















Anthony Kilgore - Mayo Clinic



Physiatry POV





Magee Rehabilitation









































Physiatry Forward, AAP's member magazine

The first issue of 2024 is here! Your contributions keep us motivated and inspired, and as always, we are proud to share your stories with our wonderful community. This past year was bursting with innovation, ambition, and perseverance, and we can't wait to see what's in store for the new year!

This winter issue of *Physiatry Forward* is jam packed with updates, history, education, and so much more.

Have any stories to share or topics you'd like us to explore? Send your ideas, content, and images to lraubach@physiatry.org anytime to get featured. I can't wait to meet all of you in-person for the first time at Physiatry '24 — see you in Orlando!

Liz Raubach

AAP Communications Manager

Physiatry Forward is published four times a year by the Association of Academic Physiatrists (AAP). With a circulation of 2,600, Physiatry Forward is sent to active members of the AAP. To view past issues, visit physiatry.org/PhysiatryForward. To contribute, contact Liz Raubach, Communications Manager, at Iraubach@physiatry.org.

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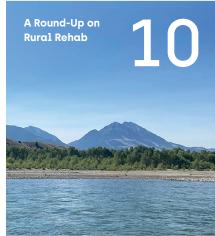
A Sense of Belongings: Sheng Li, MD, PhD

ON THE COVER

Dr. Thiru Annaswamy, Penn State PM&R Dept. Chair, participates in a Wheelchair Rugby demonstration with participants at the recent Penn State RecFest.

Photo: Jason Plotkin, Penn State Photographer







Contribute to our Spring issue of *Physiatry Forward!* Submit your photos, content, ideas, and more to Liz Raubach at lraubach@physiatry.org.

FROM THE PRESIDENT

Winter is here! This pleasant relief from the suppressive Texas heat has provided such a wonderful air of revitalization. I hope everyone had a fantastic and much deserved holiday break spending time with friends and family and recharging for the new year.

The new residents have settled in, and we have begun a new fiscal year. Departments across the country are welcoming new faculty at a time when academic medicine in the field of physiatry continues to grow. During this exciting time, the AAP would like to continue to reach out to those who are new to the academic world with materials for improving teaching or beginning a career in research.



Karen Kowalske, MD, PhD

We will be launching a faculty outreach campaign in the coming months to warmly invite those who are new to academic physiatry or otherwise affiliated with an academic institution to our welcoming and thriving membership community.

This last year at the AAP has been very successful. As many of you have noticed, our committees, councils, and other working groups are more active than ever offering a wealth of current and upcoming knowledge, networks, and opportunities on all things physiatry. Our podcast bank continues to grow and evolve, providing fascinating and relevant discourse for those hungry to learn more on the go or from the comfort of your home or office.

With the recent launch of the Physiatry Foundation, the Physiatry Foundation Advisory Bureau (FAB) is proud to aid in creating a future that is diverse, compassionate, skilled, and thriving through funding innovative education and leadership programs.

The Board is energized and ready to make this year amazing — we can't wait to bask in the Florida sunshine with you soon at Physiatry '24 in Orlando. If you haven't registered yet, there is still time!! Sincerely,

Karen Kowalske, MD, PhD

Professor of PM&R, UT Southwestern Medical Center

President of the Board, Association of Academic Physiatrists

THE CLOCK IS TICKING, IT'S TIME TO REGISTER FOR PHYSIATRY '24



February 20-24, 2024 Orlando, FL Rosen Shingle Creek Hotel

We know you're counting down the minutes. Physiatry '24 is happening February 20-24, 2024 in Orlando, FL.

Our meeting provides a springboard for building networks, careers and collaborations — an awesome responsibility and a privilege. There is no substitute for the in-person learning, networking, social activities, and spontaneous encounters that make our meeting so special.

HERE'S WHAT YOU CAN EXPECT:

- HAND-PICKED EDUCATIONAL SESSIONS covering everything from diversity in the field to utilizing Al
- **NETWORKING OPPORTUNITIES** including the poster gallery, exhibit hall and a Margaritaville-themed welcome party that will give you ample time to connect with your peers
- · OVER 1,600 PHYSIATRY PROFESSIONALS coming together for the physiatry event of the year



Our schedule
is available for
you to view now.
Download our
free AAP Meetings
app and start
planning your
experience now.





n my life, I have never taken an AP History or Government class. Instead, I found myself in AP Math and Sciences courses, things with absolutes and strict rules. And so, if you told high school me that I would one day be dressed in a full suit, armed with one-pagers I had helped to create, prepared to advocate on behalf of a field I was not even officially a part of yet, I wouldn't have believed you.

Nonetheless, on September 14, 2023, I professionally speed-walked back and forth between the United States Senate and House of Representatives buildings doing just that. As the Vice Chair of the AAP Medical Student Council, I also sit on the AAP Public Policy Committee. One of the Public Policy Committee's key commitments is making the voices of physiatrists heard on Capitol Hill. Leading up to the event, I had revised our talking points with up-to-date information. A sample of our main priorities included succinctly explaining physiatry, supporting increased graduate medical education, and advocating for climate change mitigation and the effects on people with disabilities. The Committee was organized into smaller groups and, as constituents, we met with governmental staff who represented us on Capitol Hill.

As the only medical student, I was unsure how I would be able to contribute. My group was full of leaders in the field, with much more experience. They had countless patient stories and were able to articulate how our talking points directly impacted patient care. I had been involved in advocacy for years, but never governmental advocacy, and I questioned if the skills would be transferable.

Imagine my surprise when we walked into our first Congressional meeting and the staff member was my age. I instantly noticed her badge reel key chain, noting where she must have graduated from college. Her shoes were from a brand popular with my classmates, professional yet comfortable. My observational skills had been honed during my clinical rotations and, wow, were they about to come into play! I allowed my fellow group members and constituents of this staff member's state to take the lead, but I watched the staffer's face and body language carefully. I paid attention to when she was interested and when she appeared to get a bit lost in the message regarding increased funding for graduate medical education.

"I see you went to [college], and I assume that the opportunities you had there were influential in helping you obtain this job," now her attention shifted to me.

"I have experienced something similar in medical school. But I am worried about what opportunities I will have during residency," her interest increased. "Physiatry residents primarily spend time in rehabilitation settings and often miss the opportunity to see patients across the continuum to skilled nursing facilities or long-term acute care hospitals due to lack of funding. I am sure it would have been difficult for you to see yourself in this role if you hadn't done an internship on Capitol Hill in college," I circled back to the prior internship experience she had shared during initial introductions.

And finally, in that split-second, I saw the lightbulb. I had successfully made our point and advocated in a way the Congressional staff member could relate to.

Throughout the day, different members of our group shifted between different roles, starting the conversation, sharing their personal experiences, and bringing the message home. I began the day wondering what my role would be and hoping my contributions would be minimal at least. I was happily surprised to see how I could leverage my skills as a medical student to help our team – from utilizing my observational skills to directly relating to the staffers to distilling information into layman's terms.

Being an advocate comes in many forms. You don't need an educational background or extensive training to make a difference. You can elevate the voice of physiatry and advocate on behalf of the field and your patients. If you are wondering how you can get involved in advocacy as "just" a medical student [or resident, fellow, etc.], I would challenge you to instead ask yourself how you can advocate and what unique perspective you can leverage. All advocacy matters – whether in your local hospital system, community, or even on Capitol Hill.

Lydia Smeltz AAP MSC Vice Chair Third-year Medical Student, Penn State College of Medicine

History and Evolution of the AAP's Research Committee



By: Thiru M. Annaswamy, M.D., M.A.
Professor and Rocco Ortenzio Chair
Department of Physical Medicine & Rehabilitation
Penn State Health Milton S. Hershey Medical Center
Penn State Health Rehabilitation Hospital
Penn State University College of Medicine
Hershey, PA

he AAP was founded in 1967, and its inaugural president was William
Erdman, MD, Chair of the Department of PM&R at the University of Pennsylvania.

