



## 2026 Road to Residency Webinar 1

### Personal Statement

#### What's the recommended length for these statements?

Haris Choudry - Burke PM&R PD: For me one page

Dianna H. Nguyen, DO, PhD - PGY2 - UTHealth Houston: One page is recommended! 😊 I have heard from PDs they don't read past first page even if just a couple of lines over.

Carley Sauter, MD - Medical College of Wi: Agree with one page.

Casey Smith - KU (Kansas) PD: Agreed!

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: Agree w/ one page!

#### Do you recommend not mentioning if we have an area of interest within PM&R? (I.e. Peds or Pain)

Dr. Lisa Ruppert MSKCC Fellowship PD: It is ok to mention if you have an area of interest within PM&R, it is what is bringing you to the field.

Liz Chang (Schwab Rehabilitation, PGY-3): Definitely okay to mention! But within the context of your understanding of the field broadly and why PM&R as a whole makes sense for your journey

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: It's not an "absolute no". remember you don't want to pigeon hole yourself into making it seem like that is your only interest, as your interests clinically may change as you are exposed to the field in residency

#### Especially with one page for PS, if our story centers around for example a spinal cord injury, how do you recommend integrating a broad understanding of the field into the PS?

Liz Chang (Schwab Rehabilitation, PGY-3): Demonstrating that understanding doesn't need to mean covering all the subspecialties or facets of the field! You can definitely use one specific example to show breadth by tying in your experiences with the multidisciplinary nature of the field, the biopsychosocial considerations of planning this patient's care that PM&R attends to in ways other specialties may not, etc -- just as examples!

**Any thought as to mentioning a patient name (not their real name) in your personal statement to tell a story? Is there a chance this could be misinterpreted as a HIPAA violation?**

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: Do not mention the patient's name, it's not important in any way.

### **Letter of Recommendation**

**For LORs, would it be okay to only have letters from physiatrists or is it better to have IM or another specialty too?**

Casey Smith - KU (Kansas) PD: I am always a fan of making sure the LOR are strong. I think having at least 1 PMR is needed, but I think other specialties are also good as long as they are personal and strong.

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: I would have more than just PM&R doctors write your LORs. You should have at least one PM&R SLOE, one letter perhaps from an IM physician given that you're applying to IM/TY years, and then another letter from someone who knows you well and can speak to your strengths (regardless of specialty)

Carley Sauter, MD - Medical College of Wi: You'll want to have non PMR LOR for your internship also.

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: PM&R only letters IMHO makes me think that you did not pay attention in other rotations and you did not network well in other specialties.

**How are non-medicine LORs viewed? I.e. LOR from a PHD faculty member/Research advisor?**

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: Could be great! Could be meh. Really depends on what they say about you and how they know you

Casey Smith - KU (Kansas) PD: I think a research letter can be very meaningful especially if that is something you intend to take with you in residency

Dr. Lisa Ruppert MSKCC Fellowship PD: It's ok if it is away rotations. You want someone who has spent significant time with you and knows you well.

**Is it frowned upon if a SLOE comes from a private practice PM&R doctor? Or due to the questions asked in the SLOE form it would be preferred that it comes from an academic institution?**

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: The SLOE is intended for people who work with medical students with some regularity, but not necessarily from academia. It's ok if it comes from a private practice physician; you're overthinking it.

**For IMGs who had trained in the PMR residency program in their home country, can their PD/supervisor write a SLOR to describe their PMR capacity?**

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: Yes, if they have worked with you recently in a clinical capacity.

**If you're getting the majority of your letters from away rotations, what is a good way to identify if an attending will "go to bat for you" if they agree to write one?**

Ethan Izu PGY-1 SRAL/NW: Ask if they are willing to write you a strong\* LOR

**If I'm doing a rotation and feel that two attendings from the same institution would write great letters, should I choose one instead of asking for two?**

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: The two of them could do a single group SLOE :)

**How do programs view updated letters from clinical experiences over a year old compared with letters from more recent rotations? Am I able to reuse a SLOE that I used during the last application season if I am reapplying?**

Liz Chang (Schwab Rehabilitation, PGY-3): I think it would be great to have a balance of both. Especially with demonstrating growth over intern year, having someone who can comment on your more recent clinical experiences is definitely important, but also no need to force it if you don't feel your preceptors from more recent rotations know you well

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: I'd get it updated, SLOE or narrative.

**Are SLOEs preferred versus just LOR?**

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: Every program views them differently. I recommend you get at least 1 SLOE.

**So just to be clear: we should aim for 2-3 PM&R letters, with at least one (hopefully) being a SLOE? And then maybe 1-2 other specialty letters**

Ethan Izu PGY-1 SRAL/NW: This is a great and reasonable goal!

