

aapm&r the physiatrist

MARCH 2022 / VOL 38 / ISSUE 3

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The aapm&r Registry For Ischemic Stroke and Low Back Pain

Changing the Face of Physical Medicine and Rehabilitation

“As healthcare is changing, it becomes important to show our value through evidence—evidence that is real, collected across the country and encompasses a host of conditions—that’s what the AAPM&R Registry can help us do.”

—Steven R. Flanagan, MD, FAAPMR, AAPM&R President Elect



aapmr.org/registry >

How do we create an effective care continuum amidst the challenges in the current environment?

- ✓ Rehabilitation is consistently devalued
- ✓ Outcomes are unclear
- ✓ Clinicians are stressed
- ✓ Results are difficult to prove

The Solution: The AAPM&R Registry

- ✓ A single repository of data to track “real-world” care
- ✓ Tracks care nationally to define rehabilitation practice, move rehabilitation forward and improve patient outcomes
- ✓ Uses data to advocate, protect and advance PM&R

AAPM&R Registry Benefits

- ✓ Benchmark your practice
- ✓ Manage patient populations
- ✓ Improve patient care
- ✓ Join a community of quality improvement focused on improving outcomes and advocating for PM&R

Early Adopters

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Rehabilitation

CAROLINA
NeuroSurgery & Spine
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Lifespan
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Delivering health with care®

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Rehabilitation Institute
OF ST. LOUIS
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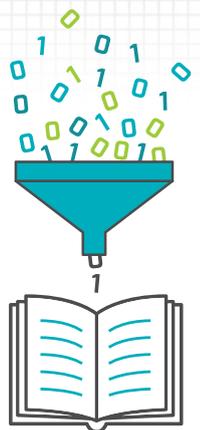
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Shepherd Center

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Be a change agent for physical medicine and rehabilitation—become an AAPM&R Registry participant today. Contact us at registry@aapmr.org. Your participation is vital as we advance the future of physiatry. >

AAPM&R's PHiT Board—VITAL to the Future of Young Psychiatrists

Deborah A. Venesy, MD, FAAPMR
AAPM&R President

There's something about a snowy Martin Luther King Day that has me thinking about the impact of crafting a clear vision for the future. The tributes to Dr. King remind me that the future is created by leaders who possess the vision to define the future and the action to move it forward.

I was also thinking about vision when I joined a recent PHiT Board meeting. For those who might not be familiar, PHiT is our Psychiatrist in Training Council, and all AAPM&R residents (PGY1-4) and associate fellows (PGY5-6) belong to PHiT. Dr. Heidi Chen is the new PHiT Council President, and she leads a phenomenal group of residents and fellows.

The PHiT community “focuses on providing valuable feedback on behalf of resident and associate fellow members to assist the strategic coordinating committees to support their needs through every year of residency and fellowship. The PHiT Board focuses on developing and sustaining a strong resident and associate fellow community that provides a valuable member experience for all PM&R residents and fellows-in-training.”

PHiT is busy! During their recent January meeting, they provided valuable feedback about the timing of our Academy's Early-Career Course and the Annual Assembly Career Corner opportunities such as CV review, Fellowship Roundtable and the very popular Quiz Bowl. The group brainstormed ideas on how to engage PHiT ambassadors (PGY2 residents serving as liaisons from their residency to AAPM&R), how to create a medical student interest group repository, as well as Instagram and Twitter initiatives.

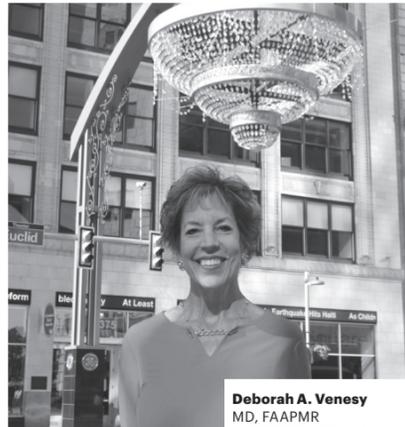
“The best way to predict your future is to create it.”

—Abraham Lincoln

They also discussed ways to increase the visibility of our Online Education Subscription as well as creating a welcome package for newly-matched MS-4s or new residents.

One of my favorite sessions of our November Annual Assembly was the PHiT Fire competition. The rapid-fire sessions, similar to the inspirational TED-styled PhysTalks, included physicians-in-training members reflecting their ideas about the Annual Assembly theme, *Reimagining Our Future*:

- **The Teacher:** reimagining education in the classroom and in the PM&R clinic via digital gamification (Dr. Alpha Anders, Louisiana State University)
- **The Crowdsourcer:** tracking for patient reported outcomes (PRO) with chronic conditions via a crowd source data app (Dr. Jason Chang, New York Presbyterian-Columbia and Cornell)
- **The Advocate:** innovative resident-driven research program about health disparities in stroke rehab and paying it forward (Dr. Audrie Chavez, UT Southwestern Medical Center)
- **The Environmentalist:** reimagined perspectives on the health effects of climate change, such as wildfire smoke, and understanding the complex intersection between disability and other vulnerable groups (Dr. Anita Lowe Taylor, Stanford University)
- **The Artist:** transformative art and humanism in medicine (Dr. Evelyn Qin, University of Washington)
- **The YouTube™ Sensation:** the power of social media, such as YouTube, for sports medicine education (Dr. Brian Sutterer, Mayo Clinic); over 5,000 subscribers, 360 videos and 68 million views



Dr. Venesy is pictured in front of the Cleveland Playhouse GE Chandelier.

Dr. Qin won the competition and the Hi-PHiVE award for her presentation, “Becoming a PM&Rtist.” They can be found on AAPM&R's Online Learning Portal (onlinelearning.aapmr.org), under “Member Benefits” within “Clinical Presentations,” and are also part of the 2021 AA Rewind, which is free for Assembly attendees and available for purchase.

The vision for our specialty will be nurtured and developed by these and other outstanding future leaders. I rest easy knowing the future of psychiatry is in such capable and innovative hands.

Be BOLD and stay well,
Deb

“Whatever you choose to do, leave tracks. That means don't do it just for yourself. You will want to leave the world a little better for your having lived.”

