

the physiatrist

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TOGETHER

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2021 Annual Assembly Registration is Now Open—Register by September 15 for Early-Bird Discounts!

The Annual Assembly is where the PM&R community comes together to connect, learn and grow. This year, the Academy is planning two exceptional experiences so that ALL physiatrists can be a part of the Annual Assembly, whether attending IN-PERSON or VIRTUALLY. Join us November 11-14 in Nashville and online where we'll be *Reimagining Our Future Through Technology and Science*. No matter how you attend, rest assured you will receive all the great education, valuable networking, cutting-edge research, and fun that you have come to expect from AAPM&R's Annual Assembly.

Check out all that's in store for you at physiatry's premier annual meeting:

400+
RESEARCH
POSTERS

**HUNDREDS
OF EXPERT
FACULTY
SPEAKERS**

**HOURS OF
IN-PERSON
AND VIRTUAL
NETWORKING**

70+ **LIVE AND
ON-DEMAND
SESSIONS**

30+ **COMMUNITY
SESSIONS**

**THOUSANDS
OF PHYSIATRISTS**

4 **PLENARY
SESSIONS**

100+
CME

15+ **CLINICAL AND
PRACTICE THEMES**

**VIRTUAL
AND
IN-PERSON
EXHIBITS**

2 **PRE-CONFERENCE
SESSIONS**

Don't miss your chance to reconnect with the PM&R community and renew your passion for our specialty. Register for #AAPMR21 today at aapmr.org/2021.



[Turn to page 4 to see how we'll be celebrating what brings physiatry together—in Nashville.]

A Conversation with Physiatrist-in-Training (PHiT) Council President, Dr. Scott Klass

Stuart M. Weinstein, MD, FAAPMR
AAPM&R President

In follow-up to my last President's column in *The Physiatrist*, I reached out to the Physiatrist-in-Training (PHiT) Council president, Scott E. Klass, MD, MS, ATC, asking him to share his perspectives on the value proposition of Academy membership during and post training, and how advocacy is perceived by physiatrists-in-training. Below are a select set of (my) questions and (his) answers. I hope these are thought provoking for all generations of physiatrists.

Stuart Weinstein (SW), AAPM&R President: I would like to start by asking you, as a Physiatrist-in-Training (PHiT) member, what are your top three value-based reasons for membership in AAPM&R?

Scott Klass, PHiT Council President (SK):

1. Career advancement—As a trainee, you are trying to find out where you fit in the world of physiatry. Through attending the Annual Assembly and volunteering, I have met people who have guided me to my career niche and set me on a great path.
2. Specialty advancement—There are various challenges to our scope of practice. AAPM&R provides a centralized voice to advocate for our specialty, demonstrate our value, and set a vision for our future.
3. Community development—Working with those who have similar interests is crucial to our well-being and the well-being of our patients.

SW: I find it intriguing that you have listed “specialty advancement” as one of your top reasons. Realizing that most PHiT members have their Academy dues paid by their training programs, do you believe that the majority of PHiT members perceive the value of AAPM&R as more than just transactional (e.g., paying for services or products)?

SK: Because most PHiT members do not pay for their Academy membership, I do not believe that PHiT members are conscious about membership until an educational offering comes up, some news comes out, or the Annual Assembly rolls around. In general, I believe PHiT members use the services and products that fit their immediate needs. In my experience, trainees are infrequently aware of the less visible strategic initiatives and the advocacy work that AAPM&R does to protect and advance our specialty. PHiT members are likely shielded in training programs from the larger context of physiatry, the threats to our specialty, and our future vision. In my experience there had been essentially no exposure to specialty advocacy during residency training.



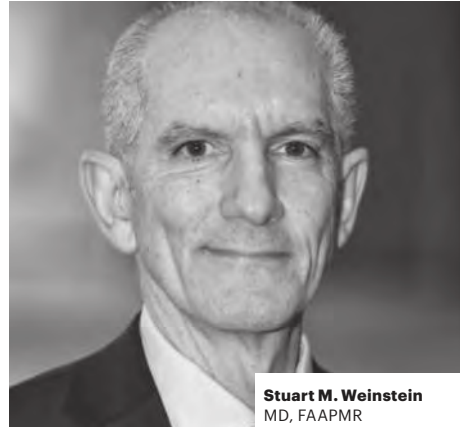
Scott E. Klass
MD, MS, ATC

SW: So let's assume that lack of emphasis on advocacy is fairly uniform across training programs. As a follow-up, how strongly do you believe the culture of being a physiatrist first resonates with PHiT members as they transition to subspecialty career paths?

SK: I believe during residency there is a sense of pride in being part of “Team Physiatry.” This sense of pride seems to wane as people move into their fellowships and career niches. Because our field is so diverse, I believe people focus their time interacting with those within their narrower field of clinical interest to directly advance their careers. Since we must constantly re-demonstrate the broader value of physiatry, I believe it is critical we adopt the strategy of shifting the culture from divided interests to building our unified team physiatry brand from the beginning of residency, or even earlier!

SW: When speaking of cultural shifts, from your perspective, to what extent will differences in generational values govern the future of our specialty and the Academy?

SK: The historical ingrained duty to be a part of a professional society is a responsibility that my generation may not embrace. This restraint is likely a combination of our generational values, and the fact that the younger generation is facing increases in student loan debt, the burden of documentation, demands for productivity, and less social stature. Due to the collective challenges of these realities, it is my belief that the younger generation values a shift to a more balanced lifestyle with fewer extracurricular responsibilities. This will partially benefit the specialty by reducing the rate of burnout. It may also negatively affect the Academy, which relies on volunteerism of its members to be most impactful. A new culture of having more freedom of time conflicts with the current structure of volunteerism, where most of the volunteer work is done in our non-professional time. This will likely lead to the younger generation pushing to incorporate volunteer work into standard work hours, or neglecting it all



Stuart M. Weinstein
MD, FAAPMR

together. On the other hand, the younger generation also highly values activism, which may create the opposite effect where they fight for our specialty by doubling down on organized advocacy efforts. I am an optimist, so I am encouraged for our future as I believe my generation will step up and do an incredible job advancing the specialty through Academy participation.

SW: Finally, you have had the unique perspective of being an AAPM&R Board member during your final year of residency. What “inside” perspectives can you share about how the Academy supports PHiT members and if you were in charge, what changes you would suggest to enhance the value proposition on both sides?