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: I don't think you need 3 PM&R letters. I think you should have at LEAST 1 PM&R letter, but IMHO 2 PM&R letters is enough (1 SLOE, 1 narrative)

### **When should we tell our letter writers to have their letter done by?**

Ethan Izu PGY-1 SRAL/NW: I would upload your letter before ERAS is due so your application is complete

Dr. Lisa Ruppert MSKCC Fellowship PD: Provide the ERAS due date for your application so that they are aware. You want to give your letter writers a few weeks to complete them.

### **Other Questions**

#### **For someone that came across PM&R later in medical school, what are some ways to compensate for that?**

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R:

-volunteerism in PM&R related fields;

-in person or away rotations that demonstrate your commitment to specialty

-letters of rec from physiatrists, including a SLOE

Haris Choudry - Burke PM&R PD: Network and be nice to people

Ethan Izu PGY-1 SRAL/NW: Would add research and network at AAP / AAPM&R

#### **For applicants reapplying to PM&R after not matching in the previous cycle, what are the most meaningful ways to demonstrate growth, resilience, and continued commitment to the specialty during an intern year?**

Casey Smith - KU (Kansas) PD: Making sure that you are adding to your application/CV. When I see people adding posters, papers, and attending conferences that says more than someone who just reapplies while doing an intern year.

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: Agreed. Stay connected in PM&R circles. Try to get into local, regional or national PM&R orgs to volunteer. Try to get a PM&R elective. Get a letter of rec from your IM/TY PD. Get an updated PM&R SLOE. Use your program signals realistically.

Haris Choudry - Burke PM&R PD: @Sabrina D. Mundorff I would say that it's more important to look at your application objectively and critically and be very strategic in where you send your signals. Those will have highest chance of leading to an interview

Ethan Izu PGY-1 SRAL/NW: I agree with Haris and second what he and Nikola say. Signals are extremely important

**How do you recommend applicants authentically express interest in a program if they don't have geographic or personal ties to the area, but still feel the program is a strong fit for their goals and training interests? If part of the reason why you're considering that program is based on geography (ie living in a new area) and proximity to family/friends, is that worth mentioning?**

Casey Smith - KU (Kansas) PD: Exactly that. I would discuss what aspects of the program are a good fit, and how they would help you meet your career/life goals

Liz Chang (Schwab Rehabilitation, PGY-3): Be as specific as you can about the program, and if possible, show how you've gone out of your way to get to know the program, whether it's things you've heard from current residents there, rotating there, etc

**How many programs do you recommend applying to, especially with the 20 signals?**

Ethan Izu PGY-1 SRAL/NW: This depends on how strong you believe your application is and your financial means (as it gets progressively more and more expensive). You should absolutely apply to at least 20 given the amount of signals. I would recommend a thorough mix of "reach" vs. "safety" programs. They also release the average amount of programs applicants (MD, DO, international) apply to. For 2 cycles ago, I believe that number was around 40-45 which does not apply to everyone

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: @Ethan Izu PGY-1 SRAL/NW @Ethan Izu PGY-1 SRAL/NW agreed, there is no magic number for applications. but you have 20 signals so you should definitely apply to at least 20, especially as an IMG. you should just know that the data shows that if you don't signal a place, the likelihood of you getting an interview is quite low

**I have heard the advice to not apply to prelim IM years (as opposed to TY years) because it sets your IRP at 3 years so your PM&R program isn't reimbursed appropriately for your PGY4. Is this true for your programs?**

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: I've never heard of this. You ABSOLUTELY should apply to IM years for internship bc statistically TY years are hard to get.

Ethan Izu PGY-1 SRAL/NW: I would apply to both TY vs prelim IM and rank according to your goals and preferences. The only difference is the amount of electives vs. IM rotations

**What advice do you have for reaching out to program coordinators for programs you are especially interested in?**

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: Be careful. Application season is a busy time of year for us. If you overdo it with reaching out to the PC, you may be annoying. I would use it as an opportunity to say that LOR is coming late, or that you are couples matching, or something specific related to application timelines. A letter to the PC saying "I really really love <insert program name>" I don't think is a value add.

**If I am rotating as an IMG within my program of interest, what do you think about requesting a meeting with the PD to introduce myself in person?**

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: Definitely do it. Make sure you go into the conversation with intent to introduce yourself, explain your interest in the program and interest in the specialty and be ready to answer a question or two. Don't overstay in the meeting w the PD.

**Any general advice for the upcoming cycle?**

Nikola Dragojlovic, DO PGY-13, UTHealth Houston PM&R: Don't forget to breathe. Also, beware the reddit thread. Lots of misinformation on there.