—Justice Ruth Bader Ginsburg

Characteristics of a Profession

Elliot J. Roth, MD, FAAPMR
Co-editor, *The Psychiatrist*

Early in the calendar year seems like a good time to think about “the basics” that support our activities and also assess how we are doing on those. In that context, I thought it might be worthwhile to ponder the issue of what comprises **a profession**, as a basis for assessing how we are doing in meeting the expectations of a profession. It turns out that what characterizes a “profession” has some very specific qualities to it. Much of this will likely resonate with us, or at least provide a rationale for many of the activities we do every day.

A broad definition is that a profession is a disciplined group of individuals who have common training, who adhere to common standards, and who both represent themselves as and are accepted by the public as possessing special knowledge and skills in a specific body of learning that is often derived from research and training, and who are capable of applying this knowledge and performing those skills in the interests of others or in the interests of society.

Contained within this general definition are the following key characteristics:

1. It has specialized knowledge that comprise an intellectual discipline;
2. It requires extensive training;
3. Its services are considered vital to a society's well-being;
4. Its practitioners usually have a high degree of autonomy in determining how to carry out their activities;
5. Its practitioners usually must undergo some process of certification or licensure by governmental bodies in order to be eligible to carry out certain tasks or to provide certain services, and this licensing gives practitioners exclusive legal rights to provide those services;
6. Professionals are usually organized into associations or societies;
7. These societies generate a code of ethics and standards of professional practice, which can include statements regarding avoidance of conflicts of interest and the objective to protect the public;
8. Self-regulation and self-enforcement are common, which implies the need to exercise professional discretion and the ability to make judgements that cannot be determined by an absolute rule.

With the specialized training and knowledge comes trust, and with the trust comes autonomy of practice, and with

the autonomy comes responsibility and accountability.

For us in medicine, it can be argued that many of these factors, but especially trust and autonomy, are being gradually eroded. This is an unfortunate turn of events. There also are now increasing amounts of “nipping around the edges,” if not outright “gnawing at the core,” of some of these key characteristics of our profession, occurring through the growth of regulation, expansion of bureaucratic expectations of practitioners and the creation of standards by bodies external to the profession. In this way, the core features of the profession are being challenged by governmental bodies, public agencies, seemingly interested organizations, other professionals and even members of the profession themselves.

The increasing accountability placed upon us as professionals is not necessarily a bad condition by itself, and indeed is quite often a useful and welcome development to ensure quality and consistency of practice. However, irrational, unreasonable and overly burdensome requirements that reduce the time and emphasis by which practitioners can focus on their discipline (for us, that means taking care of patients) can interfere with, rather than enhance, our ability to improve our practices and our profession. We may have failed to get it completely right on the “self-regulation” issue, but there is no evidence that the governmental agencies, corporate entities and other organizations have gotten it right either. Additionally, it would seem that the regulations, paperwork and restrictions that they impose upon us have impaired, rather than benefitted, the core objectives of the profession.

So, how are we doing on the key characteristics noted earlier in this editorial?

- We clearly have the “specialized knowledge” in an “intellectual discipline;”
- We know that there is extensive training for all of us;
- Most (but perhaps not all) would argue that our services are considered vital to our society's well-being;
- Whether we have a “high degree of autonomy” in determining how to carry out our activities is debatable; however, there is some degree of autonomy, so perhaps we should get “partial credit” for this one;
- The processes for certification and licensure by the government are certainly well developed, but whether this “gives practitioners exclusive legal rights to provide those services” is under constant discussion;



Elliot J. Roth
MD, FAAPMR

- For the professional societies component, we clearly got that one right;
- Our profession has generated codes of ethics and standards of practice, although it would appear that we have not yet fully resolved the difficult conflict of interest questions;
- The issue of self-regulation is a mixed situation right now, with likely the most challenges to it of all of these components.

In AAPM&R, we are fortunate to have a specialty society that helps us navigate the sometimes difficult philosophical, cultural and practice issues that arise in our profession. By providing education, advocacy, support for practices and careers, professional development, opportunities for collaboration and resources to enhance practices, the Academy serves to strengthen the profession of medicine and the specialty of PM&R. We are grateful to the leadership, membership and support staff of the organization for the role that the association serves in upholding these ideals.

References:

- Larson MS: *The Rise of Professionalism: A Sociological Analysis*. Berkley, CA: University of California Press. 1978, p 208.
- Cruess SR, Johnson S, Cruess RL: “Profession” A working definition for medical educators. *Teaching and Learning in Medicine*. 16 (1):74-76.

Call for Community Sessions to Open on March 30

Member Communities, we need you! Help craft content specific to your area of interest, with topics or networking opportunities best suited to your specific community. The Annual Assembly will provide dedicated time and Zoom support for Member Communities to develop sessions for their own constituencies. These virtual sessions will occur during Community Session Week held in mid-October for Annual Assembly attendees.

To facilitate your submission, you can download the Community Session Builder Form to help you compose your answers for Community Session Submission questions. The worksheet provides the submitter with a copy of the Annual Assembly Call for Community Session questions to assist you in preparing prior to entering your data online.

Learn more at aapmr.org/community-sessions and submit by April 27. Questions? Email assembly@aapmr.org or call (847) 737-6000.

#aapmr22

BALTIMORE, MD & VIRTUAL
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Thank you to all who submitted session proposals, research abstracts and case studies for the Annual Assembly. Watch aapmr.org/2022 for conference updates, additional opportunities and more!



Physical Medicine and Rehabilitation (Physiatrist) Opportunity:

Mercy Health Physicians-Youngstown (MHP-Y) is seeking a general outpatient PM&R physician. The practice is experiencing growth and recruiting to meet community needs.

- Subspecialty certification welcomed but not required; electromyography certification will be considered, but not required.
- Part of Musculoskeletal department includes other PM&R physicians, orthopedics, podiatry, chiropractor.
- MHP-Y offers an extensive network of physicians and is the largest group in the Mahoning Valley. Our team includes more than 120 primary care providers and a wide range of specialties.
- Hospital employment opportunity, highly competitive salary, relocation, sign on and medical education loan repayment, generous CME, 403B with employer match and more.



Mercy Health Youngstown is part of Mercy Health, which is headquartered in Cincinnati and is the largest health system in Ohio and one of the largest Catholic health systems in the United States. Learn more at www.mercy.com/Youngstown.

Situated an hour's drive from Cleveland and Pittsburgh, Youngstown is at the center of the Mahoning Valley. With a population of 550,000, it's a comfortable and inviting community with excellent schools and affordable housing, plus dozens of galleries, museums, performance venues and historic sites.