Since its founding, supporting, building, and fostering research in physical medicine & rehabilitation (PM&R) has been one of AAP's core mission focus areas. In this article, I take you through some key events, transitions, and priorities of the AAP's research committee over the years.

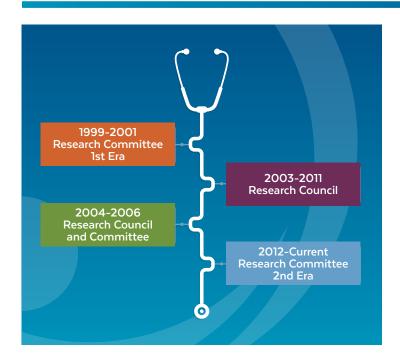
The earliest available research committee activity is a report of the "research committee" dated Summer 1983. In this report, the joint AAP/Academy Research committee, chaired by William Fowler, MD, discussed sites and programs in PM&R departments and their institutions that had research fellowships in PM&R. The results of a survey of PM&R residency programs regarding their perception of programs with research excellence also appeared in that report.

An AAP newsletter article in the spring of 1991, edited by Dr. John Whyte, chairperson of the Research Committee, mentions Dr. Whyte's interest in research on disorders of arousal and attention in TBI and how "working with committee members at the Dallas AAP retreat was a great way to...begin planning process for research promotion through the AAP." Dr. Whyte mentioned that the focus of the committee was on two issues: increasing number of PM&R researchers, and increasing research training and skills among PM&R researchers.

Since those early days of the research committee, AAP's research committee has grown, evolved, and transitioned through various phases including title and leadership, but all along continued focus and emphasis on building, supporting, and developing research and researchers in Physical Medicine & Rehabilitation. The current AAP Research Committee, chaired by Dr. Sabrina Paganoni, has worked on several projects, aligned with the AAP Board's strategic goals, including:

- REVIEWING the status of Evidence-Based Medicine [EBM]
 education in PM&R residency programs in the US and Canada
- PUBLISHING papers about EBM in the American Journal of PM&R
- RELAUNCHING the Physiatric Research Consulting Program after the pandemic with more options to meet programs' needs
- HOSTING a Research Booth at the AAP Annual Meeting offering research and career advice to in training and junior faculty
- DEVELOPING research content for AAP's Virtual Campus

BELOW, PLEASE FIND SOME TABLES, GRAPHICS, AND SNAPSHOTS OF REPORTS FROM AAP'S RESEARCH COMMITTEE OVER THE YEARS.



"Late in 2002, leaders of the Foundation for Physical Medicine and Rehabilitation, the Association of Academic Physiatrists, the American Congress of Rehabilitation Medicine, and the American Academy of Physical Medicine and Rehabilitation met to discuss the concept of a national research Summit to address issues related to building research capacity."

"Research committee assisted in a collaboration project of the research summit in April 2005, in Washington, DC. Executive summary published in the AJPMR in Dec 2005. Initiative for a free standing PM&R Institute at NIH was advocated."

DECEADOLL	CONMITTEE	AND DECEADOR	LOCUMOTI	CHATRO
RESEARCH	COMMITTEE	AND RESEARCH	COUNCIL	CHAIRS

Year	Committee or Council	Chair
1999	Committee	Leighton Chan & Michael Boninger
2000	Committee	Leighton Chan & Michael Boninger
2001	Committee	Leighton Chan & Michael Boninger
2002	Committee	John Chae
2003	Council	Tim Dillingham
2004	Council	Larry Robinson
2005	Council	Amy Wagner
2006	Council	Faye Chiou-Tan & Lisa Krivickas
2007	Council	Jay Han
2008	Council	Jonathan Bean
2009	Council	Anthony Burns
2010	Council	Pablo Celnik
2011	Council	Leslie Morse
2012	Committee	Gwendolyn Sowa
2013	Committee	Gwendolyn Sowa
2014	Committee	Gwendolyn Sowa
2015	Committee	Gwendolyn Sowa
2016	Committee	David Morgenroth
2017	Committee	David Morgenroth
2018	Committee	David Morgenroth
2019	Committee	David Morgenroth
2020	Committee	Sabrina Paganoni
2021	Committee	Sabrina Paganoni
2022	Committee	Sabrina Paganoni
2023	Committee	Sabrina Paganoni
2024	Committee	

The general objective of the "Rehabilitation Medicine Summit: Building Research Capacity" was to advance and promote research in medical rehabilitation by making recommendations to expand research capacity. The five elements of research capacity that guided the discussions were:

- 1) researchers;
- 2) research culture, environment, and infrastructure;
- 3) funding;
- 4) partnerships; and
- 5) metrics.

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Ottenbacher KJ, Peckham PH, Roth EJ, Tate DG: Rehabilitation medicine summit:

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The Research Booth will be back at
Physiatry '24 with members of the Research
Committee on hand to answer your
questions about rehabilitation research,
finding research opportunities, and making
research part of your career path.

The booth is scheduled to be open during the breaks in the Exhibit Hall on Thursday and Friday at the meeting. The times will be:

- Thursday, 10:30AM –
 11:15AM and 3PM 3:30PM
- Friday, 10:30AM –
 11:15AM and 3PM 3:30PM

A Round-Up on Rural Rehab: Improving Access to Physiatry for Rural Populations

By: Ellese Lupori, OMS III
Acknowledgements to Dr. Melissa Kirk, MD

In a rare display of despondency, a tear rolled down Sherry's face as she reminisced on her days ranching, riding horses, and playing her guitar. We sit together on the porch of her Montana home that will soon go up for sale. Her care and access to rehab has become too difficult and distant to sustain on her own, so Sherry will be moving to the city in a different state to be closer to her daughter's help.

met Sherry through a volunteer program that provides home help to rural Montanans living with disability, and we had grown close over our porch talks and love of Dolly Parton. Sherry spoke of how her rheumatoid arthritis, chronic back pain, and heart condition kept her from things she loved, though she was grateful for what she had, and for her beloved physiatrist. She was delighted to hear I'm interested in physiatry myself but left me with one request — find ways to bring rehab rural, so people like her could stay rural too. And so this article is dedicated to Sherry and to speaking of the challenges that rural populations face, as well as considerations on how the physiatry community can help.

According to the AAMC, rural residents make up nearly 20% of the US population, yet only around 10% of physicians practice in rural locations.¹ Challenges in healthcare access, insurance coverage, and environmental hazards render rural residents overall sicker and more likely to die from health-related concerns than their urban counterparts.² These health deficits are largely exasperated by the diminished access to facilities and physicians. From a physiatry concern, the rural population has greater levels of disability and increased risk of falls.³

They also report higher levels of chronic pain, which becomes tragically complicated by the opioid crisis in rural America. ^{2,3} Part of the CDC's solution to rising opioid deaths in rural regions encourages clinicians to use nonopioid methods to manage chronic pain, including exercise, physical therapy, and other medication options, all of which fit within physiatry's domain. As the demand for physiatrists, physical therapists and rehab facilities increases, these disparities in rural populations will grow unless rehabilitation access is intentionally and geographically extended. ⁴ The question remains of how.

A 21st century conversation on rural healthcare access would not be complete without the mention of telemedicine. For rehab patients with mobility and/or geographical barriers, telemedicine offers a suitable option. A 2016 report of systematic reviews by the Agency for Healthcare Research and Quality, found benefits from telerehabilitation for conditions managed by physiatrists.⁵ For instance, consultations for stroke via telemedicine showed similar 3-month outcomes as those evaluated in house.⁶ Acute evaluation of sportsconcussion in rural locations can successfully be managed via telehealth visits, and telecommunication follow-ups for

concussions reduced persisting symptoms at three months.^{7,8} Telecommunication can facilitate follow-ups, monitoring, and clinical coordination to improve the safety of opioid prescriptions for chronic pain.2 UC Davis PMR's novel telephysiatry program, in which a physiatrist quides an in-person therapist, demonstrated high perceptions of care among parents of children with disabilities in rural communities.9 Hybrid telemedicine programs like these are a nudge towards the gold standard of hands-on, in-person care.

