

# Physiatry

F O R W A R D

SUMMER 2024 | AAP'S MEMBER MAGAZINE



Association of Academic Physiologists



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UMN Graduates



UofL Graduates



KU Graduates



Neilsen Rehab Graduates

# PHYSIATRY POV

## CONGRATULATIONS PHYSIATRY GRADS



Mayo PMR Graduates  
MedStar Georgetown Graduates



Northwell Graduates



Mayo PMR Graduates



UofU PM&R Graduates



UTHealth Graduates





# PHYSIATRY FOUNDATION

DONATE NOW



## We know how proud you are, we are too!

This graduation season, Physiatry Foundation launched a campaign designed to amplify our collective appreciation of graduating future physiatrists, while contributing to initiatives that will support the growth of many careers and training programs in physiatry.

Special congratulations to the following classes as well as all graduating future physiatrists—we are so proud and hope to support you along your journey.

Stay tuned for more campaigns from your Physiatry Foundation. A heartfelt thank you to everyone who has already donated.

"WE ARE VERY PROUD TO CONGRATULATE OUR 2024 STONY BROOK PM&R GRADUATES—DRS. MAMMADOV, TAKEYAMA, AND SINGH! BEST WISHES AND MUCH SUCCESS!"



"THE UNIVERSITY OF ALABAMA AT BIRMINGHAM (UAB) DEPARTMENT OF PM&R WOULD LIKE TO CONGRATULATE OUR 2024 GRADUATING RESIDENTS — DR. NATALIE DEAN, DR. SARAH LOPES, DR. DANIEL MCBRIDE, AND DR. NELSON SANTOS AGOSTO! WE ARE SO PROUD OF YOU AND LOOK FORWARD TO THE MANY WONDERFUL CONTRIBUTIONS YOU WILL MAKE TO THE FIELD OF PHYSIATRY."



"IT HAS BEEN A PRIVILEGE AND A JOY TEACHING, WORKING, AND MENTORING Y'ALL. WE ARE SO PROUD AND KNOW YOU WILL ALL GO ON TO DO AMAZING THINGS IN PHYSIATRY! CONGRATS UT SOUTHWESTERN SENIORS!"





## Physiatri Forward, AAP's member magazine

Welcome to the 2024 summer issue!

This season, we focus on how physiatry makes an impact on a global scale. Our latest issue is jam-packed with articles, updates, and interviews from physiatry experts all over the world, sharing their experiences and advice on how to advance the field and help patients. The very first *International Physiatry* interview article from AAP's own Junior Faculty Council makes its debut in what will surely become a regular edition to *The Forward*, and you'll read about ISPRM's recent International Congress straight from the sources that make it all possible. There will also be news from all our institutional partners as they say goodbye to their recent resident grads and begin to transition into a new educational year.

With temperatures hitting record highs around the globe this season, I am happy to provide some excellent poolside reading material. Beat the heat, dive in, and don't forget to contribute to the fall issue by sending in your ideas!

**Liz Raubach**

AAP Communications Manager  
[lraubach@physiatry.org](mailto:lraubach@physiatry.org)

*Physiatri Forward* is published four times a year by the Association of Academic Physiatrists (AAP). With a circulation of 2,900, *Physiatri Forward* is sent to active members of the AAP. To view past issues, visit [physiatry.org/PhysiatriForward](http://physiatry.org/PhysiatriForward).

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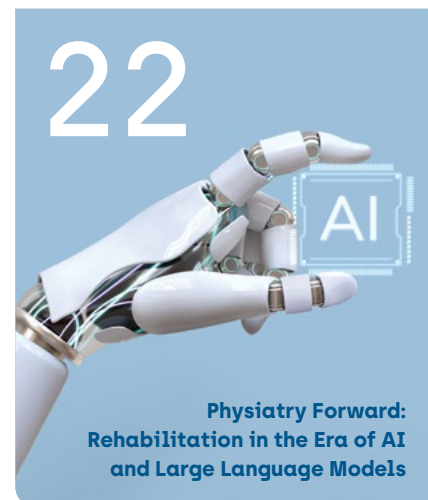
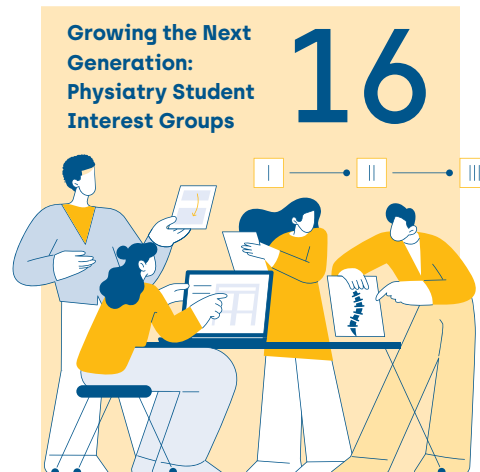
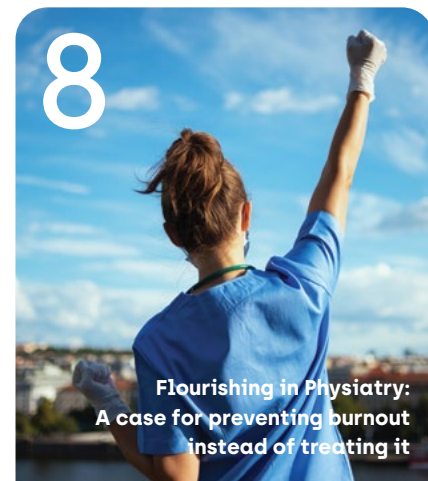
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First time attendees get hands-on in a sponsored workshop at Physiatri '24.



**Contribute to our Fall issue of *Physiatri Forward*!** Submit your photos, content, ideas, and more to Liz Raubach at [lraubach@physiatry.org](mailto:lraubach@physiatry.org).



# FROM THE PRESIDENT

Happy summer!

I'm just back from a very successful ISPRM meeting where I had the pleasure of speaking on burn rehabilitation. In addition, I discussed the advances seen with rehabilitation research efforts and the challenges worldwide with many countries significantly underserved. Each of you should know that your AAP membership also includes a membership with ISPRM. When you renew your AAP membership, you can opt in to receiving communications from ISPRM.



Karen Kowalske, MD

The AAP, the only international physiatry organization focused on education and research, is well-positioned to facilitate the design and implementation of trainee education materials and creating the infrastructure for research. Don't hesitate to reach out and see how you can make an impact!

I'd like to give a heartfelt congratulations to all of the new resident graduates! It was fabulous watching our senior residents bloom as they began the transition to a new and exciting phase of their careers. Be sure to visit [\*\*physiatry.org/PhysiatryFoundation\*\*](https://physiatry.org/PhysiatryFoundation) to donate and say Thank You to these rising stars in physiatry.

I hope you all have been able to enjoy some refreshing time off to recharge as you prepare for the upcoming influx of new trainees. Their eagerness and enthusiasm make teaching so rewarding — I can't wait to see how the specialty evolves this year!

Sincerely,

A handwritten signature in black ink that reads "KKlle MD".

Karen Kowalske, MD

*Professor of PM&R, UT Southwestern Medical Center*

*President of the Board, Association of Academic Physiatrists*



## TRANSFORMING LIVES:

Breakthroughs  
in Neuromuscular  
Medicine for  
Children

Featuring: Drs. Susan Apkon and Anne Stratton

**I**n the field of pediatric rehabilitation medicine, hope is taking center stage as advancements in neuromuscular treatments are changing the lives of children and young adults. The University of Colorado Department of Physical Medicine & Rehabilitation is one of the few academic programs in the country where physiatrists work alongside neurologists in an interdisciplinary team to treat young patients living with these conditions. For the rehabilitation doctors on these teams, ensuring a high quality of life for these patients is central. At Children's Hospital Colorado, Susan Apkon, MD, Professor of Physical Medicine & Rehabilitation, and Chief of Pediatric Rehabilitation Medicine at the University of Colorado, and Anne Stratton, MD, Associate Professor of Physical Medicine & Rehabilitation at CU, are at the forefront of this exciting journey. In a recent interview, they shed light on their groundbreaking work, offering insights into the conditions they treat, promising medical interventions, and their shared vision for the future.

UNLOCKING THE WORLD OF  
NEUROMUSCULAR CONDITIONS

Drs. Apkon and Stratton serve a vast region spanning seven states in the Rocky Mountain Region, treating children and young adults afflicted with an array of neuromuscular conditions, including spinal muscular atrophy (SMA), Duchenne muscular dystrophy, myotonic dystrophy, and Charcot-Marie-Tooth disease. Their clinic is a hub of activity for these rare conditions. The common thread linking these conditions is their impact on muscles and nerves, making it a dynamic field of study.

## LIFE-CHANGING INTERVENTIONS

The advent of groundbreaking treatments is altering the landscape of neuromuscular medicine. Dr. Apkon enthusiastically shared the transformative impact of FDA-approved treatments for SMA. These treatments, such as Nusinersen, Onasemnogene (a gene therapy), and orally administered Risdiplam, have been nothing short of miraculous. What was once a heartbreaking diagnosis with a grim prognosis now has hope. Infants diagnosed with SMA, previously facing a dire future, are now thriving, walking down hallways, and attending school. Dr. Apkon says she can barely contain some of these toddlers during routine examinations!

## A GLIMPSE INTO CLINICAL TRIALS

Dr. Apkon revealed the exciting clinical trials underway at Children's Colorado, primarily focusing on SMA, Duchenne Muscular Dystrophy (DMD), and Myasthenia Gravis. The trials are instrumental in testing and refining promising treatments. One of the clinical trials includes gene therapy for boys with Duchenne muscular dystrophy, providing a one-time infusion of a miniaturized dystrophin gene. Another avenue being explored is antisense oligonucleotide (ASO) exon-skipping drugs for specific genetic mutations in DMD patients. The third novel approach involves a cell-based therapy named Capricor, with a goal to improve upper limb function and heart function in older boys with Duchenne muscular dystrophy.

## LOOKING TO THE FUTURE

While it's impossible to predict the future with certainty, Dr. Apkon shares her optimism about the direction of neuromuscular medicine. She anticipates a continuation of the trend of increased clinical trials and the potential use of CRISPR technology, albeit with certain limitations. Dr. Stratton believes that precision medicine and more disease-modifying treatment options will continue to improve outcomes for these populations. Furthermore, the focus is shifting toward secondary conditions caused by these neuromuscular diseases, which opens new avenues for potential treatments.

## PERSONAL VOCATION AND ADVOCACY

What drives Dr. Apkon and Dr. Stratton in their pursuit of better treatments for neuromuscular conditions? Dr. Stratton pointed to the intricate genetic and pathophysiological aspects of the field. She finds the science side of it fascinating and the possibility of impacting the quality of life of these patients profoundly rewarding. Dr. Apkon enjoys being involved in clinical trials to contribute to the design and execution of research, pushing the boundaries of what is possible in the field. She credits her mentor, and former Chair of the Department of Physical Medicine & Rehabilitation, Dr. Dennis Matthews, with allowing her the opportunity to participate in a niche area of medicine usually reserved for



*In November of 2022, Dr. Apkon's team was awarded a grant in partnership with the Cure SMA registry. Cure SMA came to Children's Hospital Colorado to celebrate this pivotal partnership.*

neurology trainees during her residency at CU in the 1990's. Both Drs. Apkon and Stratton view PM&R physicians as critical team members given their expertise in maximizing function and utilizing medical and rehabilitation treatments to meet patient's goals.