Youngstown is perfectly situated for those who like to travel with 3 international airports within an hour's drive.

Please send CV to:
Christine Ruggieri, Physician Recruitment
Phone: 330-240-4838
CMRuggieri@Mercy.com

Assembly of Delegates Meeting Recap

The AAPM&R Board of Governors, along with the leaders from the Inclusion and Engagement Committee, hosted the 2021 Critical PM&R Dialogues: Assembly of Delegates on Saturday, December 4, 2021.

Delegates from more than 30 member communities participated in a strategic discussion to provide vital input to the Board on the Academy's process for engagement on societal issues. It was an insightful conversation and gave the Board critical input to take into its considerations. We used an outside facilitator to help engage the community in thoughtful discussions along with a virtual whiteboard tool to collect input.

The first question asked of the attendees: "AAPM&R, like all medical specialty societies, is asked to engage on societal issues. What criteria should be used to assess when AAPM&R engages (or not) on a particular issue?"

A sample of the responses received from the small groups are listed below:

- Does the issue fit within the mission of the organization?
- Does the issue impact the rehabilitation community as a whole?
- Review the data that we have on what issues our members want us to prioritize
- Coordinating with other specialty societies to ensure that the issues that AAPM&R decides to engage on are supported with efforts that are impactful
- Engage on any issue that impacts health disparities
- Does the Academy have the resources to make an impact on any particular issue?

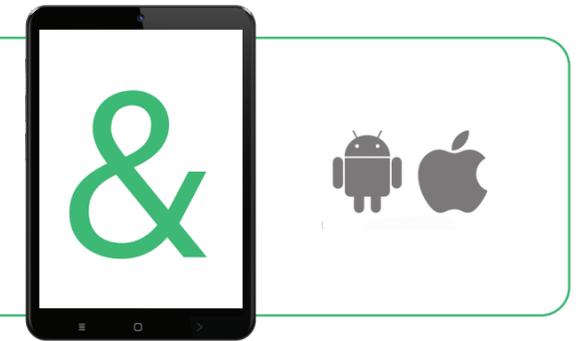
The second question asked attendees: "Once AAPM&R has decided to engage on a particular issue, what criteria should be used to determine how it engages on this issue?"

Here are some of the responses received:

- Offer a virtual townhall when the topic is controversial to open dialogue amongst the membership
- Tie the "how" we engage on an issue directly to the "why"
- Survey the membership to determine the impact and relevance of the issue to the members
- Determine if engaging or not engaging on the issue is a threat to the specialty
- Determine the urgency of the issue

The Board will further consider the feedback from attendees. In addition to this event, a task force is being formed to create an approach for the Board to assess the different needs that are brought forward to them. Watch for more information on their work—coming soon.

Download our NEW Online Learning Portal mobile app—AAPM&R Learn—today for Apple and Android, and keep AAPM&R education at your fingertips.



your academy in action

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

- Shared resources about the No Surprises Act, including comment letters and education, on the Coding & Reimbursement section of the Academy website.
- Recruited 47 Congressional Representatives in a grassroots campaign on Capitol Hill to oppose the CMS IRF Review Choice Demonstration.
- Supported the Conrad State 30 and Physician Access Reauthorization Act (S 181/ HR 3541) to expand the Conrad State 30 program, which allows qualified foreign-trained physicians to provide care in underserved communities.
- Supported a coalition letter to Congress urging to reinstate the telehealth provision enacted as part of the CARES Act. This provision allowed employers and health plans to provide pre-deductible coverage of telehealth services for individuals with High-Deductible Health Plans with Health Savings Accounts (HDHP-HSA).
- Supported a congressional telehealth letter urging leadership to facilitate a pathway to comprehensive, permanent telehealth reform. This letter is a continuation of our advocacy to push for broader telehealth coverage through legislation.



your academy in action

#PMRAAdvocates: Academy Members Advocating for the Specialty



• Nominated Kento Onishi, DO, FAAPMR, to serve as a peer reviewer for the American Academy of Orthopaedic Surgeons (AAOS) Clinical Practice Guideline (CPG) on the Management of Anterior Cruciate Ligament Injuries.



• Nominated Jeffrey Brault, DO, FAAPMR, to serve on the AAOS workgroup to develop a CPG on the Management of Carpal Tunnel Syndrome (CTS).



• Monica Verduzco-Gutierrez, MD, FAAPMR, testified at a United States House of Representatives Ways & Means Health Subcommittee hearing on bridging health equity gaps for people with disabilities and chronic conditions. Dr. Verduzco-Gutierrez's testimony included information on the effects of Long COVID on the nation's disability population.

Advancing Musculoskeletal Care with New Reimbursement Codes for Physiatrists – Remote Therapeutic Monitoring Technology: An Interview with Dr. Marc Gruner



From Left to Right:
 Marc Gruner, DO, MBA, RMSK, FAAPMR; Todd Rowland, MD, FAAPMR; Megan Roop, AAPM&R Telehealth and Payment Innovation Specialist

Dr. Marc Gruner is a Mayo Clinic-trained Sports Medicine Physician and the co-founder and chief medical officer at Limber Health. Limber*, developed by doctors, is a digital therapy and remote monitoring tool of at-home therapy. Clinically validated, Limber is designed to be integrated with providers to help better manage an episode of musculoskeletal (MSK) care, reduce leakage and generate revenue. Providers receive access to a portal with real-time actionable data about their patient, playing an integral part in value-based healthcare initiatives.

In this issue, Dr. Gruner shares his experience treating musculoskeletal patients in their home using the advancement of remote therapeutic monitoring. The interview was conducted by Todd Rowland, MD, FAAPMR, Chair of the Academy’s Telehealth Innovation Workgroup. Responses have been edited for length and clarity.

1. How long have you been providing remote care for your patients and how did you get started?

Limber was started by my brother and I in 2019. We are passionate about improving musculoskeletal care by integrating digital care with existing in-person MSK care networks. It started when I was volunteering at The Center for Medicare and Medicaid Innovation (The Innovation Center) working on orthopedic bundled and holistic care. We studied the marketplace and were surprised to learn that while exercise therapy is the evidence-based first line of musculoskeletal care, less than 12% of MSK patients attend physical therapy. Of the 12% of patients that make it to in-person physical therapy, only 30% make it to discharge. We found the challenges include access to care, time constraints of a busy schedule, cost barriers and COVID-19.

