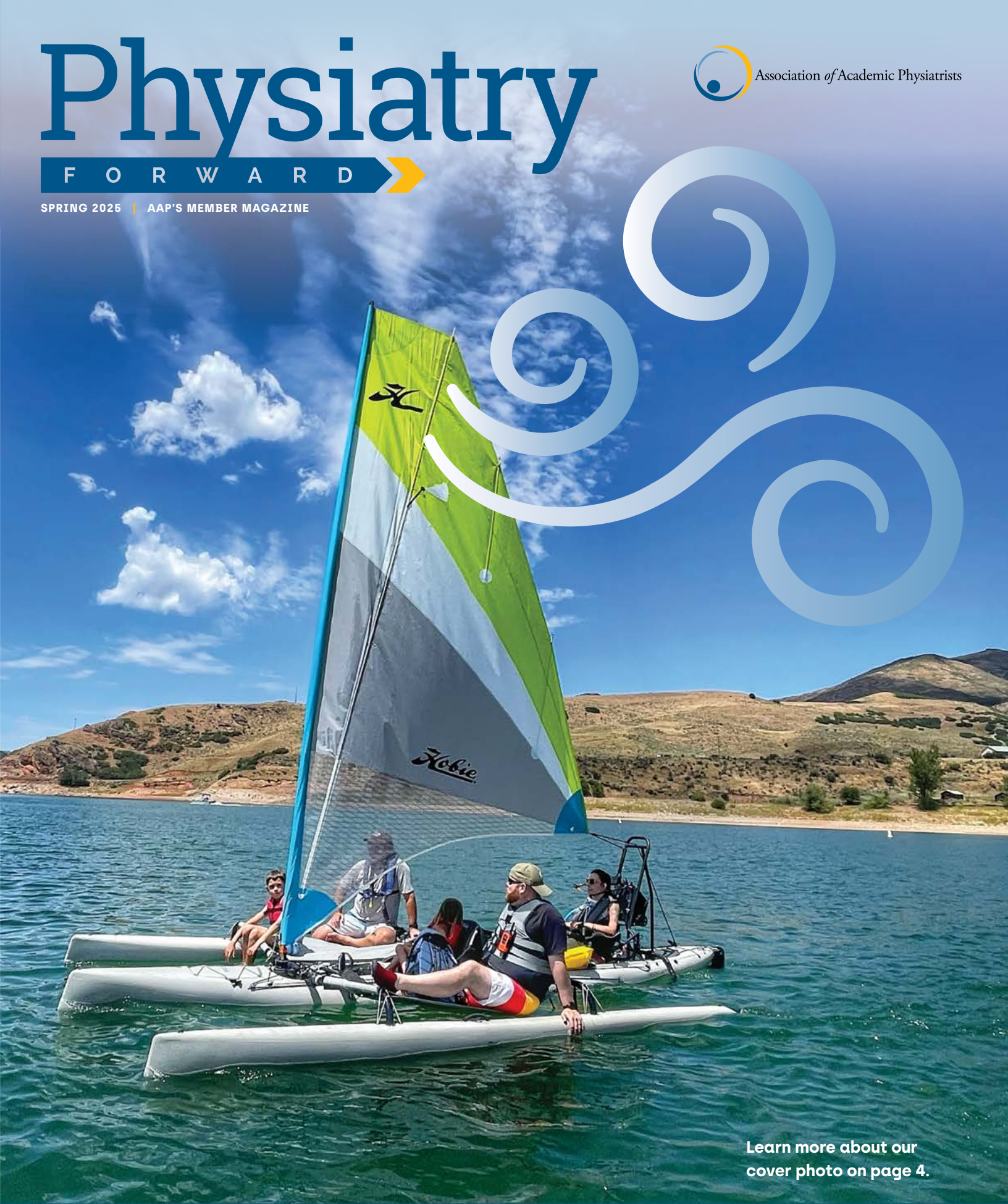
Physiatry FORWARD

SPRING 2025 | AAP'S MEMBER MAGAZINE

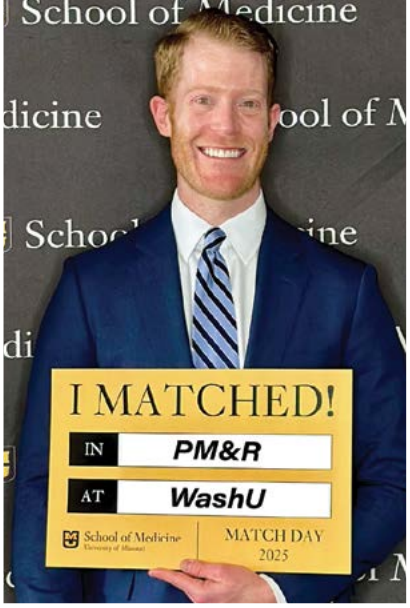
Association of Academic Physiatrists



Learn more about our cover photo on page 4.

Congratulations to the future physiatrists who've matched into residency—your hard work, late nights, and relentless dedication have led to this moment. We can't wait to see where this next chapter takes you!


I MATCHED IN PEDS/PM&R
AT LURIE CHILDRENS / SHURLEY RYAN


I MATCHED!
IN PM&R
AT WashU
School of Medicine
MATCH DAY
2025


I matched in
PM&R
at
Univ. of Washington


I MATCHED!
PM&R
Baylor


I Matched!
at Mayo Clinic MN
in PM&R


I matched!
in PM&R
at RUSH
Northwestern Medicine
#NUMatchDay
@nufeinbergmed


MEDICAL COLLEGE OF WISCONSIN
I Matched at....
Medical College of Wisconsin
into...
PM3R


I MATCHED!
IN PM&R
AT MetroHealth/Case Western
MCG Match Day | March 21, 2025


I MATCHED!
IN: PM&R
AT: SUNY Upstate
TOURO COLLEGE OF OSTEOPATHIC MEDICINE
#matchday2025


I matched in PM&R #1
@ MARY FREE BED (Grand Rapids MI)
LMU DeBusk College of Osteopathic Medicine
LINCOLN MEMORIAL UNIVERSITY
#DCOMmatch #MatchDay med.LMUnet.edu


KCU
I MATCHED!
PM&R @ RIM
(DETROIT, MICHIGAN)
KCU match day! #KCUMATCHDAY


I MATCHED!!
IN PM&R
AT


I MATCHED!
IN PM+R
AT Northwestern/SRAL
MEDICINE


I MATCHED!
PM&R
KESSLER


MATCH DAY 2025
MATCH DAY 2025

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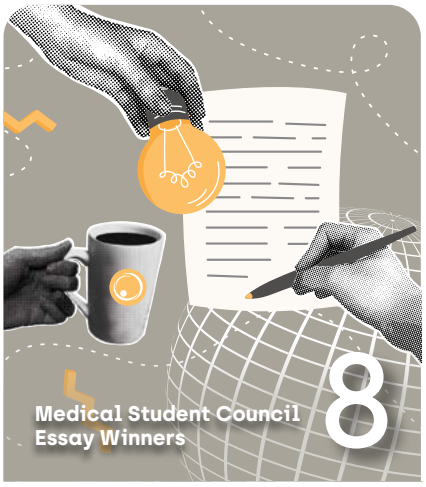
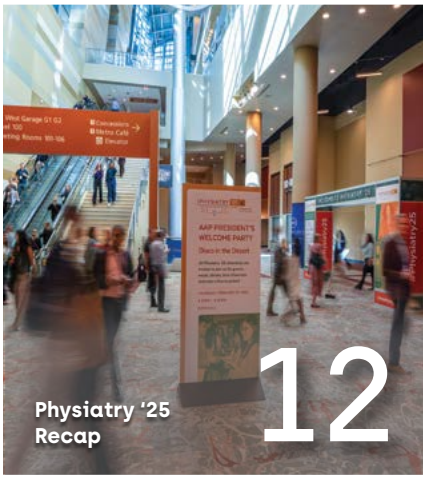
SPRING 2025: INSIDE THIS ISSUE

FEATURES

REGULAR COLUMNS





ON THE COVER

The University of Utah Rehabilitation gives people with disabilities the opportunity to experience watersports with the **Tetra Watercraft,** the world's first hybrid watercraft that can be *independently* sailed by people with complex spinal cord injury or disease.