SK: Serving on the board was definitely not what I imagined. As a PGY4, sitting at the table with past, current and future leaders, I did not believe that I would have much to contribute. Rather, I expected to be a fly on the wall, learning how the board conducts business and what issues physiatry faces. But it quickly became apparent that the reality was quite the opposite as I was often asked to provide the PHiT perspectives. I also thought the issues facing our trainees would be of lower priority, but many of these issues took center stage in our discussions. If I were in charge, I would make advocacy education a mandatory component of GME. I would create “advocacy rounds” so board members can mentor every trainee about how the board functions and develop the next generation of leaders. I would invite every residency program to schedule small town hall conversations with our leaders to become educated on Academy initiatives. Finally, I would create an early-career leadership group that actively recruits members and whose purpose includes informing the board about relevant issues and innovating ideas that advance our specialty.

SW: Dr Klass, thank you for your candid answers. Your insights are very informative, and I do look forward to the day that you are “in charge!”

Annual Assembly—A Time to Celebrate and Reunite Together as a Specialty

Ai Mukai, MD, FAAPMR
Editor, *The Physiatrist*

November 11-14 is our much-awaited AAPM&R Annual Assembly. This year, the Academy is planning two exceptional experiences (in-person and virtual) so that all physiatrists can be part of the Annual Assembly. While the virtual 2020 Annual Assembly showed the possibilities of how good an interactive event with both synchronous and asynchronous components could be, we all missed the traditional in-person experience that just can't be replicated in a virtual way. We are all maneuvering the post-vaccination world of COVID-19. We have better data and research to show the truly high-risk activities (prolonged unmasked indoor contact) versus the lower risk activities (outdoor activities, masked encounters, etc.). Many of us who remained socially isolated are now feeling more comfortable increasing our social activities. As the higher risk population such as the elderly and those with chronic illnesses have had increasing access to vaccines, we have felt more comfortable taking calculated risks in socializing in-person and participating in various activities as well as traveling. In-person and virtual attendance options will allow everyone to be included and to make their own choices based on their comfort level about how they choose to participate. Some of us may choose an all-virtual experience again – especially since there was a sense of convenience and accessibility about being able to access the contents virtually and asynchronously. The virtual format allowed me to access more courses than I would have in the past when I attended in-person, since conflicting courses at the same time could now be accessed without having to choose one over the other.

I hope many of us will choose the in-person option – so we can see each other physically again, have our side conversations and meals and reunions as usual. Even when attending in-person, we will still have choices about attending certain functions, indoor vs. outdoor, masked vs. unmasked, etc.

Of course, the safety protocol for the Annual Assembly will be based on the best scientific recommendations and guidelines available at that time. I am very comfortable with the way the Academy has handled the constant flow of information about COVID-19 and navigating the various decisions that had to be made.

The Annual Assembly is a time of celebration and reuniting. We acknowledge our achievements, give out awards, invite nationally known speakers, share our stories and research, and re-connect with the larger physiatric community. That connection is essential in combating burn out and stress.

I always feel rejuvenated after attending the Annual Assembly, taking a break from my day-to-day clinical work, and reminiscing and reconnecting with old friends and making new friends. I also love the feeling of being part of a larger community, especially when



Ai Mukai
MD, FAAPMR

I sit in a large auditorium for the plenary sessions and see and hear the energy of the room. It has also been an honor to follow the growth and maturation of many of my colleagues over the years. I remember going to an Annual Assembly as a medical student, looking up in awe at those who were being recognized with awards and meeting physiatrists whose names I recognized from textbooks and publications. Now, I see many of my friends and colleagues being recognized during our Annual Assemblies and it has been an honor to follow so many of your careers and achievements. I am filled with pride to see so many of my peers accomplish so much in what feels like such a short period of time. COVID-19 has really made me appreciate so many things that I took for granted before and I'm looking forward to being able to connect with many of you once again.

Please turn to page 4 to read more about the Annual Assembly and how you can participate in physiatry's premier annual meeting.



your academy in action

#PMRAAdvocates: Academy Members Advocating for the Specialty



• Drs. Andrew Gordon and Carlo Milani were selected to serve on the Acumen MACRA Wave 4 Clinician Expert Workgroups that will provide input on the development of a low back pain episode-based cost measures for potential use in the Quality Payment Program.



• Dr. Christopher Standaert attended a joint meeting with representatives from the American Medical Association, the Centers for Medicare & Medicaid Innovation (CMMI), and several other specialty societies, to recommend improvements to CMMI's processes and model offerings.

GATHERING TOGETHER IN NASHVILLE FOR #aapmr21



Nothing can replace the in-person event experience—the excitement of getting ready for a show, traveling to a destination city, meeting peers face-to-face, attending educational sessions tailored to your needs—not to mention all the great networking. Now, as COVID-19 restrictions ease, we are once again able to host an in-person Annual Assembly. We can't wait for you to join us in Nashville, November 11-14, where we'll be *Reimagining Our Future Through Technology and Science*.

Check out all the great in-person offerings waiting for you. Register before September 15 to take advantage of early-bird registration discounts!

Plenary Sessions

Four in-person plenary sessions will be live-streamed from Nashville, where thought-leaders will share their insights on how they've overcome adversity to leave a lasting impact on their respective fields. Don't forget about your peer presenters on Sunday! Hear our PhysTalks finalists who will share their compelling and inspirational physiatry-focused stories with the PM&R community.

📅 Thursday, November 11, 11 am-12:30 pm (CT)

Opening Plenary and Presidential Address



Stuart M. Weinstein, MD, FAAPMR and Erik Antonsen, MD, PhD, FAAEM, FACEP. Dr. Antonsen will discuss how the effects on human health and function

from deep space travel can inform and enhance physiatric care on Earth.

📅 Friday, November 12, 3:45 pm-4:45 pm (CT)

Plenary Session, Ayanna Howard, PhD



Dr. Howard will discuss her career in robotic science, and how robotic technology can be incorporated into rehabilitation to enhance functional outcomes.

📅 Saturday, November 13, 12:30 pm-1:30 pm (CT)

53rd Walter J. Zeiter Lecture and Awards Video Presentation



Julie K. Silver, MD, FAAPMR. Dr. Silver will be addressing patient care and workforce disparities.

📅 Sunday, November 14, 8 am-10 am (CT)

Brunch and Closing Plenary Session: PhysTalks Finalists

Clinical and Practice Symposia

Enjoy 60 clinical and practice symposia in addition to four plenary sessions, broken into various clinical and practice themes so you can customize your educational experience with what's most important to you. All sessions will be recorded for future viewing and available to all registered attendees with the opportunity to earn more than 100 CME credits.