However, telemedicine technology is not feasible for all patients, nor is it adequate to perform necessary physical exams and build proper rapport.10 In other words, it does not solve the rural physician shortage. Challenges in recruitment and retention of rural physicians commonly cite long commute times, fewer resources, and lack of professional support. On the other hand, contented rural physicians enjoy strong patientphysician relationships, lower costs of living and slower pace of life, though these joys are less commonly talked about.11

Recruitment for rural physiatrists should begin early. Medical students, particularly from underrepresented groups, are more likely to express interest in physiatry if they received exposure to the field early.¹² In a similar manner, individuals who grew up or trained in rural areas are more likely to practice medicine in rural areas. In efforts to foster interest, medical schools have minded admission practices and increased rural learning opportunities for students.¹³ Taken together, exposing rural pre-medical and medical students to physiatry is a strategic tactic to increase rurally practicing physiatrists. The same can be said for residents as well, considering the vast majority of PMR residency programs are urban. Increasing awareness of rural physiatry is not just for trainees though. Educating all rural clinicians on physiatry services can improve referral practices and increase rural patients' access to physiatrists, and subsequently the health benefits associated with early physiatry involvement.14, 15, 16

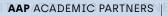
As I set out writing, I was struck by the limited literature and research concerning physiatry and rural medicine, and I believe this is an area for growth. I struggled to find population demographics on where physiatrists practice, how far they live from their practice, and how far their patients travel to reach them. I want to hear more stories from rurally practicing physiatrists and from rural patients who receive their care. A tangential motivation of this article is to encourage those

discussions and connections. Most importantly though, this article is motivated by my experience living and then working in rural healthcare and the people and stories within. It's motivated by Sherry, who misses riding her horse more than anything. And by ranchers who carry their livelihoods on their backs, literally. And by the patients who drive hours for minutes long visits. The work for underserved and rural communities is vast and yet my confidence lies in the AAP members' commitment to expanding the reach and definition of the physiatrist.

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Challenges in recruitment and retention of rural physicians commonly cite long commute times, fewer resources, and lack of professional support. On the other hand, contented rural physicians enjoy strong patientphysician relationships, lower costs of living and slower pace of life, though these joys are less commonly talked about.





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

JFK Johnson Rehabilitation Institute

The JFK Johnson Rehabilitation Institute is excited to be expanding our Concussion Services. Service lines that are in place to treat concussion patients, include Neuro-psychological services, vestibular services, balance training, Botox for Migraines and Ocular motor training. Christine Greiss, DO is the Medical Director and is involved with working with Commission on Accreditation of Rehabilitation Facilities to write the concussion standards for ARFs. In addition research on our innovative Stroke Recovery Program includes a modified Cardiovascular rehabilitation program for Stroke patients and has shown exciting positive outcomes which have been recently published. We have presented this research to the CMS Innovation Center and more recently to the Medicare

Coverage and Analysis Group. Our goal is get Stroke added to the CMS approved diagnostic categories funded for Cardiac Rehabilitation. We are proud of our Amazing Faculty and our 5 star Doximity rated residency program and fellowships in Brain Injury Medicine and Pain Medicine. New and innovative programs expanding at JFK Johnson include a new Parkinson's wellness inpatient boot camp and a Recharge Program.

Montefiore Einstein Rehabilitation

Montefiore Einstein Rehabilitation continues to expand both clinical and community services. We are celebrating our new Wakefield outpatient cardiopulmonary rehabilitation program to respond to community and COVID needs. We welcomed 2 new faculty members, Dr. Le in Neurorehab, overseeing our spasticity/baclofen pump service,



and Dr. Childs, an Einstein alumnus, on our acute inpatient unit. Our Montefiore Melodies Program hosted a holidaythemed session for our patients living with aphasia, and Adaptive Sports is keeping active in the cold with monthly indoor wheelchair basketball & football programs, as well as partnering with USTA to bring semiweekly adaptive tennis to the Bronx community.

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



New York-Presbyterian Hospital/ Columbia/Cornell

We welcomed Erica Eldon as our newest faculty member in our Columbia department this fall. Dr. Eldon joins our growing Och Spine program. We have had a busy faculty recruitment season to accommodate growth in our department this year, with at least 5 new physicians scheduled to join our department over the coming year. Our physicians helped staff the medical tent at the NYC Marathon (see photo), one of several mass participation events our sports medicine group has covered recently.

Pennsylvania State University

Penn State Health PM&R hosted the annual Penn State RecFest in fall of 2023, at the Spooky Nook Sports Complex in Manheim, PA. RecFest is an adaptive sports, recreational and exercise exposition which provides an opportunity for individuals of all ages and abilities to explore the world of adaptive sports equipment, watch teams compete and increase awareness of resources available within the community. This year's activities featured adaptive sports, including cycling, tennis, field hockey and soccer, and wheelchair sports such as basketball and rugby. Attendees also learned about community resources including service dogs and driving programs.





Since July 2023, the department welcomed 3 new faculty physicians, SCI specialist, Dr. Theodore Hsu, BI specialist, Dr. Christian Lopez-Aponte, and Stroke rehab/generalist Dr. Leigh-Ann Piechta, bringing the total number of PM&R clinical and research faculty to 21! The department remains active in publishing and conference presentations including at the ACRM's Annual Meeting in Atlanta, GA and at the AAPM&R's Annual Assembly in New Orleans. LA. where Dr. Lori Grafton. Vice-Chair for Clinical Affairs, received the Academy's PM&R Value and Awareness Award. We look forward to continued growth in research, teaching and clinical domains in 2024!

Tower Health

Tower Health's Department of PM&R is delighted to welcome Dr. Dawn Rider, Dr. Silke Bernert and Dr. Todd Feathers to our esteemed team of faculty members. Their expertise in PM&R will undoubtedly enhance out Rehabilitation Hospital capabilities, contributing to the high standard of care we provide to our patients. Our Residency Program is proud to announce we will be graduating our first class in June. Of our graduates, all that applied for fellowships successfully matched into Pain and Sports Medicine Fellowships. This accomplishment reflects their exceptional skills and dedication to the specialty. The Residency's Program Director, Dr. Somkiat Hemtasilpa, had the honor of contributing to the Asian Oceanian Congress of Neurorehabilitation in Bangkok, Thailand as a speaker and co-chair. Lastly, we

would like to congratulate our PGY2 resident Michael Juszczak, MD on being accepted in AAP's Rehabilitation Medicine Scientist Training Program!

University of Alabama at Birmingham

The University of Alabama at Birmingham Department of Physical Medicine & Rehabilitation wrapped up the year with many faculty successes. We're proud to support and advance our faculty to the next level of development and growth within PM&R. Danielle Powell, MD was named Vice Chair of Clinical Affairs. Elizabeth Twist. MD was named Vice Chief of Staff. Rachel Teranishi. MD was named Consult Director. Casey Azuero, PhD was named Director of Psychology Services. Sean Hollis, PhD, Rachel Cowan PhD, and Jereme Wilroy, PhD were all promoted to associate professor. Thomas A. Novack, PhD was appointed professor emeritus. Finally, we welcomed new faculty member Radhika Sharma, MD.



University of Kentucky

In October, the University of Kentucky's Department of Physical Medicine & Rehabilitation (PM&R) celebrated the official opening of Kentucky Children's Richmond Road, the new home of four pediatric specialty clinics. This facility will offer a continuum of care to infants, children and adolescents with complex





medical and behavioral needs including a pediatric PM&R Clinic, where pediatric patients with complex care needs can go to improve their functional abilities and strength.