We believe that providers and their patients would greatly benefit from digital devices. Digital devices make it easy for patients to do exercise therapy at home and enable physicians and physical therapists to track therapy adherence and changes in pain and function. This information allows providers to effectively oversee a patient’s care plan and determine if additional care is needed.

2. It’s one thing to identify a problem, but you took the next step to create a company. Why did you decide to take this journey?

I have been excited about the ability to use digital tools to improve MSK care as an outreach of in-person care and had a goal to make these tools widely available. This

is especially important as musculoskeletal conditions are the most prevalent chronic condition, impacting one in two adults each year. It is the number one cost driver for most employers in the U.S.

Today, providers have limited access to real-time data to track their patients’ adherence, pain, and function levels. I firmly believe that providers need more digital tools to follow evidence-based musculoskeletal care to appropriately evaluate improvement and order additional care when necessary. While remote patient monitoring has been used in other specialties to improve quality-of-care, it has not been available for the MSK specialty. Current CPT remote monitoring codes do not allow the use of therapeutic data such as pain, functional status, and adherence to therapy.

3. How can PM&R physicians be compensated for remote care? Has that changed during the COVID crisis?

The good news is that starting January 2022, PM&R physicians can get reimbursed by Medicare for remotely managing at-home therapy. Our projections indicate physicians have the potential of making about \$25,000 in additional profit when they add remote therapeutic monitoring to their practice. Limber has no upfront costs, and as a turnkey solution, it does not disrupt clinical workflows. Physiatrists or physical therapists can either build their personalized home-exercise program from Limber’s library of thousands of exercise videos with verbal coaching or select from more than 100 pre-built, progressive protocols developed for non-surgical, regenerative, surgical and maintenance cases. Additionally, the platform features robust education for patients and tracks patient reported outcome measures (PROMs).

The Limber team has been working with the AMA over the past two years to drive the creation of a newly-approved CPT code set for remote therapeutic monitoring (RTM). This is in addition to the telemedicine codes that currently exist. The new RTM CPT code set is designed to enable providers, physicians, and physical therapists to bill monthly for remotely monitoring their MSK patients’ pain, function, and adherence levels.

There are four new codes that can be used for remotely monitoring MSK care, including:

- 98975: Remote therapeutic monitoring (e.g., respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment

- 98977: Device(s) supply with scheduled (e.g., daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days
- 98980: Remote therapeutic monitoring treatment management services, physician/ other qualified healthcare professional time in a calendar month requiring at least one interactive communication with the patient/ caregiver during the calendar month; first 20 minutes
- 98981: Remote therapeutic monitoring treatment management services, physician/ other qualified healthcare professional time in a calendar month requiring at least one interactive communication with the patient/ caregiver during the calendar month; each additional 20 minutes (list separately in addition to code for primary procedure).

4. What do you see as the next steps for our specialty in the rapidly evolving world of Telemedicine?

I believe our specialty will greatly benefit from the new remote therapeutic monitoring codes and telemedicine. As physiatrists, we are looking for innovative ways to provide care for patients at home. One thing we are seeking as a specialty is how we can provide more value. Physiatrists are looking to be the leaders in management of conservative treatment for orthopedic injuries. These new codes allow clinicians to be more involved by remotely monitoring patients in a home setting. When we created Limber, I really wanted to make sure that it was just as easy for clinicians to use as it was for patients.

Allowing patients to have an extension of your practice in their hands and be connected to you remotely will help them on their journey to recovery, improve patient satisfaction, and result in better quality at lower overall costs.

For additional details regarding the new remote therapeutic monitoring CPT codes, please see the 2022 Medicare Physician Fee Schedule article in the February issue of *The Physiatrist*. AAPM&R’s Telehealth Innovation Workgroup is continuing to explore telehealth opportunities for physiatry. The workgroup will provide additional updates regarding telehealth initiatives via the Academy website.

For more in-depth information, listen to Dr. Gruner’s podcast on AAPM&R’s online learning portal ([onlinelearning.aapmr.org](https://www.aapmr.org/onlinelearning)) and watch for more telehealth podcasts—coming soon!

* There is a fee associated with this service.

Foundation Funding is Vital to the Future of Physiatry

Diana Cardenas, MD, MHA
 President, Foundation for PM&R

Prakash Jayabalan, MD, PhD is an excellent example of how Foundation grants are a vital resource for young investigators launching a career in physiatric research. Dr. Jayabalan received his first Foundation research grant in 2014 to study the effect of walking exercise regimens on joint biomechanics and serum biomarker profile in patients with knee osteoarthritis; the findings from this study helped him secure an NIH K12 grant.



In 2016, he received a Materson ERF New Investigator grant to continue his research in knee osteoarthritis, this time comparing the acute effects of walking vs. using a golf cart on an 18-hole course. This study garnered international attention, resulting in numerous presentations (including at the meetings of the AAP, Orthopaedic Research Society, and Osteoarthritis Research Society International among others); a feature story on NBC (<https://www.nbcchicago.com/local/web-arthritis-golf-study/1973325/>); numerous publications in consumer publications (<https://www.sciencedaily.com/releases/2018/04/180428145108.htm>). He even presented his findings to the UK Houses of Parliament. Ultimately, he used the findings of this Foundation-funded study to apply for an RO1 grant.

Most recently, Dr. Jayabalan received the 2019 Lehmann Biomechanics/Biophysics Research Grant award for his study on the acute impact of positive pressure lower body treadmill walking on biological markers of joint disease in individuals with knee osteoarthritis, as well as the Scott Nadler PASSOR Musculoskeletal Research Grant for his project, “The Development of Cartilage Stress Test for Early Diagnosis of Knee Osteoarthritis.” Preliminary results from the Nadler study were presented at the 2020 AAPM&R Annual Assembly, and both studies undoubtedly will result in additional publications, presentations and new research support. Recently, Dr. Jayabalan expressed his appreciation and stated the impact these grants have had on his developing career: “I want to thank the Foundation for being so supportive of my work; none of this would have been possible without it.”