***Physiatry Forward*, AAP's member magazine**

As spring blossoms across the country, we're reminded that growth isn't just seasonal—it's foundational. In this issue, we turn our focus to the future of physiatry: the bright, curious, determined minds of medical students devoted to the pursuit of healing others.

From anatomy labs to late-night study marathons, these students are learning not only the science of the human body but also the art of compassionate care. We highlight their stories, their motivations, and their dreams—offering a window into the making of tomorrow's physiatrists.

We also celebrate the thrilling milestone that is Match Day—that heart-pounding, hope-fueled moment when hard work meets destiny. Across the country, envelopes were opened and futures unfolded, and we celebrate those who matched into PM&R and welcome you to this vibrant, evolving field!

We'll also recap our Annual Meeting: Physiatry '25. This year's event reaffirmed why we do what we do—and why we do it together.

Now read on! And don't forget—our submission box is always open.

Liz Raubach
AAP Communications Manager
lraubach@physiatry.org

physiatry.org/PhysiatryForward

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

Contribute to our Summer issue of *Physiatry Forward!*

Submit your photos, content, ideas, and more by visiting **physiatry.org/PhysiatryForward** and filling out a submission form.

Physiatry NXT

Elevate your career
to the next level

REGISTRATION NOW OPEN!

Gain practical insights that will directly impact your career by joining us for this immersive experience! Through hands-on, small group discussions and case-based learning, you'll have the unparalleled opportunity to sharpen your skills in key areas and gain practical insights that will directly impact your career.

REGISTER NOW **PHYSIATRY.ORG/PHYSIATRYNXT**

AUG
21-23
2025

CHICAGO

FROM THE PRESIDENT

Dear physiatrists, researchers, trainees, and community members,

Christopher J. Visco, MD

I'm grateful to be able to write this note to you, and especially grateful for the outstanding leadership of our immediate past president Karen Kowalski, who has kept our organization well prepared to meet this moment. We have been fortunate to have smart stewardship of our specialty organization with "many hands" of volunteers and an amazing staff. Personally, I came into physiatry wanting to make a difference in patients' lives. I was fortunate to train at a medical school with a mandatory rotation in PM&R and also lucky to work with incredible mentors early in training. Those mentors introduced me to the AAP where I got exposure to this incredible community of learners, nearly 20 years ago. At the AAP, members have every opportunity to make that difference and grow in their academic leadership, contributing to their patients and to the specialty.

I'm writing this after match day, when medical students interested in physiatry make their commitment to programs around the country. The desirability of our specialty has grown quite a bit; accordingly, competitiveness has palpably increased and programs are filling with top-notch talent. These future physiatrists will join our ranks to educate, research, and lead. Meeting this demand will require innovation and resources. Yet, across the nation healthcare and education funding is in jeopardy and important research is in peril. Ultimately, the most severe effects will be felt not by trainees but by the most vulnerable amongst us, our patients. This remains a time for staunch advocacy for our specialty and the patients we care for. Questions abound with an uncertain/volatile future ahead: How will we obtain the needed supplies for our patients? How will research funding gaps be managed? Are there alternatives to help with GME funding? What about our important international relationships with individuals and organizations? I could go on.

Take a look at some of the work that came out of our recent meeting from February 2025. The newly formed AAP Regenerative Rehabilitation Consortium, ARRC, focuses on supporting researchers doing work in regenerative medicine, the kind of innovation needed for

tomorrow's physiatric clinical care. The Education Committee has a wide scope of important projects that connect directly to the needs of academicians and learners. A recently approved subcommittee will bring disability education to student and resident trainees, and the development of the upcoming PhysiatryNXT meeting will support early- and mid-career faculty. The Public Policy Committee is very active and working hard, along with the lobby group Polsinelli to keep up with the fast-changing federal government policy and identify opportunities for federal lobbying. The Physiatry Foundation, our new philanthropic arm, held a wildly successful fundraising pickleball competition. These are just to name a few current initiatives. Our organization prioritizes knowledge, service, innovation, and collaboration. We remain consistent and steadfast in our values as we continue to align organizational activities with our mission and with our strategic plan. As part of this community I ask this of you; I encourage you to meet with a colleague and talk about the needs of YOUR community. Reach out to someone that is a part of this organization, make a phone call, meet and have a cup of coffee. Discuss how you can volunteer with us and help with one of these important initiatives (the volunteer portal is open). Do this to take a moment away from the chaos and charged rhetoric and instead connect with a colleague to have a conversation about productive change. Fill up your cup. We need you at your best. We have work to do.

Sincerely,

Christopher J. Visco, MD

Ursula Corning Associate Professor of Rehabilitation Medicine
Vice Chair, Department of Rehabilitation and Regenerative Medicine
Columbia University Vagelos College of Physicians and Surgeons

Director of Residency Training in Physical Medicine and Rehabilitation
Associate Director of Fellowship Training in Sports Medicine
NewYork-Presbyterian Hospital, Columbia and Cornell
President, Association of Academic Physiatrists

MEDICAL STUDENT COUNCIL

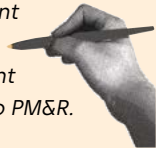
ESSAY WINNERS

The Centenarian's Manifesto

BY FRANCESCA ODETTE JOHNSON

*This essay recently won **first place** the AAP's newly revived Medical Student Council (MSC) International Physiatry Essay Contest.*

Bio: Francesca is a second-year medical student at the California University of Science and Medicine. She is the president of CUSM's student PM&R group and has her heart set on going into PM&R.



"Have you heard of the wonderful one-hoss shay,
That was built in such a logical way
It ran a hundred years to a day,
And then, of a sudden, it — ah, but stay,
I'll tell you what happened without delay."

She started with the primary care physician with a sports medicine subspecialty, who sent her to a PhD physical therapist, then on to a neuro-chiropractor, acupuncturist, a rheumatologist, an orthopedist, and finally, a spine neurosurgeon. None brought relief. Two surgeries were offered.

Although this algorithmic odyssey was common for our clinic's referrals, LB was not. At 82- years-old, with a body like a willow and a mind like a whip, she had discovered Physiatry.

She said "no!" to the surgery, and "yes!" to Dr. J, the spine physiatrist.

LB's eyes twinkled with the kind of mischief that only comes from a long life well-lived. Her frame was lean, her hair set in a short, no-nonsense bob with a 1940s victory roll that hinted at past flirtations with glamour. She smelled faintly of fresh linen. She moved like Amelia Earhart might have in her 80s. Ninety pounds of sheer will. She abhorred complaining. She believed in getting on with it.

"I don't want you to think I'm a complainer," she began, "but I don't seem to find my way through this."

A year earlier, she had lost her husband—her best friend of over sixty years. Two months later, she tripped and fell. Ever since, she'd been stooped with back pain radiating down both legs. She followed the protocol: rest, activity modification, OTC meds, imaging, and PT. Five months of it.

"I gotta say, Doctor," she reflected, "I hadn't seen a doctor since giving birth, and that reminded me why I stayed away."

Dr. J paused, then asked gently, "How are you coping with the loss of your husband? Do you see a future?"

She let the air escape her lungs and sank back into the chair. Eyes unfocused. A long silence.