The 25,000 square-foot, newly renovated facility is a shared space with Easterseals Bluegrass, a nonprofit organization that provides services and care to adults and children with special needs. Funding for the facility renovation and expansion of services was made possible in part by a donation from the local community partners of Children's Miracle Network Hospitals. The generosity of the donors is enshrined in a custom multimedia art installation produced by Raush studio of Cincinnati.

This space will be used to grow our Pediatric PM&R Division with Dr. Lauren Fulks, our pediatric PM&R specialist, now seeing patients at this new location.

University of North Carolina

A grant of one million dollars has helped us establish the UNC Pediatric Rehabilitation Family Education and Support Team (FEAST) program, an interdisciplinary consult team designed to educate and support families of children with disabilities at UNC Children's Hospital. Congratulations to our senior residents Kaitlyn DeHority (Spine-Spaulding Rehabilitation), Marina Kodsi (Pain- UNC Dept of Anesthesia) and Michael Melson (Sports Medicine- MUSC) on their successful fellowship matches. We continue to participate in the NIH RECOVER Initiative to understand, treat and prevent long COVID. Our dedicated inpatient Rehab Makerspace is up and

running and rehabilitation specialists have used laser cutters and 3-D printers to create mobility devices, leg straps, custom splints, and adaptive joysticks for video gaming. X: UNC_PMR Instagram: uncpmr

University of Pittsburgh Medical Center

UPMC PM&R faculty recently received numerous research grants and awards. Corina Bondi, PhD, received a Notice of Award for an R21 from NIH to investigate interactions between TBI recovery and hypertension; co-investigators are Anthony Kline, PhD, and Mioara Manole, MD. Elvira Pirondini, PhD, was awarded an MPI NIH R01 titled "Deep brain stimulation of the motor thalamus to improve cortico-spinal control of muscles after stroke." Amy Houtrow, MD, PhD, is the #1 research expert of disabled children based on published research. Nicholas Race, MD, PhD, received the Richard Materson ERF New Investigator Research Grant from the Foundation for PM&R.

UT Health Houston

Welcome Tatiana Schnur, PhD, a language and neuroimaging expert funded by NIH/ NIDCD to study the basis of language recovery after stroke. Congratulations to Michael Nguyen, MD, as he transitioned to full-time research after receiving a diversity supplement grant from NIH/ NCI to investigate neuropathic pain and joining a NIDILRR-supported investigation of barriers to accessing care among

Latinx and Asian populations with disabilities in Houston as co-investigator. Kudos also to Radha Korupolu, MBBS, in receiving multiple grant support (NIH/ NCCIH, KL2 through UTHealth's NCATS award, Craig Nielsen Foundation and TIRR Foundation]. Lastly, hail to the new chief residents, Peter Vu and Morgan Cowen.

Zucker School of Medicine at Hofstra/ **Northwell**

It's a good story. Just 10 years ago, Glen Cove Hospital was slated to be closed and our inpatient rehabilitation unit relocated. The local community, through a vigorous advocacy campaign, saved the hospital. Over the following years, the rehab unit subsequently grew from 68 to 88 beds, distinguished itself during the Covid-19 pandemic, and markedly broadened the scope and complexity of patients cared for, including our Parkinson's Rehabilitation Program. Most recently, Northwell Health at Glen Cove Hospital achieved CARF certification for the first time, with a three year certification. Congratulations to Dr. Susan Maltser, Chair of PM&R at Glen Cove, for her stellar leadership, and to her team. We also celebrate Todd Lefkowitz, DO for his promotion to Associate Professor at Zucker School of Medicine, and welcome Brian Lee, DO to our family. Dr. Lee joins us from Kaiser Permanente, where he began his career in pediatric physiatry.





Creative Corner

Inspiration is everywhere. In physiatry, there are many moments with patients that affect us deeply and encourage us to keep going. Some even embolden us to create artwork with specific patients in mind, expressing the profound impact they've had on our lives with the stroke of a pen or a brush.

This section of Physiatry Forward is dedicated to those who have overcome incredible obstacles in their healing journey and persevered. We are constantly amazed by all you do!

POEM BY: LANA CORRALES, DPT, MPH
Physical Therapist at Inglis House in Philadelphia, PA

THE BRAVEST WOMAN

The bravest woman I ever met
Dared to love a man who lost his son
His heart broken, he slipped into darkness
And lived a long time in the shadows

The bravest woman enveloped him in her heart And its weight helped his to beat again She dared to dream he'd love her back Though she had no arms or legs

You saved me, he said
Seeing only the light in her eyes
And he strode towards her with his long legs
And wrapped his sturdy arms around her and said,
Between us, we will be whole

Poem is inspired by a patient who had quadruple amuptations

Colette Piasecki-Masters, MD is currently a PGY-1 in her preliminary medicine year at St. Joseph's Hospital in Denver, CO, soon to be heading to her advanced residency program at Harvard-Spaulding Rehabilitation Hospital.

"It was an honor to paint athletes Katie Ladlie, an adaptive sled hockey athlete, and Ryen Reed,

ARTWORK BY COLETTE PIASECKI-MASTERS

an adaptive cyclist.
In speaking with both athletes, their passion for their sport and joy in movement became immediately apparent. It is my hope these paintings highlight the versatility in adaptive sports, and encourage others to participate in or contribute to

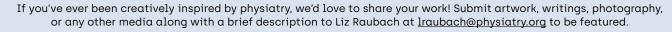
the adaptive athlete

community."

RYEN REED (above) is a Team USA paracyclist and 2023 Women's H4 Paracycling Road/Time Trial National Champion.

KATIE LADLIE (left) is a

KATIE LADLIE (left) is a forward on the USA Women's Sled Hockey Team.





Albert Einstein College of Medicine/Burke Medical Student Fair

By: Lili Wang, PGY-3, Albert Einstein College of Medicine, Burke Rehabilitation Hospital

INTRODUCTION

On November 17th, 2023, with the support of Association of Academic Physiatrists (AAP) and Burke Rehabilitation Hospital, Albert Einstein College of Medicine/Burke hosted its First Annual Physical Medicine and Rehabilitation (PM&R) Medical Student Fair at Burke's main campus in White Plains, NY. The fair was advertised to all the medical students at major medical schools in the New Jersey, Pennsylvania, and New York areas using formal emails to student liaisons, student affairs, local PM&R interest groups, and social media. Forty medical students from eleven medical schools were able to attend with eight attending physicians, two nurses, one social work representative, three clinical fellows, fourteen residents, two occupational therapists, three physical therapists, one recreational therapist and two music therapists who volunteered to make this a wonderfully successful event.

This was the first PM&R Medical Student Fair hosted at Burke Rehabilitation Hospital. With an established PM&R residency, and fellowships in brain injury and sports medicine, Burke has been seeking innovative ways to expand its involvement amongst local academic institutions. This year was an ideal time to create opportunities for local medical students to experience PM&R as it uniquely exists at Burke. We aimed to create an experience that demonstrates foundational principles of interdisciplinary teamwork, patient centered functionbased approach, and common procedures including spasticity management and (botulinum toxin injections) and ultrasound in the physiatrist practice. We highlighted the process by which expertise from various clinical disciplines are integrated to

provide patient-centered care through a mock team conference. Additionally, a station was dedicated to a question-and-answer time for medical students to learn more about PM&R, careers, and networking. Burke has an official affiliation with Einstein College of Medicine and extra efforts were made to strengthen this affiliation through the creation of the PM&R Medical Student Fair.

PRE-EVENT PLANNING

The program's academic leadership reviewed and approved an outline created by the Medical Student Fair Taskforce (Dr. Sharon Bushi, Dr. Lili Wang) with goals, strategies, and action items. The Chief Medical Officer (CMO) of Burke, Dr. Mooyeon Oh-Park, graciously allowed access to the Rosedale Room, outpatient clinic and outpatient gym for the purposes of this event. Starting about three months prior to the event, attendings, fellows, residents, nurses, social workers, and therapists were recruited to participate in the event. Four residents were selected specifically for leadership roles to increase collaborative efforts.