Dr. Jayabalan completed his residency at the University of Pittsburgh Medical Center in 2015 and fellowship at Northwestern University/RIC in 2016. Currently, he is Director of Clinical Musculoskeletal Research at Shirley Ryan AbilityLab and an Assistant Professor at Northwestern University Feinberg School of Medicine. The complete list of grants he has received so far can be found at <https://www.scholars.northwestern.edu/en/persons/prakash-sidha-jayabalan/>, projects, and his list of publications are here: <https://orcid.org/0000-0002-0369-2896>. At just seven years out of training, Dr. Jayabalan



Diana Cardenas
 MD, MHA



has already contributed to the knowledge base of the field, and will surely make an even greater impact in years to come.

The Foundation for PM&R’s Research Grant and Awards program has a rigorous peer-review process that identifies the research proposals—from promising young physiatric investigators like Dr. Jayabalan—meeting the Foundation’s funding criteria and gives them pilot project support that is vital to securing future larger extramural grants. Because 90% of our funding comes from individual donations by physiatrists like you, you are vital to the Foundation for PM&R and all of the future physician-scientists we support!

Research Grants Available

The Foundation PM&R has several grants available in our spring 2022 cycle. Information about them can be found on the Foundation website (www.foundationforpmr.org/research-grants-2/), but applications must be submitted online at <https://foundationforpmr.submittable.com/submit>. Opportunities include:

- **Richard Materson ERF New Investigator Grant** – Up to three career-development grants of \$10,000 each for a research project by a physiatric investigator 5 years or less out of training (residency or fellowship).
- **Gabriella Molnar Pediatric PM&R Research Grant** – One grant of \$10,000 for a pilot study in pediatric rehabilitation.
- **Scott Nadler PASSOR Musculoskeletal Research Grant** – One grant of \$30,000 for a pilot study in musculoskeletal rehabilitation.

Questions about our research grants program can be directed to Phyllis Anderson, panderson@foundationforpmr.org or 847-737-6062.

REVIEWERS WANTED!

If you have research experience and are willing to help us score our research grant applications, contact panderson@foundationforpmr.org. We are especially in need of experts in the areas of pediatric, cancer and stroke rehabilitation as well as pain management. Thank you!

The Role of the Nurse Practitioner and Physician Assistant in Physiatry-Led, Patient-Centered, Team-Based Care

AAPM&R is committed to physiatry-led, patient-centered, team-based care. A survey conducted by AAPM&R showed that 70% of members work with Nurse Practitioners and Physician Assistants and that training is a significant need. Nurse Practitioners and Physician Assistants can help address critical workforce limitations that impede the specialty's ability to expand its influence in alignment with the vision for the future. The Academy believes it is possible to both aggressively advocate for our physiatrist members and attract and train physiatrist-led Nurse Practitioners and Physician Assistants to help grow the impact of the specialty and allow physiatrists to expand their role within healthcare.

A BOLD Vision for the Specialty of Physiatry

While formulating our PM&R BOLD strategic vision, the Academy had many thoughtful discussions around workforce limitations and challenges, and concluded that there are simply not enough physiatrists in the country to adequately serve the large reservoir of patients who would benefit from physiatric care. To address this challenge, the Academy has long advocated for more residency positions. However, it became clear that workforce limitations would need to be addressed in a broader, more immediate and enduring way in order for physiatrists to meet the vision and be:

- ☑ **essential** medical experts in **value-based evaluation, diagnosis and management** of neuromusculoskeletal and disabling conditions.
- ☑ **indispensable** leaders in **directing rehabilitation and recovery**, and in **preventing injury and disease**.
- ☑ **vital** in **optimizing outcomes** and function **early and throughout** the continuum of patient care.

In discussions across the country, physiatrists identified the need for highly-trained Nurse Practitioners and Physician Assistants available in the workforce to serve as valuable team members. Attracting and training Nurse Practitioners and Physician Assistants onto physiatrist-led teams will extend physiatry's reach into the healthcare system and expand our total workforce.

Based on member feedback, the Academy decided to provide targeted educational opportunities for Nurse Practitioners and Physician Assistants to enhance their knowledge and skills, and offered resources for physiatrists to train Nurse Practitioners and Physician Assistants to support and strengthen physiatrist-led teams. In addition, in 2018, to help attract and retain Nurse Practitioners and Physician Assistants to work within the specialty and feel a sense of connectedness, the Board of Governors and our members voted to offer AAPM&R membership to Nurse Practitioners and Physician Assistants, under the condition that they are sponsored by a Fellow, Part-Time Fellow or Associate AAPM&R member. Offering membership serves to help Nurse Practitioners and Physician Assistants feel more connected to the specialty and will foster a sense of community in the longer term.



The Academy's Position on Nurse Practitioners and Physician Assistants

In all discussions regarding Nurse Practitioner and Physician Assistant membership and educational offerings, the Academy reiterated its position—**that Nurse Practitioners and Physician Assistants should not practice independently, but as part of a physiatrist-led rehabilitation team.** The Academy strongly opposes the independent practice of Nurse Practitioners and Physician Assistants and other non-physician clinicians in the provision of medical rehabilitation care. Instead, we maintain that Nurse Practitioners and Physician Assistants must work closely with a physiatrist that serves in a supervisory role. Reinforcing this collaborative practice model will help extend physiatry's reach into the healthcare system and expand our workforce. We can stay true to our mission, while orienting and training Nurse Practitioners and Physician Assistants, and welcome them to partake in our specialty activities.



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ADVANCING
PM&RBOLD
FOR OUR PATIENTS - FOR OUR SPECIALTY - FOR YOUR FUTURE

Advocating for Physiatrists

AAPM&R aggressively advocates for physiatrist-led care teams, supporting our physiatrist members and against non-physicians expanding their scope of practice beyond their level of education, training and experience. To this end, AAPM&R has established various internal initiatives and workgroups and has joined external collaborations to oppose inappropriate scope of expansion efforts. AAPM&R continues to create resources informed by member feedback to ensure physiatrists are equipped to address scope of practice issues at their local level.



Academy Workgroups and Collaborations

AAPM&R's Scope of Practice (SOP) Workgroup was established to ensure implementation of a comprehensive advocacy strategy to address scope of practice expansion from a high-level perspective. This workgroup is comprised of representatives from the Quality, Practice, Policy, and Research (QPPR) Committee, the Health Policy and Legislation (HP&L) Committee, the Reimbursement and Policy Review Committee (RPRC), and AAPM&R's representative to the American Medical Association (AMA) Scope of Practice Partnership (SOPP) to cover the broad range of scope of practice issues that arise. The Workgroup has developed multiple resources over the past year and will continue to advocate, often in collaboration with other committees in the Academy, to address member's scope of practice concerns.