## A RAY OF HOPE IN THE COST OF TREATMENT

Dr. Apkon acknowledged the significant costs associated with gene therapy, noting that the gene therapy for boys with Duchenne muscular dystrophy is approximately \$ 3.4 million. These expenses are part of the broader challenge in making these groundbreaking treatments accessible to all who need them. Dr. Apkon and Dr. Stratton have both had significant involvement with the National Cure SMA Foundation, Parent Project Muscular Dystrophy, and Muscular Dystrophy Association. Dr.

Stratton's advocacy and dialogue at state and national level plays a pivotal role in addressing these financial hurdles for families of patients with DMD. Dr. Stratton has worked with both the Colorado and the Wyoming Drug Utilization Review Boards to make these treatments available with state Medicaid Funding.

Dr. Susan Apkon and Dr. Anne Stratton's groundbreaking work in the treatment and research of neuromuscular medicine paints a hopeful picture for children and young adults suffering from these conditions. Their dedication to advancing treatments and their vision for the future reflects the transformative nature of medicine. As they continue to break new ground, children with neuromuscular conditions can look forward to brighter prospects, more smiles, and a life unburdened by the limitations of their diseases.

What was once a heartbreaking diagnosis with a grim prognosis **NOW HAS HOPE**. Infants diagnosed with SMA, previously facing a dire future, **ARE NOW THRIVING, WALKING DOWN HALLWAYS, AND ATTENDING SCHOOL**. Dr. Apkon says she can barely contain these toddlers during routine examinations!



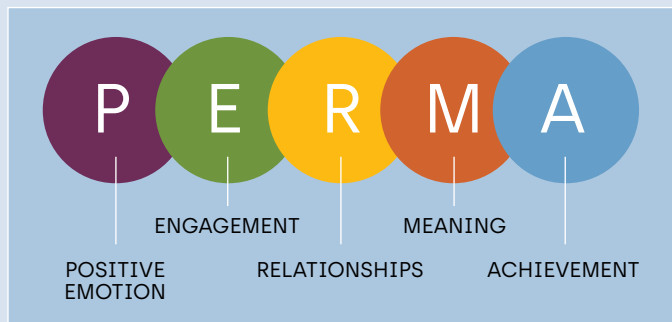
# FLOURISHING IN PHYSIATRY: A case for preventing burnout instead of treating it

By: Nedha Kinnare MS4, Cheryl Erwin PhD  
Texas Tech University Health Sciences Center

Special thank you to John Norbury, MD  
for being my coach

The American Board of Physical Medicine and Rehabilitation [ABPMR] found that 50.7% of surveyed PM&R physicians met the criteria for burnout.<sup>1</sup> Burnout is defined as a long-term stress reaction characterized by emotional exhaustion, depersonalization, and feelings of decreased personal achievement.<sup>2</sup> Often, burnout is addressed reactively; however, placing emphasis on preventing burnout may be a more effective approach.

The PERMA model, derived from positive psychology, can be utilized to help individuals find meaning, grow, and flourish.<sup>3</sup> There are four practices adapted from this model that can be incorporated daily into the lives of physiatrists—and in every aspect of medicine—to enable individuals to thrive in their field and experience a sense of growth that may prevent burnout.





## 1. Making connections with others and coaching

Strong relationships with other physicians or members of the healthcare team allow physicians to feel validated and are especially useful to recognize tension. Relationships are essential, especially in PM&R, because working with therapists, nurses, social workers, and fellow physicians is inherent to the field. These relationships allow physicians to feel socially integrated, cared for, and supported by others. The stronger and more positive these relationships are, the more cohesive the teams become. Constructive relationships also help individuals perceive their own capacity and foster growth, as feedback from trusted peers benefits both individuals and the team.

Mentors act as coaches who encourage self-awareness of values and goals. They help individuals consider multiple perspectives, reflect on troubling experiences, think about positive emotions, and increase engagement. Mentors also normalize experiences that may feel like failures. Additionally, mentoring benefits the mentors themselves, as they continuously listen to and observe those around them, mastering the art of communication.<sup>4</sup>

## 2. Finding meaning in one's work

A common trend observed among physicians is the feeling that medical systems hinder their ability to provide the highest quality care for their patients. Medical professionals strive to do their best, but focusing on what hasn't been done rather than on what has been accomplished can decrease morale. Ellen Langer, author of *Mindfulness*, discusses the importance of reframing perspectives. When considering one's meaning in work, focusing on the impact on families, relationships with patients, and lessons taught can provide a great sense of purpose in their work.<sup>5</sup>

## 3. Engaging in activities and feeling connected

Some days can feel robotic for everyone, but when these autopilot days become a constant occurrence, it can be troublesome due to the loss of engagement. How can one regain that engagement? Mindfulness is a necessary component to prevent going on autopilot and can be incorporated in many ways. Dr. Ronald Epstein, author of *Attending: Medicine, Mindfulness, and Humanity*, emphasizes a "doorhandle method." Each time someone is about to walk into a patient's room, they should take a moment to touch the door handle and remind themselves why they are there. Creating a mindful trigger can help individuals refocus, be more present, and connect better with patients.<sup>6</sup>

## 4. Feelings of accomplishment

As one moves forward in their career, perspectives about accomplishments may change. For example, as a fourth-year medical student, the biggest accomplishment might be mastering a neurological exam and writing a concise note. For someone in residency, it may be creating a diagnostic plan. For an attending, it may be observing their residents' growth. If one sets daily goals for themselves, they are more likely to continuously feel accomplished. The process of being a physician is a long one, but the accomplishments throughout the journey are plentiful.<sup>7</sup>

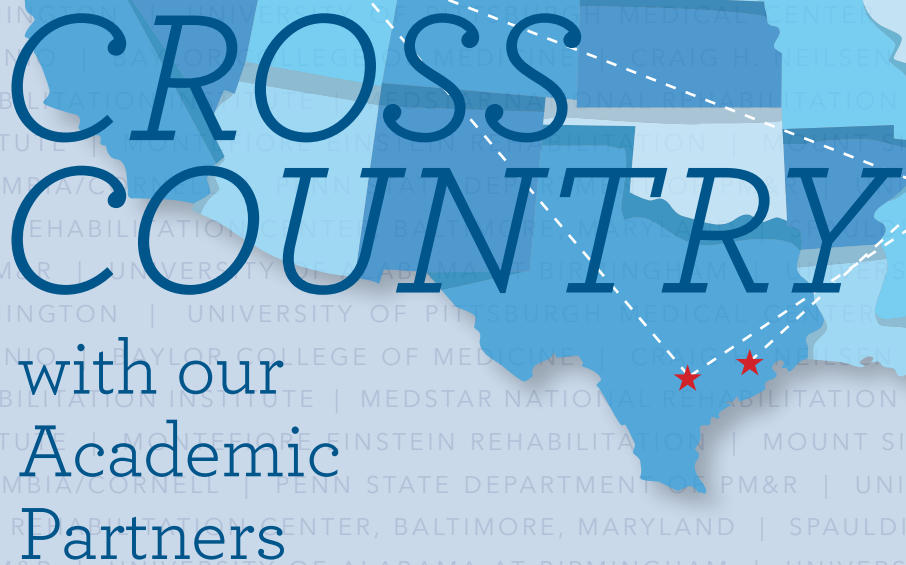
### Take a moment and answer these questions for yourself:

- ❶ What gives you meaning in your work in medicine?
- ❷ How often do you experience positive emotions in the workplace?
- ❸ How often do you feel engaged at work?
- ❹ Do you feel socially integrated, cared for, and supported by others, and satisfied with social connections?
- ❺ Do you feel like your life's work is contributing to something greater than yourself?
- ❻ Do you feel a sense of achievement at work?

The roots of preventing burnout are strengthening morale, building resilience, and enabling individuals to find meaning and purpose in their lives and careers. Mindfulness is a necessary component to prevent burnout. This is a problem within psychiatry, and it is our responsibility as medical students, residents, and attendings to put in effort to mitigate the issue. Although many systemic issues exacerbate these problems, those will take time to change. For now, we should do our best to focus on the things we can control. We need to reflect on what makes us feel good. We should be mindful of what gives our lives meaning. We ought to think of creative solutions.

#### References:

1. Sliwa JA, Clark GS, Chiodo A, Kinney CL, Raddatz MM, Francisco GE, Micheo W, Robinson LR. Burnout in diplomates of the American Board of Physical Medicine and Rehabilitation—prevalence and potential drivers: a prospective cross-sectional survey. *PM&R*. 2019;11(1):83-89. doi: 10.1016/j.pmrj.2018.07.013
2. Wang, J., Wang, W., Laureys, S., & Di, H. (2020). Burnout syndrome in healthcare professionals who care for patients with prolonged disorders of consciousness: a cross-sectional survey. *BMC health services research*, 20(1), 841. <https://doi.org/10.1186/s12913-020-05694-5>
3. Lomas, T., & Ivtzan, I. (2016). Second wave positive psychology: Exploring the positive-negative dialectics of wellbeing. *Journal of Happiness Studies: An Interdisciplinary Forum on Subjective Well-Being*, 17(4), 1753-1768.
4. Gazelle, G., Liebschutz, J., & Riess, H. (2014). Physician Burnout: coaching a way out. *Journal of General Internal Medicine*, 30(4), 506-513.
5. Langer, E. J. (1989). *Mindfulness*. Addison-Wesley.
6. Epstein, R. M. (2017). *Attending: Medicine, mindfulness, and humanity*. Scribner.
7. Bazargan-Hejazi, S., Shirazi, A., Wang, A., Shlobin, N. A., Karunungan, K., Shulman, J., Marzio, R., Ebrahim, G., Shay, W., & Slavin, S. (2021). Contribution of a positive psychology-based conceptual framework in reducing physician burnout and improving well-being: a systematic review. *BMC medical education*, 21(1), 593. <https://doi.org/10.1186/s12909-021-03021-y>



# CROSS COUNTRY

with our  
Academic  
Partners

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

## **Baylor College of Medicine, Houston, Texas**

The H. Ben Taub Department of Physical Medicine and Rehabilitation faculty at the Baylor College of Medicine is working with Ukraine Physical Rehabilitation Medicine physicians to improve the training program for their physicians and trainees. Several Ukrainian PRM physicians attended the BCM PMR Annual Review Course in March 2024, and we are working to develop other training and educational programs for them. We are also working with the hospital system in Uzhhorod, Ukraine to implement 3-D printing technology, which was developed by the BCM PM&R faculty to serve many patients with amputation secondary to war.

## **Craig H. Neilsen Rehabilitation Hospital**

Our department and the Craig H. Neilsen Rehabilitation Hospital continue to grow and thrive. This year, our commitment to excellence is demonstrated through cutting-edge research, enhanced education programs, expanded community outreach, and our leadership in rehabilitation medicine. We are increasing our residency program to seven per year and adding a spine fellow and a TBI fellowship. The Miller campus in Lehi, Utah, has opened for our pediatric rehabilitation group. Additionally, we look forward to welcoming four new faculty members: Drs. Clark, Fogarty, Huber, and Smolinski. We also celebrate the distinguished career and retirement of Dr. John Speed after 35+ years.

## **JFK Johnson Rehabilitation Institute**

The JFK Johnson Rehabilitation Institute's research on our innovative Stroke Recovery Program includes a modified Cardiovascular rehabilitation[CR] program for Stroke patients and has shown exciting positive outcomes presented to CMS. Our goal is to get Stroke added to the CMS-approved diagnostic categories funded for CR. Also, we're expanding our Concussion Services, including Neuropsychology, vestibular services, balance training, Botox for Migraines, and Ocular-motor training. Christine Greiss DO is the Concussion Medical Director and is working with CARF to write the concussion standards for ARFs. Also, we're excited that Dr. Greiss was named the Medical Director for our Center for Brain Injuries.



