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**
- **15+ Clinical and Practice Themes**
- **2 Pre-Conference Sessions**
- **4 Plenary Sessions**
- **100+ CME**
- **VIRTUAL In-Person and Exhibits**

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.]
FROM THE EDITOR

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

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 we can learn something for all generations of physicians.

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?

Dr. Scott Klass (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 opportunities to contribute to the field 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 are aware of the true 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 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, trainees do not have essentially no exposure to specialty advocacy during residency training.

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 narrow 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 perspective 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 contact. 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 extraneous 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 professional time. This will likely lead to the younger generation pushing to incorporate volunteer work into standard work hours, or neglecting it all together. On the other hand, the younger generation also highly values activism, which may create the opposite effect in their fight for our specialty by doubling down on organized advocacy efforts. I am optimistic, so I am encouraged for our future as I believe my generation will step up and do an incredible job advancing the mission through Academy participation.

SW: Finally, you have had the unique perspective of being an AAPM&R Board member during your final year of residency. As you reflect on your role, I would like to know 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 PHiT, 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 perspective. 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 “the advocacy rounds” so board members can mentor every trainee about how the board functions and develop the next generation. Secondly, I would make 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 introducing young members to current issues and innovating ideas that advance our specialty.

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

FROM THE PRESIDENT

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

O

nember 15-14 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 Assembly. While the virtual 2020 Annual Assembly showed the possibilities of how an interactive event with both synchronous and asynchronous components could be, we all missed the traditional in-person experience that can’t be replicated in a virtual way. We are all managing the trajectory of the COVID-19 Pandemic, with 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 managing 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 always feel rejuvenated after attending the Annual Assembly, taking a break from my day-to-day clinical work, and reconnecting with old friends and making new friends. I also love the feeling of being part of a larger community, especially when I sit in a large auditorium for the plenary sessions and see and hear the energy of the room. It is the perfect honor to follow the growth and maturation of many of my colleagues for years, and thinking back to when I was attending an Annual Assembly as a medical student, looking up in awe at those who have accomplished 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 tune to page 4 to read more about the Annual Assembly and how you can participate in physician’s premier annual meeting.

your academy in action

#PMRAdvocates: Academy Members Advocating for the Specialty

• Dr. Andrew Gordon and Carlo Milani were selected to serve on the American MACRA Wave 4 Clinician Expert Workgroups that will provide input on the development of a low back pain episode-based cost measure for potential use in the Quality Payment Program.
• Dr. Christopher Standish attended a joint meeting with representatives from the American Medical Association, the Centers for Medicare and Medicaid Innovation (CMMI), and several other specialty associations, to recommend improvements to CMMI’s processes and model offerings.
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 your peer presenters and exhibitors. Read about the in-person lab opportunities available to all registered attendees with the opportunity to earn more than 100 CME credits. Choose from 10 interactive sessions this year. Visit aapmr.org/skillslabs for dates and topics. Register early for these in-person labs.

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.

AAM&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 AAM&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.

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 nurtured 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. Zellet Lecture and Awards Presentation on Saturday, November 13 from 12:30 pm-1:30 pm (CT).

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

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

- Ellen Casey (Associate Attending Physiatrist, Department of Physical Medicine & Rehabilitation; Co-Director, Fergusson Laboratory for Orthopaedic and Spine Research, University of Pittsburgh; Medical Director, UPMC Total Care- Musculoskeletal Health Programs)
- 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.
- We worked in collaboration with our peer specialty societies via the Council of Medical Specialty Societies (CMSS) to create 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 support the Lymphedema Treatment Act, which asks for Medicare coverage for prescribed modal 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 Bipartisan 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.

your academy in action

RAising Physiatry’s Voice: Your Academy Responds to Support Its Members

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Frank H. Kruse, MD, Lifetime Achievement Award

Distinguished Member Award

2021 Awards Committee

- Steven R. Flanagan, MD, FAAPMR (Chair)
- Deborah L. Bernal, MD, FAAPMR
- Steven R. Geiringer, MD, FAAPMR
- Maurice Sholas, MD, PhD, FAAPMR
- Varda D. Ozel, MD, FAAPMR

2021 Awards Committee

- Steven R. Flanagan, MD, FAAPMR (Chair)
- Deborah L. Bernal, MD, FAAPMR
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We continue to be inspired by the work you do as physiatrists. You are sharing your stories with us, working in your communities, helping treat COVID-19 patients, innovating 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 PHT 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 it dawned on me 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 patient population of 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 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 physical medicine.