Scope of Practice (SOP) Workgroup Recent Activity:



- ☑ The SOP Workgroup has most recently addressed various initiatives within the Department of Veterans Affairs (VA) to develop standards of practice that would preempt state and local scope of practice laws, enabling nurses, physician assistants, and other non-physicians to provide services and perform procedures that are outside the scope of their knowledge and licensure.
- ☑ After the Executive Order on Protecting and Improving Medicare for Our Nation's Seniors was released in 2019, the SOP has continued to fight against the lingering impact of this policy.
- ☑ The workgroup, along with more than 100 specialty and medical associations opposed the creation of a regulation to eliminate or weaken current Medicare supervision requirements of nonphysician professionals and enforce payment parity for physicians and nonphysicians.
- ☑ Moreover, the SOP Workgroup has also advocated to the Centers for Medicare & Medicaid Services (CMS), to sunset the waivers involving scope of practice and licensure for non-physicians when the public health emergency (PHE) concludes.

AAPM&R's State Advocacy Committee (SAC2) responds to state level legislation impacting physiatrists and their patients. As many scope of practice bills from non-physicians are introduced at the local level, the SAC2 plays a major role in the Academy's advocacy strategy. Every year, the SAC2 engages members in affected states to take action when concerning legislation is introduced. The committee will often initiate a grassroots campaign that allows members in the affected state to write a letter to their legislator in opposition to the bill through our Advocacy Action Center. Our advocacy is often done in collaboration with relevant State PM&R Societies and State Medical Associations. To assist members, AAPM&R provides an interactive state map that allows physiatrists to be aware of scope of practice issues in their states and around the country. The map, accessible to members only, allows users to view the current status of relevant bills, view bill text and summary, view author/sponsor information, and view upcoming hearing information.

SAC2 Recent Activity



- ☑ This year, the SAC2 has already engaged members in South Dakota to contact their legislators in opposition to a bill that would authorize physician assistants (PAs) full practice authority without the requirement of a supervising physician.
- ☑ In 2021, the SAC2 has engaged members in Delaware, New York, and Louisiana to contact their legislators in opposition to state legislation that would impact scope of practice for Nurse Practitioners and Physician Assistants.
 - » For instance, the proposed legislation in Louisiana would have allowed all APRNs to provide medical care without any physician involvement, including diagnosing and treating patients, and prescribing medications.
 - » The proposed New York legislation would have eliminated statutory requirements for nurse practitioners to maintain collaborative arrangements with a physician.
- ☑ Every year, the SAC2 actively opposes state bills seeking to enact the Advanced Practice Registered Nurse Compact (APRN Compact), which would allow prescriptive authority and would allow APRNs to practice independent of a supervisory or collaborative relationship with a physician, despite existing state law to the contrary.

Collaborative efforts are among the most impactful approaches we have for defeating scope of practice bills. As a member of the AMA SOPP, AAPM&R actively collaborates with the AMA, American Osteopathic Association (AOA), national medical specialty societies, state medical and osteopathic associations to oppose scope of practice expansions. Active participation in this collaborative ensures psychiatry is represented and contributes to the SOPP's goal to protect the health and safety of patients whose well-being may be threatened by healthcare practitioners who lack the education, training or experience to perform procedures for which they seek licensure or recognition. The SOPP often alerts partners to concerning scope of practice expansions from every avenue (state and federal legislation, various agency regulations, presidential executive orders, etc.) and strategizes a collective response to protect the practice of medicine and patient's health and safety. AAPM&R can also garner advocacy support from other organizations through this partnership to assist with scope of practice issues that impact our members (including concerns with physical therapists and chiropractors).

AAPM&R is not only an active member of other coalitions, but we also spearhead our own collaborative efforts to elevate the value of PM&R and defend psychiatric-led care in rehabilitation. As a result of our leadership in 2020, AAPM&R unified the voices of 2,377 psychiatrists, 122 patient advocacy groups, state and medical specialties, and large IRF hospitals, 97 patients, and gained support from key Congressional offices, to successfully defeat a dangerous CMS proposal that would have had a detrimental impact on patient care, the specialty, and the future of inpatient rehabilitation. As a result of AAPM&R action, CMS did not finalize their proposal, as written, to amend the IRF coverage requirements to allow non-physician practitioners (NPPs) to perform certain duties that are currently required to be performed by a rehabilitation physician.



Scope of Practice Resources

AAPM&R volunteers serve tirelessly to ensure the PM&R specialty remains strong, and this work is not possible without all #PMRAdvocates. AAPM&R is dedicated to developing tangible resources to assist psychiatrists in addressing scope of practice threats within their medical communities.

- ☑ In 2020, AAPM&R released a **position statement on the Use of the Term “Physical Medicine and Rehabilitation” and its Derivatives.** The position was established in response to members’ concerns regarding non-physician and non-PM&R physician practices improperly using the term “Physical Medicine and Rehabilitation” to describe themselves and their services. Members can also contact the Academy to access a model letter to address inappropriate use of the specialty’s designation.
- ☑ In 2021, AAPM&R published a **Comparison Chart of U.S. Education and Training for Psychiatrists and Other Healthcare Providers,** to clarify the difference in U.S. education and training for psychiatrists and common professions in healthcare that use the term Doctor.
- ☑ AAPM&R recently released a **position statement on patient’s Direct Access to Physical Therapy,** in response to member concerns and recent state legislation seeking to weaken the current direct access laws.

Members may use these resources as tools to educate the public and their patients, so that they can make informed decisions when seeking care, as well as to protect the integrity of the specialty.



Why Train Nurse Practitioners and Physician Assistants?

The goals of training for Nurse Practitioners and Physician Assistants are to bolster their skills and strengthen the core function of the psychiatrist-led rehabilitation team as a whole.

