that physiatrists would be prudent to learn and promote is "adaptive clothing." Adaptive clothing is specifically designed to make dressing easier for those with disabilities, including spinal cord injuries, movement disorders, physical disabilities, and learning disabilities. The apparel provides ease to not just disabled patients, but also to caregivers. This modified clothing can be significantly easier to put on and can also give someone greater independence by decreasing the stress and frustration with dressing.

There was a lot of excitement when Nike released their "hands-free" shoe, the Go FlyEase, earlier this year. This line came to be after a 16-year-old boy with cerebral palsy wrote to Nike expressing his disappointment that they were not making shoes for those with disabilities. Nike originally promoted the FlyEase as a "shoe for all" rather than adaptive wear. They have since changed their marketing, but the unfortunate reality is that many companies who manufacture adaptive clothing are not widely marketing the adaptive facets of their product lines. The improvements on the lives of those with disabilities is disguised by rhetoric that the clothing is for everyone. This dampens the ability for these products to stand out as "for disabled individuals" and reach its disabled target audience. In addition, health care disparities prevent patients from getting adaptive wear. One in three adults with disabilities face financial challenges that inhibit them from receiving the care they need.[1] In the case of the FlyEase, which cost $120 a pair, many of the patients I personally see find these unaffordable.

In addition to Nike, there are quite a few companies that have started to market adaptive clothing and they all have unique stories. Here are several noteworthy ones:[2]

- **Zappos Adaptive:** This was inspired by a grandmother's complaint that Zappos had sent the wrong size shoe for a hook closure strap for her grandson with autism who could not tie shoelaces. Zappos noted a large gap in clothing and footwear for persons with disabilities, which led to the option to purchase one shoe or two different sizes in a set. Additionally, the company has made adaptive clothing, sensory-friendly clothing, and reversible clothing available for purchase.
- **Billy Footwear:** The founder of Billy Footwear became paralyzed after sustaining a spinal cord injury, losing the ability to move most of his body and limited movement of his fingers. He created a zipper that goes along the side of the shoe to the toe so that the "top" of each shoe folds over.
- **Tommy Hilfiger Adaptive:** Tommy Hilfiger's children have autism and he created a clothing line for children with autism and special needs, which focuses on modifying traditional buttons to be magnetic or replacing them with zippers or velcro.

In addition to these companies, Target, Uggs, American Eagle, FFORA (Fashion for All), IZ adaptive and many more have developed and sell adaptive clothing/shoes.

So, what do we do about it? This is our field; this is our duty. In her TED Talk, Mindy Scheier referenced Karen Pine's book, *Mind What You Wear: The Psychology of Fashion*. In it, she says you adapt the characteristics of the clothes you are wearing. We feel good when we wear comfortable clothes that give us confidence. As Physiatrists, we must continue to advocate for the population we serve. We need to promote the use of adaptive wear and clothing to our patients to improve the quality of their lives and make them feel they are included. We must also work to make adaptive wear accessible to ALL of our patients.

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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 new Subcommittee Chair, Theodora Swenson, MD, at theodora.tran@vumc.org.

FEATURED WORKOUT

Perform the exercises in each round 4 times before resting and moving on to the next round! See the full workout at www.instagram.com/p/ByELoq8FnhC.

ROUND 1

- **8 Split Squat Jumps** - Step one foot back, bending both knees and nearly touching your back knee to the ground. Make sure to keep your front heel on the ground. Explode up and jump out of the lunge, switch your front and back legs in the air, and land in a lunge position with the other foot forward. (Of note, the video includes box squats instead of split squat jumps, but this was changed to be able to be performed at home.)
- **8 Romanian Deadlifts** - With feet hip-width apart, stand holding a heavy weight in each hand. With slight bend in the knees and straight back, lower weights down the front of your legs to just above the floor and then stand back up while keeping your back straight.

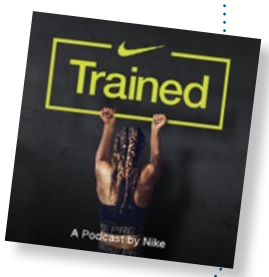
ROUND 2

- **16 Band Pull-Throughs** - Attach a resistance band to a stable object at approximately hip height. Standing a couple feet from the attachment facing away with feet slightly wider than hip-width, grab the resistance band between legs and bend knees, bringing arms through the legs. Stand up straight and squeeze glutes, and repeat.
- **16 Sit Ups** - With soles of feet touching and knees open to the side, lie down on back and sit up to touch in front of feet, and repeat.
- **16 Russian Kettlebell Swings** - Stand with feet slightly wider than hip-width with a kettlebell approximately one foot in front of you. With straight back, bend down and grip the KB with both hands keeping arms slightly bent. Hike the KB through your legs and then quickly extend your hips and squeeze glutes, resulting in the KB swinging forward to eye level. Do not use your arms to pull the KB up - the natural motion of your hips will raise it.
- **16 Ice Skaters** - Leap off of left foot over to the right, landing softly on bent knees with left foot behind right and left arm reaching toward floor. Repeat on the opposite side.

PODCAST REVIEW

TRAINED: How to Make Your Goals Stick, Part 1 by Nike

In this podcast, Nike senior director of performance Ryan Flaherty sits down with athletes, researchers, physicians, trainers and other experts to reveal the most powerful, practical and surprising lessons in holistic fitness. This episode focuses on setting strong, long-lasting goals. Nike interviews nutritionist John Berardi, PhD (founder of Precision Nutrition) and Megan Jones Bell, PsyD (psychologist and Chief Science Officer at Headspace) to get their advice for creating actionable change in nutrition and mindfulness.