Skills Labs

Skills Labs are available once again in-person for 2021! These three-hour immersive educational experiences offer a blend of didactic and hands-on learning. Choose from 10 interactive sessions this year. Visit aapmr.org/skillslabs for dates and topics. Register early as space is limited. *Additional registration and fees apply for these in-person labs.*

PM&R Pavilion

AAPM&R's Annual Assembly brings in the exhibitors that you want to meet, and they are happy to see you again in-person in the PM&R Pavilion. Explore exhibiting organizations and learn about the cutting-edge products, services and solutions they offer to enhance patient care and your practice. See pharmaceutical, device and technology companies, publishers, institutions and more—all on our massive show floor! Visit www.aapmr.org/2021 to view the floor plan and a complete list of exhibitors.



Research Hub

The Annual Assembly is the place to hear first-hand the important trends and research from recognized industry professionals, peers and experts—in-person in Nashville. Tour our Research Hub, located in the PM&R Pavilion, and discover the highest quality PM&R research. You will be able to tailor your research experience by viewing live “best of” poster presentations and reviewing all posters through video kiosks at your leisure.

Learning Center

Step inside the Learning Center—located in the PM&R Pavilion—to experience additional education from AAPM&R and third-party organizations. Through our hands-on demonstration stations and “Center Stage,” thought-leaders will provide interactive education and technology demonstrations. Visit aapmr.org/2021 for the most up-to-date listing of these activities and plan to make them part of your in-person Assembly experience. *Advanced registration and additional fees are not required.*

Career Corner

Visit the Career Corner in the Learning Center to learn more about the Academy's career development resources. Attendees who are in Nashville will be able to meet representatives and staff who will help answer your career-related questions and provide advice about navigating all aspects of the specialty. We'll also be offering CV review appointments. All sessions are meant to be casual, interactive and informative. *Advanced registration and additional fees are not required. Watch for more details as we get closer to the event.*

AAPM&R's Job and Fellowship Fair

Looking for your dream job? Interested in available opportunities? Join us on Wednesday, November 10 from 6:30 pm-9 pm (CT) for AAPM&R's Job and Fellowship Fair—the largest PM&R-specific career fair. Meet with representatives from institutions and practices across the country. Build new professional networks, get and give advice, and find your future position or fellowship opportunity.

Community Networking

After participating in our live virtual Community Sessions throughout October, connect with your Member Communities in Nashville, where we'll host in-person networking sessions the morning of Thursday, November 11.

Quiz Bowl Final Round

After narrowing the field to two teams from the Virtual Quiz Bowl Qualifying Rounds, watch them face off in-person in Nashville on Friday, November 12 from 5:15 pm-6 pm (CT). Bragging rights are at stake, so you don't want to miss all the friendly competition. *Plans are still in the works; we'll reach out to you soon with more details.*

President's Reception

PM&R Block Party

Friday, November 12
from 6:30 pm-8 pm (CT)

Street-side, between the Music City Center and Omni Nashville!



This year, we're shutting down the streets to top off your week in Music City!

Reconnect and celebrate with your friends and colleagues at an exclusive block party, right in the heart of downtown Nashville. Take in the live, musical entertainment that has made Nashville famous, and enjoy drinks and appetizers before heading out on the town.

This outdoor reception, planned just for Annual Assembly attendees, will allow everyone to gather safely and comfortably; however, the venue is dependent on weather and tickets will not be refundable after the event. Tickets are \$40 for attendees and non-attendee guests. Children under age three are free.

**VIRTUALLY,
FROM ANYWHERE**



If you're not able to gather together with us in Nashville; no worries, we've designed the virtual experience to be engaging and interactive so that all attendees get a full Annual Assembly experience. Our virtual program offers the flexibility to participate from anywhere, anytime. Enjoy 24/7 access to the best educational content, valuable networking and cutting-edge research that you've come to expect from our annual meeting with less time away from work or family. All you need is a computer. Visit aapmr.org/about-your-virtual-experience.

And be sure to check out a variety of virtual programs and activities for all registrants in the weeks leading up to the in-person event in Nashville, including the Medical Student Program, Quiz Bowl Qualifying Rounds and 30+ Community Sessions. Visit aapmr.org/pre-assembly-events to learn more.

Congratulations to AAPM&R's 2021 Award Recipients

AAPM&R is proud to announce its 2021 awards that recognize lifetime achievement, distinguished membership, and pioneering physiatrists, clinicians, researchers, dedicated volunteers and public servants who have made significant contributions to both the specialty and to people with disabilities. Our Awards Committee received a record number of nominations this year. Your nominations are essential in recognizing the pioneering physiatrists who have mentored new generations of physiatrists, led cutting-edge research, and devoted their careers to public service to inspire change and make a lasting impact in our specialty.

Let's celebrate together in Nashville as we honor our 2021 award recipients during the 53rd Walter J. Zeiter Lecture and Awards Presentation on Saturday, November 13 from 12:30 pm-1:30 pm (CT).

Frank H. Krusen, MD, Lifetime Achievement Award



Stanley A. Herring
MD, FAAPMR

Distinguished Member Award



Susan Lee Hubbell
MD, MS, FAAPMR



Kevin Michael Means
MD, FAAPMR



Monica Verduzco-Gutierrez
MD, FAAPMR

2021 PASSOR Legacy Award and Lectureship



Jonathan Finnoff, DO, FASCM,
FAMSSM, RMSK, FAAPMR

Distinguished Public Service Award



Maurice Sholas
MD, PhD, FAAPMR



Kate Sully
MD, FAAPMR

2021 Awards Committee

Steven R. Flanagan, MD, FAAPMR (Chair)
Deborah L. Bernal, MD, FAAPMR
Steven R. Geiringer, MD, FAAPMR
Ayca D. Ozel, MD, FAAPMR

Stay tuned for a detailed listing of the 2021 award recipients at the Annual Assembly and in the October/November issue of *The Physiatrist*.



your academy in action

Raising Physiatry's Voice: Your Academy Responds to Support its Members

- Worked in collaboration with our peer specialty societies via the Council of Medical Specialty Societies (CMSS) to create a unified and strong response to the American Board of Medical Specialties' (ABMS) call for comments regarding the Draft Standards for Continuing Certification.
- Submitted comments in collaboration with the Multi-Society Pain Workgroup in response to draft Local Coverage Determinations addressing coverage of epidural procedures for Medicare beneficiaries.
- Continued to support the Lymphedema Treatment Act, which asks for Medicare coverage for prescribed medial compression garments.
- Advanced the introduction of the Improving Access to Medicare Coverage Act, which would require counting outpatient observation days in hospital beds toward the Medicare coverage for Skilled Nursing Facilities.
- Submitted comments in response to the Inpatient Prospective Payment System Proposed Rule addressing concerns with proposals relating to the Hospital Value-Based Purchasing Program and its potential impact on individual physician participation in the MIPS program.