### **MedStar National Rehabilitation Network**

We enjoyed celebrating our amazing 2024 residency and fellowship graduates! All six of our PM&R residency grads will be pursuing fellowships, including our first-ever resident pursuing a fellowship in Osteopathic Neuromusculoskeletal Medicine. We also welcomed Dr. Katharine Alter from the National Institutes of Health for our honorary annual Goldschmidt Lectureship. Dr. Alter educated us on the past, present, and future of ultrasound across all aspects of physiatric care. We would also like to congratulate our very own Dr. Suzanne Groah for a successful term as president of the American Spinal Injury Association.

### **MetroHealth Rehabilitation Institute**

Accessibility is everything to patients, so the MetroHealth Rehabilitation Institute has recently undertaken two initiatives to improve accessibility. Because recovery eventually happens outside our walls, we partnered with Cleveland Metroparks to create an Accessibility Guide. This online tool lists the most accessible trails, parking, and restrooms, putting our clinical excellence into action and giving patients a safe way to exercise outdoors. Additionally, we launched a new website at [rehabilitation.metrohealth.org](https://rehabilitation.metrohealth.org). As our digital doorstep, the website is organized for how people go online today to look for care. Accessible information makes navigating the next steps as easy and seamless as possible.

### **Montefiore Einstein Rehabilitation**

Montefiore Einstein Rehabilitation is glad to announce the expansion of both clinical and community services to Montefiore Mount Vernon Hospital. Our Wakefield outpatient cardiopulmonary rehabilitation program has been a great success and is expanding access to this important care in the North Bronx. We are looking forward to welcoming our 9 new residents and 10 new fellows in July. Our Adaptive Sports Program hosted a well-attended 4th annual adaptive sports expo featuring tennis, boxing, basketball, and wheelchair racing. We continue our international rehabilitation presence with presentations at ISPRM in Sydney, and our upcoming mission to Kingston, Jamaica in July.

### **Mount Sinai**

The Mount Sinai Department of Rehabilitation and Human Performance has seen remarkable growth, expanding its clinical faculty, residency program, and establishing new locations on the Upper West Side and Long Island. The residency program has also flourished, attracting top talent and fostering innovative approaches to rehabilitation. A testament to the department's dedication to advancing technology in disability care is the upcoming HBO Documentary "Quad Gods," which highlights their cutting-edge work. Premiering on July 10th and featured at the Tribeca Film Festival, this film showcases the department's commitment to transforming lives through technological advancements.

### **New York-Presbyterian Hospital/ Columbia/Cornell**

Our research program continues to grow, with Dr. Joanna Smeeton serving as a co-investigator in a large ARPA-H funded project to grow a living knee replacement using the patient's own stem cells and biomaterials, and Dr. Jackie Montes receiving an NIH R01 grant entitled "Establishing Walking Related Digital Biomarkers in Rare Childhood Onset and Progressive Neuromuscular Disorders". Dr. Abhishek Jaywant's K23 grant on the "Efficacy and target engagement of a digital intervention to improve the depression-executive dysfunction syndrome after stroke", as well as Dr. Scott Barbuto's K23 on "The effects of aerobic training on cerebellar atrophy rates and motor learning for individuals with degenerative cerebellar diseases" are ongoing as well, representing the next generation of principal investigators for our department.

### **Penn State Department of PM&R**

In July, the Department of PM&R at Penn State Health, will welcome 4 new incoming PGY-2 residents, Robbie Badillo, DO, Andrew Chen, DO, Don Hoang, MD and Melissa Sun, DO. We wish the Class of 2024 – Royce Sumayo, DO, Shivani Patel, DO, Allan Probert, MD and Darsh Shah, DO – the very best in their career! With continued growth, our total number of PM&R clinical and research faculty has now grown to 23, with our most

recent research faculty joining us in July 2024. The department remains active in publishing and conference presentations including at Physiatry '24 earlier this year, where our students, residents and faculty presented a record number of posters and research and made several symposia and platform presentations. We look forward to continued growth in research, teaching and clinical domains in 2024 and beyond!

### **University of Rochester Medical Center**

The University of Rochester Department of Physical Medicine and Rehabilitation is proud to announce we have completed the move of our Interventional Spine Division, Electrodiagnostic Laboratory and Musculoskeletal & Sports Medicine Division to the brand new state-of-the-art Ambulatory Center for Orthopaedics and Physical Performance combining clinical care, research, education, and community wellness. Helping patients feel better, restore and enhance function; whether they are recovering from an acute injury, managing a chronic disease, or want to improve their fitness and physical performance.



### **Sinai Rehabilitation Center, Baltimore, Maryland**

The Sinai Rehabilitation Center, [SRC] Sinai Hospital of Baltimore, and Department of Physical Medicine and Rehabilitation recently surpassed our fundraising campaign goal to rename our Division of Rehabilitation Research and Engineering for our longtime director of orthopedic rehabilitation and chief researcher in the Department, Anil Bhavé, PT. Our newly renamed Anil Bhavé Biomechanics and Engineering Labs, [ABBEL] Research Division includes our marked and markerless gait evaluation systems with force plates and video sequencing, industrial level 3 D printing capability for design and fabrication of

assistive devices, therapeutic equipment, and adaptive equipment for patients with complex impairments where there is no good commercial option, fine wire and surface EMG, foot pressure measurement, and other movement assessment technology. The naming ceremony took place on May 21, 2024. The ABBEL supports the research efforts of our residents, faculty, and therapists as well as clinical care and treatment planning.

#### Spaulding Rehabilitation/Harvard Department of PM&R

Kelly McInnis, MD was selected to be the Venue Medical Officer in Boston for the FIFA World Cup 2026 to be played at Gillette Stadium. A study led by Jeungchan Lee, PhD, and Vitaly Napadow, PhD, concluded cognitive behavioral therapy has a beneficial effect on chronic pain, including fibromyalgia. Joanne Borg-Stein, MD, and colleagues identified in The Journal of Rheumatology a combination of obesity and depression as a risk factor for more rapid knee osteoarthritis progression.

#### University of Alabama at Birmingham

The University of Alabama at Birmingham Department of Physical Medicine & Rehabilitation has a lot to celebrate. In April, UAB Spain Rehabilitation Center celebrated 60 years. In honor of the special occasion, faculty and staff toured the new rehabilitation facility currently under construction. Three faculty members were acknowledged for their exceptional work in PM&R. Dr. Robert Brunner was elevated to distinguished professor status. Dr. Vu Nguyen received the Paul W. Bursleson Award and Dr. Danielle Powell received the W. Jeff Terry Award. The residency program wrapped up in June by graduating four residents. The graduates are going on to pursue a brain injury fellowship, sports medicine fellowship, and general PM&R.



#### University of North Carolina

Congratulations to our resident class of 2024 who will all enter fellowships: Marina Kodsí, DO at UNC-CH [Pain], Kaitlyn DeHority, MD at Spaulding Rehabilitation [SCI], and Michael Melson, MD at MUSC [Sports Medicine]. We welcome four wonderful new residents to our program this summer along with three new faculty: General Physiatrist, Tracy Paul, MD, and Interventional Spine Physiatrists, Derek Bui, DO and Chandni Patel, DO. 2024 also marks our department's 30th Anniversary with a spectacular Homecoming weekend planned to celebrate with alumni, faculty, residents, fellows and staff. Recruiting continues! Neuromuscular Physiatrist and a Vice Chair for Research. Learn more @UNC\_PMR



#### University of Washington

Over the past year, the UW Department of Rehabilitation Medicine has seen significant changes and achievements. In August 2023, Janna Friedly, MD, MPH, became the department chair, replacing Peter Esselman who chaired the department for 17 years. In January, we were proud to be named to the Rehabilitation Innovation Centers Coalition. Our research includes Dr. Chet Mortiz's groundbreaking work on electrical stimulation for spinal cord injuries, as well as studies in diverse topics such as Medicare policy, concussion treatment and non-pharmaceutical treatment for pain, while our new funding include \$5 million for long COVID research. We anticipate a productive 2025.

#### University of Pittsburgh Medical Center

Michael Munin, MD, received the AANEM Distinguished Researcher Award for his significant contributions to neuromuscular research. John Horton, MD, and Amanda Harrington, MD, were highlighted by the ABPMR for their length of stay initiative on the UPMC Mercy SCI unit. A study by Marco Capogrosso, PhD, Elvira Pirondini, PhD, and Lee Fisher, PhD, "Epidural Stimulation of the Cervical Spinal Cord for Post-Stroke Upper-Limb Paresis," was a Top 20 national medical achievement by the Clinical Research Forum. Amy Houtrow, MD, PhD, received the APA Public Policy and Advocacy Transforming Award for her work to improve child and infant health and well-being.

#### UTHealth, Houston

Welcome to the new research faculty, Tatiana Schnur, PhD, a distinguished cognitive neuroscientist studying the recovery of language after stroke. Congratulations to Michael Nguyen [best paper, Journal of ISPRM], Colton Rhee and Ajai Sambasivan [best ultrasound abstract, Asian Federation of Societies for Ultrasound in Medicine and Biology], Vishal Bansal [American Society of Interventional Pain Physicians [ASIPP] Ambassadors Award], Peter Vu [ASIPP Research Grant Award], and the new department leaders: Argy Stampas [vice-chair, research], Kemly Philip [division director, musculoskeletal, sports and spine], Radha Korupolu [division director, SCI medicine], and Ryan Stork [division director, brain injury medicine]. We are so proud of your accomplishments!

#### UTHealth, San Antonio

UT Health San Antonio recently hosted our 4th annual Research Day featuring esteemed speaker Dr. Sara Cuccurullo, highlighting innovative advancements in stroke rehabilitation. We proudly celebrated the graduation of eight stellar physiatrists from the Class of 2024. Additionally, we have secured a prestigious 5-year AHRQ grant to expand access to our multidisciplinary Long Covid clinic, underscoring our commitment to addressing recovery in South Texas and beyond. Finally, our multidisciplinary Spine Center and Sports Clinics continue to grow, providing cutting-edge care and support for our community.



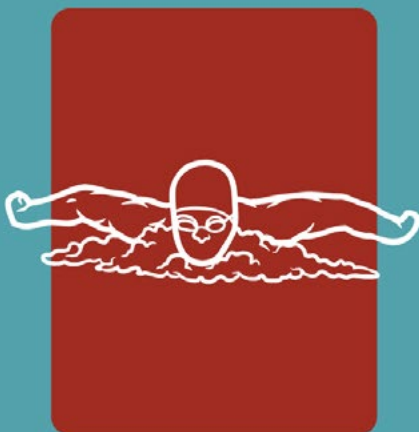
# Creative Corner

Working with those who struggle with disabilities can be challenging but watching them overcome and succeed despite adversity makes it truly worthwhile! This season's *Creative Corner* is a collage submitted by a medical student who volunteer-coaches a youth adaptive swim team at Shenendehowa High School in Clifton Park, NY.



"I had the pleasure of being a volunteer coach for the Stride Stingrays this season, working with kids with disabilities who love to swim. The adaptive swim team participated in the Capital Region's Special Olympics last month, where I captured some pictures. Working with the kids in the weeks prior to the meet, I could feel their passion for the sport and their motivation to improve their skills. Their excitement for swimming was contagious, and I was honored to be present for it."

ASHLEY THORNTON  
Medical Student at  
Albany Medical College



If you've ever been creatively inspired by physiatry, we'd love to share your work! Submit artwork, writings, photography, or any other media along with a brief description to Liz Raubach at [lraubach@physiatry.org](mailto:lraubach@physiatry.org) to be featured.