The overall goal of the event was to increase awareness of physiatry but also to increase the depth of experiences in the field of physiatry with carefully designed stations in all the major studies of physiatry: ultrasound, spasticity and interdisciplinary team rounds with time for medical students to ask questions regarding PM&R as a career option. There was a concerted effort by all members of the volunteer team towards this goal with the added benefit of support by AAP (Association of Academic Physiatrists) in the way of a grant approved on October 23rd, 2023 that was matched by Burke Rehabilitation Hospital.





VOLUNTEERS/SUPPORT

The incredible success of the medical student fair could not have happened without the faculty and staff members who gave generously of their time and efforts. The incredible leadership of Dr. Oh-Park, Chief Medical Officer/Interim Residency Program Director, Dr. Andrew Abdou, Associate Program Director, Dr. Mery Elashvilli, Designated Institutional Official fueled the spirit and motivation of the rest of the team. Attendings from our various associate campuses quickly joined with enthusiasm. Clinical fellows and residents were included in offering insight and invaluable hands-on training to the students. Therapists were very excited to volunteer their time and were credited for this time by therapy leadership. Nursing and social work representatives were both present despite long working hours. The residents were each assigned to the Resident Q & A panel to talk about PM&R training, resident life and the field as a whole, as well as escorting the students from one station to the other.

ATTENDEES

For advertising, a promotional flyer was created with images of the prior year's fair including an easily accessible registration QR link. This flyer was distributed by the medical school liaison to PM&R interest groups at the medical schools, including Rutgers-New Jersey Medical School, Rutgers-Robert Wood Johnson, Rowan School of Osteopathic Medicine, Cooper Medical School, NYU, Mount Sinai, Columbia, Cornell, Albert Einstein, New York Medical College, NYIT-College of Osteopathic Medicine, Hofstra University, Touro College of Osteopathic Medicine, Philadelphia College of Medicine, St. George's University, Lake Erie College of Osteopathic Medicine, Drexel University, New Jersey Society of PM&R and New York Society of PM&R. Social media was also targeted using the Burke PM&R residency Instagram account. Students registered mainly through our online registration with 45 students who registered and 40 students who attended.

Table 1: Attendees by medical school

Medical School (State)	Number of Students	Percent of All Students
Albert Einstein College of Medicine (NY)	16	40%
Touro College of Osteopathic Medicine (NY, Harlem & Middletown)	14	35%
New York Institute of Tech College of Osteopathic Medicine (NY)	1	2.5%
Touro College of Medicine (MT)	1	2.5%
Cooper Medical school (NJ)	1	2.5%
Lake Erie College of Osteopathic Medicine (PA)	1	2.5%
Drexel University College of Medicine (PA)	1	2.5%
CUNY School of Medicine (NY)	1	2.5%
Rowan - Virtua School of Medicine (NJ)	1	2.5%
Rutgers NJMS (NJ)	1	2.5%
University of New England COM (ME)	1	2.5%
A.T. Still University School of Osteopathic Medicine (AZ)	1	2.5%
Total	40	100%

Table 2: Attendees by year of education

Medical School (State)	Number of Students	Percent of All Students
4th year medical students (2017)	11	27.5%
3rd year medical students (2018)	11	27.5%
2nd year medical students (2019)	3	7.5%
1st year medical students (2020)	15	37.5%





EVENT STRUCTURE

Students were greeted at the registration table where registration was confirmed and color-coded ID badges were provided. The ID badge colors indicated the group each student was assigned to assure smooth rotations through stations. The students were provided with dinner consisting of sandwiches and desserts while residents informally greeted and welcomed the students upon their arrival. The event formally began with an introduction to the field of PM&R by Dr. Mooyeon Oh-Park, Chief Medical Officer/Interim program director followed by an introduction to the event by Dr. Sharon Bushi [Faculty Sponsor] and Dr. Lili Wang [grant recipient/PGY-3 resident] to

highlight key aspects of PM&R and the residency program in the form of a power point presentation. The event proceeded with a group photo and the students were requested to find their assigned color-coordinated groups to start rotating through the four stations (Table 3), spending 20 minutes at each station. The event ended with raffles for a prize of a one-year AAP membership. Each student attendee received a gift Einstein/Burke tote bags with Burke mugs, pens and notepads. Before ending with a question-answer wrap-up session, students were reminded to fill out the post- fair survey for feedback. The total time of the event was two and half hours, 5:30pm-8:00pm.

Table 3: Stations

STATION	FACULTY/FELLOWS/RESIDENTS
SPASTICITY MANAGEMENT: Students learned about the impact of spasticity in patients with neurological disorders and management strategies for spasticity including stretching, casting, medications and injections. Students were able to practice targeting muscles for toxin injections on limb models. Special thanks to Allergan for providing models.	Attending: Dr. Shelly Hsieh Dr. Clayton Mucha Fellow: Dr. Hameer Thatte Resident: Dr. Henry Chen Dr. Kenia Maldonado Therapists: Jill Buhrig OT Jessica Sussman PT
MUSCULOSKELETAL ULTRASOUND: Students learned the role of ultrasonography in musculoskeletal care. They observed and practiced musculoskeletal ultrasound of the knee. This station was split into two groups to allow for more hands-on time with the ultrasound machines.	Attendings: Dr. Moorice Caparo Fellows: Dr. Deanna Brink Dr. Lauren Bartels Residents: Dr. Michael Lew Dr. Ricky Ju
INTERDISCIPLINARY ROUNDS: Students learned about what happens in the interdisciplinary rounds on a weekly basis in inpatient rehab. Based on each clinical discipline's report (PT, OT, nursing, social work etc.) about the patient, the students integrated the updates and came up with a patient-centered discharge plan and location after rehab (home, nursing home or acute care hospital).	Attendings: Dr. Jennie Valles Dr. Malav Shah Dr. Robert Pepperman Residents: Dr. Atinder Nijjar Dr. Eli Dayon Therapists: Eric Trauber PT Tara Schorr OT Kristen Rosado PT Nurses: Charlotte Rozycki RN VP of post-acute care services and corporation compliance: Janet Herbold
Q & A PANEL: Medical students seek guidance on residency applications, interview and PM&R career paths, while networking with their peers & building professional relationships	Attendings: Dr. Mooyeon Oh-Park Dr. Sharon Bushi Residents: Dr. Michael Ding Dr. Matthew Slitzky Dr. Benjamin Cooper Therapists: Ashley O'Leary Vanessa Moran

POST-EVENT FEEDBACK

The feedback given by the students was incredibly positive. They were clearly delighted with the consistency of the fair. Of the 40 students who attended, 40 completed the pre-event survey, 11 completed the post-event survey with (25% response rate). Response percentages by year are 37.5% in the first year, 7.5% second year, 27.5% third year, and 27.5% fourth year. Of note, the surveys were anonymous to decrease bias during the ongoing residency application process.

The primary objective of the medical student fair was to increase exposure to the field of PM&R and attract medical students to the specialty. Survey responses shown below in table 4 and table 5.

Table 4: Exposure comparison

Exposure to PM&R as a medical specialty	Pre-Fair N=40	Post-Fair N=11
None	7.5%	0%
Limited exposure	27.5%	0%
Neutral/Some exposure	27.5%	0%
Good/extensive exposure	37.5%	100%

With positive outcomes defined as exposure rating of 'Good' or 'Extensive' exposure. Pre-fair, 37.5% of good/extensive increased to 100% at post-fair analysis.