Quick Quiz: What do These 10 Physiatrists Have in Common?

Phyllis J. Anderson, MA
Executive Director, Foundation for PM&R

- **Ellen Casey** (Associate Attending Physiatrist, Department of Psychiatry and the Women's Sports Medicine Center, Hospital for Special Surgery; Associate Professor of Clinical Rehabilitation Medicine, Weill Cornell Medical College)
- **Michael Fredericson** (Director, PM&R Sports Medicine, Dept. of Orthopaedic Surgery, Stanford University Medical Center)
- **Prakash Jayabalan** (Director of Clinical Musculoskeletal Research, Shirley Ryan AbilityLab; Assistant Professor of PM&R, Northwestern University)
- **Leslie Morse** (Department Head, Department of Rehabilitation Medicine; Professor, Department of Rehabilitation Medicine; Faculty, PhD Program in Rehabilitation Science; Executive Medical Director of Rehabilitation Shared Services, M Health Fairview)
- **Heidi Prather** (Attending Physiatrist, Hospital for Special Surgery; former Professor and Vice Chair, Department of Orthopaedic Surgery and Founder and Division Chief of Physical Medicine and Rehabilitation, Departments of Orthopaedic Surgery and Neurology, Washington University School of Medicine)
- **Preeti Raghavan** (Sheikh Khalifa Stroke Institute Endowed Chair and Associate Professor of Physical Medicine and Rehabilitation, Johns Hopkins Medicine)
- **Elliot Roth** (Attending Physician, Brain Innovation Center; Paul B. Magnuson Professor and Chairman of PM&R, Northwestern University Feinberg School of Medicine; Chairman, Department of Rehabilitation Medicine, Northwestern Memorial Hospital)
- **Neil Segal** (Medical Director, Musculoskeletal Rehabilitation; Director, Clinical Research; Rehabilitation Medicine; Professor, University of Kansas)

- **Gwen Sowa** (Tenured Professor and Chair of Physical Medicine & Rehabilitation; Co-Director, Ferguson Laboratory for Orthopaedic and Spine Research, University of Pittsburgh; Medical Director, UPMC Total Care- Musculoskeletal Health Program)
- **Adam Tenforde** (Assistant Professor, Department of Physical Medicine and Rehabilitation, Harvard Medical School; Sports medicine physician, Spaulding National Running Center)

These are just 10 of the more than 60 investigators we have supported with \$2 million in pilot/proof-of-concept funding and career development grants. They've all received multiple research grant awards from the Foundation for PM&R – many of them while they were still new to the field. In many cases, Foundation support enabled them to secure millions of dollars in extramural funding, and gave them experience needed to advance their careers. They are all renowned physiatric investigators, still actively involved in research, with a combined total of more than 1,000 published articles that have advanced the science of physiatric care and brought national attention to our field. We are also tremendously proud of the many young and new investigators we continue to fund each year, and watch their careers blossom.

The Foundation for PM&R is the driving force in physiatric research – but we are dependent upon support from the field, which accounts for 80-90% of our annual budget. Yet only 10-15% of all U.S. physiatrists donate each year. Imagine the impact we would have on the field if every physiatrist joined us! **An automated monthly contribution of as little as \$10 won't make a dent in your budget, but it will make a difference to the future of physical medicine and rehabilitation. Please give generously today! www.foundationforpmr.org/donate-now/. Thank you.**



Phyllis J. Anderson
MA



PGY2 Perspective: An Interview with Dr. Alexandre Lavigne

We continue to be inspired by the work you do as physiatrists. You are sharing your stories with us, of working in your communities, helping treat COVID-19 patients, innovative ideas you have started and more. We're speaking with a variety of AAPM&R members who are making a difference in our specialty so that we can share their stories with you. Look for additional stories from your peers in future issues of *The Physiatrist* and our other communications.

In this issue, we talked to Dr. Alexandre Lavigne at the University of Montreal PM&R Program in Canada. During the initial outbreak, Dr. Lavigne was a PGY1 resident in physiatry whose night float rotations put him on the frontlines at the tail end of the pandemic's first wave. As a young physiatrist, this experience gave him a unique training opportunity that no one could have predicted. The following article is based on his experience as of spring 2021.

Alexandre Lavigne, MD

PGY2, University of Montreal PM&R Program

AAPM&R PHiT Ambassador

When I think of the pandemic, I think of when it all started for me. In early March of 2020, I was visiting a mentor of mine in Kansas City, MO, named Dr. Michael Khadavi to gain experience in the field of sports medicine. He was one of my sports medicine physicians when I ran track at the University of Kansas, before attending medical school. I stayed in touch with him, and he is actually the one who convinced me to become a member of AAPM&R and attend the 2019 AAPM&R Annual Assembly. By the end of that trip, I learned in the news that the COVID-19 virus was spreading extremely fast all-over North America, and that all Canadian travelers had to come back home from Kansas City. I did my two-week quarantine at home, and then dove into one of the worst disasters of the century.

Surprisingly (or unsurprisingly!), even though I was just in my first year of residency, I had the same experience as anyone else dealing with the patients infected by the COVID-19 virus. No one knew what this whole thing was. We were all in the same boat, having to adapt to new protocols, wearing PPE as best we could, washing our hands all the time and respecting social distancing.

Here in Montreal, the pandemic's peak was between March and May 2020. At that time, I was scheduled for a one-month night float rotation. I couldn't

have imagined that I would end up being on the frontlines of a pandemic, but my rotation allowed me to experience what COVID-19 was and help a lot of patients through this ordeal.

Throughout May 2020, I saw hundreds of patients infected by the virus, many of which passed away or were transferred to the intensive care unit. I saw how cruel this virus was, especially with patients who had chronic diseases. I saw them passing away without any loved ones at their bedside since it was prohibited, and I heard their families crying and yelling on the phone because they felt helpless. The treatment options were limited, but we could still do bedside tender loving care.