RESIDENCY WELLNESS INITIATIVE

Subcommittee partnered with Sara Cuccurullo, MD to host over 60 residents and fellows for a virtual discussion about navigating job interviews, offers and contracts in January 2021. The recording is now available on the AAP's Virtual Campus. Stay tuned for future webinars hosted by the RFC Well-being Subcommittee.

FEATURED RECIPE

Fast & Delicious Guacamole (SINGLE SERVING)

Source: Allison Schroeder, MD

When you are stretched for time and don't want to chop veggies or get out all of your spices, this recipe can satisfy your guac craving in just a few minutes!

INGREDIENTS

- 1 avocado
- ¼ - ½ tsp "Everything but the Elote" Seasoning
- ¼ - ½ tsp lime juice

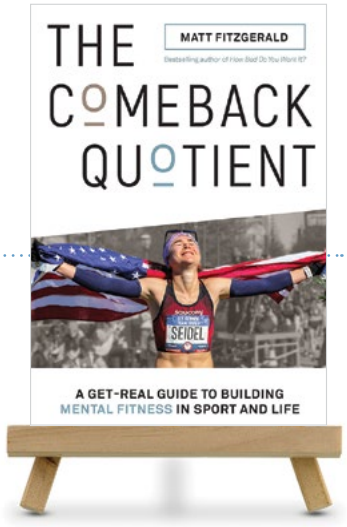
INSTRUCTIONS

- Chop and mash the avocado in a small bowl
- Add seasoning and lime juice (season to desired taste)
- Enjoy with your favorite tortilla chips

BOOK REVIEW

The Comeback Quotient by Matt Fitzgerald

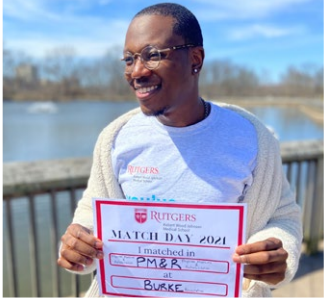
Written by celebrated sports writer Matt Fitzgerald, this book highlights a commonality among athletes who defy odds and achieve success. Fitzgerald identifies those who triumph amidst challenges as "ultrarealists," people who accept, embrace, and address the reality of their situation in order to overcome difficulties. This book combines personal stories with scientific evidence behind how we perceive challenges we face and aims to arm readers with tools to "make a comeback" at any stage in life's journey.



Shout-Out to Our Team

The RFC Well-being Subcommittee would like to thank those of you who attended our events, read our column, and shared feedback with us in 2020 and 2021! We look forward to welcoming our new Subcommittee members this Spring and stay tuned for many more exciting initiatives to support your holistic wellbeing.

Special Look at Match Day


RUTGERS
MATCH DAY 2021
I matched in
PM&R
at
BURKE


I MATCHED!
IN Physical Medicine & Rehabilitation
AT Beaumont Royal Oak


I MATCHED!


DOCTORS
FROM
BEST TO WORST
I MATCHED!
PM&R
UNMC - NEBRASKA


MATCHED


SAINT LOUIS UNIVERSITY
CLASS OF 2021
I MATCHED
in PM&R
at University of Nebraska


I matched
PM&R
I MATCHED!
PM&R
STONY BROOK


I MATCHED!
IN PHYSICAL MEDICINE + REHAB
AT RUSH UNIVERSITY MED CENTER


I MATCHED!


I matched in
PM&R
@ University of Kentucky #GoCats
LMU DeBusk College of Osteopathic Medicine


Match Day!
I MATCHED!
At University of New Mexico


COVID


I Matched!
at University of Washington / Santa Barbara Cottage Hospital
in PM&R


2/2
I MATCHED!
IN PM&R


I MATCHED AT
UC Davis
IN
Physical Medicine & Rehabilitation

2021


SCHOOL OF MEDICINE
UNIVERSITY OF UTAH
U
T


I MATCHED AT
MAYO CLINIC


STRETCH
MATCH DAY 2021


I Matched!
PM&R
COLORADO


My Dad
matched
IN PM&R @ MEMORIAL
HEALTHCARE SYSTEM,
FL


Match Day 2021
I matched in:
PM&R


I Matched At...
NYP-Columbia/Cornell
in PM&R
URMC in PRELIM IM


NEXT STOP...
Prelim MOUNT AUBURN HOSPITAL
PM&R SPAULDING


I matched in
PM&R
at
UNIVERSITY of PITTSBURGH MEDICAL CENTER (UPMC)
#DCOMmatch #MatchDay
LMU DeBusk College of Osteopathic Medicine


I MATCHED IN:


I MATCHED!
IN Physical Medicine & Rehab
AT Baylor College of Medicine


I MATCHED
INTO PM&R
AT RUTGERS


I MATCHED!
PM&R
UT San Antonio
#WEDOMATCHDAY


I MATCHED
PM&R
AT
JOHNS
HOPKINS


I MATCHED!
PM&R
Wash U


RUTGERS
MATCH DAY 2021
I matched in
PM&R
at
Thomas Jefferson


I MATCHED
IN PM&R
AT Penn State University


I MATCHED!
IN PM&R
AT NYP-Columbia/Cornell
I matched!
Pediatrics
NYP - Cornell

Medical Students Need Disability Education, Too!