Table 5. Choice as residency

Would you to apply for a residency in Physical Medicine and Rehabilitation?	Post-Fair N=11
Yes	100%
No	0%
Unsure	0%

Overall, the post-fair feedback was very positive and encouraging. There are 100% of attendees who are 'very likely' to recommend the fair to others interested in PM&R. Students continued to appreciate the hands-on and interactive aspect of the stations, as well as their interactions with faculty and residents. There was praise for nearly all of the stations with the ultrasound, EMG, spasticity/Chemodenervation, interdisciplinary team and Q&A stations all receiving very similar amounts of praise due to interactions students had with residents.

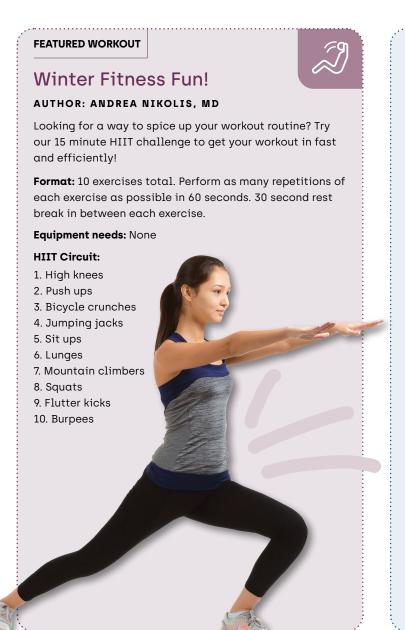


THANK YOU!

We are grateful for AAP's support towards higher education of medical students in the field of PM&R and allowing us to host this event. We want to continue to work with the AAP for this endeavor of early exposure of students to the PM&R at the Burke Rehabilitation Hospital. Also, special thanks to Dr. Sharon Bushi and Dr. Mooyeon Oh-Park, who truly gave great inspiration and motivation for this successful event.



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.



TED-TALK / BOOK / PODCAST REVIEW

Celeste Headlee: 10 ways to have a better conversation

REVIEWER: STACEY ISIDRO, MD

Applications are in and finally we get an invitation to interview. Congratulations! Now how do we have a conversation during an



to a great conversation

interview? As a former radio host, Celeste Headlee goes over tips on how to have a "coherent and confident conversation." She challenges previous suggestions about maintaining eye contact and nodding to act as if someone is paying attention. Instead, she offers advice like being present, using open-minded questions, listening, and being brief. When people are interested in others, the conversation will flow and hopefully by the end, people will leave the conversation feeling heard and inspired. Learning to have thoughtful conversations takes practice. Which of these tips will you try?

Scan the QR code to watch this YouTube Video!



FEATURED RECIPE

Pistachio & Rosemary **Brie Bites**

CHEF: KIMIA ZARABIAN, MD

Looking for a delicious appetizer? Try these easy-to-make Pistachio & Rosemary Brie Bites!

INGREDIENTS

- 1 sheet frozen puff pastry or crescent dough
- Nonstick cooking spray
- 4 oz. brie cheese
- 1/2 can cranberry sauce (not jellied preferred)
- Nonstick cooking spray
- 4 oz. brie cheese
- 1/2 can cranberry sauce (not jellied preferred)
- 3 tbsp. raw shelled pistachios, chopped and/or rosemary sprigs
- Flaky sea salt (optional)

INSTRUCTIONS

- 1. If using frozen puff pastry, thaw according to package directions.
- 2. Preheat oven to 375°F degrees. Spray a mini muffin tin with cooking spray. Spread a little flour out onto your counter. Then roll out crescent dough or puff pastry. If using crescent rolls, be sure to pinch the seams together to make one sheet.
- 3. Cut the dough to make mini squares to the size of the mini muffin slots.
- 4. Cut brie into small pieces (about ½ inch) and place inside the crescent dough squares.
- 5. Top each square with about 1 spoonful cranberry sauce.
- 6. Sprinkle with chopped pistachios and/or add a rosemary sprig to each square [I recommend doing both!).
- 7. Bake until the dough is golden brown (about 12-15 minutes).
- 8. Garnish with salt if desired.
- 9. Cool in pan for 5 minutes and serve. Bon appétit.

WELLNESS EVENT

UCLA/Greater Los Angeles VA PM&R welcomes the PGY2 class





AUTHOR: HARMAN GREWAL, DO

Social wellbeing is an important component of overall wellness. As tradition at the beginning of every academic year, the PGY3 residents at UCLA/Greater Los Angeles VA PM&R Program planned welcome events for the incoming PGY2 class. A variety of events were scheduled across two months to cater to different interests. These included a picnic at the Getty Center, bowling night, and pickleball.



LEARN, SERVE,

AAP members Dani Perret, MD, and Natasha L. Romanoski, DO attended an informative and robust Association of American Medical Colleges [AAMC] Learn, Serve, Lead 2023 in Seattle, Nov 2-6. The **AAMC Annual Meeting brought** together >4,600 educators, students, residents, researchers, clinicians, and leaders with a passion for improving health and advancing academic medicine.



The kickoff plenary featured AAMC President and CEO David J. Skorton, MD, Jacob Mchangama, Amna Kahlid, DPhil, and Michael S. Roth, PhD in a lively panel discussion "Under Attack: How Did Free Speech Become So Complicated, and What's Next?' The panelists supported all universities and medical institutions in striving to expose learners to diverse opinions while supporting faculty to speak on areas of expertise. With a growing need to protect academic freedom, this year's conference focused on physician workforce projections and the many challenges facing not only our academic centers but also our nation, including gun violence and reproductive health.



Workshop including student panelist Lydia Smeltz & DRP Sarah Triano on how narrowed views & ableist belief systems in medical education impact behavior.

• Physician shortage projections are now publicly available for review with a newly launched U.S. Physician Workforce Data Dashboard. Current projections reveal a shortage of 124,000 physicians by 2034.



Presenters from the AAMC23 workshop.

- Can physicians and hospitals help prevent gun violence? Trauma surgeons Joseph Sakran, MD, and Chethan Sathya, MD alongside violence-prevention expert Ashley Hink, MD, MPH advocated for a public health approach to prevent the >48,000 firearm-related deaths per year. Discussion encouraged routine screening for firearm-related health risks, a screen that is currently performed by an estimated 5-8% of clinicians.
- The U.S. Supreme Court's 2022 overturning of Roe v. Wade sparked dramatic shifts in how physicians practice medicine. Reproductive justice advocate Anitra Beasley,

LEAD 2023

THE AAMC ANNUAL MEETING



Presenters from the AAMC23 workshop.

MD, MPH spoke with legal expert **Mary Ziegler, JD,** and urged physicians to speak up about the shifts in access to reproductive health care needs and disparities across patient populations.

Physical Medicine and Rehabilitation was additionally represented at Learn, Serve, Lead 2023.

- As the NIH designates people with disabilities as a
 population with health care disparity, **Dorothy Tolchin, MD**Physical Medicine and Rehabilitation at Harvard provided
 a compelling session on the need to enhance disability
 education to meet the needs of the 61 million Americans
 living with a disability.
- With the rising use of artificial intelligence (AI), **Dani Perret, MD** Physical Medicine and Rehabilitation and Associate

 Chief Medical Informatics Office at The University of

 California, Irvine spoke to a packed room on the clinical implications of using AI to reduce administrative burden.

 She reminded us that AI has limitations; however, it is becoming increasingly necessary to use AI to our advantage in generating reports, extracting information, and other administrative tasks to allow physicians to spend more time with patients. The session discussed our reliance on the biomedical model of medical education and encouraged us to consider a "Bio-Techno-Medical" model as the future of medical education and healthcare delivery.

Lastly, numerous discussions occurred surrounding the evolving residency application process and commitment to continued data assessment. Early findings show a current 3.4% reduction in the overall application numbers per applicant and future changes to the 2024-2025 ERAS



AAP leaders Natasha Romanoski, DO, Danielle Perret Karimi, MD, and Dorothy Tolchin, MD making a big impact for physiatry.

application cycle are expected, including the expansion of a Fee Assistance Program to offer financial relief to residency applicants.