After that intense rotation on the COVID-19 units, months went by, and I continued to do off-service rotations in several medical specialties related to mine, like all PM&R junior residents. Throughout those rotations, I noticed the COVID-19 impacts on patient's health, mostly because of the lock-down/sedentary lifestyle sequelae. For example, we had patients with knee osteoarthritis and spinal stenosis (just to name a few degenerative pathologies) who were doing fine with a conservative approach in the pre-COVID-19 era because they had an active lifestyle. However, they stopped being active when all the athletic facilities shut down, so their pathologies decompensated, pain became unbearable and some of them ended up needing surgeries because their bodies were falling apart.

At one point, I had a meeting with my colleagues at the Quebec Association of Sports Medicine Physicians (AQMSE) to find creative ways for people who were stuck at home to be active. We had the idea of creating educational videos that the general public could watch to find out why it is important to stay active and what kind of home exercises they could do to get in better shape without any athletic equipment. My team and I wrote scripts for the videos, and I recruited local Olympic athletes who were well-known in our community to recite those scripts in front of the camera. These videos were then shared on our social networks and the athletes' social networks in order to reach as many people as possible within the province of Quebec.

As physiatry residents, my colleagues and I motivated ourselves to stay active as well. We organized a 5k race in a big park of Montreal, that took place once the government had loosened the social distancing restrictions in the spring of 2021.



Since there were no other organized races in the province of Quebec, that race kept me driven to go out for a run every morning before going to work. It was going to be the first event where we would see each other outside of the hospitals. This event also served as a fundraiser for the Montreal Rehabilitation Institute, so that we could help one of our institutions during these difficult times. All the physiatry residents at the University of Montreal participated, and got really into it. I was excited to share my passion for running with all of them.

Speaking of running, I was pleased to see positive impacts of the pandemic in the realm of sports medicine. I often see injured athletes who rush their rehab because they want to get back to their sports quickly, and I can totally relate with them, I was doing the same during my track and field career. In this time of pandemic, though, most of the high school and collegiate athletes lost their whole season because all the athletic events were canceled. This situation allowed injured athletes to be more progressive in their rehab and take more time before going back to play, because they had nothing to lose. Later on, some of those athletes bounced back stronger than ever since their injuries finally healed properly. This whole experience is telling us the truth; it pays off to take rehab seriously.

Since March 2020, AAPM&R has offered great initiatives to support our physiatry community like its Care in the Time of COVID-19 forum, and

I am grateful to be part of this amazing community. I stayed connected with other members of AAPM&R on social networks and forums, and I even got the chance to attend the Physiatrist-in-Training (PHiT) Ambassadors Zoom meeting hosted by PHiT President Dr. Scott Klass. On top of that, we got a virtual Annual Assembly in November 2020, which in my opinion, was by far the coolest virtual conference during the pandemic.

At the end of all of this, it will be nice to get back to in-person events, and see my physiatry friends and mentors from all over the world. I cannot wait to attend the 2021 AAPM&R Annual Assembly in Nashville and hear more about some of my passions like musculoskeletal ultrasound and sports medicine. With everything we've been through in the last year, it will be a well-deserved reunion for all of us and a great opportunity to keep the momentum going for the future of physiatry.



Alex and Dr. Michael Khadavi



If you have a story you'd like to share with your PM&R community, please email us at shareyourstory@aapmr.org. We would love to speak with you!

Visit aapmr.org/memberstories to hear from more of your PM&R colleagues.



your academy in action

Raising Physiatry's Voice: Your Academy Responds to Long COVID/PASC

- Supported the Consortium for Citizens with Disabilities Health Priorities Statement, directed to Congress, which included support for Medicaid and Medicare coverage, and AAPM&R's call for infrastructure investment for people experiencing Long COVID.
- Released a call-to-action, in support of the Ohio State Medical Association (OSMA), asking members in Ohio to submit a letter to legislators and to submit written opponent testimony to House Bill 248. This bill prohibits mandatory vaccinations, vaccination status disclosures, among other requirements. Proponents assert that it aims to stop COVID-19 vaccines from becoming mandatory, but this bill would apply to all immunizations, including childhood vaccines.
- AAPM&R was invited to speak with the Health and Human Services' COVID Health Equity Task Force as a resource on Long COVID. The conversation focused on how Long COVID is exacerbating or creating health equity disparities. During the meeting, the head of the task force, Dr. Marcella Nunez-Smith, stated that Long COVID is a central priority of the Biden Administration. AAPM&R was represented by Dr. Benjamin Abramoff.

Innovative Education: Taking on Change to Help Members Thrive in the Virtual World

The COVID-19 pandemic forced life to change very quickly in 2020. AAPM&R's approach to creating, developing and delivering educational resources was no exception. There was an immediate need for the Academy to shift virtual learning into high gear, to keep members safe and connected across great distances. With direction and support from our Medical Education Committee (MEC), Graduate Medical Education (GME) Committee and Digital Learning Committee (DLC), **we took on this challenge to provide high-quality, virtual offerings—valuable additions to our already robust catalog of educational resources.**

As it turns out, the pandemic was exactly the catalyst our committees needed to think creatively about how to expedite and make real ideas that were already part of AAPM&R's long-term goals.

We immediately transitioned from in-person educational courses to virtual events, like our National Grand Rounds Series, our Early-Career Course, our Department Chair Summit Virtual Series, and our new Spotlight Series. This change in direction pushed both faculty and attendees to become more comfortable with remote learning, and to learn how to get the most out of virtual interactions.

Our most recent National Grand Rounds webinar, *Teach Everywhere: Changing the Teaching Paradigm*, focused on helping educators, including physiatrists, adapt. Given its convenience, cost effectiveness, simplicity and global reach, we expect remote teaching will persist beyond the pandemic. We wanted our teaching members to understand how to optimize their workspace, resources and methods of delivery (for example, shifting from 60-minute didactic lectures to micro-learning) to provide the best, most engaging virtual experience for their students as possible. The webinar recording is available on our new Online Learning Portal, formerly known as mē®. We aim to develop a series of modules on this topic to help educators take a deeper dive into the evolution of teaching and how they can evolve with it.

“Through our GME Committee and resources from the Academy staff, evidence of the massive shift from in-person to virtual-based learning environments was noted in our residency and fellowship training programs. Our specialty’s graduate education leaders strongly expressed a desire to learn more about the effectiveness of learning with these changes. Educational offerings such as ‘Teach Everywhere: Changing the Teaching Paradigm’ and associated future modules will help meet the needs of physiatrists in training and in practice with the anticipated continued significant role of remote learning going forward.”