By: Yelim (Krystal) Chung, Medical Student at SUNY Upstate Medical University and Education & Mentorship Representative for the AAP's Medical Student Council

One in 4 patients have some form of disability.[1] Patients with disability (PWD) face significant barriers to health care, carry numerous unmet health needs, and experience poorer health outcomes compared to the general population. Research and the anecdotal experiences of PWD report that insufficient physician training plays a big role.[2] The negative attitudes and outdated beliefs regarding the impact of disability on the patient acts as a barrier to provision of quality health care. Despite this, physicians-in-training, such as medical students, are offered little to no exposure to disability education.

In the summer of 2019, I had the opportunity to participate in the AAP's Medical Student Summer Clinical Externship (MSSCE) with my home institution's PM&R department. What started as a minor interest became the turning point in my career and academic interests. For the first time in medical school, I was asked about 'disability'—what is it? What comes to mind? The only picture that came to mind at the time was a person in a wheelchair. Within the next eight weeks, I grew invested in a vigorous schedule of clinical rotations, workshops and additional disability teachings. The educational initiatives included journal club, guest speakers with physical and communicational disabilities, and raw discussions to address misconceptions. **By the end, I was grateful, yet equally disappointed.** This opportunity completely changed my assumptions and will redefine how I provide care in the future. However, had I never signed up for the MSSCE program, I would have never developed this level of understanding. How many of my peers could also benefit from such discourse and why is there no such material in our curriculum already?

No exposure means no understanding, which can lead to hesitation, discomfort, fear, and avoidance. The lack of disability education in preclinical years translates to difficulties in 3rd year clerkships and beyond. It is at this time that we are exposed to real patients who may not

> "Disability can be a confusing, scary topic. I believe it can become approachable if students have a safe space to share preconceived ideas, ask the difficult questions, hear about real experiences, and learn to look beyond the disability while treating their patients."

Yelim Chung pictured at AAMC's 2019 Annual Meeting where she led a roundtable discussion on "increasing disability education in medical school."

fit in our standardized patient models. On the hospital floors, I have noticed a few ways by which medical professionals avoid confrontation with PWD. Some have kept patient encounters short due to communication or equipment barriers, avoided asking certain questions that risk being offensive, or assumed that certain patients cannot possibly exercise or be sexually active. In neurology, we had an entire day of training on the neurological exam, but ultimately felt inadequately trained to perform the test on actual patients with focal deficits. None of the standardized patient exams prepared us for history-taking from patients with dysphasia or examining those with spasticity. When I presented on "Barriers to Perinatal Care in Women with Physical Disabilities" during by OB/GYN rotation, several audience members were surprised to hear that pregnancy can be safe or even possible in a patient with spinal cord injury. Dare I mention the many heart-sinking moments when health care professionals would use terms such as "wheelchair bound", "difficult patient", or even "crippled"?

Disability can be a confusing, scary topic. I believe it can become approachable if students have a safe space to share preconceived ideas, ask the difficult questions, hear about real experiences, and learn to look beyond the disability while treating their patients. As an MS3 looking back on my time in medical school, **I have identified numerous ways to sprinkle disability education into the curriculum.** During pre-clinical years, students should be invited to explore and rewrite their personal understanding about disability. This can be done by inviting guest speakers, using standardized patients with various disabilities, and holding ethics classes focused on topics of quality of care. Gaps within or between clerkships can be used for teaching sessions and interactive workshops focused on developmental and acquired disability, common medical complications, patient transfers, or modified physical exams. Ultimately, there is a greater need for interdisciplinary opportunities and more time with rehabilitation on rotations!

My understanding of disability is limited and only newly developed. However, my patient-centered experiences as a MSSCE participant and the work I've done with the Upstate Disability and Health Research team have tuned me into thinking critically about disability education in medical training. Difficult discussions early on allowed me to identify my shortcomings and fueled me to demand more from my education. I hope this article can encourage my peers to do the same.

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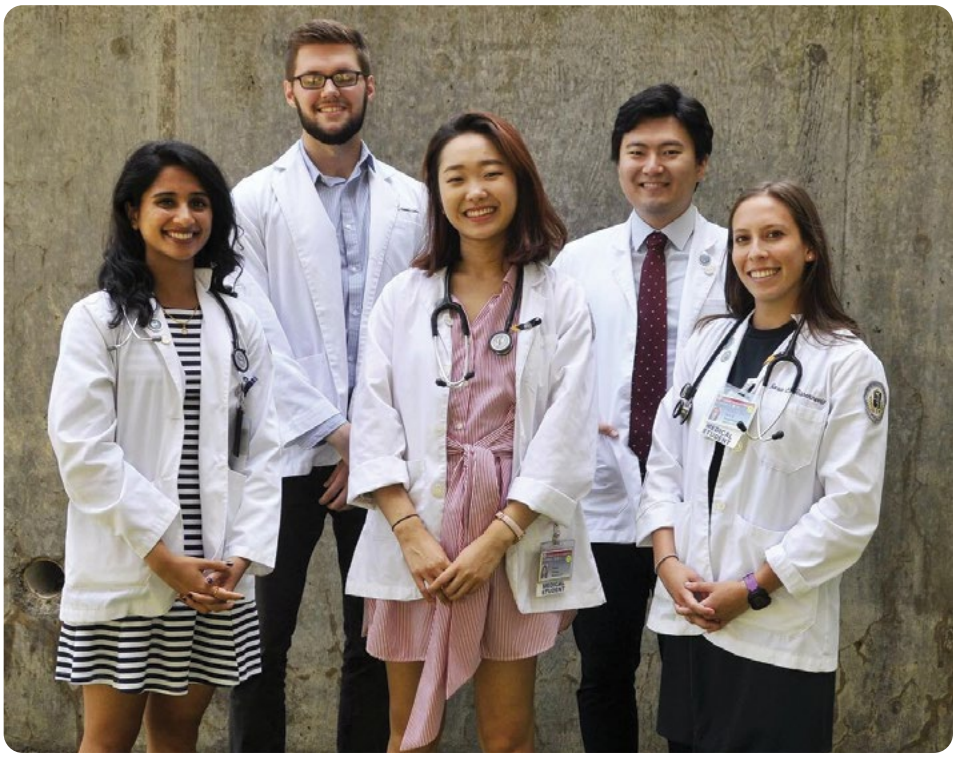