As the AAMC continues to focus on the unique needs of our academic medical community, a commitment remains in identifying initiatives in health care to support physician well-being, reduce burnout, and prevent moral injury. Despite the many growing challenges in our communities, AAMC Board Chair **LouAnn Woodward, MD** reminded us that "the way forward is to keep our focus on the students, the science, the patients, and the communities we serve." If you'd like to get involved with AAMC advocacy but don't know where to start, you can TAKE ACTION HERE by sharing your stories about the need for advocacy efforts in emergency preparedness, GME, research, health equity, and workforce.



Dr. Dorothy Tolchin, MD speaking regarding the limitations people with disabilities experience in clinical encounters.

NEWS FOR DEPARTMENT CHAIRS & DIVISION CHIEFS

physiatry.org/ChairCouncil



By: Lyn Weiss, MD, Chair Physical Medicine and Rehabilitation, NYU Langone Hospital - Long Island, Professor of Rehabilitation Medicine, NYU Long Island School of Medicine

We hope everyone had a good holiday and took some time to relax. Time off is essential to prevent burnout. As chairs, we understand the consequences of physician burnout, which is especially high in our field. The chairs council continues its work on understanding and reducing burnout. Our paper entitled "Burnout and Wellness Strategies Utilized by Academic Physiatry <u>Programs: An Analysis and Perspective from the AAP Chairs</u> Council" was published by the American Journal of PM&R. We hope this will help mitigate some of the issues our physicians face and allow us to enjoy the reasons we went into medicine.

We are looking forward to our February 2024 meeting in Orlando. Chairs know that our departments are only as good as the staff we have. That's why we will be exploring "Comprehensive Physician Retention Strategies" at the Chairs and Administrative Directors meeting. In addition, in order to improve communication, interaction and understanding between the chairs and administrative directors, we are modifying the timing of the program so that the chairs and the administrators can interact on a social level.

We continue to mentor and support new chairs. The chairs listserv is already being utilized to discuss relevant problems and find solutions. We have shared the cell phone numbers [of those chairs who were willing], with the goal of improving communication and collaboration.

Finally, look for our newest podcast, featuring Dr. John Melvin speaking about "The World History of PM&R". He offers a fascinating history of our field from an international perspective.

Hope to see you in Orlando!

NEWS FOR RESIDENCY & FELLOWSHIP PROGRAM DIRECTORS (RFPD)

physiatry.org/RFPD



By: Eric Wisotzky, MD, Chief, Division of Rehabilitation Medicine, Program Director, MedStar GUH-NRH PM&R Residency Training Program, Vice Chair of the AAP's RFPD Council

I'm sure all of our program directors are very busy bees right now getting in the swing of the 2023-24 recruitment season. There have been changes to ERAS, the introduction of Thalamus, and modifications in the application process again this year. These changes create exciting opportunities, but also can create anxiety and confusion. We hope our program directors have found our quarterly virtual program director meetings helpful to discuss these changes. We know our Residency Recruitment Subcommittee has provided our program directors with lots of practicable, tangible information and advice along the way.

We are hard at work planning for Physiatry '24 in Orlando in February. We hope to see many of you there! The first day of our RFPD meeting will include updates from the ACGME, ABPMR, Residency Recruitment Subcommittee, and Program Directors Patient Safety and Quality (PDPQ) Educators Network. On the second day of our RFPD meeting we will have casebased sessions discussing legal challenges and difficult cases in GME. This session will be facilitated by Designated Institutional Officials. We look forward to an interactive and educational session.

As always, the best part of the meeting is gathering together, socializing, and sharing ideas. We can't wait to hear how everyone is adapting to changing recruitment practices. This will give us all many ideas moving forward on how to optimize our programs.

Lastly, we are anxiously awaiting potential changes in ACGME program requirements. Many of you are aware of the tri-organizational (AAP, ABPMR, AAPM&R) effort to discuss GME priorities that will impact future ACGME program requirements. This tri-organizational group has made proposed changes to these requirements which will be discussed at an upcoming ACGME meeting in the next few months. This while likely be an ongoing discussion for the foreseeable future. A particularly hot topic in this discussion is the transition to more competency-based residency training. We will all be very interested in hearing the outcomes of these meetings and the AAP RFPD will be sure to keep you posted and advocate for you as we learn about these changes together.

NEWS FOR MEDICAL STUDENT **EDUCATORS**

physiatry.org/MedStudentEducators



By: Ashlee Bolger, MD, Med, Associate Professor, Clinical Pediatrics- Division of Pediatric Rehabilitation, Program Director Pediatrics/PM&R/PRM Residency Program, University of Cincinnati PM&R Medical Student Clerkship Director, AAP's Medical Student Educators Council

The Medical Student Educators Council wrapped up the AAP Road to Residency Webinar Series. Focusing on topics pertinent to matching into PM&R, this five part series was well attended by students throughout the country. Huge thanks to all of our faculty panelists including Ashlee Bolger, MD (Cincinnati Children's/University of Cincinnati), Nikola Dragojlovic, DO (UT Houston), Amy Kanallakan, MD (University of Colorado), Ravi Kasi, MD (Rush), J. Jamie Key, DO (University of Kentucky), Natasha Romanoski, DO (Penn State), Carley Sauter, MD (Medical College of Wisconsin), Eileen Shieh, MD (Thomas Jefferson/Dupont Children's), Maya Therattil, MD (UPenn), Brionn Tonkin, MD (University of Minnesota) as well as our resident panelists including Raza Husain, DO (Kessler), Eric Jones, MD (Mount Sinai), Evelyn Qin, MD (University of Washington), Katie Smolinski, DO (University of Washington), Lauren Topor, MD (Resident- University of Minnesota), Mark Volker, MD (University of Minnesota, and Ragav Sharma, MD (Medical College of Wisconsin).

We are also continuing our work with the Disability Integration Toolkit and will also be presenting a session at the annual meeting entitled "Advising the Advisor: An Update on Helping Students Create a Holistic Residency Application. We are always looking for additional members to join our council and will be electing a new secretary at the annual meeting.

NEWS FOR ADMINISTRATIVE COORDINATORS

physiatry.org/MedStudentEducators



By: Stacey L. Snead-Peterson, MS, Program Manager, PM&R Residency and Fellowship Programs, UPMC Mercy, Department of PM&R

Disney! Here we come! Please plan to join us in Orlando, Florida at the Rosen Shingle Creek Hotel from Tuesday, February 20 – Friday, February 23, 2024.

On Tuesday, February 20 and Wednesday, February 21, 2024, be sure to join us for the combined Program Director and Program Coordinator session. This session has an additional cost.

The Program Coordinator's [only] sessions begin on Thursday, February 22, 2024. Topics include: Emotional Intelligence, ACGME and RC Updates, A Recipe for a Quality and Safety Curriculum, Medhub and New Innovations Tips & Tricks, The AAMC & Thalamus Strategic Collaboration:, Coordinator A-Z, The Trials and Tribulations of being a Program Administrator, Using a Systematic Approach to Conquer Your ADS Update, The Program Coordinator's Contribution to Creating a Positive Clinical Learning Environment, AAP Working for You, The Program Director Coordinator Relationship, Wellness, its not just for Residents, ABPMR Updates, and more! These sessions will not only be educational but will also provide several opportunities to network as well. We hope to see YOU there!

WELL-BEING MOMENT

9 Mindful Habits for Well-Being. A simple guide to help you build well-being into your routine.

- 1. Meditation
- 2. Inquiry
- 3. Engagement
- 4 Presence
- 5. Gratitude
- 6. Compassion
- 7. Movement
- 8. Relationships
- 9. Contribution

For the full article, please go to: mindful.org/9-mindful-habits-for-well-being/

COORDINATOR SPOTLIGHT SANDRA M. WATSON, BSM

Program Coordinator II

PM&R Residency and Fellowship Programs
AtriumHealth/Carolinas Rehabilitation

Dept. of Physical Medicine and Rehab

Q: HOW LONG HAVE YOU BEEN IN YOUR CURRENT POSITION?

