**2024 AAPM&R Annual Assembly  
Hands-On Demonstration Builder Form**

*All proposal submissions MUST be submitted through the online proposal system by 11:59 pm CT on January 31, 2024, in order to be considered for the AAPM&R Annual Assembly in San Diego, CA.*

As part of your proposal submission, you will be asked to provide a detailed outline of your proposed session, as well as some information about the audience the proposal would attract.

After the submission period, the Program Planning Committee (PPC) will study the reviews and select highly rated proposals that contribute to a balanced and comprehensive annual assembly program. Notifications regarding your proposal status will be sent by late March. The PPC thanks you in advance for contributing your time and knowledge.

\*Indicates a required field.

**Session Title**

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| 1.  \* Proposal Title (150 characters maximum – 5 to 75 words) *The title of your session proposal should be informative but concise and in the format it should be printed.****Enter the title in mixed case; do not type in all CAPS****. Please do not use abbreviations or quotation marks in the title.*  **Title:** Click or tap here to enter text. |

**Target Audience**

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| 2.  \* Please select the experience level the presentation is intended for.  Fellows  In Training/ Early Career Physicians  Experienced/Attending Physician  Advanced/ Senior Physician Leader |

**Practice Setting**

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| 3.  \* Please select the experience level the presentation is intended for.  Inpatient  Outpatient  Private Practice |

**Format**

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| 4.  Please note: If you are interested in submitting a clinical or practice related session, please use the alternate submission form.  For this submission proposal type, there are two training methods:   1. Skills Labs are three-hour hands on sessions designed to provide in-depth training on a specific skill or set of skills. Each Skills Lab must incorporate at least four hands-on stations with a maximum of eight stations. These sessions will have an additional fee for participants. 2. The Learning Center Session are faculty led hands-on demonstrations that provide interactive learning experiences focused on fundamental and emerging hands-on skills taking place in the PM&R Pavilion. These demonstrations should be planned for a free-flowing audience.   Note, the PM&R Pavilion is an open space containing exhibits, research hub, and other AAPM&R booths.  If checked, you are agreeing to have your proposal considered for both session types. Check all that apply.  Skills Lab  Learning Center |

**Lab Marketing Description**

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| 5.  \* Provide a two paragraph skills lab or learning center session description. This is what will be utilized on the website and in marketing material to attendees, if selected. Do not use acronyms or abbreviations.  Without a complete description, the proposal cannot be properly reviewed. Please note, proposal reviewers do not have access to previous course evaluation data or descriptions.  Click or tap here to enter text. |

**Why is this lab needed?**

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| 6.  \* Please describe the knowledge or practice gap that this skills lab or learning center session will address.  Click or tap here to enter text. |

**Lab Outline/Format**

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| 7.  \* Provide a full description of the skills lab or learning center session. (i.e. what will be taught, how rotations will occur, how long each technique will be covered, etc.  Click or tap here to enter text. |

**Learning Objectives**

If your proposal is accepted onto the 2021 conference program, these learning objectives will be published in the online program and conference app, along with your session title and abstract.

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| 8.  \* Clearly describe what attendees are to gain by attending this skills lab. Use action words to begin this learning objective, such as list, describe, define, demonstrate, conduct, etc.  *For more information on how to effectively write objectives* [*click here.*](https://www.abstractscorecard.com/cfp/tasks/LearningObjectives/help.asp?EventKey=XHWGLXOR&SubmissionID=997375&TaskID=59899)  *Omit text such as “Participants will be able to..."*  *Complete the sentence, 'As a result of attending this session, participant will be able to...' (2-3 objectives are ideal)*   1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text. 4. Click or tap here to enter text. 5. Click or tap here to enter text. 6. Click or tap here to enter text. 7. Click or tap here to enter text. 8. Click or tap here to enter text. |

**Topic**

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| 9. *Choose your primary theme(s).*  Advancing PM&R BOLD  Cancer Rehabilitation Medicine  Central Nervous System  Clinical Techniques  EMG/ Neuromuscular  General Medicine  In Training/Early Career  Leadership and Career Development  Musculoskeletal and Sports Medicine  New Technologies  Pain and Spine Medicine  Pediatrics Rehabilitation  Spasticity |

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| 9. *Choose your secondary theme(s).*  Advancing PM&R BOLD  Cancer Rehabilitation Medicine  Central Nervous System  Clinical Techniques  EMG/ Neuromuscular  General Medicine  In Training/Early Career  Leadership and Career Development  Musculoskeletal and Sports Medicine  New Technologies  Pain and Spine Medicine  Pediatrics Rehabilitation  Spasticity |

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| 10. Clinical:  Concussion  Development Disabilities  Hospice and Palliative Medicine  Injections  Neuromodulation  Opioid Management  Post-Acute Care  Prosthetics and Robotics  Regenerative Medicine  Spinal Cord Injury  Ultrasound  Women’s Health  Wound Care |