Yelim Chung pictured with fellow AAP MSSCE program participants at SUNY Upstate

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 continues to have impact the nation and world. We hope that you and your family, staff, and patients are all doing well. The Virtual AAP Annual Meeting was a first for us all and was very successful! The Chair Council's business meeting and program took place on Friday, February 12th. Thank you to everyone who participated. Here's what was covered.

Chair Council Podcasts

- What's available at www.physiatry.org/podcasts:
  - Leveraging Electronic Health Records for Research Purposes with Andrea Cheville, MD and Lyn Weiss, MD
  - Managing People: The Most Difficult Part of Your Job with James McDeavitt, MD and Diane Braza, MD
  - Show Me the Money with Greg Worsowicz, MD and David Steinberg, MD, MMM
- Future topics will include bringing philanthropy to a PM&R department, world history of PM&R, and building a culture of innovation. Contact me at sara.cuccurullo@hmhn.org if you have other suggestions for future podcasts.

Burnout & Wellness Survey

Following the 2019 AAP Chair Council meeting, a workgroup was convened to assess current state, resources and strategies to mitigate burnout and enhance wellness. The survey was IRB-approved and developed with support from the University of North Carolina. THANK YOU to all those that responded. David Steinberg, MD, MMM and Joshua Alexander, MD did a comprehensive review on Best Practices for Mitigating Burnout and Promoting Wellness as part of the Physiatry '21 Chair Council Program, in addition to presenting the results of the Burnout and Wellness Survey. The program was very well received and will be considered for future write up.

Performance Improvement Project (PIP) on Wellness

ABPMR is working on expanding member options for the Part IV MOC requirement to complete a Quality Improvement Project every 5 years to maintain certification. They want to develop a self-directed PIP related to Wellness and Burnout that could be applied to an entire department. As such, ABPMR has requested that the AAP's Chair Council partner with them to develop this PIP since we are substantially engaged in the topic of burnout. Council leadership worked on this exciting project and sent a final draft of the Burnout PIP for them to review. More to come!

The "Amazing AAP Chair Council Email Chain" has continued to evolve during the pandemic and has grown into a tremendous resource for Chairs and Chiefs nationwide. 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. Topics we've covered recently include:

- COVID-19
- Wellness
- Resident Recruitment

In addition, a running list of Grand Rounds lecturers and topics from PM&R department around the country that has been created by Candace Street, AAP Staff. These lectures will be available for future virtual presentations upon request by departments all over the country.

Your Chair Council Leadership,

Sara Cuccurullo, MD, *Chair*
Lyn Weiss, MD, *Chair-Elect*
David Steinberg, MD, MMM, *Secretary*
Diane Braza, MD, *Past Chair*

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

It wasn't what we've come to expect, but the AAP's Annual Meeting was a huge success! It was amazing to see not only the amount of people that attended sessions, but also the amount of interaction that there was over the virtual platform. I, perhaps like many of you, was unsure what the meeting would be like, but I felt as stimulated by the conversations and experiences as ever!

Attendance and participation in the RFPD Pre-Conference Workshop was no different. We had well over 80 participants each day. The Zoom chat was particularly popular and allowed for real-time feedback and a lot of questions to be answered. The RFPD had a jam-packed agenda that included an ABPMR update by James McDeavitt, MD. It also included our annual recruitment update by Michael Saulino, MD that showed that PM&R continues to become a more competitive specialty each year and that PM&R-related fellowships are also doing well. We heard updates from the GME Summit and discussed Shared Educational Resources by Greg Worsowiscz, MD and Joseph Burris, MD respectively. There was also a very powerful panel discussion with several Chairs including Adam Stein, MD, Joseph Herrera, DO, Matthew Bartels, MD, MPH, Sara Cuccurullo, MD, Steven Kirshblum, MD, Mooyeon Oh-Park, MD, MS and Joel Stein, MD. These chairs shared their experiences during the height of the COVID-19 pandemic in NY/NJ and shared invaluable advice for training programs and departments alike.

The official day one agenda concluded with the RFPD Council Business Meeting where several interesting topics were brought up, including national shared educational resources and the possibility of the RFPD creating position statements regarding recruitment in the areas of holistic application reviews, interview invites, and the use of ERAS tokens. More to come following Match Day when the RFPD will take these topics up again!