A: It was 10 years in March 2023.

Q: WHAT IS YOUR FAVORITE AAP MEMORY?

A: I have several AAP memories. The first time I attended the AAP conference in Nashville Tennessee. The coordinator council members were so welcoming. I have gained so



much information from the conference presentations and even from having lunch with other coordinators from the different programs. Another one of my favorite memories is participating in the fellowship fair and also seeing the AtriumHealth Carolinas Rehab residents and faculty posters displayed.

Q: WHAT IS YOUR FAVORITE THING TO DO IN YOUR LEISURE TIME?

A: I love to cook Jamaican cuisines and spend time with family (brings back memories of when I cooked with my mom).

Q: WHAT IS YOUR FAVORITE HOLIDAY AND WHY?

A: Christmas is my favorite holiday. It brings back childhood memories in Jamaica when family and friends would visit (no invitation required) for food, fun and fellowship. A tradition that continues...it is a happy time.

 \mathbf{Q} : WHAT WOULD WE BE SURPRISED TO KNOW ABOUT YOU?

A: This year, I will be married for 33 years to my best friend.

Feel free to reach out to the Coordinators Listserv with any questions at: aap-programcoordinators@googlegroups.com .

Your AAP Coordinators' Council Officers,

Immediate Past Chair: Cynthia Volack

volackc@nyp.org

Chair: Leslie Justice *leslie.justice@uky.edu*

Vice Chair: Aimee Brough

brougha@iu.edu

Program Director/Secretary: Delilah Kowalke

Kowalke@rehab.wisc.edu

Newsletter Editor: Stacey Snead-Peterson, MS

sneadpetersons@upmc.edu

NEWS FOR THE JUNIOR FACULTY COUNCIL

physiatry.org/earlycareer



By: Alethea Appavu, DO, Assistant Professor, Ruch University Medical Center

Hello everyone! We are looking forward to #Physiatry24. Our Junior Faculty Session and Networking Event will be held on Friday. The session will focus on strategies for efficiency and productivity in academic physiatry. We will also host our second annual Speed Mentoring event for junior faculty members. Please sign up for this event in advance. We have utilized our Google group email thread. This is for any questions you may have for your fellow junior faculty members to support each other and bounce ideas.

In addition, we have added two new members to our leadership. Dana Branch is our new Membership Engagement Representative and Farheem Mahomed is our Social Media Representative. We are excited to expand our team to bring you more resources and support.

NEWS FOR RESIDENTS AND FELLOWS

physiatry.org/ResidentsFellows



By: Zainab Shirazi, MD, Resident Physician, NewYork-Presbyterian Columbia and Cornell, Chair of the AAP's Resident/ Fellow Council [RFC]

I am very excited to share updates on behalf of the AAP's Resident Fellow Council. Since stepping into their new positions, our enthusiastic board members have wholeheartedly dedicated themselves to serving the AAP community. Thanks to these efforts, I am proud to share that we have made great strides in developing virtual education content, enhancing social media engagement, and promoting national wellness initiatives!

Here are the latest updates from each of our subcommittees:

Wellbeing:

The wellbeing subcommittee has been creating new wellness podcasts, sharing "Wellness Wednesdays" by featuring residents across the country, and spearheading the "Words of Wellness" column in Physiatry Forward. Be sure to check out the latest issue for wellness tips, nutritional recipes, and exercise routines. The 2nd annual national fitness challenge was held in October, with participation from over 25 residency programs nationwide. Stay tuned for more fitness challenges, wellness panels, and our upcoming book club launch!

Social Media:

The social media subcommittee continues to build a diverse network of trainees by fostering collaboration and providing access to educational resources and career development content. Recent initiatives have focused on showcasing new podcasts, virtual journal clubs, wellness events, and mentorship opportunities. Don't forget to follow us on Instagram @aaphysiatrists and Twitter @AAPhysiatry_RFC!

Digital Outreach:

The digital outreach committee has been releasing podcasts episodes from Pocket Mentor and the Board Review Series, reviving the Career Chats series, and launching a new Research 101 podcast. Other new releases include the Q&A Fellowship Webinar Series, which will be available to AAP members for free via AAP's Virtual Campus. We are also excited to share that the RFC newsletter, Physiatry in Motion, is back! Don't forget to check out the Summer 2023 issue, themed "Activity in Physiatry". The next issue will focus on inpatient rehabilitation, research, and complementary therapies. Keep an eye out for the upcoming release!

Research & QI:

The research committee recently debuted their new podcast series: Research 101. The first two episodes provide a roadmap to getting started and guidance for preparing case reports. Stay tuned for new episodes focusing on poster presentations and literature reviews. A reboot of the Orthobiologics & Regenerative Medicine Webinar Series is also underway!

I want to personally thank you all for choosing to be a part of the AAP community; in doing so, you are making a valuable contribution to our efforts in advancing the field. Hope to see everyone in Orlando, FL for Physiatry '24!



A Sense of Belongings: Sheng Li, MD, PhD



Sheng Li, MD is a Professor in the Department of Physical Medicine and Rehabilitation (PM&R) at McGovern Medical School at UTHealth and the Director of Neurorehabilitation Research Laboratory at TIRR Memorial Hermann Research Center. He is an active member of the AAP, winning the prestigious Early Career Award in 2017.

- 1. The prestigious Beijing Medical University, now Beijing University Health Science Center, stands as a testament to the beginning of my medical journey. It was here in China's premier national medical school where I embarked on a challenging yet rewarding 6-year program.
- 2. Penn State holds a special place in my heart: it is where my wife Shengai and I met and got married during our graduate studies. My PhD study focused on human motor control. Years later, we revisited the campus with our daughter Joy, cherishing memories and surprising my mentor, Professor Mark Latash.
- 3. I love mountains. It was perfect to take a 1.7 mile M-trial near the University of Montana campus after work in summer. It was pleasant driving on the picturesque highways of western Montana. Among all the majestic scenery, Glacier Park remained my favorite.
- 4. The thank-you notes and souvenirs from trainees are good memories of the time we spent together, the projects we have completed and the problems we have solved. Working with these brilliant minds has been an enriching chapter in my life.
- 5. Family is always in my heart, bonded together for life. Witnessing and supporting the growth of my children is a source of immeasurable joy and pride.

- 6. I keep a journal of all sorts of ideas and reflections. Sometimes a great idea may seem to emerge out of nowhere at the time, but it could be the connecting dot for many things. It is not just a tool for organizing thoughts; it's a window to past insights and inspirations.
- 7. Tea, especially from hometown in China, is my favorite drink. I make it a point to bring some back with each visit to my parents, savoring the familiar flavors.
- 8. I keep a collections of artwork by my daughters. These pieces attest their creativity and serve as an aspiration
- 9. "Tao Te Ching" is the most translated classic Chinese text, and has more than 2000 versions of interpretations. I have collected many versions over 3 decades. It is always inspiring to read and compare different versions, enriching my understanding of the ancient wisdom.
- 10. Hot pot, a versatile Chinese cooking method, is a personal favorite. It's more than food; Getting together with friends over simmering broth and diverse ingredients is an experience of camaraderie and joy.



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WE ARE EXCITED TO ANNOUNCE AAP'S NEW PHILANTHROPIC ARM, THE PHYSIATRY FOUNDATION!







Our mission is to create a future for physiatry that is diverse, compassionate, skilled, and thriving through funding innovative programs.

We invite you to meet our inaugural leadership team, learn more about our goals, and discover ways to donate on the Physiatry Foundation website.

Keep an eye on your inbox for ways to get involved!