# A GLOBAL

## Academic Physiatry Community: AAP + ISPRM

The Association of Academic Physiatrists (AAP) has now been attending the ISPRM World Congress regularly for 10+ years from Puerto Rico in 2012 to the recently concluded 2024 meeting in Sydney — and everywhere in between.



### OUR ACTIVITIES AT ISPRM 2024 INCLUDED:

- **Promoting Academic Physiatry and AAP** – we enjoyed meeting physiatrists across the globe at our booth in the Expo Hall where we distributed copies of the American Journal of Physical Medicine & Rehabilitation [AJPM&R], cactus and scorpion-themed lollipops promoting our upcoming Physiatry '25 meeting in Phoenix, Spasticity X invitations, membership information, and more!
- **Supporting our Amazing Members** – we celebrated AAP members who were there presenting workshops, keynotes, poster presentations, and more!  
  
\*In particular, we would like to congratulate AAP members, Dr. Gerard Francisco who became President and Dr. Reynaldo Rey-Matias who was elected Secretary of the ISPRM. We would also like to thank Dr. Rochelle Dy for representing AAP at the ISPRM Assembly of Delegates.
- **Sharing Resources and Opportunities** – our Global Academic Subcommittee has created a Speaker's Bureau that funds AAP members to present at international meetings, a scholarship for an international participant of our Program for Academic Leadership (PAL), and more!
- **Strengthening Partnerships** – we met with our valued partner societies including ISPRM and the Canadian Association of PM&R to discover even more ways to collaborate and support one another.

**Did you know that YOU have access to a complimentary membership with ISPRM?** AAP is a proud national society of the ISPRM which means you can be a member too [for free!]. Visit the ISPRM Member Website and be sure to select "Become an individual member from a national society" and use the special code: AAP24#62. You'll also have the ability to check off a box during AAP membership renewal, and we'll sign you up on your behalf.





## The ISPRM Sydney Experience in the Words of Our Members



### Monica Verduzco Gutierrez

"After a day of travel, I arrived in rainy Sydney for ISPRM. Despite the weather, I enjoyed running an ultrasound course for spasticity and presenting on narrative medicine and mentorship. It was wonderful to reconnect with friends from AAP and ABPRM. A highlight was becoming a founding member of the ISPRM Spasticity SIG, where we brainstormed ways to make spasticity care accessible worldwide."

### Faren Williams

"I enjoyed many highlights of the ISPRM meeting in Australia. New innovative techniques for the treatment of spasticity were discussed, including cryotherapy. One of the important aspects of these meetings for me is the ability to interact and network with other physiatrists from many different countries who share the same rehabilitation philosophy but have different strategies related to patient care, in different healthcare systems."

Australia was a spectacular setting for the meeting, at a time which coincided with a night light show culminating with the winter solstice. Where else would a koala attend the exhibit hall reception?"



### Reynaldo R. Rey-Matias

The organized 18th World Congress of the International Society of Physical and Rehabilitation Medicine (ISPRM) in Sydney was certainly an event to be grateful for. The Congress was a forum for presenting international research, discovery, and innovation in Rehabilitation Medicine focusing on the three "T's" [trauma, technology, and timing]. With 8 concurrent streams, 14 keynote lectures, pre-congress workshops, posters, and more – the program was truly amazing.

The Social events are also not to be missed from the Welcome reception to the Networking event. It was an enjoyable Welcome reception celebrating new connections, especially with the Koala and the Alligator kicking off the incredible congress. The networking event led by a lively band had everyone out of their seats and onto the dance floor. The Presidential dinner consisted of a cruise aboard the Jackson in the lights of Vivid Sydney through Darling Harbour.

The Assembly of delegates witnessed the turnover of the Presidential medal to Dr. Gerard Francisco and the new President's Cabinet was established. The President's Cabinet also had a Retreat and Strategic Planning facilitated by Tiffany Knowlton, the AAP Executive Director, at the Blue Mountains Sydney Australia."



### Gerard Francisco

"Attending the just-concluded ISPRM congress is invigorating because I meet physiatrists from all over, with whom I exchange ideas and aspirations about the direction PM&R—or PRM, as it is called in most other countries – is taking around the world. At the same congress, I assumed ISPRM's presidency, a responsibility I take on with enthusiasm because there is so much we can do to enlarge PM&R's global footprint. It is disheartening that some countries do not have professors of PM&R at all, much less PM&R training programs. My experience as past president of the AAP will help me tackle this challenge to "move the needle" in broadening PM&R's reach globally."



# Growing the Next Generation:

## Medical School Psychiatry Student Interest Groups as a Mechanism to Provide Early Exposure and Grow the Field

By: Stephen Lencioni; Elver Ho; Andrew S. Nowak, J.D.; Lydia Smeltz; Daniel Daneshvar, MD, PhD



### AS MEDICAL STUDENTS, WE ARE OFTEN ASKED:

"What residency are you interested in after medical school?"

We have found that answering "psychiatry" is not met with the same reaction as our colleagues responding "cardiology" or "general surgery."

### INSTEAD, WE OFTEN HEAR,

"Oh, what is that, like physical therapy?" or "So you want to go into psychiatry."

To which we reply, psychiatrists aim to enhance functional ability and improve the quality of life for our patients, which often results in further confusion. These experiences are shared by many actively practicing psychiatrists or medical students pursuing the field.



Although a relatively new and smaller specialty, the field of psychiatry is rapidly growing, and student interest is increasing at an astounding pace. Perhaps unsurprisingly, in conjunction with this increased awareness, the level of competitiveness in applying to PM&R residency has increased, demonstrated by 100% and 99.4% filled positions with 3.6 and 2.4 applicants for each psychiatry PGY-1 and PGY-2 position in the 2023 Match, respectively.<sup>1</sup> However, despite the growing interest, barriers exist that limit the number of students who consider pursuing the field of psychiatry. This article addresses several of those current barriers in medical education and offers a feasible, yet profound solution to address these challenges.

### THE PROBLEM

One current barrier is the near absence of psychiatry in didactic and clinical medical education. Today, there is no standardized medical school curriculum for psychiatry, only about half of United States medical schools are associated with psychiatry departments, and very few schools require mandatory clinical rotations.<sup>2,3</sup> Additionally, residency programs are geographically localized with a noticeable concentration in the Northeast, Midwest, and West Coast, leaving many medical schools outside these regions without an affiliated program. The consequences of this cause a downstream problem but also an upstream opportunity. The problem is the absence of psychiatry awareness, as it is vital for all medical students to have exposure to psychiatry, not only to increase the pool of candidates for psychiatry training but also to increase their understanding of the role of psychiatry within medicine.<sup>2</sup> Evidence suggests medical specialty exposure before medical school or during the preclinical years is associated with higher confidence levels in specialty choice.<sup>4,5</sup> This makes the upstream solution improve awareness of psychiatry. Potential solutions include introductions to the field through student interest groups, psychiatrist leadership in medical school curricula, required clerkship rotations, and medical curricula in disability, function, and interprofessional teamwork.<sup>6,7,8</sup> Despite the efficacy of upstream solutions like mandatory clerkships rotations

or integration within core clerkship rotations,<sup>7,8</sup> limitations such as a lack of departments and leadership make mass adoption challenging. While these solutions should continue to be advocated for, one plausible mechanism to increase early exposure and provide a route to raise awareness of psychiatry among medical students is through student interest groups.

### THE SOLUTION: MEDICAL STUDENT INTEREST GROUPS

Student-led psychiatry interest groups can offer immediate and effective platforms for knowledge transfer that warrant an intentional investment of resources. They are academic collectives that share an interest in advancing and growing a specific area of medicine.<sup>9</sup> Composed of medical students, residents, educators, and community physicians, these groups carry out extracurricular activities, including learning about the specialty, networking with other interested students, research opportunities, practical skills related to the specialty, and even serving the local community. Support from different institutions can provide access to resources such as classrooms, practice locations, knowledge, funding, and technology to develop activities.<sup>9</sup> For those attending medical schools without a home psychiatry program, student interest groups can be formed with the support of community physicians and faculty who are not psychiatrists.



Connections with national societies allow for standardized materials, access to resources, networking opportunities with peers, residents, and attendings in the psychiatry community, and provide a pathway for students to attend national meetings. National meetings provide avenues for students to explore residency programs, present their work, meet mentors, and develop long-standing professional relationships. The field of psychiatry can benefit from early exposure to an increased pool of candidates and increased awareness of the specialty.

**STUDENT-LED PSYCHIATRY INTEREST GROUPS CAN OFFER IMMEDIATE AND EFFECTIVE PLATFORMS FOR KNOWLEDGE TRANSFER THAT WARRANT AN INTENTIONAL INVESTMENT OF RESOURCES.**

cont.



### CALL TO ACTION

An upstream approach to recruitment is needed to continue to build a sustainable future of physiatry that serves the needs of our diverse patient population. This begins not only with early exposure to the field but deliberate investment of time and resources to foster and grow the next generation of physiatry leaders. As medical students, we can actively enable this mission by building, leading, and sharing physiatry through student interest groups at our medical schools. As attending physiatrists, consider supporting your medical student interest group and help facilitate the growth of the next generation of leaders in physiatry!

The National Student Interest Group is a new initiative under development by members of the AAP Medical Student Council which aims to address the very issues being discussed. In addition to serving as the central hub for all physiatric student interest groups, it hopes to provide resources and guidance to student bodies that wish to make physiatry part of their medical education curriculum.

Stay tuned for the new AAP website and with the AAP MSC social media for upcoming information regarding how to register your SIG with the AAP.



### References

1. NRMP. Residency Data & Reports. Accessible at: <https://www.nrmp.org/wp-content/uploads/2023/05/2023-Main-Match-Results-and-Data-Book-FINAL.pdf>. Accessed July 25, 2023.
2. Perret D, Sunico R, Knowlton T, Kezar L, Worsowicz G, Whyte J. State of the States: Growing Physiatry: Association of Academic Physiatrists Position Statement Addressing Academic Physiatry and Physical Medicine and Rehabilitation Growth. *Am J Phys Med Rehabil*. 2018;97(12):921-928. doi:10.1097/PHM.0000000000001044.
3. Seidel E, Crowe S. The State of Disability Awareness in American Medical Schools. *Am J Phys Med Rehabil*. 2017;96(9):673-676. doi:10.1097/PHM.0000000000000719
4. Kim S, Fry A, Kim DH, Kezar LB. Retrospective Study on the Effect of the Timing of Exposure on Confidence Level in Applying to Physical Medicine and Rehabilitation Residency Programs. *American Journal of Physical Medicine & Rehabilitation*. 2022;101(7):S51. doi:10.1097/PHM.0000000000001786
5. Brane LB, Carson R, Susmarski AJ, Lewno AJ, Dicianno BE. Changing Perception: Outcomes from a Physical Medicine and Rehabilitation Medical Student Interest Fair. *Am J Phys Med Rehabil*. 2017 May;96(5):362-365. doi: 10.1097/PHM.0000000000000583. PMID: 28415072.
6. Morgenroth DC, Knowlton T, Apkon S, et al. Challenges and Opportunities in Academic Physiatry: An Environmental Scan. *American Journal of Physical Medicine & Rehabilitation*. 2023;102(2):159. doi:10.1097/PHM.0000000000002127
7. Faulk CE, Mali J, Mendoza PM, Musick D, Sembrano R. Impact of a Required Fourth-Year Medical Student Rotation in Physical Medicine and Rehabilitation. *American Journal of Physical Medicine & Rehabilitation*. 2012;91(5):442. doi:10.1097/PHM.0b013e31824ad41c
8. Curtis CM, Eubanks JE, Charles SC, et al. A Required, Combined Neurology-Physical Medicine and Rehabilitation Clerkship Addresses Clinical and Health Systems Knowledge Gaps for Fourth-Year Medical Students. *Am J Phys Med Rehabil*. 2021;100(2S Suppl 1):S17-S22. doi:10.1097/PHM.00000000000014911.
9. Dominguez-Alvarado G, Villar-Rincón K, Castillo-Miranda M, et al. A step-by-step guide to creating an academic surgery interest group: Review article. *Ann Med Surg (Lond)*. 2021;69:102688. doi:10.1016/j.amsu.2021.102688



# SPASTICITY X

## Join Us in Houston this Fall for Spasticity X

October 24-26, 2024

From clinicians, researchers, and educators to industry executives and patients—we're on a mission to X-out spasticity to improve the lives of millions of people.