On day two of the RFPD Workshop, we were lucky to have Carolyn Fischer, MBA, Wendy Helkowski, MD and Laura Edgar, EdD, CAE to discuss updates to the ACGME as well as the Milestones 2.0. We were even able to break up into small groups focused on Patient Care, Medical Knowledge, Systems Based Practice, Practice-Based learning, Professionalism and Interpersonal & Communication skills. The small groups allowed Program Directors to get into the fine details of how the Milestones 2.0 will work and be interpreted. These Milestones are set to go into effect on July 1, 2021.

Finally, we had over 70 people sign up for the RFPD Networking Night & Cocktail Demo sponsored by Merz. Making Old Fashioneds and bantering with peers was such unexpected (and so needed) fun!

I encourage every Program Director to be sure to prioritize next year's meeting, Physiatry '22, scheduled for February 1-5, 2022 in New Orleans.

NEWS FOR MEDICAL STUDENT EDUCATORS

www.physiatry.org/MedStudentEducators

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

The Medical Student Educators Council (MSEC) continues to work to meet the needs of students with an interest in physiatry. One of the most urgent issues affecting students applying into physiatry are the changes within medical education as necessitated by the COVID-19 pandemic. **We have several ongoing projects and are excited to invite interested AAP members to get involved.**

The MSEC has worked with R. Samuel Mayer, MD to help adapt the Medical Student Summer Clinical Externship to allow for virtual participation and involving educators from across the country to provide interactive educational sessions. The Advising Program, led by myself and Ashlee Bolger, MD, will feature a series of Zoom-based advising sessions, including sessions on applying into PM&R, subspecialties within PM&R, and how to navigate the virtual interview season. Ravi Kasi, MD continues to act as the faculty liaison to the Medical Student Council, helping to coordinate their programming, which includes virtual Journal Clubs and student lectures. The other focus of the MSEC is advocacy; Margaret Turk, MD and Nethra Ankam, MD are working on the Disability Integration Toolkit hosted by SUNY Upstate, working to integrate disability education into existing medical school curriculums. The MSEC is looking for additional ways to advocate for students and disability education, such as increasing knowledge of PM&R earlier in medical school, including physiatry concepts in USMLE testing, creating an assessment tool for assessing the educational value of disability content, and having a bigger presence on social media.

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

Spring Greetings from the AAP VA Council! Thank you for joining us at the Physiatry '21 Virtual Annual Meeting, where we showcased the following modules:

- A Community Physiatrist's Guide to Providing Quality Veteran Care
- VA Research Funding Opportunities for Non-research Faculty

If you were a registered attendee, these sessions can be accessed for free on the AAP's Virtual Campus. In addition, congratulations to Thiru Annaswamy, MD, our inaugural Chair, for winning the AAP's 2021 Outstanding Service Award.

Since our Council's launch in 2017, we have hoped to improve outreach and better represent VA PM&R voices and issues. We hope to see new and familiar faces at the **next VA Council meeting on Wednesday, April 28th, 6:00pm-7:00pm EST.** The Zoom link can be found at www.physiatry.org/webinars. Our discussions will include introductions, identifying themes of VA Physiatrist concerns, priorities, common strengths and opportunities for improvement, and possible collaborations and roads for mentorship. We hope to "see" you there!

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

If you are interested in joining any of these active projects, please reach out to MSEC Chair Carley Sauter, MD at csauter@mcw.edu.

NEWS FOR RESIDENTS & FELLOWS

www.physiatry.org/ResidentsFellows

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

In the midst of uncertainty and constant change, our first virtual Annual Meeting, Physiatry '21, was a success! Members of the RFC hosted roundtable discussions, educational sessions, Q&As and presented posters. We appreciated the enthusiasm and participation in our virtual trivia night and had lots of fun going head-to-head in some friendly competition. As I prepare to serve as the Chair, I reflected over my year as the Vice-Chair of the RFC and was reminded of, awed and humbled by this past council's ability to adapt, grow, and inspire during the uncertainty of the COVID-19 pandemic. The creativity, teamwork, and perseverance of the council resulted in marked growth of our social media presence, the formation of a new Research Subcommittee, a new annual Essay Contest, a new Board Review podcast series, and much more. I would like to extend a huge congratulations to the new Resident/Fellow Council and Medical Student Council. The council members are from programs and schools all over the country and all have diverse backgrounds and impressive accomplishments. I look forward to working with and learning from these great minds. Thank you to the AAP staff, who have worked tirelessly over the past year to provide support and guidance to our council.

Here are the latest updates from each of our subcommittees. A**pplications are now open to join one of these subcommittees** (or the new Research one being launched this year), so head over to www.physiatry.org/ResidentsFellows to apply by April 23rd!

Wellbeing Subcommittee: The subcommittee launched a new webinar series to focus on a broader scope of work/life, financial and professional wellness. Thank you to everyone who participated in our early career job search and contract negotiations talk with Sara Cuccurullo, MD on January 26, 2021! Much more coming soon. Check out the 'Words of Wellness' column for more tips and tricks for your wellbeing.

Social Media Subcommittee: Our social media accounts were very active during Physiatry '21! The subcommittee works hard to keep members and the larger physiatry community informed and engaged. Stay up-to-date with all of the amazing accomplishments and opportunities available for residents and fellows be connecting with us on Twitter and Instagram at @AAPhysiatrists.