"Yes," she finally whispered. "I just want to be here for the kids. Just to talk with them."

Bingo. A goal.

"Tell me what it's like talking with your family," Dr. J said.

She lit up. Stories poured out: her father's prayers in the 1920s, her ancestors' grit, how she taught her kids to weather both economic and emotional depressions. She described their weekly gatherings with a reverence usually reserved for holy days.

"That sounds worth struggling for," said Dr. J. "Let's make a plan."

During the physical exam, she mentioned she still had "the Charleston, Foxtrot, and Waltz in my bones." Dr. J grinned and asked her to show him. She obliged. He took a few steps with her.

"If we work on your pelvic stability and cardiac stamina, you might get some of that back," he said.

"That's not something I expected from a doctor!"

He explained her imaging results—X-rays, MRIs, EMG/NCS—then set them gently aside.

"I've got a menu of options," he said. "We could try nerve and joint blocks. But I think if we get you stronger first, you might not need them."

The prescription: pelvic stabilization and aquatic PT. Two pages long, with a side of cardiac rehab snuck in, as well. Injections remained on standby.

At her one-month follow-up, she smiled.

"The pain's still there," she said, "but I don't mind it so much anymore."

That became the pattern. For twenty years, she returned annually—usually with a new ache loud enough to make her consider a shot "or something!" Each time, she received a plan tailored to her ever-resilient, ever-aging body.

In 2021, she celebrated her 100th birthday with a Roaring Twenties-themed party. Black tie. Big band. She danced the Waltz with Dr. J.

She lived independently. She stayed present for her family. She kept dancing.

At 103, she caught a bug. Her systems unraveled—gently but all at once.

She made one more call.

She didn't ask for a cure. She asked for Dr. J's take on an end-of-life plan. From a physiatrist. Someone who saw all of her—not just the body, but the stories it carried.

Just like the one-hoss shay—
"How it went to pieces all at once, —
All at once, and nothing first, —
Just as bubbles do when they burst."

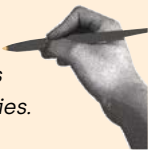
Excerpts from *The Deacon's Masterpiece* or, *The Wonderful "One-Hoss Shay": A Logical Story* by Oliver Wendell Holmes Sr., first published in 1858, are used to frame the arc of LB's journey.

Beyond the Hospital Walls: The Silent Struggle

BY: SARA OMAR

*This essay recently won **second place** the AAP's newly revived Medical Student Council (MSC) International Physiatry Essay Contest.*

Bio: Sara is a student in Weill Cornell Medicine's MD program at its Qatar branch - a tertiary academic medical center fully integrated with the NYC campus. She is passionate about pursuing a career in physiatry, and has a deep interest in disability advocacy, global health, and expanding access to rehabilitation care across diverse communities.



I first saw Amir lifeless. His body tensed on the hospital bed, his eyes open but blind, his breathing rhythmic only through the machines around him. He survived carbon monoxide poisoning, but the harm was already done. Paralysis. Non-verbal. Isolated.

No one knew how long Amir had been absent when his colleagues found him, slumped in the cramped dormitory he shared with twelve other men. The dorm—a storage box rather than a house—had no windows, a single door, and a generator humming inside to keep out the blistering heat of the suffocating desert. That generator, clogged and leaking fumes, had created a quiet, deadly assassin's atmosphere.

Amir arrived in Qatar as do tens of thousands of migrant workers: young, ambitious, and ready to suffer backbreaking work for the promise of a better future. He left behind a wife and two little children, his minimal wages their sole source of security. Now his body turned against him. He could not go home. He could not work. He could not even seek assistance.

The doctors managed to stabilize him, but the prognosis was terrible. His body was whole, but not responding. He couldn't work, he couldn't talk, he couldn't even go back home. His family, hundreds of miles away, couldn't possibly afford to fly in to see him. And here was the bitter reality: even if Amir lived, then what?

It is here that a physiatrist intervened—not so much to cure his paralysis, but to struggle for his dignity, his future, and the right to rehabilitation itself.

Amir's physiatrist understood that rehabilitation wasn't just restoring movement. Rehabilitation was about equipping him with the means of taking back his life. A hospital bed was only so much—what Amir required was extended rehabilitation, a social support system, and a secure environment in which to recover.

But that was never the promise. Migrant workers such as Amir were brought in to work, and without the ability to do that he could be repatriated without consideration for a care plan in the third world country from which he hails. That was not medicine—it was abandonment.

The physiatrist would not let it go that far. In addition to arranging Amir's rehab therapy, they lobbied for him at every level—fighting for additional inpatient rehab, securing treatment via speech and occupational therapy, and contacting community agencies that would be in a position to offer him financial and social support.

Amir's tale was not an isolated case. All over the world—including here in the United States—rehabilitation is reserved for the elite. Socioeconomic status decides who gets to visit a therapist. Insurance policies decide who gets to attempt recovery. Disadvantaged populations—whether migrant workers in the Gulf or uninsured Americans in rural areas—must endure the same uphill battle.

This is why physiatry isn't just the treatment of disability—it's about fighting for equity. Physiatrists walk the line between medicine, policy, and advocacy, and they're ensuring that recovery isn't a privilege, but a right.

All the efforts of his therapy team meant that Amir was no longer just another case that had fallen through. He had a second chance. His uncooperative hands learned to grasp again. His silence vanished and words began molding themselves again on his lips. But, most essentially of all, he was not left behind.

Physiatrists don't only restore motion; they restore autonomy. Amir's tale is evidence that genuine rehabilitation goes beyond the walls of a hospital—genuine rehabilitation means intervening in the socioeconomic and environmental determinants that govern a patient's existence.

In a time when health care is so often defined by borders—by what the insurance will pay for, by what's accessible, by what is sufficient—physiatry asks us to go further. It requires that we ask: What beyond the hospital? Who will be the advocates for the patients that society leaves behind?

Amir's rehabilitation was more than a medical triumph. It was a testament to the redemptive power of rehab medicine to transform lives—not only through treatment, but through activism, compassion, and an unyielding pursuit of justice.

As physiatrists, current or future, we owe it. We are not merely fixing the broken; we are taking back independence, dignity, and hope. And that, above all else, is what medicine is all about.

This is why physiatry isn't just the treatment of disability—it's about fighting for equity. Physiatrists walk the line between medicine, policy, and advocacy, and they're ensuring that recovery isn't a privilege, but a right.

Lacing Up: Reminders in Rehabilitation

BY: SOPHIA THOMPSON

*This essay recently won **third place** the AAP's newly revived Medical Student Council (MSC) International Physiatry Essay Contest.*

Bio: Sophia is currently entering her fourth year at Eastern Virginia Medical School in Norfolk, VA, and will be applying for her PM&R residency in the upcoming 2025-2026 match cycle.

I knocked softly on the door and entered, greeted by the quiet emptiness of a hospital room. It was immaculately clean, yet devoid of personal touches or mementos. In the far corner of the room, a man in a wheelchair struggled with a red and black pair of Nikes, attempting to put on the right shoe. His face was a study of concentration, but a tear ran down his cheek, as if the task had become more than physical. He gave up when he heard me enter and turned to stare out of the window, which stretched floor to ceiling and offered a view of downtown Chicago.

"I'm right-handed too," I said, "the right shoe always gives me more trouble than the left."

At this, he met my eyes for the first time, and a small, weary smile appeared on his face. I offered him a tissue, our silent exchange a connection for both of us in different ways.

I was helping to conduct a study on the incidence of substance abuse disorders among individuals with spinal cord injuries (SCI). The findings were striking—most patients with a history of substance abuse had no record of it in their charts, despite lengthy stays in an inpatient rehabilitation unit. It highlighted an often-overlooked aspect of rehabilitation: the intersection of physical trauma and personal history.