Whether you're a renowned thought leader or just interested and getting started—you belong at Spasticity X!

### SUBMIT AN ABSTRACT

We are accepting abstracts related to patient care, research, education & training, technology, administration, and more in spasticity and sensorimotor disorders.

Posters will be presented in our Poster Gallery.

### SEE OUR FULL SPEAKER LIST

Check out our full incredible line-up of global spasticity rock star speakers.

### REGISTER NOW & SAVE!

Don't wait to join the leading minds and up-and-coming stars in spasticity by registering for Spasticity X—  
**the Early Bird deadline is August 23.**

View  
Program &  
Register



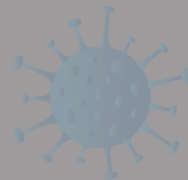
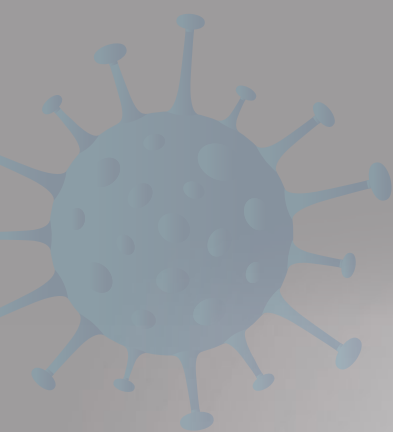
VISIT [PHYSIATRY.ORG/SPASTICITYX](https://PHYSIATRY.ORG/SPASTICITYX)



# RESHAPING REHABILITATION:

## The Enduring Influence of the COVID-19 Pandemic

*By: Kerry Mian, MD | KUMC PM&R, PGY-3*





On March 11, 2020, the World Health Organization officially declared the outbreak of COVID-19 as a global pandemic, signifying the severe worldwide impact of this infectious disease. Subsequently, on March 13th, the former President of the United States, Donald Trump, declared a nationwide state of emergency and implemented a travel ban. For reference, Tiger King premiered on March 20. After enduring the pandemic for over three years, the Centers for Disease Control and Prevention announced the conclusion of the public health emergency on May 11, 2023. While Joe Biden may not captivate the public like in 2020, the COVID-19 pandemic has exerted a substantial and enduring influence on healthcare systems across the globe.

During the commencement of the lockdown, I found myself in the final stages of my obstetrics and gynecology clerkship as a third-year medical student. The atmosphere on the labor and delivery service was peculiar, with a notable absence of patients. Uncertainty pervaded our thoughts, encompassing concerns about the graduation of my medical school cohort, the acquisition of essential supplies such as toilet paper, and the restoration of normalcy in our day-to-day lives.

Embarking on my residency in the midst of the prominent emergence of the delta variant of COVID-19, which showcased evasion capabilities against the original vaccine series, engendered considerable unease. While hospitals began relaxing restrictions on elective procedures and ambulatory services, the daily influx of hospitalizations stemming from COVID-19 infections remained high. Consequently, healthcare systems faced immense strain, grappling with the dual challenge of safeguarding the well-being of both healthcare professionals and patients amidst shortages in staffing and personal protective equipment.

Confronting the persistent repercussions of misinformation and the propagation of false narratives proved to be an arduous task. The winter of 2022 was particularly distressing, marked by the proliferation of the Omicron variant. Observing the demise of unvaccinated patients, driven by various reasons ranging from outright denial of the pandemic to an unwarranted faith in the protective capacity of masks during dining in restaurants, was an agonizing experience. However, amidst the trials and tribulations of the pandemic, emerged novel and improved approaches to catering to the needs of our most vulnerable patients. Physical Medicine and Rehabilitation has

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**CONFRONTING THE PERSISTENT REPERCUSSIONS OF MISINFORMATION AND THE PROPAGATION OF FALSE NARRATIVES PROVED TO BE AN ARDUOUS TASK.**

witnessed a surge in the utilization of telemedicine, driven by the imperative of social distancing.

Consequently, this transition has facilitated a more efficient allocation of resources, enhanced healthcare accessibility for individuals residing in rural communities, and even elevated patient satisfaction. Notably, patients grappling with

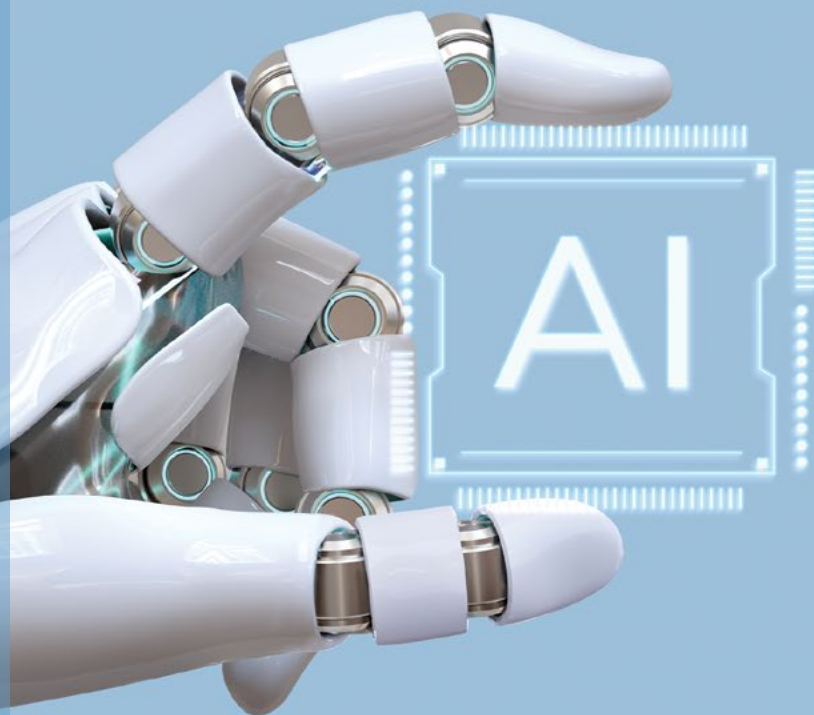
mobility challenges, who face difficulties attending in-person appointments, now have the opportunity to receive care through remote platforms such as Zoom or over telephone.

Undeniably, the COVID-19 pandemic has inflicted lasting wounds upon the global community, particularly in the realm of healthcare. It has laid bare the vulnerabilities faced by hospital workers, encompassing mental health concerns, workforce deficiencies, and the pernicious influence of misinformation. As a physiatrist, my experience in caring for patients throughout the pandemic has heightened my vigilance regarding the augmented prevalence of respiratory and neurological complications in individuals with chronic comorbidities. It has also shed light on the difficulty that our disabled population has had in obtaining essential healthcare services such as amputee care and spasticity management. Lastly, it has instilled within me an air of caution regarding the capacity of our national healthcare system to weather similar challenges in the future.



# Physiatry Forward: Rehabilitation in the Era of AI and Large Language Models

By: R. James Cotton, MD, PhD; Justin Huber, MD, MSc;  
W. David Arnold, MD



**A**rtificial Intelligence [AI] is taking the world by storm and all fields of medicine are grappling with the opportunities and challenges arising from this progress. As readers of *Physiatry Forward* are likely aware, Physical Medicine and Rehabilitation is quite different from other areas of medicine. It is essential that our unique perspectives inform the impact of AI on our patients and practice.

While popular culture imagines AI as an anthropomorphic, intelligent agent ready to solve all tasks, safe deployment in medicine requires us to quantify the performance and reliability of AI for explicit, concrete tasks. For example, consider Large Language Models (LLMs), which are AI systems for processing language. Benchmarks on cutting-edge clinical LLMs hint at their potential: (i)

they can hold a [text-based] conversation with a patient actor; (ii) they can produce a more accurate differential diagnosis than human physicians, and (iii) they can outperform humans across a range of metrics including empathy.<sup>1</sup> However, physiatrists engage in many language-based tasks beyond generating a differential diagnosis. We have a unique focus on the broader functioning of the person. By applying our unique perspective to the many tasks compatible with LLMs, we will benefit by delineating those tasks that most advantageous to our field, and we will benefit by guiding AI developers to establish appropriate performance benchmarks. For example, we may want tools to extract certain critical information from the extensive medical records such as procedures performed, infection rates, and social determinants of health. We may also want tools to process therapy notes for efficient and succinct characterization of therapy interventions and functional status. To help with documentation,

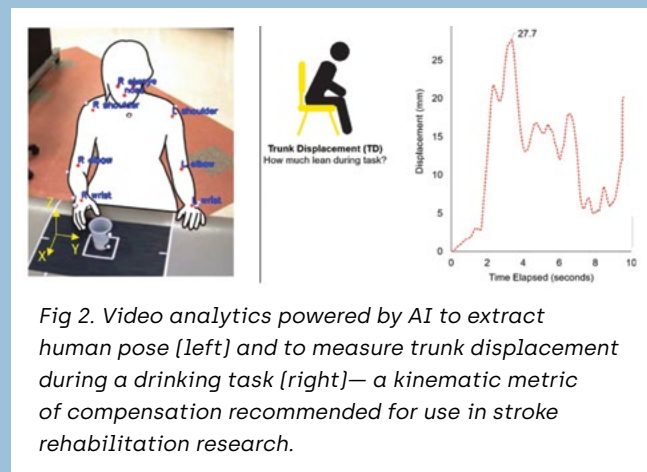
the AI medical scribe is yet another promising tool, and based on early implementations, physiatrists are already reporting a reduction of documentation burden.

There is growing interest in AI systems that analyze data beyond words—clinical models that handle diverse multimodal data.<sup>2</sup> These AI systems are already expanding the physiatrist's toolkit to quantify how our patients move and function in the real world. Rather than measuring walking speed with a stopwatch, AI enables detailed biomechanical gait analysis from smartphone video<sup>3,4</sup> (Fig 1). With such video analytics, AI is expanding access to research-grade measures of upper limb neurorehabilitation<sup>5</sup> (Fig 2). Wearable sensors and AI can also provide greater insights into real-world function.<sup>6</sup> Furthermore, AI-powered robots that respond to language commands and that perceive visual data from the real world could enable an amazing new class of assistive technology to help our patients.





Fig 1. [Top & Middle] biomechanical analysis of a timed-up-and-go from smartphone video using. [Bottom] fully body tracking down to individual finger joints during wheelchair propulsion from multicamera markerless motion capture.