Digital Outreach Subcommittee: A new Board Review podcast series launched in January 2021! Check out the episodes released so far, in addition to our other series. 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.

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

I am proud to introduce the 2021-2022 AAP Medical Student Council. This group of eleven medical students has demonstrated tremendous passion for the field of physiatry, and we could not be more excited to begin working together to contribute unique initiatives to the physiatry community. Meet the new council at www.physiatry.org/MedicalStudents! Thank you to the previous council for their precedent of creativity, professionalism, and compassion in a year like none other.

To highlight their outstanding service, take a brief look into this past year: 125% increase in AAP medical student membership, 112% increase in social media following, establishment of virtual programs including Journal Club and Didactics, host of Program Director Roundtable Sessions at AAP's Summer Symposium and Physiatry '21, presentation of collaborative research at Physiatry '21, and continuation of meaningful resources including the bimonthly newsletter and Pocket Mentor podcast. We look forward to continuing to develop meaningful forms of connection for physiatry trainees, expanding our reach to pre-medical and global physiatry students, and increasing accessibility of physiatry resources. Our first step in achieving these goals was two-fold: delegating our four members-at-large to specific objectives (social media, diversity/equity/inclusion, education, and global physiatry), and creating four new subcommittee positions on the council.

HERE ARE WAYS TO BECOME INVOLVED!

Medical Student Didactics: These monthly sessions provide exposure to fundamental physiatry concepts from residents, fellows, and attending physicians nationwide. The full schedule, Zoom links, and all previously recorded sessions can be found at www.physiatry.org/webinars.

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 the full schedule and Zoom links at www.physiatry.org/webinars. 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.

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." If you have other news 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!

NEWS FOR ADMINISTRATORS

www.physiatry.org/AdminDirectors

By: Lauren Collins, Administrative Director at the University of Colorado Denver School of Medicine and Chair of the AAP's Administrative Directors Council (ADC)

The ADC had a great virtual AAP conference in February. The group is looking forward to expanding membership this coming year and kicking-off quarterly podcasts in 2021 with support from the AAP and Merz. If you would like to be added to our ADC listserv (aap-administrativedirectors@googlegroups.com), please notify Jewel Fossett at jfossett@physiatry.org. This listserv is a means to stay connected, ask your ADC peers questions about their programs and share best practices through the year.

Lastly, the following members have volunteered to lead the ADC this year:

Lauren Collins, *Chair*
Mary McDougal, *Chair-Elect*
Lacy Owens, *Secretary/ Program Director*
Amine Dahab, *Past Chair*
Jennifer Murphy, *Leadership Development & Recognition Rep*
Aaron Olsen, *Membership Rep*

If you would like to be involved in any ADC committees, please reach out to Lauren Collins at lauren.b.collins@cuanschutz.edu.

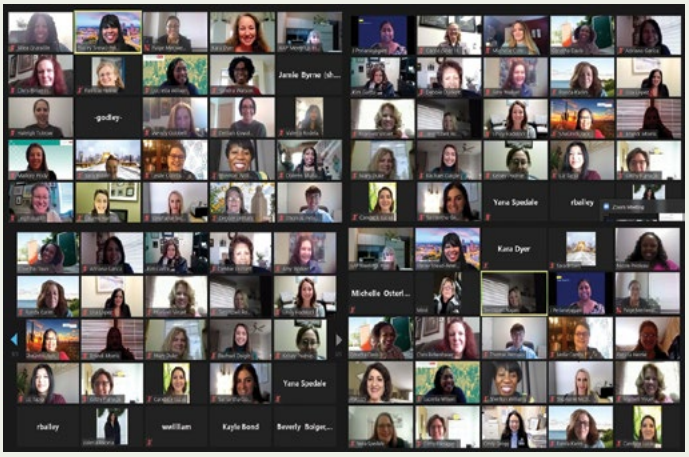
NEWS FOR PROGRAM COORDINATORS

www.physiatry.org/ProgramCoordinators

By: Stacey Snead-Peterson, MS, Program Manager at the University of Pittsburgh and Newsletter Editor for the AAP's Program Coordinators Council (PCC)

Wow! Although I know we would have preferred to be in sunny California and seeing each other in person, our first virtual meeting was fantastic! Thanks to Kara Dyer and our outstanding presenters for putting on such a great program.

Congratulations to Thomas Petruska, MS, who was voted in as the new Program Director/ Secretary for the Coordinator's Council. See our new leadership on our AAP webpage! Please contact Thomas at thomas_petruska@med.unc.edu with any ideas on presentations for 2022 and/or to sign up to present yourself.



Program Coordinators gathered virtually at Physiatry '21

Well-Being Moment

How to Not Care What Other People Think of You by @WeTheUrban

Wanting to feel accepted is in our nature, but spending too much time caring about what others think becomes toxic and can even stop you from thriving in your best life. Here are some tips to help you realize and live up to your true potential.

- Accept that not everyone is going to like you and find ways to love and be enough for yourself instead.
- Remember that people are usually projecting.
- Wish them happiness.
- Spend more time with people that enjoy your authentic self.
- Let go of perfectionism.
- Live your life. It's impossible to live up to everyone's expectations.
- Take social media breaks.
- Consider trusted opinions, forget the rest.
- Treat yourself like a friend.