The man I was talking to was in his fifties. He had suffered a T8 spinal cord injury from a gunshot wound. After a series of routine questions for the study, we shifted to a more informal conversation. He shared the story of his life, beginning with the small neighborhood in southwest Chicago where he grew up—a place where he had battled alcohol and drug addiction, where he had met his wife, and where the gunshot wound had forever altered his life.

"I swear to God," he said with quiet conviction, "I'm grateful I got shot. I can't walk, but I'm still alive. If I had stayed in that neighborhood, the way I was living would've killed me."

In the hospital, he was receiving treatment for his spinal cord injury, but there was no mention of his substance abuse in his record or care. For him, his injury was almost a blessing—an escape from the life that had consumed him. His perspective was humbling. He had been forced into a new reality, one where his body no longer worked the way it used to, but he saw this as a chance at life.

Patient battles often extend far beyond what is recorded in medical charts. As physiatrists, our role isn't just to help our patients adjust to physical limitations but to understand the emotional, psychological, and social factors that shape their recovery. These factors are just as significant as the physical rehabilitation they undergo.

It is easy to get bogged down by the seemingly insurmountable task of pushing back against social determinants of health. It's easy to forget to see the person behind the diagnosis, to separate yourself from the emotional weight of their experiences. But people are struggling with more than what they admitted for, and we have a unique privilege to help. It truly does matter.

For many of the patients I worked with on that study, their stories were not just about their SCIs. They are about the environments they return to, the challenges they face in their homes, and the tools they need to build resilience. So much of their success depends on the coping mechanisms they develop once they leave the hospital. As physiatrists, we must not only focus on their physical rehabilitation but also help them prepare for the realities of life outside—where their safety, their mental health, and their ability to cope with the pressures of their past will shape their future.

It is easy to get bogged down by the seemingly insurmountable task of pushing back against social determinants of health. It's easy to forget to see the person behind the diagnosis, to separate yourself from the emotional weight of their experiences. But people are struggling with more than what they admitted for, and we have a unique privilege to help. It truly does matter.

Over the next few days, I visited this patient at around 3:30 each afternoon. Each time, we talked—sometimes about his past, sometimes about his future, but always about the quiet courage it took to keep going. On his last day prior to discharge, I knocked on his door for one final conversation. As I entered, I saw him facing the window once again, but this time, he turned around with a newfound agility. The once untied red and black Nikes were now neatly tied into bows.

His progress wasn't just physical—it was a testament to his resilience. And in that moment, I realized how much it mattered, both to him and to me.

PHYSIATRY '25

The future of physiatry happens here.

We're still buzzing from the energy of Physiatry '25 in Phoenix! Thank you to everyone who helped make the event truly extraordinary. Next stop: paradise—see you in Puerto Rico for Physiatry '26!

Physiatry '25 welcomed **1,857** physiatry professionals from the US and across the globe for premier education and training, cutting-edge research, and the perfect combination of warm weather and even warmer company.

From core group meet-ups like our Program Directors, Coordinators, Chairs, and Med Student Educators Councils, and early-career skill-building through ultrasound and spasticity workshops, to innovative, interactive sessions covering clinical advancements, medical education, research, and leadership—plus a special track on regenerative rehabilitation—Physiatry '25 offered **over 80 unique learning opportunities.** Truly, there was something for everyone.

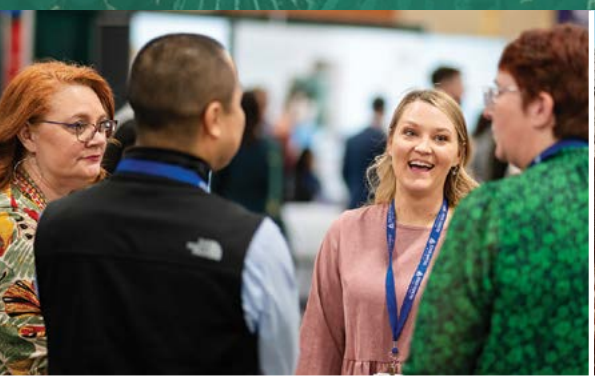
Nearly 1,000 posters were showcased in our reception-style Poster Gallery, where attendees enjoyed live Q&A sessions with authors, meaningful networking with peers and mentors, and a relaxed atmosphere complete with wine and cheese.

A huge thank-you to the **70+ sponsors and exhibitors** who elevated the experience with hands-on cadaver labs, engaging breakfast and lunch symposiums, lively receptions, and the standout booths and branding that made our meeting shine.

Between learning and networking, there were many special receptions to help our attendees wind down and reconnect including our far-out ***Disco-in-the Desert*** themed President's Welcome Reception, off-site Resident/ Fellow Networking Night, Medical Student Quiz bowl, and much more. Our adventure-loving members also made the most of the sunny destination—hiking Camelback, cheering on the Phoenix Suns, and hitting up the vibrant restaurant scene with both new and old friends.

A LOOK BACK AT PHYSIATRY '25 —

It Was Your Time to Shine, and Wow, What a Bright Meeting!



CONGRATS AAP AWARD WINNERS

DISTINGUISHED ACADEMICIAN AWARD

Timothy Dillingham, MD, MS;
University of Pennsylvania

EARLY CAREER ACADEMICIAN AWARD

Berdale Colorado, DO, MPH;
University of Alabama at Birmingham

Shanti Pinto, MD,
University of Texas Southwestern

MCLEAN OUTSTANDING RESIDENT/ FELLOW AWARD

Kuntal Chowdhary, MD;
New York Presbyterian

INNOVATION & IMPACT IN EDUCATION AWARD

Daniel Herman, MD, PhD; *UC Davis*

OUTSTANDING MENTOR AWARD

Pam Hansen, MD; *University of Utah*

AAP OUTSTANDING SERVICE AWARD

Ravi Kasi, MD;
Rush University Medical Center

Mark Volker, MD; *University of Minnesota*

OUTSTANDING STUDENT INTEREST GROUP AWARD

Albert Einstein College of Medicine
Student Chair: Rachel Siegel /
Faculty Advisor: Stephanie Rand, DO

The New Stuff That Took Center Stage

Physiatry Foundation Pickleball Championship Games

Thank you to the twenty-four (24) physiatry institutions that competed for the gold in the Physiatry Foundation's first annual Pickleball Championship games at Physiatry '25 in Phoenix.

From matching uniforms and cheerleaders with pom poms to some intense, highly skilled matches—you brought the fun and fierce competition.

Shirley Ryan AbilityLab Brings Home the Hardware

- Congratulations to our champs, Samuel Chu, MD and Sean Weber, DO representing Shirley Ryan AbilityLab. Thank you to our sponsors Encompass Health!

Runner Up & Honorable Mentions

- University of Kentucky takes 2nd Silver
- Johns Hopkins won Best Uniform sporting bright tie-dye and even brighter smiles!
- JFK Johnson Rehabilitation Institution was a finalist in the competition and won Best Team Spirit for cheering on their team with Big Head cutouts.

It's not too early to start planning your all-star teams to challenge these winners at Physiatry '26 in Puerto Rico!