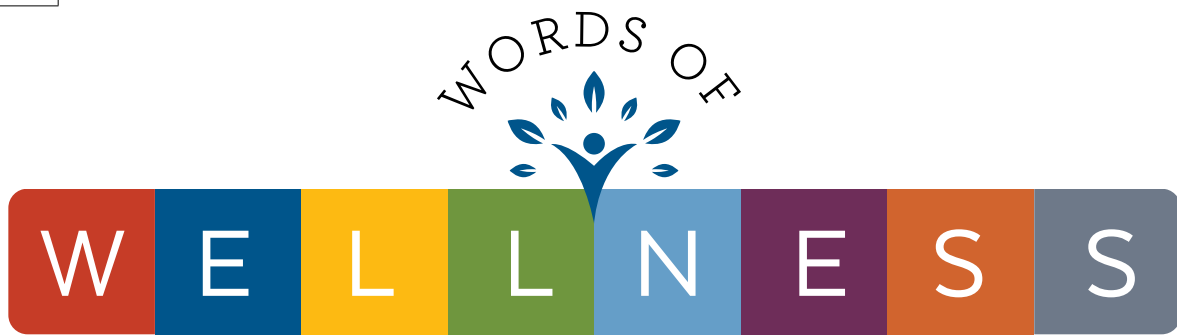
We will need to be intentional about how we leverage these new tools to improve patient outcomes.

As clinicians specialized in helping people with disabilities, we should also be aware of some of the weaknesses of current AI. People with disabilities are under-represented in the datasets used to train AI models resulting in poor performance when applied to these populations. For example, we have found some models that are trained to detect people in video will frequently miss children who use a rolling walker, which could have disastrous consequences if deployed in self-driving cars. In a more positive direction, there are proactive efforts in AI development to protect people with disabilities. These include the collection of more inclusive speech samples to improve the performance of speech recognition systems for people with dysarthria.<sup>7</sup> Recent governmental guidelines aim to curb disability discrimination when AI is used to screen job applicants.

The opportunity is now for physiatrists to take a seat at the table to guide the use of AI in rehabilitation and to ensure it helps people with disabilities. This includes identifying the most fruitful opportunities and then working with AI researchers so they are accomplished reliably and in a patient-centered manner. It also involves advocacy to ensure people with disabilities—who potentially have the most to gain—actually benefit from these opportunities. As of May 2024, revisions to the Rehabilitation Act of 1973 have opened the door for our leadership at the intersection between AI and disability.<sup>8</sup> On the international stage, the United Nations will host the AI for Good Global Summit 2024—an in-person platform to collect diverse perspectives including from rehabilitation.<sup>9</sup> These are just a few opportunities for professional organizations like AAP to cultivate discussion and to guide the future of AI in PM&R.

#### References

1. Tu, T. et al. Towards Conversational Diagnostic AI. Preprint at <http://arxiv.org/abs/2401.05654> [2024].
2. Acosta, J. N., Falcone, G. J., Rajpurkar, P. & Topol, E. J. Multimodal biomedical AI. *Nat Med* 28, 1773–1784 (2022).
3. Peiffer, J. D., Shah, K., Anarwala, S., Abdou, K. & Cotton, R. J. Fusing uncalibrated IMUs and handheld smartphone video to reconstruct knee kinematics. in *BioRob* [2024].
4. Cimorelli, A., Patel, A., Karakostas, T. & Cotton, R. J. Validation of portable in-clinic video-based gait analysis for prosthesis users. *Sci Rep* 14, 1–12 (2024).
5. Huber J, Slone S, Bae J. Computer Vision for Kinematic Metrics of the Drinking Task in a Pilot Study of Neurotypical Participants.(in review).
6. Lanotte, F., O'Brien, M. K. & Jayaraman, A. AI in Rehabilitation Medicine: Opportunities and Challenges. *Ann Rehabil Med* [2023] doi:10.5535/arm.23131.
7. Google. Project Euphonia. <https://sites.research.google/euphonia/about/> (2019).
8. Reinvigorating Implementation and Enforcement of the Rehab Act | ACL Administration for Community Living. <http://acl.gov/news-and-events/acl-blog/reinvigorating-implementation-and-enforcement-rehab-act> (2024).
9. aiforgoodstg2. AI-powered solutions in healthcare advancing accessibility, monitoring, and assistance. AI for Good <https://aiforgood.itu.int/ai-powered-solutions-in-healthcare-advancing-accessibility-monitoring-and-assistance/> [2024].



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 (RFC) Well-being Subcommittee.

## WELLNESS EVENT



## Baylor College of Medicine PM&R Pickleball and Dodgeball

**AUTHOR: STACEY ISIDRO, MD**

On Friday, April 19, 2024, Baylor College of Medicine PM&R residents had an afternoon of food, sports, and fun! We started off with banh mi sandwiches and snacks before having a friendly competition of pickleball. We took turns cheering each other on and dashing across the court to keep the rallies alive. After warming up, we continued the festivities with dodgeball. We tested our reflexes of quick movements and sprints and filled the arena with positive energy. We continued to stay hydrated in between bouts of our total body workout.

We definitely had a lot of fun while being active and bonding with our co-residents. Many thanks to the BCM PM&R Wellness Resident Committee who planned a successful wellness event!

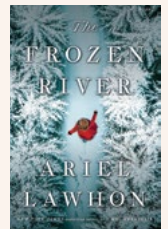


## BOOK REVIEW



## The Books: The Frozen River and The Wishing Game

**"The Frozen River"** by Ariel Lawhon is a historical fiction novel inspired by true events. It follows Martha Ballard, a midwife who lived during the 18th century and who kept journals chronicling her daily life and experiences with deliveries. In the opening pages, a dead body is found in the frozen Kennebec River, and Martha is called upon to examine it. She concludes that the death was not accidental, setting off a chain of events that propels Martha into the center of a criminal trial. This book highlights Martha's courage and determination to achieve justice, especially during a time when women were not considered equal to men. It is wonderfully written with its vivid descriptions of life in the 1700s and its ability to create a quiet, yet tense atmosphere.



**"The Wishing Game"** by Meg Shaffer follows Lucy Hart and her dream to adopt seven-year-old Christopher Lamb, who lost his family in an accident. However, she is limited by her financial situation. When she is about to give up, Jack Masterton, the wildly successful children's book author of the Clock Island Series, announces that he is hosting a contest at his home on Clock Island to compete for the only copy of his new book. Lucy is invited to compete; winning the book means achieving financial stability for her and Christopher. "The Wishing Game" follows Lucy on her journey at Clock Island, where she must conquer a series of challenges and riddles to win Masterton's contest. It is a charming, heartwarming, and magical read that explores the power of books to inspire bravery and encourage imagination, even at a young age.





## REFLECTIVE EXERCISE



### Reflections from iTunes

**AUTHOR: CATHERINE KINGRY, MD**

Recently, I plugged my phone into my car charger, and CarPlay started playing one of the first songs I purchased on iTunes: *Absolutely Not* by Deborah Cox. This song was an earworm in my middle school days, and the single reached the top of the Billboard Dance Club Songs charts in 2001. I remember asking my ballet instructor to play this high-energy fast tempo song while we practiced fouetté turns, and I attempted to keep my turns powerful and in rhythm as Deborah Cox sang,

*"Do I wear my hair in a ponytail?  
Do I dress myself up in Chanel?  
Do I measure me by what you think?  
Absolutely not, Absolutely not."*

It didn't sink in until I was listening again, now in my 30's, how the lyrics of this upbeat pop song were actually empowering my thirteen-year-old self to be strong, to stick to my moral compass, and to not let toxic critical feedback

stop me from working toward my goals. I couldn't help but jam out in the car and reflect on how I've grown into a person who, while outspoken at times, has a strong sense of purpose and has learned to be resilient when needed. The kind of person described in this song from my youth. What a lovely full-circle moment from an iPhone glitch!

I encourage you to take a moment to go through your old song downloads, or your old playlists from decades ago, and listen to a couple of those songs. Who were you when you first heard that song? Who did you want to be, and how have you changed since then? I hope that some musical reflection transports you to a great memory, and I hope you can see that you've grown into an amazing person, with more room to grow and evolve.

Wishing you well,  
Catherine, RFC Education & Well-Being Representative

## FEATURED WORKOUT

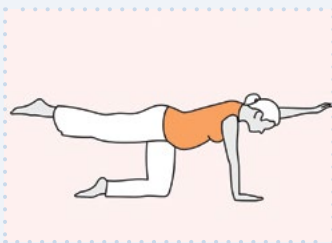


### Prenatal Yoga: Feeling Good Throughout Your Pregnancy

**AUTHOR: CAROLINE LEWIS, MD**

Prenatal yoga is low-impact, low risk, and makes you feel great after! Benefits of prenatal yoga include decreased lower back pain, better balance and coordination, strengthened muscles, improved mental health, and less pain during delivery.

Here are 5 examples of some prenatal yoga poses you can try. If comfortable, you can attempt these poses 2-3x/week. Hold poses for 30 seconds – 1 minute during 1st and 2nd trimesters, and up to 30 seconds in the 3rd trimester. Please talk to your healthcare provider first to get clearance before trying prenatal yoga.



**Modified Parsva Balasana [Bird Dog]**  
Helps with hip and shoulder stability, strengthens abs and glutes



**Child's Pose**  
Lessens belly's pressure on spine, relieves lower back and pelvic pain



**Malasana Squat**  
Releases tension in hips, strengthens thighs



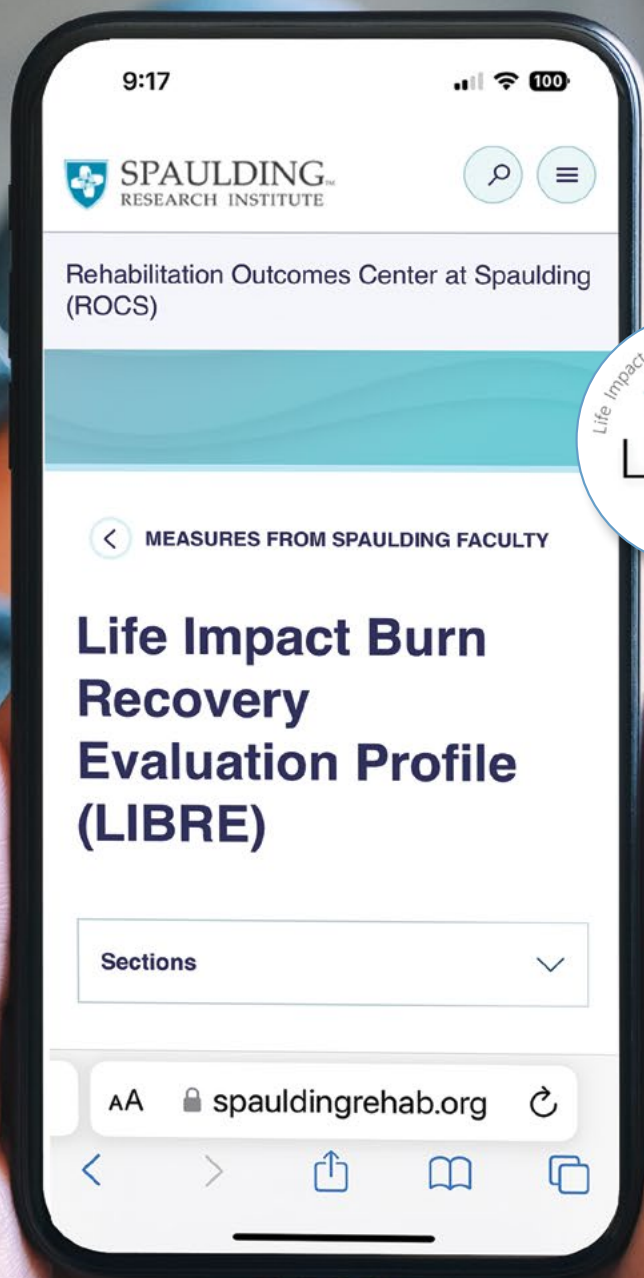
**Triangle pose**  
Stretches hips and shoulders, opens diaphragm to promote deeper breathing



**Warrior II**  
Opens hips and upper body, relieves back pain

# Expanding Access to Social Recovery for Burn Survivors

By Jeffrey Schneider, MD,  
Director of the Boston-  
Harvard Burn Injury Model  
System and Medical Director  
of the Burn and Trauma  
Rehabilitation Program,  
Spaulding Rehabilitation  
Hospital





A new project from Spaulding Rehabilitation plans to expand the Life Impact Burn Injury Recovery Evaluation (LIBRE) Profile into a publicly accessible mobile application. The unique academic, clinical, and community-based collaboration brings together Spaulding Rehabilitation Hospital and Massachusetts General Hospital, partnered with Boston University, and the Phoenix Society for Burn Survivors. This effort provides a critical next step to translate the LIBRE Profile from a research product into a widely used app that will help track key areas of social recovery for those with burn injuries.