ACGME Milestones 2.0

The 2.0 version of the ACGME Milestones will go into effect on July 1, 2021. Programs should start meeting with their CCC to review the milestones and supplemental guide to ensure the appropriate assessment tools are in place for the start of the new academic year. The new milestones and supplemental guide can be found on the ACGME website at www.acgme.org/Specialties/Milestones/pfcatid/17.

New Family Leave Policy from ABPMR

The ABPMR made a new Family Leave Policy for residents and fellows based on guidance from the American Board of Medical Specialties (ABMS). We hope the new policy

offers residents and fellows more autonomy and flexibility to take on important roles in their personal lives while still being able to complete their training requirements.

The existing policy allows PM&R trainees to take up to six weeks away from training annually. Starting in July 2021, all current residents and fellows in 2-year fellowships will be allowed up to an additional four consecutive weeks away from training for parental, caregiver, and medical leave without using up time allotted for vacation or sick leave or requiring an extension in training. These additional four weeks can be taken once during the entirety of training, not annually. Trainees may use this additional time off for the birth and care of a newborn, adopted, or foster child (parental leave); care of an immediate family member (child, spouse or parent) with a serious health condition (caregiver leave); or the trainee's own serious health condition (medical leave). This one-time special leave may be granted at the sole discretion of the residency Program Director. Ideally, special leave time should be considered against planned elective rotations, rather than reducing overall training time spent toward core rotations. Please reach out to the ABPMR office if you have questions or would like more information about this new policy.

Your Coordinator Council Leadership,

Cynthia Volack, C-TAGME, *Chair*
Kara Dyer, C-TAGME, *Chair-Elect*
Thomas Petruska, MS, *Secretary/ Program Director*
Stacey Snead-Peterson, MS, *Newsletter Editor*
Nicole Prioleau, *Past Chair*

COORDINATOR SPOTLIGHT: THOMAS PETRUSKA

Thomas is the Residency/Quality Improvement Coordinator at University of North Carolina in Chapel Hill, NC. Here is our interview with him.

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

I have been in my current position since October 2019, but have been in 2 different GME roles prior to my current position in PM&R!

2. WHAT IS YOUR FAVORITE AAP MEMORY?

The AAP venue itself was beautiful and very well done in 2020. My favorite part though was getting to meet so many passionate and amazing people. I sensed very quickly that we all are here together to learn from one another, and support each other to be the absolute best version of ourselves. This way, we leave better equipped to support our residents and programs. I am looking forward to seeing everyone in-person again, hopefully in 2022!

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

My Beagle baby (his name is Farmer) makes the key decisions in how I spend my leisure time. I also occasionally foster other dogs from rescue groups. I take them around to different nearby nature trails and dog parks to keep us all healthy.

4. WHAT IS YOUR FAVORITE HOLIDAY AND WHY?

This is a tough one, but I would say Labor Day is my favorite holiday. I love the late summer and early Fall, especially in North Carolina, so having one last major day off to enjoy the outdoors makes this holiday my favorite!

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

I wish I could better spotlight our residents! I love learning new perspectives and things from them, and it's one of the most enjoyable parts of my role. The level of passion, patience, and talent that they all possess towards not only improving the health, function, and well-being of our patient population, but also how to problem solve and strive for a better processes for all, is truly phenomenal. They are the future of Physiatry, and will continue to do amazing things beyond residency.

REHAB REWIND

Career Paths in Musculoskeletal & Spine Medicine

We are bringing you excerpts from popular podcasts in each issue of Physiatry Forward! Recently, Micheal Murphy, MD, member of the RFC's Digital Outreach Subcommittee, interviewed McCasey Smith, MD, Director of the Musculoskeletal/ Spine Fellowship Program and Medical Director of Spine Rehabilitation at the University of Kansas, about his career in MSK and Spine. Hear this full podcast and browse all of our AAP series at www.physiatry.org/podcasts.

Q. What your day-to-day practice looks like?

In terms of my clinical practice, I see about 80% spine and about 20% other musculoskeletal injuries. Many times, I have people who are scheduled for spine and end up being hip or shoulder pathology and vice versa. In terms of fluoroscopic procedures, I do epidurals, facet joint blocks, other joint injections, neuromodulation with spinal cord stimulators, sympathetic blocks. In terms of ultrasound procedures, I do ultrasound guided joint injections, tendon procedures in terms of for percutaneous tenotomies, hydro dissections. My goal is to be able to provide treatment for a host of musculoskeletal and spine injuries on my own.

Q. How has the pandemic affected your ability to treat your patients?

One of the other hats that I wear is I am on the Spine Governance Board for a multidisciplinary spine clinic. The biggest challenge was to make sure that we are able to provide care to patients that needed care in a safe manner. These are people dealing with real injuries, real pathologies that are affecting their function and quality of life. Not being able to provide the care that we wanted was not without unintended consequences. We had a lot of patients that unfortunately needed to go on additional medications, which may interfere with other medications and affect other medical comorbidities.

In the end, I hope that we come out in better shape than what we were before. One of those ways is the use of telemedicine. Being able to see a patient in the comforts of their own home and provide care for them has helped the efficiency. I'll do a procedure on a patient, and then like to follow up with them. They may come from Western Kansas and drive three hours to see me. Telehealth visits aren't appropriate for all visit types, but being able to use the resources that we have, I feel like we've become more efficient.