Poster and Paper Judging with CASH Prizes

First Place: Benjamin Petrie, MD, Northwestern/Shirley Ryan AbilityLab

Second Place: Gerard Limerick, MD, PhD, Johns Hopkins University School of Medicine

Honorable Mention: Kimberly Rosenthal, MD, Eastern Virginia Medical Center

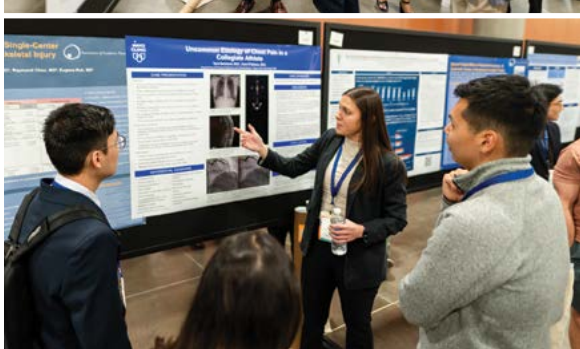
Honorable Mention: Yelyzaveta Merenzon, BA, Medical College of Wisconsin

Honorable Mention: Nirmal Maxwell, DO, MetroHealth

Honorable Mention: Casey Salandra, DO, UT Southwestern

Honorable Mention: Polly Creveling, MD, University of North Carolina

Honorable Mention: Isabel Nipp, MD, MS, University of Connecticut



ART GALLERY -
Reflections: Exploring Identity after Illness or Injury

The AAP proudly launched its inaugural Art Gallery Exhibition at Physiatry '26, featuring 54 pieces by 40 artists from around the world, including Arizona, Qatar, and Iran. Titled *Reflections,* the exhibit showcased works by artists exploring their identities through rehabilitation and recovery. Spearheaded by Colette Piasecki, a second-year Harvard-Spaulding resident and hobby artist, the exhibit highlighted the therapeutic power of creativity. It brought together artists from all backgrounds, including patients, healthcare workers, and families, fostering understanding and empathy through shared stories.

Throughout the meeting, many attendees visited the gallery to view and engage with the artwork. The exhibit will continue in future years, engaging local community artists at each conference location. For those interested in contributing, please contact Colette Piasecki-Masters at cpiasecki-masters@mgb.org.

This exhibition was made possible with support from the AAP Resident-Fellow Council Wellbeing Committee and the curator team: Dr. Yumi Shirai, Elizabeth Vargas, and Ted Huff from the Sonoran Center for Excellence in Disabilities ArtWorks.

Regenerative Rehab Track

Curated by the newly established AAP Regenerative Rehabilitation Consortium (ARRC), this special track aimed to strengthen both the scientific foundations and practical applications of regenerative medicine, fostering innovative approaches to healing and rehabilitation. Dr. Tom Rando's plenary talk, titled *In Pursuit of Regenerative Rehabilitation: Exercise, Stem Function, and Inexorable Aging,* set the stage for the special track, which featured five educational sessions ranging from introductory to expert-level content.

Learn more about ARRC on page 18

Over $25k Raised @Physiatry '25!

Together, we raised over $25,000 including pickleball, the live donation display, and AAP's match donation—and we cannot thank you enough.

Whether your gift supports scholarships impacting individual lives, programs supporting the next generation of physiatrists, or our wide-reaching innovative programs fund—you are affecting positive change for the future of physiatry!

DONATE NOW

In Their Words

Don't take it from us! Hear what our attendees have to say about Physiatry '25 and plan to attend Physiatry '26 in Puerto Rico, February 17-21, 2026.

INTRODUCING OUR NEW COMMUNITY –

AAP Regenerative Rehabilitation Consortium! (ARRC)

Involved or interested in Regenerative Rehabilitation? Don't miss the opportunity to get involved with this fast-growing and forward-thinking community on the ground floor.

You'll make connections with like-minded peers and mentors, gain access to innovative resources and opportunities, and help drive the creation and transfer of knowledge associated with the development and translation of technologies that restore function and enhance the quality of life of patients.

JOIN US!

Research Partners - Join the leading hospitals and universities in the domains of regenerative medicine and rehabilitation science.

Individual Membership - We welcome physicians, researchers, trainees, and others to join our new community!

AAP Members - AAP members are invited to add on ARRC membership for free or for just $50 (physician members).

FOR MEMBERSHIP INFORMATION

ARRC

AAP REGENERATIVE REHABILITATION CONSORTIUM

SAVE THE DATE

ARRC Presents:

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Call for
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Nov. 20-22, 2025
Chicago, IL

Hosted by:
Shirley Ryan AbilityLab

WORDS OF WELLNESS

Welcome to your quarterly Words of Wellness, a column dedicated to giving you resources and inspiration to intentionally practice wellness and encourage your peers. These features are brought to you by the AAP's Resident/ Fellow Council (RFC) Well-being Subcommittee.

WELLNESS EVENT

Wellness Event with Texas Rehab

AUTHOR: MELINA LANDRY, DO

Something really special happened recently—our program's **Ramadan Event!** In an effort to better understand and connect with our colleagues and friends who were observing Ramadan, many of us chose to participate in the daily fast. The breaking of the fast, or Iftar was a truly joyous celebration after the challenging day of fasting.

Everyone coming together and sharing this experience was really heartwarming. The evening started with dates and a delightful array of dishes. One crowd favorite was the Rooh Afza a traditional beverage, with its distinctive rose essence. It was exceptionally refreshing. Beyond the culinary aspects, the evening provided a valuable opportunity to relax, play board games, and catch up.

This Ramadan Potluck centered around a shared experience and fostered community and connection. A relaxing and enjoyable evening!

FEATURED RECIPE

Miso Edamame Dense Bean Salad

Need a protein-packed, filling, easy to make ahead lunch option? Try this!

RECIPE FROM:
https://violetcooks.substack.com/p/weekly-meal-prep-616

INGREDIENTS

- 1/2 bag of Persian cucumbers (about 8 cucumbers)
- 1 can of white beans such as great northern beans
- 1 10 oz bag of edamame beans (thawed if frozen)
- 1 bunch of cilantro
- 1/4 of a red onion
- 1 cup of chopped green cabbage
- 5 green onions
- 2 jalapenos
- 1/4 cup sesame seeds

FOR THE DRESSING:

- 1/4 cup toasted sesame oil
- 1/4 cup rice vinegar
- 2 tbs tamari
- 2 tbs miso paste
- 1 tbs of grated ginger
- 1 tbs grated garlic
- juice of 1 lime

INSTRUCTIONS

1. Rinse and drain the white beans and edamame
2. Chop the cucumbers, cilantro, red onion, green onions, and cabbage. Add them to a bowl with the beans.
3. Slice the jalapenos in half and use the back of a knife to scrape out the seeds and pith. Mince the jalapenos and add them.
4. Add in the sesame seeds.
5. In a small container, mix together the sesame oil, rice vinegar, miso paste, ginger, garlic, and lime juice.
6. Pour over the bean mixture and toss thoroughly until the beans are coated. If there is extra dressing, it will soak into the beans and cabbage and become more flavorful.

FEATURED WORKOUT

Stretch and Strengthen: For Good Posture!

AUTHOR: AIMEE ABBOTT, DO

Here's a great workout you can do at home to help improve your posture, especially after long days at the computer when we tend to slouch and end the day with neck tightness and upper back pain!

This entire workout can be done in less than 15 minutes, helping you feel more aligned, relaxed, and energized!

STRETCH!

30 SECONDS EACH (4.5 MINUTES TOTAL)

1. **Seated Twist Left**
   - Sit tall, place your right hand on your left knee, and gently twist your torso to the left, looking over your shoulder.
2. **Seated Twist Right**
   - Sit tall, place your left hand on your right knee, and gently twist your torso to the right, looking over your shoulder.
3. **Cat Cow**
   - On all fours, Inhale to drop your belly toward the floor, arch your back, and lift your chest (Cow), then exhale to round your spine and tuck your chin to your chest (Cat).
4. **Thread the Needle Upper Back Stretch Left**
   - On all fours, thread your left arm under your right, lowering your left shoulder and head to the floor to stretch the upper back.
5. **Thread the Needle Upper Back Stretch Right**
   - On all fours, thread your right arm under your left, lowering your right shoulder and head to the floor to stretch the upper back.
6. **Side Bend Neck Stretch Left**
   - Sit or stand tall, tilt your head to the left, bringing your left ear toward your left shoulder, and gently rest your left hand on your head, applying light pressure.
7. **Side Bend Neck Stretch Right**
   - Sit or stand tall, tilt your head to the right, bringing your right ear toward your right shoulder, and gently rest your right hand on your head, applying light pressure.
8. **Pectoralis Stretch Left**
   - Stand or sit tall, extend your left arm out to the side and gently press your palm against a wall or doorway to stretch the chest.
9. **Pectoralis Stretch Right**
   - Stand or sit tall, extend your right arm out to the side and gently press your palm against a wall or doorway to stretch the chest.