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| 11. Practice and Career Development:  Alternative Payment Models  Career Development  Coding/Reimbursement  Contracts/Negotiation  Healthcare Systems/Partnering with Administrators  Leadership Skills: Financial/Budgeting Management  Leadership Skills: Medical Director Training  MACRA/MIPS/Quality Reporting  Medicolegal  Patient Engagement  Patient Safety  Practice Diversification  Practice Efficiency  Practice Management  Practice Technology  Preventing Burnout  Team Building |

**For all Clinical Sessions, please indicate the Level of Evidence that will be presented.\***

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| 12.  \* The intent behind this request is to elevate the educational value of all research presentations and promote the understanding of Evidence-Based Medicine principles. The Evidence Committee has selected the AAOS JBJS’s 2003 Levels of Evidence Table as their preferred table. This tool has been utilized by the Evidence Committee since 2012 to help standardize the Academy’s protocol for review of evidence and establish levels of evidence for all Academy work products. Click to access the Academy's [Level of Evidence Table](https://www.aapmr.org/quality-practice/evidence-based-medicine).  Level I  Level II  Level III  Level IV  Level V |

**Station Design**

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| 13.  \* Please provide a detailed description of the hands-on techniques that will be demonstrated at each station. All skills labs must use at least 4 stations with a maximum of eight stations. All learning center topics must use at least 2 stations with a maximum of 4 stations.  Station 1:Click or tap here to enter text.  Station 2:Click or tap here to enter text.  Station 3:Click or tap here to enter text.  Station 4:Click or tap here to enter text.  Station 5:Click or tap here to enter text.  Station 6:Click or tap here to enter text. |

**Equipment/Supplies**

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| 14.  AV Agreement  *\*The skills lab rooms will be equipped with an LCD projector and screen. Faculty will need to bring a laptop for the display of presentations. Please indicate whether you will need AV equipment.*  Yes, I need the LCD projector and screen  No, I will not need the LCD projector and screen |
| 15. BMAC Processors  *Please enter the quantity below. If none, enter 0.*      Answer: Click or tap here to enter text. |
| 16. Description of BMAC Processor use in the session.  *Please briefly describe the use.*      Answer: Click or tap here to enter text. |
| 17. EDX Machines  *Please enter the quantity below. If none, enter 0.*        Answer: Click or tap here to enter text. |
| 18. Brief description of EDX Machine use in the session.  *Please briefly describe the use.*         Answer: Click or tap here to enter text. |
| 19. EMG Machine  *Please enter the quantity below. If none, enter 0.*        Answer: Click or tap here to enter text. |
| 20. Brief description of EMG Machine use in the session.  *Please briefly describe the use.*         Answer: Click or tap here to enter text. |
| 21. Exoskeletons  *Please enter the quantity below. If none, enter 0.*        Answer: Click or tap here to enter text. |
| 22. Brief description of Exoskeltons use in the session.  *Please briefly describe the use.*         Answer: Click or tap here to enter text. |
| 23. Nerve Stimulator(s)  *Please briefly describe the use.*         Answer: Click or tap here to enter text. |
| 24. PRP Processors  *Please enter the quantity below. If none, enter 0.*        Answer: Click or tap here to enter text. |
| 25. Brief description of PRP Processors use in the session.  *Please briefly describe the use.*         Answer: Click or tap here to enter text. |
| 26. Prosthetics  *Please enter the quantity below. If none, enter 0.*        Answer: Click or tap here to enter text. |
| 27. Brief description of Prosthetics use in the session.  *Please briefly describe the use.*         Answer: Click or tap here to enter text. |
| 28. Pumps  *Please enter the quantity below. If none, enter 0.*        Answer: Click or tap here to enter text. |
| 29. Brief description of Pumps use in the session.  *Please briefly describe the use.*         Answer: Click or tap here to enter text. |
| 30. Pump Programmer(s)  *Please enter the quantity below. If none, enter 0.*        Answer: Click or tap here to enter text. |
| 31. Brief description of Pump Programmer(s) use in the session.  *Please briefly describe the use.*         Answer: Click or tap here to enter text. |
| 32. Robotics  *Please enter the quantity below. If none, enter 0.*        Answer: Click or tap here to enter text. |
| 33. Brief description of Robotics use in the session.  *Please briefly describe the use.*         Answer: Click or tap here to enter text. |
| 34. Ultrasound Machine(s)  *Please enter the quantity below. If none, enter 0.*        Answer: Click or tap here to enter text. |
| 35. Brief description of Ultrasound Machine(s)use in the session.  *Please briefly describe the use.*         Answer: Click or tap here to enter text. |
| 36. Other Equipment - Quantity and description of how the equipment will be used.\*         Answer: Click or tap here to enter text. |
| 37. Needles  *Please list types of needles needed, including size and quantities. If not applicable, please enter N/A.*        Answer: Click or tap here to enter text. |
| 38. Volunteers  *Please indicate how many volunteers you will need. If none, please enter 0..*         Answer: Click or tap here to enter text. |
| 39. Describe what body parts will be exposed on volunteers.\*  *If not applicable please type N/A.*        Answer: Click or tap here to enter text. |