**S**ocial participation is an important component of health-related quality of life and one of the key long-term outcomes after burn injury. However, we have lacked a validated tool to measure the impact of current burn recovery interventions. Burn survivors can experience important social participation limitations when integrating back into the community during the first two years and often continue to have challenges more than ten years after their injury.

The proposed app is scheduled to launch in October 2024 and will provide burn survivors with direct access to the LIBRE Profile using advanced technology to help burn survivors navigate their recovery. "The difficulty in social participation after a burn trauma has long been an identified challenge within the burn survivor community. This collaboration has begun to address these challenges by developing

a validated accessible tool to help us share our lived experience with clinicians and it will also help us measure the impact of interventions that are available within the community-based programming at the Phoenix Society and many other local organizations," said Amy Acton, Chief Executive Officer of the Phoenix Society for Burn Survivors.

This work is supported by the Shepherd Center App Factory to Support Health and Function of People with Disabilities with grant funding from the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR). The App Factory promotes the development of smartphone and tablet mobile applications to address the high-priority health needs of people with disabilities.

The LIBRE Profile was initially developed with input from burn survivors under previously funded NIDILRR grants and is a well-established, psychometrically sound

assessment to measure and benchmark social participation in adults following burn injury across six domains: Family & Friends, Social Interactions, Social Activities, Work & Employment, Romantic Relationships, and Sexual Relationships.

The app will empower survivors to manage their own recovery and facilitate conversations with their clinicians and community service providers on social participation outcomes as part of their care and recovery. Ultimately, the LIBRE Profile App will serve as a springboard for the advancement of current interventions and work toward the development of evidence-based approaches to enhance social participation among burn survivors and become an integral component of burn injury rehabilitation. This app will contribute to impactful changes in policy and practice to improve the lives of individuals with disabilities.

### About Spaulding Rehabilitation

A member of the Mass General Brigham Health System, Spaulding Rehabilitation includes Spaulding Rehabilitation Hospital, with a main campus in Charlestown the 2nd ranked in the nation for rehabilitation by *U.S. News & World Report*, along with Spaulding Rehabilitation Hospital Cape Cod, Spaulding Rehabilitation Hospital Cambridge, Spaulding Rehabilitation Nursing and Therapy Center Brighton, and over 25 outpatient sites throughout Eastern Massachusetts. An acclaimed teaching hospital of Harvard Medical School and home to the Department of Physical Medicine and Rehabilitation, Spaulding is recognized as a top residency program in the U.S. in the Doximity Residency Navigator. Spaulding also was recognized by the 2023 Disability Equality Index as a "Best Places to Work for Disability Inclusion." For more information, visit [www.spauldingrehab.org](http://www.spauldingrehab.org).

### About Phoenix Society for Burn Survivors

For more than four decades, thousands of burn survivors, loved ones, healthcare professionals, and community allies have found comfort, support, and guidance—community—in the same place: Phoenix Society for Burn Survivors. A national non-profit serving as a leading connector for those affected by a burn injury, a hub for quality information and education, and a trusted advocate for all in the burn community and those living with a burn injury. Over 85 burn centers in North America participate in the Phoenix Society's peer program SOAR providing access to peer support and resources to ease the return to their lives after a burn trauma. Based in Grand Rapids, Michigan, Phoenix Society takes its name from the legendary bird consumed by flame but rises again, more vibrant than before. For more information, visit [www.phoenix-society.org](http://www.phoenix-society.org).



**Curious about how the field of Physiatry is practiced around different parts of the world? Join us for the first edition of the AAP Junior Faculty Council's — International Physiatry Column — where we interview Physiatrists who have had experiences practicing around the globe. In this edition, we speak with Dr. Talia R. Collier, MD — Dr. Collier is a Pediatric Physiatrist who previously worked at Sidra Medicine in Doha, Qatar.**



*Written By: Faheem Mahomed, MD - Assistant Professor, Pediatric Rehabilitation, Dell Children's Medical Center, University of Texas [UT] - Austin*

**Q: Hi Dr. Collier! Thanks so much for joining us to discuss your time working in Qatar**

**A:** Thanks for having me! I am happy to share my experience working abroad!

**Q: Can you tell us a little background about your education/training/work history prior to Qatar?**

**A:** I attended medical school at the University of Louisville - Kentucky. My Physical Medicine and Rehabilitation (PM&R) residency was at Emory University in Atlanta, GA, and my Pediatric Rehabilitation Fellowship was completed at St. Joseph Mercy Hospital in Kansas City, MO. After fellowship, my first attending physician job was at Texas Children's Hospital in Houston, TX. I was there from 2011-2018 and after this, I transitioned to a job in Doha, Qatar at Sidra Medicine.

**Q: How did you come across the opportunity to work in Qatar/What made you choose Qatar?**

**A:** While at TCH, I considered doing something a little different, but I wasn't sure what. A random recruiter called me at TCH and mentioned some other USA positions and a pediatric rehab job in Abu Dhabi. I started to consider this would be a great opportunity to try something different and I had an upcoming vacation to Dubai/Abu Dhabi. I interviewed with their chair and visited the yet-to-be-constructed hospital while on vacation in Dubai. I contacted my colleague Dr. Lisa Thornton who I knew was in Doha, Qatar to ask how she liked working in the region. She then discussed she was looking to hire and, since she already knew me, thought it would be



great to interview with her team before I decided on Abu Dhabi. Up to this point, I occasionally perused USA positions, but I knew I wanted to do something slightly different for a bit. I didn't see a lot of other international opportunities besides occasional job posts from the Middle East. Ultimately, the decision came down to wanting to make a change. I knew I always wanted to live in another country one day. I served voluntarily on medical service trips multiple times, and I wanted to see what healthcare was like by actually living abroad. Given that I knew Dr. Thornton already, I was excited for the opportunity to build a rehabilitation program in another country; Salary was a plus, Qatar was close to many other countries I wanted to travel to, and I love learning about different cultures through hands-on experiences.

**Q: What factors went into your decision to work abroad?**

**A:** My factors were the opportunity to do something new and different; it was easy as I didn't have to think about kids or a spouse to be able to take advantage of the opportunity, the opportunity to immerse myself and learn about another culture/religion motivated me.

**Q: What was the process like of transferring your medical license over there? Did you have to take any additional exams to practice?**

**A:** The hospital [Sidra Medicine] handled all of the paperwork for licensure and residency permits. There were no additional exams. I had to submit all of my US training certificates, board scores, transcripts, etc. It is at least a 6-month process before your paperwork is approved before you arrive in Qatar. Sidra communicated specifically not to resign from my position until they gave my approval in case anything went wrong. Upon arrival, there was not any additional wait in relation to the medical license. I was able to start seeing patients as long as my Qatar residency card was finalized. After orientation, the transition to seeing patients was shorter than US positions.

**Q: Can you tell us about your practice in Qatar - What was your setup/schedule like and what was the call system like?**

**A:** The practice in Qatar was at a Women and Children's Hospital. It was considered a private hospital with public service. There was a government hospital in Doha as well that saw pediatric and adult patients that I did not cover. Dr. Thornton and I covered outpatient clinics and inpatient consults similar to many pediatric rehabilitation clinics/hospitals. The work week in Qatar is Sunday through Thursday and the clinic schedule was 7-3 pm, lunch was at 11 am. We had 1 to 1.5 days of administrative time which could be used for procedures or other



responsibilities. Similar to some practices in the USA we used 30-minute slots for follow-ups and 60-minute slots for new patients, 9-14 patients depending on the number of new vs follow-ups, but the average was usually 9-10 patients. Lisa and I split call and consult coverage. We received a fair number of consults as many times we co-managed rehab patients with the acute care physicians when rehabilitation patients were waiting for an inpatient rehabilitation bed to open up at the government hospital. Otherwise, overnight call was very quiet. Most of our patients had our personal WhatsApp numbers if they needed anything as we didn't have a triage nurse or service for calls. Compared to the USA, parents rarely disturbed us.

**Q: Can you tell us about the kinds of patients you saw/your patient population over there?**

**A:** The patient populations included many of the common pediatric rehabilitation diagnoses such as cerebral palsy, spina bifida, musculoskeletal disorders, and neuromuscular disorders. We saw a high number of genetic disorders with or without associated neuromuscular disease given some of the cultural norms for consanguinity. I performed botulinum toxin injections, we had serial casting, and I participated in team brachial plexus, neuromuscular, and spina bifida clinics. Qatar has a very diverse population that upholds its workforce and the majority of people in Qatar are expats. The patients living in Qatar came from all over including - Bangladesh, India, Philippines, Syria, Lebanon, Egypt, and Sudan just to name a few. Occasionally there were international patients from Kuwait and Saudi Arabia who traveled to Doha specifically for treatment.

**Q: What were the family's/patient's views of PM&R as a specialty over there?**

**A:** Many family members were not familiar with PM&R. There was a lot of education for the local physicians/families for the services we offered. Families were very appreciative of the services provided. They thought highly of healthcare practitioners from the US and/or Europe. Prior to many physicians working in Qatar hospitals, many families requested letters to get care abroad. Many of these requests still came despite explanations

that many specialists are now in Qatar so they don't have to travel. Additionally, the Qatari government became more strict in approvals to go abroad. Most families, however, appreciated not having to go abroad for care.

**Q: What were your fellow physicians/colleagues' views of PM&R as a specialty over there?**

**A:** PM&R is not a well-known specialty in Qatar in general. However, Dr. Thornton was present before my arrival, and preliminary groundwork was laid. The government hospital, Hamad Hospital, had local rehab physicians working there but they were not traditionally trained or board-certified in adult or pediatric rehabilitation as in the USA. Since many of the specialists at Sidra were expats and had worked in Europe, Australia, or other settings, the common fields such as Orthopedics, Neurology, and Neurosurgery had broad knowledge of our field and referred patients appropriately and frequently.

**Q: Do you feel like there is a big need or demand for PM&R in Qatar or the region in general?**

**A:** There is a huge need for PMR and pediatric PMR in Qatar and in the region in general. There is still a long road in Qatar for continuing to expand and develop its healthcare infrastructure. There are many adults and children with disabilities in Qatar. Government and community resources to facilitate care and access to resources for this population are slowly improving. There are limited resources for adaptive equipment, school access, orthotics, prostheses, and therapy. Inpatient rehabilitation is an option, but beds are limited. It is not as common to see patients and families in public with their loved one with a disability and there are some cultural nuances surrounding disabilities in general. Additionally, there are many roads and buildings that are not accessible. PM&R can advocate and help bridge the gap between the patients, government systems, and the community.