STRENGTHEN!

45 SECONDS ON, 15 SECONDS OFF (8 MINUTES TOTAL)

1. **Dumbbell Row**
   - Bend at the hips with a dumbbell in each hand, then pull the weights toward your torso, squeezing your shoulder blades together at the top.
2. **Renegade Row**
   - In a plank position with hands on dumbbells, row one dumbbell toward your waist while keeping your body stable, then switch sides.
3. **Back Extension**
   - Lie face down with your arms by your side, then lift your upper body off the ground by engaging your lower back muscles, keeping your neck in a neutral position, and slowly lower back down.
4. **Single Arm Row Left**
   - Stand with one foot forward, hinge at the hips, and hold a weight in your left hand. Pull the weight toward your torso, keeping your elbow close to your body, then lower it back down.
5. **Single Arm Row Right**
   - Stand with one foot forward, hinge at the hips, and hold a weight in your right hand. Pull the weight toward your torso, keeping your elbow close to your body, then lower it back down.
6. **Superman Exercise**
   - Lie face down with arms extended forward, then simultaneously lift your arms, chest, and legs off the ground, squeezing your lower back and glutes, keeping your neck in a neutral position. Hold briefly, release, and repeat.
7. **Bird Dog Exercise**
   - From an all-fours position, extend your right arm forward and left leg back, keeping your hips and shoulders square, then switch sides.
8. **Chin Tucks**
   - Sit up straight, gently tuck your chin toward your chest, and hold for a few seconds, release, and repeat.

PHYSIATRY FOUNDATION

Looking for Ways to Help Celebrate your Graduates this Season?

Amplify your Appreciation with Physiatry Foundation! Donate, Send a Note & Make an Impact...

We know how proud you are—because we are too! PM&R residents, whether they are your trainees or peers, have made a lasting and meaningful impact on programs and patients across the country.

By donating to the Physiatry Foundation, you not only celebrate their achievements but also invest in the future of physiatry. Your support helps fund initiatives that advance careers, strengthen training programs, and shape the next generation of physiatrists.

Join the Movement & Celebrate Your Favorite Grads

HOW IT WORKS

1. ❤️ Make a secure donation of the minimum amount to Physiatry Foundation via your preferred payment method.
   - To thank a single grad donate $20 or more if you are in-training or $100 or more if you are a physician/ other.
   - To thank an entire graduating class, donate $300 or more based on the size.
2. Make sure to include the grad or program name and a brief message, you can even include photos or gifs!
3. The grad gets recognized on **AAP's Wall of 'Grad'itude,** on social media posts, and in our magazine *Physiatry Forward.*
4. The grad or group of grads receive a note of appreciation.
5. 💥 Boom! Your donation gets you into our giving circles & supports the future of physiatry.

A LITTLE INSPIRATION

Check out a few messages of gratitude for the Class of 2024

"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 seniors!"

"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."

Want to celebrate the entire graduating class? *Feel free to drop a general note of thanks and encouragement!*

Rehab and

By: Dr. Daniel Goodman and Kayleigh Crane
Daniel and Kayleigh are both members of the 2024-2025 AAP Public Policy Committee.

Do you know a plant person? You know, that person who is always buying and watering and replanting or is at least always thinking about those things. Maybe you are that plant person? Plants have a unique way of both nurturing and needing to be nurtured. People are the same. When so-called plant people meet one another, there is an instant feeling of understanding and kinship. There is a shared knowledge of frustration and enthusiasm, which is something special.

At the annual AAP Capitol Hill visit, I had the opportunity to meet another plant person who not only shares my passion for caring for plants but also the patient population physiatry entails. Dr. Daniel Goodman and I instantly connected over this mutual passion and hobby. We shared pictures of some of our personal leafy favorites while also discussing advocacy and lobbying. We shared stories of how we each acquired the greenery that surrounds our personal space, and how each of them tells a story. My favorite story is of my jade plant which has grown over 3 generations of women in my family. It was originally my mother's plant, who gave a cutting to my grandmother. Upon one of my family's moves, the original jade plant my mother owned did not make it. So, my grandmother gave a cutting of her plant that she had tended to my mother. My mother then took this cutting and grew another beautifully large jade tree, which she subsequently gave a cutting to me. When I go to water my jade tree, each time I think of that little story of how 3 generations of women in my family have helped to foster and grow this tree. Those two former generations of women who grew this tree, have helped sprout my career and water my growth in medicine .

Physician's plant the seed of their own practice, and then continually support its development. In physiatry, where we care for patients through different stages of life and recovery. We are able to promote our patients growth and advocate for their best interest.

We spend time tending to the patient, much like a gardener tends to their plants. When we first pot our plants, we make sure there is well-fertilized soil, which lays a foundation for strong roots to take place. As we prepare and make the best environment, we recognize some will thrive and others do not. Similarly, despite our best efforts and guidance, a patient's functionality may not always improve as we hope. We can make endless correlations of how doctors taking care of patients is like how individuals take care of plants, but we would be remiss not to mention that taking care of plants can promote a physician's well-being.

Dr. Daniel Goodman and I wrapped up our discussion at dinner a few months ago laughing about the thought of "when are too many plants considered too many plants?" I personally do not know, as I hope to continue to develop my passion and grow more plants as I continue my medical career. When I am a practicing physician with my own office, I too wish to fill mine with plants, as Dr. Goodman has his. In the end, we agreed that plants teach us many lessons, including the unpredictable course of nature and the impact we can impart.

Roots

PHYSICIAN'S PLANT THE SEED OF THEIR OWN PRACTICE, AND THEN CONTINUALLY SUPPORT ITS DEVELOPMENT. IN PHYSIATRY, WHERE WE CARE FOR PATIENTS THROUGH DIFFERENT STAGES OF LIFE AND RECOVERY. WE ARE ABLE TO PROMOTE OUR PATIENTS GROWTH AND ADVOCATE FOR THEIR BEST INTEREST.

CONSIDERING CAREGIVERS:
Supporting Those Who Support Our Patients

By Morgan Storino

Morgan is a third-year medical student and graduate student in the Health Justice and Bioethics program at the Lewis Katz School of Medicine at Temple University. She is originally from Easton, Pennsylvania and previously studied chemistry and Citizenship & Civic Engagement at Syracuse University. She hopes to pursue a career in physiatry after medical school.

IN HER TENTH DECADE OF LIFE, MARY WAS STILL AS ACTIVE AS EVER. WHEN I MET HER, SHE PRIDED HERSELF ON HAVING JUST PAINTED THE ENTIRETY OF THE FIRST FLOOR OF HER HOUSE BY HERSELF. JUST MONTHS PRIOR, SHE AND HER DAUGHTER, PAM, HAD WALKED A TURKEY TROT 5K TOGETHER. MARY CONSIDERED HERSELF FORTUNATE TO GENERALLY HAVE BEEN IN GOOD HEALTH, AND SHE CHERISHED HER ABILITY TO EQUALLY SHARE HOUSEHOLD RESPONSIBILITIES WITH PAM AND KEEP UP WITH DOING ALL THE THINGS IN LIFE THAT SHE LOVED. EVEN WHILE APPROACHING HER MID-90'S, MARY CONSIDERED HERSELF AN ACTIVE GO-GETTER AND THOROUGHLY ENJOYED HER INDEPENDENCE.