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 a patient’s health, mostly because of the lockdown/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 degenerated, 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 (AQMSM) 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 be in 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 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 it all, this 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 issues 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 know a momentum going for the future of physiatry.
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 committee 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, Early-Career Course, Department Chair Summit Virtual Series, and our new Bright 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 methods 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. Burns, MD, FAAPMR

As the world continues to change in the wake of COVID-19, we are here to support you. Please make sure to check out our Volunteer Center at aapmr.org/volunteer to learn more!

“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 J. Cheng, MD, FAAPMR

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 programs 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.

“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

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.

EXPLORE AAPM&R’S ONLINE LEARNING PORTAL, FORMERLY KNOWN AS™

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.

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

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 15-15% of our total visits with quite a bit of variability by specialty. Frankly, it is a 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.

How do you see telehealth shaping the future of physiatric 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.

I think it is going to be a physician satifier 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 satifier. We 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 physiatric. The Workgroup will provide additional updates regarding telehealth initiatives via the Academy's website.

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

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

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

Each year, AAPM&R members fly to Washington, DC to visit with their Congressional representatives. In 2020, AAPM&R launched virtual our first virtual event of this kind 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 has held another virtual event this year, with 20 members reaching more than 50 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 so 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 more members of AAPM&R. We are 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.”

Audrey Singh, MD, FAAPMR
AAPM&R’s Director of Advocacy and Government Affairs

“The 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 throughout this virtual event, we showcased physiatry and to see the wide-reaching advocacy efforts of our Academy in action. And what an amazing team effort from our physiatric 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

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. Geffius, MD, FAAPMR
- Keith J. Foster, MD, MBA, CPE, FAAPMR
- Mekya J. Rujiki, MD, MPH, FAAPMR (Chair)
- Prakash S. Jayabalan, MD, PhD, FAAPMR
- Nandita S. Keole, MD, FAAPMR
- James J. Miller, MD, FAAPMR
- Srinidhi Pandit, MD, FAAPMR

And to these additional Academy participants:
- Michalla S. Gittler, MD, FAAPMR (Past President)
- Amy J. Hoodrose, MD, PhD, MPH, FAAPMR (Secretary)
- Andre Panagos, MD, FAAPMR (Chair; Specialty Brand Expansion Committee)
- Stuart J. Feinstein, MD, FAAPMR (President)

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

To learn more about AAPM&R’s advocacy efforts, visit ag.org/advocacy.
The Department of Physical Medicine and Rehabilitation at Wayne State University School of Medicine is expanding our program. We are also recruiting physiatrists who have been fellowship-trained in the subspecialties in pain management (board certified or board eligible). Candidates are expected 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 seeking a physician specializing in Non-Narcotic Pain Management. Send CV to: airportpilopepawandwellness@gmail.com.

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

PM&R Journal Receives Highest Impact Factor To Date

The impact factor of PM&R—your Academy’s official scientific journal—has increased to 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!
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.
- **Networking with 2,500+ physiatrists at the Annual Assembly**—we are meeting November 11-14 in Nashville, TN and online, and are excited to offer you sessions dedicated to your early-career, our Job and Fellowship Fair and our Career Corner booth to answer all of your career-related questions as well as CV review appointments. Early-career and resident members receive special discounted rates – register now to save!
- **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.

Stay active within your PM&R community by renewing your membership online now at [aapmr.org/renew](http://aapmr.org/renew) or by calling (847) 737-6000. Curious if you are currently eligible for membership renewal? This renewal period is specifically for residents and early-career members. Visit [www.aapmr.org/renew](http://www.aapmr.org/renew) to learn more.