– Joseph E. Burris, MD, FAAPMR
GME Committee Chair

We expedited the development and launch of our Online Education Subscription, which features an ever-expanding collection of educational resources on our Online Learning Portal. The expansion of remote learning during the pandemic revolutionized access to educational material. AAPM&R wanted to give members the option to gain 24/7 access to the resources we offer, so that they can learn anywhere, at any time – to meet each member’s personal needs. The subscription also allowed us to get creative, and experiment with our offerings – to develop products that provide a ton of educational value but are hard to sustain financially. This includes everything from revamping the case studies into more interactive products, developing multiple podcast series, having more “real-time” interviews with experts in the field of PM&R, to having select Journal articles reformatted into audio so you can listen on the go. These are all in addition to the clinical and practice slide lectures and videos you have come accustomed to.

“Formed in 2020, the Digital Learning Committee has been working hard to build an online library of educational content to meet the demand for distance learning. To date, the annual subscription offers access to 23 interactive case studies, 59 clinical presentations, 19 practice-preparedness presentations, 9 podcasts, and 11 instructional videos, including a complete set of sports ultrasound lectures. We are deeply grateful for the tremendous support from the Academy staff and especially our volunteer faculty. It has truly been a collaborative project by members, for members. Moving forward, we are committed to greater diversity among both our program offerings and faculty participation.”

– David S. Cheng, MD, FAAPMR
Digital Learning Committee Chair

Our 2022 subscription will be available upon membership renewal this year. We’ll be adding even more resources to the subscription, as volunteers continue to create valuable educational content. If you are interested in helping to create content for the subscription, we would like to hear from you. Please make sure to check out our Volunteer Center at aapmr.org/volunteer to learn more!

As the world continues to change in the wake of COVID-19, **AAPM&R will continue to listen to the needs of our members and adapt the development and delivery of our educational products and experiences accordingly.** If this pandemic has taught us anything, it is to be ready and willing to change. We see you, we hear you, and we are here to support you.

EXPLORE AAPM&R'S ONLINE LEARNING PORTAL, FORMERLY KNOWN AS mē®



AAPM&R's Online Learning Portal is our home for the essential clinical and practice resources physiatrists need, including educational and CME activities, tools to track your Maintenance of Certification® requirements, and much more! Our new Online Learning Portal is easy to navigate and features a fresh, clean look. This exclusive 24/7 educational resource includes instructional videos, podcasts, case studies, focused review courses, webinar recordings and more.

Access this valuable resource at onlinelearning.aapmr.org.

AAPM&R's Registry Holds Another Round of All-Site Calls

In June, AAPM&R's Registry Steering Committee held another round of all-site calls for the early adopter Registry participants. Two calls are held quarterly for the Low Back Pain sites and Ischemic Stroke sites. All Registry stakeholders are invited, including clinicians, IT personnel and leadership.

AAPM&R's Registry firmly believes that PM&R does best when working together.

“The Registry is a product for Academy members, by Academy members and as such, we acknowledge the need to build a collaborative community starting with our highly-motivated sites. We want to learn from them and for them to learn from each other and build a growing, living, supportive community.”

– Michael Hatzakis, Jr, MD, FAAPMR – Chair, Registry Steering Committee

The June call focused on the data elements that are being collected in the Registry from the Electronic Health Record (EHR) and the Patient-Reported Outcomes Module. To learn more about AAPM&R's Registry, please visit aapmr.org/registry, join the September National Grand Rounds (aapmr.org/nationalgrandrounds) and attend or watch on-demand our Registry session at the 2021 Annual Assembly (aapmr.org/2021).

aapm&r Registry

Save the date for the National Grand Rounds: Why PM&R Must Engage in Big Data and Real-World Evidence Generation on September 22 at 7 pm (CT)

Medicine requires clinicians and patients to be more actively involved in understanding their diagnosis, treatment and outcome options. Healthcare stakeholders require analyzing large sets of clinician and patient data to provide insights into disease epidemiology, treatment effectiveness and safety and health economic value and impact. This National Grand Rounds will focus on the opportunities PM&R has to maximize big data. Hear from several experts on their experiences in generating clinical and patient-reported data to inform evidence generation.

Be sure to invite any colleagues who may be interested in this topic. Registration is free and all are welcome—even if they are not physiatrists.

Learn more and register at aapmr.org/nationalgrandrounds.



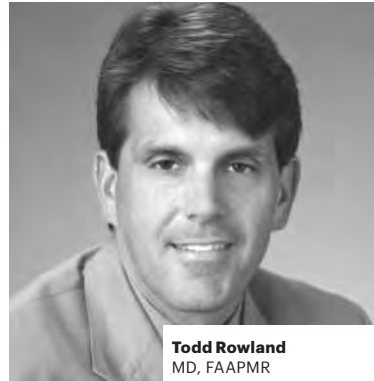
AAPM&R's Registry thanks the following specialty champions for being the first to participate in this data and outcomes collection effort.



Telehealth Advancement at Baylor and What That Means for PM&R in the Future: An Interview with Dr. James McDeavitt



James McDeavitt
MD, FAAPMR



Todd Rowland
MD, FAAPMR



Megan Jachnicki
AAPM&R Telehealth
and Payment Innovation
Specialist

In this issue, we had the opportunity to speak with James McDeavitt, MD, FAAPMR, Executive Vice President and Dean of Clinical Affairs at Baylor College of Medicine in Houston, TX. For the past year and a half, Dr. McDeavitt has led Baylor's COVID-19 response as the Incident Command Center Commander. The following article is based on his experience with Baylor's telehealth development and thoughts on the future of virtual care for PM&R. The interview was conducted by Todd Rowland, MD, FAAPMR, Chair of AAPM&R's Telehealth Innovation Workgroup. Responses have been edited for length and clarity.

Can you share a bit about how Baylor transitioned to telehealth at the beginning of the COVID-19 pandemic?