When I met Mary in the inpatient rehabilitation unit, much of her independence had been put on pause. She had suffered her first significant fall at home, which resulted in an intertrochanteric femur fracture. While rehabilitating her hip, her course was complicated by a stroke that left her with left hemiplegia. In a matter of just two weeks, Mary went from climbing ladders and painting her ceiling to being bedridden and needing assistance with her daily routine. Throughout her tenure in inpatient rehabilitation, Mary kept a positive attitude. She was quick to adjust to her new reality and worked diligently with her therapy team, cracking jokes along the way, until she was ready for discharge.

Every day, even if just for a few hours, Pam would join her mom on the rehabilitation floor. Pam had once mentioned to me that she viewed Mary not only as her mother and role model, but also as her best friend, so she wanted to be there to support her through every step of this journey. Truly, I think Pam lived up to her word. She would engage in conversations about her mom's treatment plan with the team when we rounded, participate in her mom's therapy sessions, and was incredibly organized in planning her mom's follow up visits and getting the house ready for her to come home.

While Mary was putting immense effort into her therapy, Pam also found herself engaged in new challenges. She had to take on the entirety of the household responsibilities, be it cooking, cleaning, paying the bills, or anything in between. Pam was also thrust into a new world of learning how to turn her mom in bed, learning how to help her eat and dress, and discovering what her role would be in her mom's care going forward.

These responsibilities, of course, were no easy feat. I still vividly remember how nervous Pam was the first time she was operating a Hoyer lift with Mary in it, and how Mary would playfully tease her from up in the air to lighten the mood. At times, Pam's anxiety was palpable, and Mary and I would try to reassure her and commend all her efforts. Just as Mary had to adjust to her new reality, Pam did too. She was now not just a daughter and a friend, but a caregiver as well.

Family caregiver, or more broadly, informal caregiver is the term used to describe an individual who provides unpaid assistance to someone in their community with physical, mental, or cognitive limitations. Caregiving duties include assisting with Activities of Daily Living, Instrumental Activities of Daily Living, and sometimes even basic medical or nursing care. Caregivers often also provide emotional and/or financial support to their care recipient. In the case of Pam and Mary, Pam found herself needing to adjust to this role rather quickly.

On a broader scale, the National Alliance for Caregiving and the AARP estimate that the number of informal caregivers increased from 43.5 million in 2015 to 53.0 million in 2020.1 Along this same time frame, informal caregivers reported an increased average duration over which they provided care and an increase in the intensity of their caregiving

responsibilities.[1] These statistics only scratch the surface of how important informal caregiving has become in supporting so many of our patients.

This level of support, however, does not come without its sacrifices. It's well documented that caregivers experience worse self-reported health status and increased levels of reported strains on their social lives and financial wellbeing as compared to those who do not take on this role.[1, 2] As such, it's important to remember all the effort caregivers put forth in their work and the local resources available that may be able to support them.

On a national level, the Older Americans Act of 1965 established the National Family Caregiver Support Program which allocates funds to states so they may collaborate with local Area Agencies on Aging to provide caregiver support services. These Agencies provide services including general information about opportunities for support, assistance in accessing those services which best fit caregivers' needs, counseling, support groups, respite care, and financial assistance programs. In my area, there are also a handful of local nonprofits and support groups that caregivers can seek out for additional assistance.

While I'm still learning how to navigate this space and the patient-caregiver relationships I've seen on my rotations, I am happy to learn more about ways the community can support informal caregivers. Even as a student, I aim to do my part in ensuring my patients' loved ones and caregivers feel seen, heard, supported, and thanked for taking on these new responsibilities. Rehabilitation requires a team effort, and informal caregivers are crucial members of that team.

EVEN AS A STUDENT, I AIM TO DO MY PART IN ENSURING MY PATIENTS' LOVED ONES AND CAREGIVERS FEEL SEEN, HEARD, SUPPORTED, AND THANKED FOR TAKING ON THESE NEW RESPONSIBILITIES. REHABILITATION REQUIRES A TEAM EFFORT, AND INFORMAL CAREGIVERS ARE CRUCIAL MEMBERS OF THAT TEAM.

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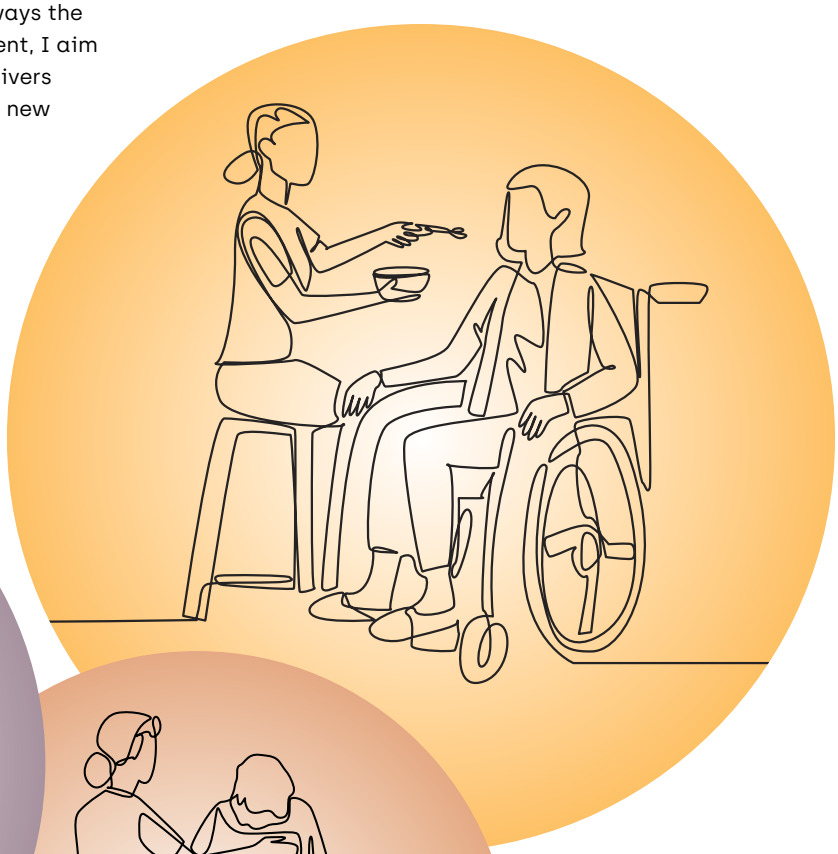

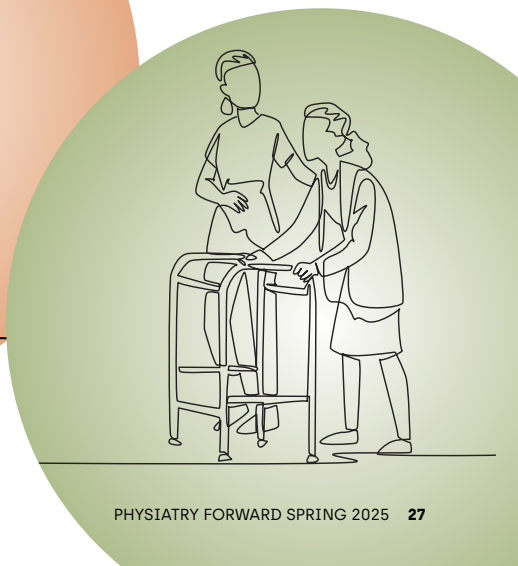

On stories, and their importance in Physiatry

By: Aditi Mahajan
Aditi is currently a medical student at Georgetown University School of Medicine set to graduate next year.