Online educational modules have been developed by volunteer members in two areas:

- ☑ Education for psychiatrists regarding the benefits and team-based issues related to effectively collaborating with Nurse Practitioners and Physician Assistants (in various settings) and how to approach incorporating them into (their) practices, including:
 - » Value of working with Nurse Practitioners and Physician Assistants
 - » The role Nurse Practitioners and Physician Assistants play in continuum of care
 - » Effectively integrating Nurse Practitioners and Physician Assistants into your practice
- ☑ Education for Nurse Practitioners and Physician Assistants so that they can more effectively be integrated into psychiatric practice to support the psychiatrists, including:
 - » Introduction to PM&R
 - » Introduction to APO and Durable Medical Equipment
 - » Where and how PM&R is practiced
 - » History and physical exam
 - » Overview of PM&R subspecialties
 - » PM&R diagnostics

The Academy’s aim for this educational content is to increase dynamic member engagement with all membership segments, not only to support psychiatrists in anticipation of a growing workforce need, but to also cultivate a welcoming environment for our psychiatrists that work with Nurse Practitioners and Physician Assistants as well as the Nurse Practitioners and Physician Assistants themselves.



Nurse Practitioner and Physician Assistant Membership Requirements Including a Psychiatrist Sponsor

As a condition of membership, Nurse Practitioners and Physician Assistants are required to attest and provide a Fellow, Part-Time Fellow or Associate AAPM&R member sponsor name as part of their application. The sponsoring member is required to confirm that he/she works with the Nurse Practitioner and Physician Assistant on an integrated rehabilitation team. The sponsor agrees to contact the Academy if the Nurse Practitioner and Physician Assistant leaves the practice and/or he/she is no longer working with them in a team delivery mode, or if he/she wants to withdraw their sponsorship for any reason.



Nurse Practitioner and Physician Assistant Member Benefits

As an Academy member, Nurse Practitioners and Physician Assistants receive the following benefits: access to our Member Directory, discounts on in-person and online education, access to the “All Nurse Practitioner and Physician Assistant Member Forum” and Member Communities on PhyszForum as well as print and digital communications, including *PM&R* (the purple journal), *The Psychiatrist* (monthly print newsletter) and *Connection* (weekly e-newsletter). Nurse Practitioners and Physician Assistants can serve in volunteer roles and as members on AAPM&R committees, but they **do not** have voting rights, and **cannot** hold a Board or Committee Chair position. The membership credential “FAAPMR” is a designation specifically for Fellow Members and **cannot** be used by Nurse Practitioners and Physician Assistants. Further, the education provided does not lead to any certification. Unlike the American Board of Physical Medicine and Rehabilitation (ABPMR), AAPM&R is **not** a certifying organization.



In Conclusion

The Academy strives to advance the specialty of psychiatry by advocating on behalf of the best interest of patients and for the common good of the practice of medicine in general. As such, AAPM&R assists with legislative and policy efforts to preserve high quality care and patient safety. As an organization that represents psychiatry, the Academy does not advocate on behalf of Nurse Practitioners and Physician Assistants for any position that would compromise our psychiatrist members.



For More Information

- 01 **Log on to onlinelearning.aapmr.org for psychiatrist-led Nurse Practitioner and Physician Assistant education.**
- 02 **Visit aapmr.org/APPs for more information on Nurse Practitioner and Physician Assistant membership and our position statements.**
- 03 **Email boardofgovernors@aapmr.org with additional questions.**

Order 2021 AA Rewind and Keep #AAPMR21's Education Coming



All of our top-notch educational content presented during the 2021 Annual Assembly is available for purchase through our Online Learning Portal, featuring more than 120 recorded sessions from our live event last fall with the opportunity to earn more than 140 AMA PRA Category 1 Credits™. All registered conference attendees will receive complimentary Rewind access. Early-career members are eligible to receive a discounted package price.

Advance your PM&R education with this vital resource, which includes:

- 16 Research Spotlights featuring this year's top PM&R research presented by members like you.
- 30+ informative Community Sessions with a wide range of topics where members across all subspecialties and interests came together to connect and learn from one another.
- 2 valuable Pre-Assembly Courses exploring Advancing Your Clinical Skills in Spasticity Management and Utilizing Ultrasound in your PM&R Practice.
- 100+ Educational Sessions presented by expert leaders on topics including pain and spine medicine, new technologies in PM&R, practice management and evolution, cancer rehabilitation, resident and early-career advice, advancing the specialty through our BOLD vision and much more!

Be sure to mark your calendars and save the date for #AAPMR22, October 20-23 in-person in Baltimore and online, where physiatrists like you will be *Leading The Way*.



Explore our 2021 AA Rewind and more on our Online Learning Portal at onlinelearning.aapmr.org or through our new AAPM&R Learn app (available for iPhone and Android) to tap into an ever-growing body of educational material.



Let's Get Creative During Our Next Grand Rounds Webinar

Creatives from all subspecialties are invited to join us this month for our latest National Grand Rounds webinar, Arts and Medicine on Wednesday, March 9 from 7-8 pm (CT).

During this highly interactive virtual presentation, expert Jason S. Bitterman, MD will provide ideas for ways to add some creativity back into your workday and rebuild the "human" aspect of your career. The presentation will explore "Graphic Medicine," a growing arts movement in the medical community, and the benefits that creating art can provide for your patients, your own continuing medical education and your personal life. Participants will learn how to take advantage of many aspects of visual arts and cartooning, including light and shadow, different art styles, color, and humor, and apply them to their daily medical practice. You don't need to identify as an artist to take away valuable learnings and skills from this webinar!

Dr. Bitterman will guide participants through a variety of exercises during the session, which may include:

- Drawing two cartoon portraits, one of how attendees saw themselves when they first started medical training, and another of how they see themselves today
- Creating a 3-panel comic strip about a frustrating day
- Giving participants a short, relatively ambiguous prompt (such as "Doctor, your new patient is here") and have them each illustrate the prompt on their own. Participants will then share their drawings (if they are comfortable) to see how differently people interpreted and illustrated the prompt.

National Grand Rounds is the Academy's FREE webinar series designed by the Medical Education Committee to connect physiatrists of all specializations, from across the country, for stimulating discourse on topics that represent the intellectual, practical and/or spiritual aspects of the specialty. Participants in this session can earn 1 AMA PRA Category 1 Credit™. Register today at aapmr.org/education/live-events/national-grand-rounds. Missed a past National Grand Rounds? All past recordings are included as a part of the Online Education Subscription.



Get in STEP with Best-in-Class Live Education

Our live events and courses keep the specialty on the cusp of healthcare changes and medical advances, supporting members in their pursuit of ongoing education and preparing them for practice and career advancement.