When you look at the Baylor practice, which is a multidisciplinary practice, it is comprised of about 800 physicians. We average roughly 8,400 patient visits a day. When the pandemic hit and we had an executive order from our governor that mandated that outpatient facilities were shut down except for the most dire of emergencies, we literally lost 80% of our business in a three-day period. A 250-billion-dollar annual operation suddenly has no revenue. That was a very critical time as it was for everybody else across the country. In our very rapid pivot to telehealth, we were partially good and partially lucky. We were lucky that we had already started down a path to invigorate our telehealth program. We truly by coincidence had worked through regulatory issues, licensure issues, and had developed an Epic interface to be able to offer telehealth services integrated into physician workflows. Within two weeks we were able to get telehealth service up and running. These virtual visits replaced half the revenue we lost due to the shutdown of our outpatient facilities. That was a critically important bridge that kept us in business as we recovered and allowed us to continue to provide critical services to patients.

At Baylor, what percentage of PM&R visits are currently being conducted via telehealth?

We have a persistent band of telehealth that has not gone away; it varies between 10-15% of our total visits with quite a bit of variability by specialty. Frankly, it is a little bit lower in PM&R. At our peak, about a quarter of PM&R visits were telehealth during the height of the pandemic. We settled in at a range of 5-7% of total PM&R visits. It was a salvation; we did not furlough staff; we did not reduce salaries. Now that the crisis has waned, it is looking more like a clinical and business innovation.

What considerations do you make to determine the right mix of virtual and in-person visits?

I think there are different use cases, and we are working on these now. There is the opportunity for virtual consultation. A teleconsultation or a televisit for an initial visit can be a screening visit, to see if you have something to offer a patient. A second use case is follow-ups. You can have a conversation with the patient; see them move online; examine postoperative incisions, which is often adequate for a follow up visit. A third use case is chronic diseases. We have talked about this in our large practice and look at diabetes as a prototypical disease. An endocrinologist might follow a brittle diabetic patient on a monthly basis, seeing them 12 times a year. Maybe half of those visits could be virtual, and half still need to be face-to-face. I think there is an opportunity to do some chronic disease management virtually, which I believe has direct applicability to PM&R. In disability management, my clinical work was mainly in traumatic brain injury. A lot of it was counseling, talking to families, exploring behavioral issues, looking at cognitive functional deficits. Much of this can be done very well online in a manner that is much more convenient for the patient and family.

How do you see telehealth shaping the future of psychiatric care?

It is our new toy and people will find a way to use it.

I think it is clearly a way to expand your market. By way of example, many procedurally-oriented physicians hold seminars that are partially educational, and partially marketing. These sorts of events lend themselves to a virtual format, and perhaps even expand their scale to reach more people. If you practice in a major referral center, telehealth will expand opportunities for initial assessment of those seeking tertiary or quaternary referral.

Increasingly, it is going to be a physician satisfier in the future. If a doctor does not have to come into the clinic one or two days a week and could work-from-home, for many physicians it is probably going to be a satisfier. I think we may see partial telehealth work-from-home options become a recruiting tool as we try to compete to recruit physicians in health systems. We are trying to be thoughtful about how we establish those parameters to provide great service to patients but also to try to create some value to our physicians. In an era where burnout is such a huge issue, it is our responsibility to explore any tool that may enhance work-life balance. Telehealth is here to stay, not as a panacea for all our national health system woes, but as an important tool.

AAPM&R's Telehealth Innovation Workgroup is continuing to explore telehealth opportunities for psychiatry. The Workgroup will provide additional updates regarding telehealth initiatives via the Academy website.

For more in-depth information, listen to Dr. McDeavitt's podcast on AAPM&R's online learning portal (onlinelearning.aapmr.org) and watch for more telehealth podcasts—coming soon!

AAPM&R's Virtual Day on Capitol Hill—Using Our Voices Together to Advocate for Psychiatry

Reva Singh, JD, MA
AAPM&R Director of Advocacy & Government Affairs

AAPM&R is expanding PM&R's reach on Capitol Hill, doubling our presence in 2021 and keeping psychiatry's voice strong.

Each year, AAPM&R members fly to Washington, DC to visit with their Congressional representatives. In 2020, AAPM&R launched our first virtual version of this event due to the COVID-19 Public Health Emergency (PHE). While this virtual format had the downside of members not being able to gather in DC, it did have some upsides—most notably, more engagement. The in-person visits typically include 10 members of AAPM&R's Health Policy and Legislation Committee (HP&L), who meet with approximately 25 offices. Last year, we had the opportunity for 15 members to meet virtually with 40 offices. As the PHE continues, AAPM&R held another virtual event this year, with 20 members reaching more than 50 Hill offices.

AAPM&R's priorities this year included:

- Calling on the federal government to create and implement a national crisis plan addressing the Long COVID crisis,
- Streamlining prior authorization and expanding telehealth access after the PHE to increase access to rehabilitation services, and
- Increasing patient access to post-acute care rehabilitation services by increasing flexibility in the inpatient rehabilitation facility three-hour rule and urging a delay in the implementation of the IMPACT Act.

Being able to have meaningful conversations with this many offices about our top advocacy priorities, including our focus on the Long COVID crisis, is a major win for the Academy and PM&R. Each year, more and

more staffers and representatives know and understand PM&R and see the specialty as a valuable resource. This event goes a long way in demonstrating the value of PM&R at the national level.

"This is such an interesting time in history to have a virtual Hill Day. This accessibility allows us to engage so many members of AAPM&R. We were able to galvanize the leadership of AAPM&R members, HP&L members present and past, and protect this event and this presence that we've built. We've been able to expand our ask and the Academy delivered."

— Nneka L. Ifejika, MD, MPH
Chair, AAPM&R Health Policy and Legislation Committee

"This was my first Day on the Hill experience, all virtual this year, and after my seventh Zoom meeting in five hours, I was mentally exhausted. But what a great opportunity to showcase psychiatry and to see the wide-reaching advocacy efforts of our Academy in action. And what an amazing team effort from our psychiatric leaders, our amazing AAPM&R staff, and our long-standing legal partners in DC. I have no doubt that we left a lasting impression on many legislative offices."