**Q: What were some of the big differences between working in the Qatari health system compared to the USA?**

**A:** One difference was the volume of genetic disorders and associated conditions. Given the consanguinity in the

community, these rates were a lot higher than what I experienced in practice in the USA. Another difference was the family's perspective on disability and health in general. Faith was deeply integrated in their interpretation of discussions on health and disability, and it was sometimes difficult to interpret how much was understood from the medical standpoint aside from faith. Social work services had to adapt to local culture and sometimes social work decisions were often overpowered by local influences.

**Q: What were the some of the positive/negative aspects of working there? What obstacles did you face regarding patient care?**

**A:** I appreciated working with people from around the world; including co-workers, friends and patients. There were a lot of unique diagnoses to learn from. It was exciting to introduce our services and build programs in a country that had limited access to PM&R previously. There was good collaboration with specialists and therapists. Qatar was centrally located making traveling to other countries easier. The food was amazing. The architecture of the hospital and the city is beautiful.

Negative aspects — there was frequent turnover of staff and leadership which sometimes made the overall vision for the hospital difficult to follow. It was difficult to see the disparities in access to resources for some families, even as simple as getting a wheelchair. Covid came during my time there and that was very difficult, especially since I was there alone separated from all my loved ones. Many hospital staff, including myself, left during or after COVID as multiple people worked there while being separated from family, spouses, and children. It is very hot in Qatar; it can get up to the mid-100s in temperature consistently over the summer and it is very humid. I was really surprised about the access to adaptive equipment, this however became a government initiative later to improve resources for families to have access to wheelchairs.

**Q: What were some of your reservations/things that made you nervous before heading to Qatar?**

**A:** For me I was excited about everything until the minute I was in the security line

at the airport, and I thought to myself: What am I doing? Am I doing the right thing to walk away from everything familiar to something totally unfamiliar and foreign all alone? It is a scary thought. I also was nervous as my father was diagnosed with Alzheimer's a few years before I moved, and I wondered if I should not go on his behalf. However, when I told him, he had a clear mind that day and gave me his blessings. Additionally, I knew he would not have wanted me to miss an opportunity like that as he knew my passion for traveling the world and learning.

Despite my initial anxiety, it was the best decision I ever made. It enhanced my clinical knowledge and gave me a unique experience to build on when returning to the USA. My father would have been proud, and I would have loved it if he had come to visit. My father passed away while I was working abroad but I was home during his transition. Despite that downside, I had more vacation time during my 3 years in Qatar compared to US vacation time, so I spent more time with him during vacation blocks than when I was living in Houston. It balanced out. I will say it was very difficult returning to Doha during COVID after he passed and that influenced my eventual decision to return home to be closer to loved ones.

**Q: What were your expectations of how working in Qatar was going to be like and of did those expectations compare to what you actually experienced?**

**A:** I wasn't sure what to expect really. However, it met my expectations. Patient populations and management were similar to what I would be doing in the USA except I had to be more creative in consideration of cultural differences and limited community resources. I didn't expect so many expats from the USA in the community, which helped with the transition of living so far away from everything familiar. The colleagues I worked with exceeded my expectations in ways to collaborate to prioritize patient care.

**Q: Did you feel well compensated regarding salary/vacation/benefits?**

**A:** I was very well compensated, and my salary was a little more than my USA salary. Salary included an allowance

for rent, transportation, and mobile and if you didn't use it all it could go into savings. Some allowance is allotted for school tuition. Additionally, salary included an amount to cover USA taxes. Benefits were similar to the USA, and I had good access to dental and healthcare. There is no retirement 401k, 403b etc. but there was a small pension. Expats also cannot contribute directly to US retirement accounts while abroad so it is advisable to talk with a CPA familiar with expat taxes.

**Q: What advice would you give to someone who is interested in working abroad?**

**A:** If someone is interested in going abroad, network and find people who may have had the experience. I recommend stopping at job fair booths, especially if there is someone advertising for a job abroad, just to get a feel for what is being offered. If able, go visit a country for vacation if there is a country region you would like to work in. Review all the policies for practicing/obtaining licensure as in some countries you cannot practice directly coming from the USA. Consider participating in medical service trips to other countries. This may also provide a network of people for more permanent opportunities. Look at what is important to you (i.e., being near family, living on a lower salary vs a higher salary, have you traveled or lived away from home before, can your spouse/children make the transition/journey as well, if you will relocate with kids what about school and costs, etc.).

**Q: Was the citizenship/permanent residency/visa process over there difficult to maneuver? How did you find navigating things such as finding housing/schools for your kids (if you have any children)/day-to-day activities?**

**A:** The hospital manages all things related to residency/visa. There were a few more check-off points upon arrival, but the hospital organized these matters in groups. Housing was also assigned by the hospital. I requested a different housing option after my first few months. I needed hospital approval, but it was not hard to find new housing and there are agents that help expats find housing if they are independently looking. I did not have kids in school but there are American or International schools in Qatar which

are private schools. I did not hear any colleagues say they had difficulty in finding a school. I did get my driving license and that is a strange process but I was eventually able to obtain it.

For me outside of work, I enjoyed walking the pier for exercise. I found a Pilates teacher and participated in Pilates. There were some Meetup groups for various things, and I went to a few of those. There are many good restaurants so socializing over tea, snacks, or lunch/dinner at various restaurants was probably the most common activity. I am not a huge shopper but there are many areas for shopping. There are beautiful museums and festivals. Qatar is surrounded by water so sometimes I participated in water activities. Qatar is more of a family-oriented place and it's nightlife is probably more limited than Dubai, but I was okay with that.

**Q: What were your favorite things about living in Qatar?**

**A:** I loved Qatar for the architecture, the cultural immersion, access to luxury resources, access to travel, the food, and the international diversity. I decided to leave with COVID and my father passing away, but I probably would have stayed longer if those major life events hadn't occurred.

**Q: What things do you wish you had known prior to practicing in Qatar?**

**A:** I don't know if there is anything I wish I had known as working and living abroad is an adventure in and of itself. Many things I learned as part of a steep but interesting learning curve.

**Q: Thank you so much for your time and for sharing your experiences in Qatar, this was some great information that I'm sure many people interested in working abroad will appreciate!**

**A:** No problem! Thanks so much for having me!

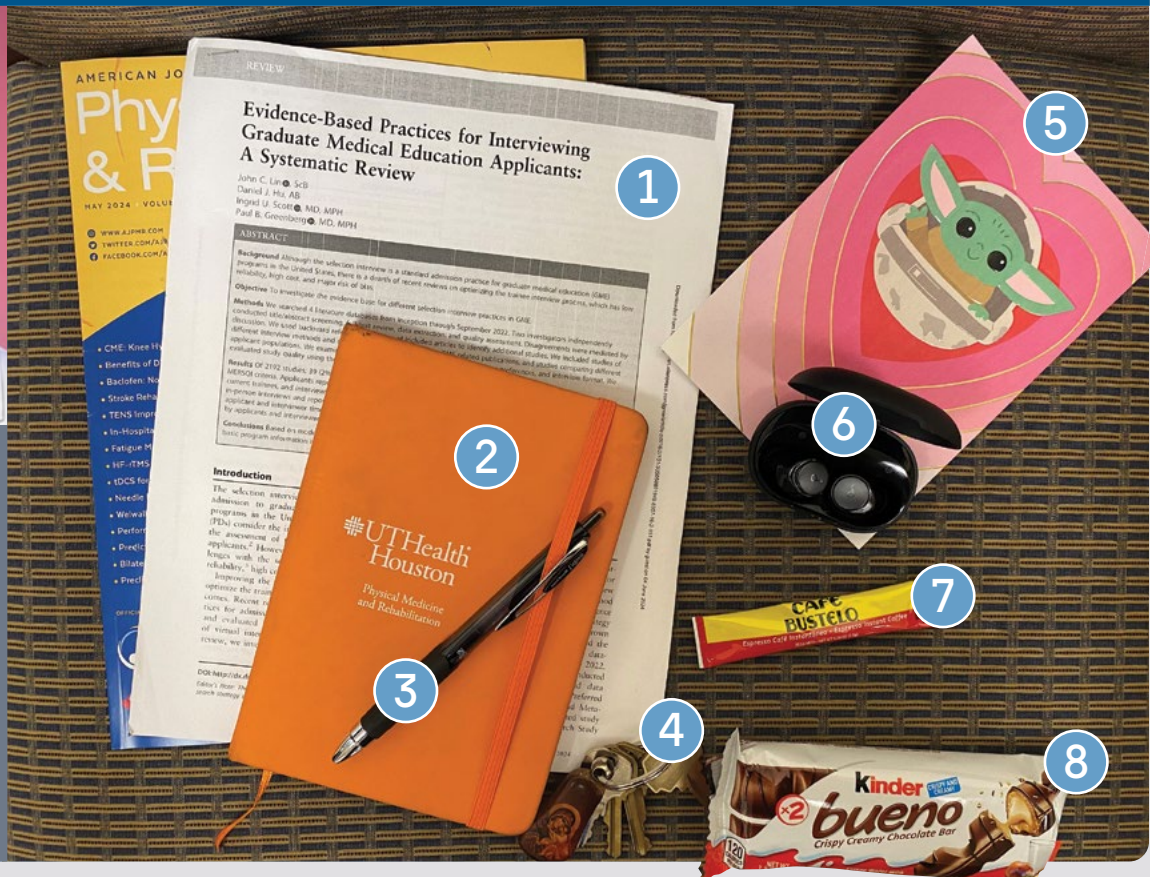
*\*\*If you or anyone you know is interested in sharing their experience practicing Physiatry abroad and would like to be featured in the next edition of our International Physiatry column please reach out to Faheem Mahomed, MD, via email at: [faheem2892@gmail.com](mailto:faheem2892@gmail.com)\*\**



# A Sense of Belongings: Nikola Dragojlovic, DO



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



Nikola Dragojlovic, DO is an Associate Professor in the Department of Physical Medicine and Rehabilitation at UTHealth Houston. His primary clinical interest is inpatient rehabilitation after brain injury, stroke, and polytrauma. He enjoys resident and medical student education and serves as residency program director. Additionally, he is the co-chair of the AAP RFPD Resident Recruitment subcommittee.

1. **Articles:** I always keep articles or journals in my briefcase, to catch up on reading in my downtime. More often than not, I'm carrying around articles from my two professional loves: neurologic rehabilitation and graduate medical education.
2. **UTHealth Houston notebook:** I'm a visual learner and need to write things down to plan, remember, and stay organized.
3. **Uniball Signo 207:** my favorite pen! It won't smear if you're left-handed [like me], has a comfortable grip, mild heft, and is cheap enough that I won't cry if I lose one.
4. **House keys:** My best friend visited a monastery in Serbia (where my family is from) and brought me back this keychain in 2006. It's developed a nice patina, but now that we live far apart, this is a daily reminder of our decades-long friendship.
5. **Valentine's Day card:** From my wife, Terri, who knows just how much I love her and Star Wars.
6. **Noise-cancelling ear pods:** Need I say more?
7. **Café Bustelo instant coffee:** I am an instant coffee snob, having tried over 40 varieties and have a running "Best Instant Coffee" list (ask me about it!) This is my current fave and I never leave home without it.
8. **Kinder Bueno:** who doesn't like crispy, chocolatey wafers after a tough day?



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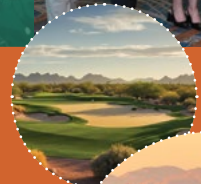
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