AAPM&R's highly-regarded STEP Certificate Programs are designed by physiatrists, for physiatrists. The STEP Certificate Programs are multi-tiered training programs that teach and assess important physiatric skills using a progressive, competency-based curriculum. Participants move through a series of steps, completing each component through a combination of online and live learning formats. Successful completion of a STEP Certificate Program will clearly demonstrate to your patients, fellow healthcare professionals, employers, and the medical facilities you work with that you are a competent, expertly-trained professional.



This flagship STEP Ultrasound Certificate Program is designed to turn physiatrists from beginners to experts in musculoskeletal and neurologic ultrasound through two live courses, online learning, and an in-person skills assessment.



The STEP Interventional Spasticity Certificate Program will guide physiatrists through the fundamentals of spasticity diagnosis and interventional treatment options through online learning, a live course, and an in-person skills assessment.

Join your peers for in-person PM&R education at its best. Registration opens soon for these programs. Learn more at aapmr.org/STEP.

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EAST

Lancaster, PA: Orthopedic Associates of Lancaster (OAL) is actively seeking a fellowship-trained Interventional Physiatrist to join its expanding Pain Management Team. OAL is a physician-owned, independent group with four locations in central Pennsylvania. Don't miss this opportunity to join a busy, community-driven and respected practice consisting of 18 Orthopedic Surgeons, two Physiatrists, one Podiatrist, 16 Physician Assistants, 14 Physical Therapists, five Hand Therapists with more than 300+ employees with a focus on high-quality patient care for more than 45 years. Contact Information: Christine Keyser, HR Director, (717) 735-6644, ckeyser@fixbones.com, www.fixbones.com.

West Springfield, MA: Established private practice physiatry group seeks associate for unique opportunity. Position may include General Physiatry, EMG, inpatient related and/or sports medicine depending on the candidate's interests. Training in Interventional procedures is available. We will help you grow professionally and reach your potential. Fellowship preferred, but not required. Our practice is located in a very collegial medical community and offers a rich lifestyle. We have five offices in a beautiful region of southern New England within easy reach of Boston, New York, Providence, Vermont, and both beaches and skiing. Our offices are located in college towns and small cities with many cultural and recreational activities. Competitive salary, excellent benefits, bonus and partnership potential. Interested parties contact, Geoff Elia-Chief of Operations at gfelial15@gmail.com or (413) 785-1153 extension 6910.

SOUTH

Atlanta, GA: Emory Spine Center is seeking one fellowship-trained Interventional Physiatrist who is Board-Certified/Eligible and one Electrodiagnostic (EMG/NCS) Physiatrist who is Board-Certified/Eligible to join our Spine Center of Spine surgeons, Physiatrists, and Anesthesiologist and Occupational health physicians. Interventional Physiatrist candidate will have access to a fluoroscopy suite

for injections. This is a great opportunity to join one of the top academic centers in the southeast and in the country. We offer excellent salary and benefit packages. We are seeking these two candidates starting September 2022. If interested in the position, please contact Oluseun Olufade, MD at oolufad@emory.edu.

Houston, TX: Kelsey-Seybold Clinic is Houston's premier multispecialty group practice, founded in 1949 by Dr. Mavis Kelsey in Houston's famous Texas Medical Center. More than 500 physicians and allied health professionals practice at 29+ locations and an accredited Sleep Center in the Greater Houston area. Requires: *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. For more information, please contact Brittany Moehnke at Brittany.Moehnke@kelsey-seybold.com.

Laurinburg, NC: Physician will provide patient-centered care through a variety of non-surgical treatments such as epidural and other spinal procedures as well as some peripheral steroid injections (EDI) and radiofrequency ablation. For consideration, the physiatrist should be comfortable performing fluoroscopic musculoskeletal procedures. Skill in EMG and NCVs is desired. Ultrasound guidance could be added. Experience in performing procedures such as epidural injections, facet joint injections and radiofrequency ablations in the cervical, thoracic and lumbar spine is expected. There is room to develop a regenerative medicine practice. C Arm available in fluoroscopy suite & electrodiagnostic equipment available. EPIC medical record platform. Medical Management is not expected. New grads are welcome to apply. If interested, please contact Judy Jeffries at judith.jeffries@orthocarolina.com.

NATIONAL

National: Ortho Sport and Spine Physicians is a rapidly expanding orthopedic practice, with clinics in throughout the United States. The practice specializes in providing state-of-the-art treatment of orthopedic medical issues. They are pioneers in

minimally invasive procedures and surgeries. The PM&R position is responsible for diagnosing and treating musculoskeletal conditions with treatment options including advanced physiatry procedures like epidurals, facet injections, RFA, spinal cord stimulators, etc. Though the position does require prescribing medications, this group does not do pain management/chronic opioid management. Job duties: *Document examination results, treatment plans, and patients' outcomes *Record patient medical histories *Examine patients to assess mobility, strength, communication, or cognition *Examine patients to assess general physical condition *Assess characteristics of patients' pain such as intensity, location, and duration using standardized clinical measures *Provide inpatient or outpatient medical management of neuromuscular disorders, musculoskeletal trauma, or other disabling conditions *Monitor effectiveness of interventions such as medication and spinal injections *Develop comprehensive plans for immediate and long-term rehabilitation including therapeutic exercise; speech and occupational therapy; counseling; cognitive retraining; patient, family or caregiver education; or community reintegration *Coordinate physical medicine and rehabilitation services with other medical activities *Diagnose or treat performance-related conditions such as sports injuries or repetitive motion injuries *Diagnose medical conditions *Treat acute illnesses, infections, or injuries *Conduct physical tests such as functional capacity evaluations to determine injured workers' capabilities to perform the physical demands of their jobs *Collaborate with healthcare professionals to plan or provide treatment. Job requirements: *Extensive skill, knowledge, and experience *Positive personality and team player. Education and experience: *MD or DO *Training in advanced physiatry including doing at the minimum "bread and butter" interventional spine procedures. Ortho Sport and Spine Physicians is an Equal Opportunity Employer and does not discriminate in its employment practices on the basis of race, religion, sex, color, national origin, age, disability, citizenship, genetic information, veteran status, military service, or any other characteristic protected by federal law or Georgia law. Send CV to: ao@orthosportandspine.com.

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Published 10 times a year as a service to the members of the American Academy of Physical Medicine and Rehabilitation.

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

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"These are topics that are rarely covered by residency programs, so it's a great resource for physiatrists who are early in their careers to get a 'lay of the land.'"