— Stuart M. Weinstein, AAPM&R President



Reva Singh
JD, MA



Thank you to the HP&L members who acted as group leaders in our Hill Day meeting:

- Richard G. Chang, MD, MPH, FAAPMR
- Carl D. Gelfius, MD, FAAPMR
- Keith J. Foster, MD, MBA, CPE, FAAPMR
- Nneka L. Ifejika, MD, MPH, FAAPMR (Chair)
- Prakash S. Jayabalan, MD, PhD, FAAPMR
- Nandita S. Keole, MD, FAAPMR
- James J. Miller, MD, FAAPMR
- Sindhu Pandit, MD, FAAPMR

And to these additional Academy participants:

- Michelle S. Gittler, MD, FAAPMR (Past President)
- Amy J. Houtrow, MD, PhD, MPH, FAAPMR (Secretary)
- Andre Panagos, MD, FAAPMR (Chair; Specialty Brand Expansion Committee)
- Stuart M. Weinstein, MD, FAAPMR (President)
- Thiru M. Annaswamy, MD, MA, FAAPMR (Quality, Practice, Policy and Research Committee)

- Prateek Grover, MBBS, FAAPMR (Quality, Practice, Policy and Research Committee)
- Susan Lee Hubbell, MD, FAAPMR (Quality, Practice, Policy and Research Committee)
- Valerie Ann Jones, MD, FAAPMR (Quality, Practice, Policy and Research Committee)
- Stuart J. Glassman MD, MBA, FAAPMR (Corporate Relations Committee)
- Sarah K. Hwang, MD, FAAPMR
- Anjali N. Shah, MD, FAAPMR
- Gregory M. Worsowicz, MD, MBA, FAAPMR (Past President)

To learn more about AAPM&R's advocacy efforts, visit aapmr.org/advocacy.

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The Department of Physical Medicine and Rehabilitation at Wayne State University School of Medicine is expanding our program. Rehabilitation Institute of Michigan is a nationally recognized free-standing rehabilitation hospital (CARF-accredited for Brain Injury, Stroke, Spinal Cord Injury and general rehabilitation). As part of the Detroit Medical Center, it is affiliated with a Level 1 trauma center and six acute care hospitals. In addition, the department provides consultation services to Karmanos Cancer Institute, an NCI Designated Comprehensive Cancer Center. We also maintain a strong affiliation with the John D. Dingle Veterans Affairs Medical Center on our campus.

The department has an ACGME accredited PM&R residency with 14 residents and is actively involved in training residents. Candidates should expect to be active in developing and educating residents, fellows and medical students. Candidates interested in developing or expanding their research activities will find an extensive and supportive research infrastructure in the university and the medical school.

We are currently looking to build our general and subspecialty outpatient services, as well as our inpatient consultations at the Detroit Medical Center. We are also looking to develop an integrated cancer rehabilitation program in conjunction with Karmanos Cancer Institute.

We are also recruiting physiatrists who have been fellowship-trained in the subspecialties in pain management (board certified Pain Management preferred), musculoskeletal diseases, and stroke rehabilitation.

Successful candidates must be certified in Physical Medicine and Rehabilitation or be eligible for certification.

Interested applicants should contact:

Nancy Windnagle,
Department of PM&R
Wayne State University School of Medicine,
313-745-1218 or nwindnagle@wayne.edu

EAST

Hazlet, NJ: We are offering a unique opportunity for an individual who is hard-working, motivated and ambitious. We are seeking a Board Certified Physiatrist (PM&R) preferably a Doctor of Osteopathy (DO) to join our multi-disciplinary group as Medical Director and/or Treating Physician. Our office already includes: Chiropractic Services, Physical Therapy Services, Acupuncture Services and Sports Medicine. We are located in beautiful Monmouth County, NJ, which has an exponential patient population for growth. This is a rare opportunity for a dynamic individual. The schedule can be flexible. Proficiency in the following is desired: *Evaluations *Osteopathic Manipulations *Trigger Point Injections *Ultrasound Guided Joint Injections *Fluoroscopic Guided Spinal Injections *Regenerative Medicine Procedures *Non-Narcotic Pain Management. Send CV to: airportplazaspineandwellness@gmail.com.

SOUTH:

Houston, TX: Kelsey-Seybold Clinic is currently seeking a physician specializing in Non-Interventional Physiatry to work in our PM&R department. In this new role, we are seeking a physician who has a particular interest in a multidisciplinary physical medicine and rehabilitation clinical environment, working in close proximity to our hospitalists and in-hospital specialists to care for a variety of post/acute inpatient cases including inpatient consultations (neurological, orthopedic cardiopulmonary, cancer rehabilitation) rehabilitation team hospital rounds, weekly conferences with our hospitalist and social work team for post-acute rehabilitation placement decisions home care and inpatient rehab vs. SNF vs home with home health and outpatient PT/OT/ST. Requirements: Graduate of an approved training program in the United States. Licensed or willing to be licensed in the State of Texas. Board-certified or board-eligible. Send CV to: <https://kelsey-seyboldproviders.com/job/physical-medicine-rehabilitation/>.

Marietta, GA: Pinnacle Orthopaedics has a great opportunity for a BC/BE physiatrist at our busy orthopaedic practice located in the suburbs of Atlanta. Our practice includes five beautiful facilities and AAAHC-accredited state of the art ambulatory surgery center. No weekends, nights or chronic pain. This is a part-time position performing EMG/NCV studies. If interested, please forward your CV to renee.gentry@pinnacle-ortho.com.

PM&R Journal Receives Highest Impact Factor To Date

The impact factor of *PM&R*—your Academy’s official scientific journal—has continued to increase. This year is no exception! We are happy to announce that *PM&R* just received its 2020 Impact Factor of 2.298—the highest impact factor for *PM&R* to date. The Impact Factor is a calculation of the average number of citations received per paper published during the two preceding years: *PM&R* papers published in 2018-19 were cited in 2020, on average, 2.298 times.

This new milestone further elevates *PM&R*'s stature among the best-of-the-best prestigious scientific journals, while continuing to promote the important work of physiatry.

Congratulations to the editors-in-chief and our dedicated editors, reviewers and authors!



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Ai Mukai, MD, FAAPMR and Elliot Roth, MD, FAAPMR

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Subscription rate for members is \$20,
which is included in the dues.

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Early-Career and Resident Members: Maintain Your Membership with Your PM&R Community

As you advance in your career, we want to continue to provide you with the critical resources you need to succeed. When you renew your Academy membership, you receive access to valuable opportunities and benefits, including:

- ✔ **Connecting you online with 10,000+ physiatrists**—through PhysForum, Member Communities, virtual mentoring, volunteerism opportunities, Job and Fellowship Board and more.
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- ✔ **Clinical and practice management education**—through our Online Learning Portal, virtual early-career course (held annually in the spring), Annual Assembly, *PM&R* Journal, National Grand Rounds, *PM&R* Knowledge NOW®, spotlight series, lecture series and more.
- ✔ **Financial incentives**—such as student loan refinancing and insurance discounts as well as entertainment offers to help you make the most of your free time.

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