Whether it's practiced and fleshed out from years of sharing or an amalgamation of words yet to unfold completely—each person has a story to share about their lives and their experiences. In medicine, storytelling resides under the moniker of narrative medicine. Narrative medicine is a framework that honors eliciting, understanding, and sharing personal narratives as healthcare professionals.[1] Practicing narrative medicine and increasing narrative competence can connect providers to their patients, aid in understanding their own relationship to medicine, and create a space where humanity takes precedence. Narrative medicine has been touched upon before in healthcare; I myself am a part of a group at my university that emphasizes the importance of reading literature and how it makes us better practitioners and have written about it extensively, but I believe that it holds an extra special place in physiatry.

At its core, Physical Medicine and Rehabilitation is an emotional field. It has to be. Our patients can be amputees, post stroke, or recently diagnosed with a lifelong disability. We see patients in incredibly challenging and life altering situations and seeing them as people, not just patients can go a long way in their care. Our empathy grows and we become more attuned to stories shared by our patients and more skilled at understanding the context of our patient's circumstances.[2] I am currently in my third year of medical school but already in my experiences with Physiatry the importance of understanding a patient's life circumstances has been heavily emphasized. Going one step further than knowing the facts about a patient's home life is understanding them as people and becoming a part of their story. As practitioners we know the medical side of their story like the back of our hand but they give us invaluable insight to their experience. Healing occurs when both parts of medicine come together: the science and the humanity, forging a path forward with the patient at the center.

Sharing stories can also be incredibly beneficial to patients when they do it with each other. Support groups are essential in the healing process because it allows patients to understand that they are not the only person having this experience.[3] Illness is isolating and disability even more so—sometimes our own family and friends can never understand what it means to go through something like this. But the people in the hospital do. Friendships can be formed and empathy can be felt when people are encouraged to share their story and listen to others. In my time volunteering with adaptive sports programs, the thing that stood out to me most was the community that participants had built with each other. When I talked to them, they regaled me with stories from when they met, boasting about the length of their friendships. What stuck out to me most was that so many people said that even though losing a limb or having a stroke was one of the hardest experiences of their life, they had created some of their strongest friendships through the recovery process. Medicine heals but so does community and in the fusion of the two is where recovery is strongest.

Narrative medicine does more than just strengthen our relationship with patients and their relationship with each other, it can also create a community of physicians. By building on practices of reflective writing and sharing, with colleagues and peers, we can build our radical listening skills and our empathy. We can feel seen when we interact with our peers and understand that all of us are facing hardships in medicine which serves to reduce physician burnout and create a stronger support system for each one of us.[4] We do not have to be stoic practitioners, in fact we shouldn't be. By allowing ourselves to feel and to feel deeply, we become better doctors. With the help of storytelling, we can learn to understand realities that do not mirror our own, be present to individuals' lived experiences of illness, and be cognizant of our own stories and how they affect our choices.

Medicine without humanity is not medicine at all and the practice of physiatry is strengthened everytime we choose to listen to our patients, share with them, and reflect ourselves.

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PHYSIATRY '26

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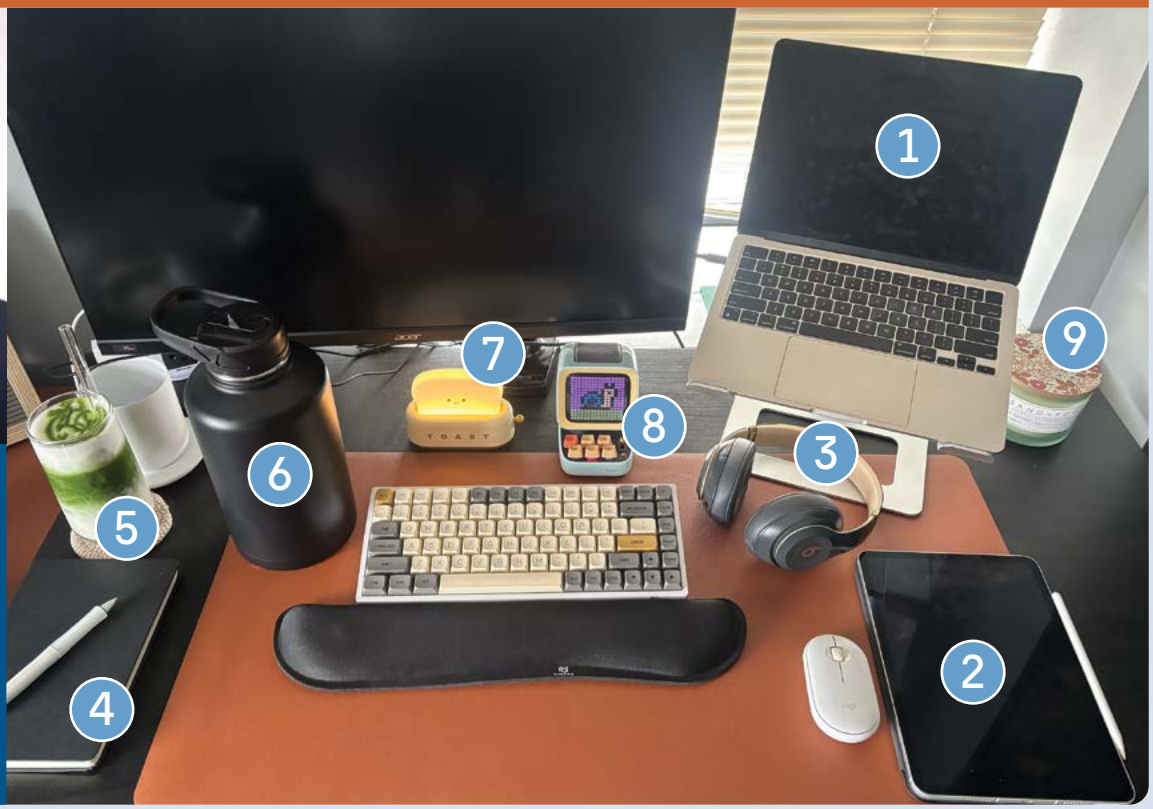
February 17-21, 2026

Association *of* Academic Physiatrists

A Sense of Belongings: Vishal Kathardekar

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



Vishal Kathardekar is currently a second-year medical student at Northeast Ohio Medical University in Rootstown, Ohio. His interest in PM&R stems from being able to focus on helping patients regain their function, and to work with a diverse healthcare team including other physicians, nurses, and therapists. He currently serves on the AAP Medical Student Council as the Social Media/Technology representative.

1. **Laptop:** Like any medical student, my entire life is essentially on this.
2. **iPad:** I've come to really enjoy using a tablet to aid in my studying. A lot of my notes and all my textbooks are on it.
3. **Headphones:** I listen to music while I work, so having a good pair of noise canceling headphones is a must.
4. **Notebook:** Even though I have an iPad, having a physical notebook for non-school related activities like journaling helps separate school from other aspects of my life.
5. **Matcha:** Provides me with the caffeine I need to get through the day, and I love the taste!
6. **Water bottle:** I always keep my 64oz water bottle with me. Is it excessive? Perhaps, but I'm definitely always hydrated.
7. **Toast lamp:** Nothing makes your day better than a lit-up, smiling piece of toast.
8. **Divoom Ditoo**: It functions as a speaker, clock, timer, and if I want to add some extra personality to my workspace, I'll find a fun wallpaper.
9. **Candle:** There's always a candle lit in my apartment somewhere, and my desk is no exception. Having my office smell good helps create cozy vibes for long study sessions.

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