Q. What has your institution done to keep medical students and residents involved in patient care during COVID-19?

There are some common threads. From a space constraint and social distancing, we've had to be creative with scheduling of rotations and medical students. One of the challenges with medical students is that our institution [currently] doesn't allow away rotations. We've got a great program to show off, and not having that opportunity can be tough. We've tried to do more marketing and online things to try to fill that void. But the medical students still aren't able to come and get those educational opportunities. One thing that is good in the long-term is lectures… being able to transition to Zoom now [and have] residents access it from anywhere. My hope is that we come out on the other side being able to have more educational opportunities, as opposed to less.

Q. What would recommend to residents interested in pursuing an MSK spine fellowship?

The first three things I'll say is anatomy, anatomy, anatomy. I can't stress it enough that spine and musculoskeletal medicine is all both musculoskeletal anatomy and neuro anatomy. If you're trying to make physiatric decisions and assessments without knowing your anatomy, it is going to be virtually impossible to do so.

The second thing that I think is important, especially as physiatry is expanding, is being comfortable with musculoskeletal ultrasound. I think it's more and more important to make sure that you're using that. It helps reinforce being able to understand three-dimensionally where structures are, what pathology can be. Not many imaging modalities can look at objects in a 2D or 3D way and be able to look at them dynamically. One of the benefits of physiatry is that we have been adaptive and we have looked at using new technology to provide better care for the patients. I really think that puts us at an edge.

Number three would be to establish your CV to tell a story. That's what I tell all the residents that I talk to. Musculoskeletal medicine and pain medicine are competitive fields. There are a lot of people that want to do it. As the fellowship director, I look for someone who knows that they have a passion for [this work]. The more that you can do on your CV to tell that story, whether that's joining societies, meetings, giving presentations on these topics, writing papers, writing reviews, doing original research. Your CV should tell a story that tells the person reading it 'I'm passionate about musculoskeletal medicine, spine medicine, biomechanics, pain alleviation or palliation.'

A Sense of Belongings: Christopher Visco, MD

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

Christopher Visco, MD is the Vice Chair of Education, PM&R Residency Program Director, Sports Medicine Fellowship Director and Ursula Corning Associate Professor at Columbia University Medical Center's Department of Rehabilitation and Regenerative Medicine. He's also an Assistant Attending Physician at NewYork-Presbyterian Hospital and the newly elected Secretary/ Treasurer on the AAP's Board of Trustees.

1. **Marathon Pass:** These marathon credentials give me access to the tent where I have been the medical team captain for years, caring for finishers of all ages, backgrounds, and abilities. This is the sporting-event highlight of the year in NYC and definitely something I look forward to.
2. **Reflex Hammer:** The reflex hammer reminds me how important the fundamentals of medicine are. This tool works hard, and has helped me more than any piece of technology I've ever picked up.
3. **Pictures of Kids:** My kids are my heart. I recently started recounting a "case of the day" with the kids, and they love hearing patient stories.
4. **Thank You Note & Picture with Residents:** Having trainees around helps keep a fresh perspective on the practice of medicine. I can't imagine keeping up with my own lifelong learning any other way.
5. **Ear Buds:** I listen to upwards of 3 hours of podcasts a day during my commute. Hidden Brain and Levar Burton Reads are my two favorites.
6. **Juggling Balls:** Self-taught, I've been juggling for 30 years and have taught hundreds of people how. For me, it has always been more of a meditative practice than a performance.
7. **Jiu Jitsu Belt:** Training in martial arts demands hard work and consistency. This Jiu Jitsu belt reminds me of my path both on and off the mats.
8. **Journal:** Early in medical school, a mentor suggested keeping a journal as a repository for thoughts on healing in medicine. Now I enjoy jotting down all kinds of ideas, as much as I enjoy looking back at old ones.
9. **Fishing Lure:** Teaching to fish is an apt analogy in medical education. My father taught me to fish as a child, and that's when I began to learn how to learn. I still use much of his tackle when I take my kids fishing.

Johns Hopkins Rehabilitation Network

MOVING THROUGH COVID-19

Johns Hopkins Medicine is working tirelessly to find ways to better understand, treat and eventually eliminate COVID-19 and the illness that results from infection.

Clinicians in the Johns Hopkins Department of Physical Medicine and Rehabilitation devised a comprehensive rehabilitation program across ICU, acute care units, ACIR, ambulatory clinics and telemedicine for COVID-19 survivors. The goals include:

- Prevent functional decline during a hospital stay
- Facilitate functional recovery
- Manage impairments in COVID-19 survivors such as POTS (Post-Acute COVID-19 Team (PACT))
- Develop innovative strategies to provide rehabilitation, including telemedicine and hybrid approaches

@RehabHopkins

hopkinsmedicine.org/pmr

Click Below for COVID-19 Resources and News

PATIENT GUIDE TO RESTORING MOVEMENT

CORONAVIRUS RECOVERY: BREATHING EXERCISES

OUR RESEARCH

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WEBINARS

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Meet Our 2021 Award Winners

... And Nominate Your Department Stars for 2022

Help us congratulate the deserving physiatrists who received coveted AAP Awards at Physiatry '21!

SEE THEIR ACCEPTANCE VIDEOS AT WWW.PHYSIATRY.ORG/CURRENTHONOREES.

We are also accepting nominations for 2022 AAP Awards! This is a tremendous opportunity to elevate diverse and inspiring trainees, faculty and leaders within your department.

LEARN MORE AND NOMINATE BY JUNE 15, 2021 AT WWW.PHYSIATRY.ORG/AAP_AWARDS.