**Faculty Information**

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| 40. Please create the list of faculty for this submission. The Skill Lab Director(s) will be the first person in the list.  **If the person is not listed or not a Physiatrist**, they are not eligible to be added unless you (submitter) create an account with AAPMR by following [this link.](https://members.aapmr.org/SignInCreateAccount)  **Each 60-75 minute session allows for 8 total faculty**.  You must add at least 2 skills lab faculty and no more than 8.  You must add at least 1 skills lab director and no more than 2 skills lab directors.  You must add at least 2 skills lab faculty and no more than 10 skills lab faculty.  Each presenter will need to access the proposal (via a link that will be sent by the submitter as a proposal “task”) to add biographical information. **It is important that you plan your proposal submission to allow your presenters time to complete their tasks.** You cannot submit your proposal without complete profiles from all listed presenters.  Each presenter should be prepared to:   * Confirm contact information * Write a short biography * Complete the Conflict of Interest: Disclosure, Speaker Agreement and Attestation form * List any recent relevant professional presentations * Pay for conference registration should their proposal be selected   *The space below is provided for you to plan your presentation team:* | |
| **Faculty 1**  First Name: Click or tap here to enter text.  Last Name:Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Organization: Click or tap here to enter text.  Mailing Address: Click or tap here to enter text.   * **Roles**   *Please select at least one Role*  Skills Lab Director  Skills Lab Faculty   * **Known Time Conflicts**   *Please list any known time conflicts that may occur during the Annual Assembly. i.e. holiday, conference, or religious holiday consideration*  Click or tap here to enter text.     * **Have you presented virtually or in-person at other educational conferences within the last 2 years?**   If yes, please list the names and dates of those conferences.  Yes  No   * **If yes, where?**   Click or tap here to enter text.   * **Are you an AAPMR member?**   Yes  No   * **If yes, what is your membership number?**   Click or tap here to enter text. |
| **Faculty 2**  First Name: Click or tap here to enter text.  Last Name:Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Organization: Click or tap here to enter text.  Mailing Address: Click or tap here to enter text.   * **Roles**   *Please select at least one Role*  Skills Lab Director  Skills Lab Faculty   * **Known Time Conflicts**   *Please list any known time conflicts that may occur during the Annual Assembly. i.e. holiday, conference, or religious holiday consideration*  Click or tap here to enter text.     * **Have you presented virtually or in-person at other educational conferences within the last 2 years?**   If yes, please list the names and dates of those conferences.  Yes  No   * **If yes, where?**   Click or tap here to enter text.   * **Are you an AAPMR member?**   Yes  No   * **If yes, what is your membership number?**   Click or tap here to enter text. |
| **Faculty 3**  First Name: Click or tap here to enter text.  Last Name:Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Organization: Click or tap here to enter text.  Mailing Address: Click or tap here to enter text.   * **Roles**   *Please select at least one Role*  Skills Lab Director  Skills Lab Faculty   * **Known Time Conflicts**   *Please list any known time conflicts that may occur during the Annual Assembly. i.e. holiday, conference, or religious holiday consideration*  Click or tap here to enter text.     * **Have you presented virtually or in-person at other educational conferences within the last 2 years?**   If yes, please list the names and dates of those conferences.  Yes  No   * **If yes, where?**   Click or tap here to enter text.   * **Are you an AAPMR member?**   Yes  No   * **If yes, what is your membership number?**   Click or tap here to enter text. |
| **Faculty 4**  First Name: Click or tap here to enter text.  Last Name:Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Organization: Click or tap here to enter text.  Mailing Address: Click or tap here to enter text.   * **Roles**   *Please select at least one Role*  Skills Lab Director  Skills Lab Faculty   * **Known Time Conflicts**   *Please list any known time conflicts that may occur during the Annual Assembly. i.e. holiday, conference, or religious holiday consideration*  Click or tap here to enter text.     * **Have you presented virtually or in-person at other educational conferences within the last 2 years?**   If yes, please list the names and dates of those conferences.  Yes  No   * **If yes, where?**   Click or tap here to enter text.   * **Are you an AAPMR member?**   Yes  No   * **If yes, what is your membership number?**   Click or tap here to enter text. |
| **Faculty 5**  First Name: Click or tap here to enter text.  Last Name:Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone: Click or tap here to enter text.  Organization: Click or tap here to enter text.  Mailing Address: Click or tap here to enter text.   * **Roles**   *Please select at least one Role*  Skills Lab Director  Skills Lab Faculty   * **Known Time Conflicts**   *Please list any known time conflicts that may occur during the Annual Assembly. i.e. holiday, conference, or religious holiday consideration*  Click or tap here to enter text.     * **Have you presented virtually or in-person at other educational conferences within the last 2 years?**   If yes, please list the names and dates of those conferences.  Yes  No   * **If yes, where?**   Click or tap here to enter text.   * **Are you an AAPMR member?**   Yes  No   * **If yes, what is your membership number?**   Click or tap here to enter text. |

**Before You Submit**

* Does the information listed in the speaker profile(s) support the proposal and demonstrate expertise in the topic?
* Does the title clearly communicate what the session is about and who should attend?
* Does the abstract support the outline proposed?
* Is the timeline submitted realistic?

**Deadline**Save a copy of your proposal for your personal records. Skills Lab proposals MUST be submitted by 11:59 pm CT on January 25, 2023