aapm&r

# the physical Medicine and Rehabilitation

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## BETTER PRACTICE. BETTER OUTCOMES.

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## **CONNECT WITH YOUR PM&R COMMUNITY**

AAPM&R is back in the "Big Easy" and we can't wait to welcome you to the 2023 Annual Assembly—physiatry's premier educational and networking event. Join us November 15-19 in New Orleans or online and get connected with your PM&R community. #AAPMR23 is the place to make meaningful connections with your PM&R peers and gather together for a week of camaraderie, learning and fun.

We've upped our game (literately) since first hosting in New Orleans in 2016, and we have some exciting things planned this year. Turn to pages 4-5 for more details.

But don't take our word for it...

We asked our co-editors, Drs. Ai Mukai and Jonathan Whiteson to share their Assembly experiences with our readers. Hear what they are looking forward to this year and read the full article on page 3.

New Orleans is going to be fun! I am looking forward to reconnecting with friends and taking some time to explore the parts of New Orleans I didn't get to explore last time the Annual Assembly was there!"

-Ai Mukai, MD, FAAPMR

I look forward to seeing my colleagues from around the country, some from overseas! To listen and learn from the many great lecturers who are scheduled to talk on emerging concepts and practices. To share my knowledge and experience and influence the 'up-and-coming physiatrists' who will shape our field in the future. I look forward to being inspired, re-energized and hope to leave the Assembly fired up for the year ahead."

-Jonathan Whiteson, MD, FAAPMR



## **Data, the AAPM&R Registry and Your Future**

Steven R. Flanagan, MD, FAAPMR AAPM&R President, Chair of Rehabilitat York University Grossman School of Medicine and Medical Director of Rusk Rehabilitation at NYU-Langone Health

usk Rehabilitation at NYU-Langone Health, where I currently serve as Department Chair, is celebrating the 75th anniversary of its founding. Howard Rusk established the first university-based rehabilitation hospital in the United States in 1948, growing a department based on his experiences as an Air Force physician during World War II. He learned valuable lessons attending to sick and injured service personnel during the War, including the importance of treating the whole person and avoiding unnecessary periods of prolonged rest. Dr. Rusk knew then what we now take for granted; exercise should be incorporated into treatment plans! One decade after he established what was then called the Institute for Rehabilitation Medicine, Physical Medicine and Rehabilitation was recognized as a unique specialty by the American Board of Medical Specialties. PM&R enjoyed several decades of tremendous growth, with multiple beneficiaries: hospital systems, physiatrists, and most importantly patients with disabilities. During our early years, few were better at disseminating the values of physiatry to the public, elected leaders and philanthropists than Dr. Rusk. He frequently demonstrated how rehabilitation brought out the inherent abilities of people with severe physical challenges, permitting them to lead productive and satisfying lives previously thought unachievable. But an important missing component of his unique and effective dissemination skills was data supported by scientific inquiry.

In today's healthcare environment, simply witnessing a child with cerebral palsy walk or an adult with paraplegia return to work no longer suffices as proof of PM&R's effectiveness. By the time I entered the world of physiatry in the early 1990s, the value of what physiatrists and their teams bring to medicine began to be questioned due to the scarcity of supporting scientific data. The trend of denials for the services we offered grew accompanied by requests for proof it was better than an alternative and seemingly less expensive approach.

Fortunately, many in the PM&R world have and continue to heed the call to inquire. investigate and research, providing valuable insights into the contributions physiatry adds to medicine. Collectively, it forms an important foundation of PM&R BOLD, in which physiatrists are recognized as:

- · The essential medical experts in value-based evaluation, diagnosis and management of neuromuscular and disabling condition.
- Indispensable 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.

While there is notably more evidence of our value now than when I started my training, the need for even more continues to grow as we transition from fee-forservice to value-based medicine.

Recognizing we are not all researchers, we can all contribute to the body of evidence proving the value we bring to medicine and our patients. The Academy launched its Registry several years ago, collecting data and patient-reported outcomes in back pain and ischemic stroke. It is the only symptom/ diagnostic-based registry in existence, permitting physiatrists to capture their specific impact on patient care and outcomes.

Big data is essential in today's everchanging healthcare environment with the AAPM&R Registry providing a means many can contribute, ultimately demonstrating our immense value to patient care and outcomes. Several large PM&R departments, including my own, contribute to the Registry. My faculty and I recognized the importance of big data for physiatry's future then worked with our IT team and the Academy to link our system with the Registry. We now feel confident we are contributing to important data collection while gauging our own value within and external to our healthcare system. To date, the Registry has collected data on more than 5,000 patients, with more PM&R practices poised to join the effort.



I encourage you to join Rusk Rehabilitation and other leading PM&R departments in the country, including Allina Health, Brooks Rehabilitation, Lifespan Physician Group, Rehabilitation Institute of St. Louis. Shepherd Center, Shirley Ryan AbilityLab, Vanderbilt Stallworth and Vanderbilt University, in participating in the Registry, with several more in the process of joining. You will be advancing the future of physiatry as well as your own practice. Data collected will also be used to guide future care by better understanding the relative effectiveness of our interventions This will be immensely valuable in our development of guidance statements, furthering the positive impact of PM&R. Turn to pages 6-7 for more information about the Registry and how to participate.

## Check out our YouTube channel

to listen to Dr. Flanagan discuss the barriers our field needs to address in order to reach our BOLD goals. Topics he is addressing include medical education, leadership training, awareness of the specialty, advocacy, data and quality, and workforce shortages. Learn more at aapmr.org/boldvideos.

## **Annual Assembly Memories and Why You Should Attend in 2023**

Co-Editor, The Physiatrist and physician at Texas Orthopedics Sports and Rehabilitation Associates

Jonathan Whiteson, MD, FAAPMR Medicine & Medicine NYU School of Medicine NYU Langone Health, Rusk Rehabilitation Vice Chair, Clinical Operati Medical Director, Cardiac and Pulmonary Rehabilitation

ur co-editors can't wait to welcome you to New Orleans this November for the AAPM&R Annual Assembly! Both took time out of their busy schedules to reflect on past Assemblies and how attending the conference year-after-year has helped advance their careers and practices.

## Tell us about the first Annual Assembly you

Dr. Mukai: My first Annual Assembly was in 2003 in Chicago. I was a fourth-year medical student interested in PM&R. I had rotated at JFK and Kessler prior to the meeting, but I really didn't know a lot of physiatrists. I was very nervous to attend and was probably one of very few medical students in attendance that year. This was before they started having medical student programs. I remember meeting my first physiatrist on the shuttle bus ride from the airport, and how she was so friendly and open to questions. I met so many physiatrists and PM&R residents during that meeting and loved the energy of the conference. I truly felt a part of a great group of physicians with common interests and personalities.

Dr. Whiteson: I started as a rehab resident in 1995 and to be truthful, I don't remember which was my first Annual Assembly... Is it ok to admit that?? I hope so... but that being said, the first one that sticks in my memory banks was Honolulu, Hawaii in 2006! I had never been to Hawaii, had grown up on (the original) Hawaii Five-O (with Jack Lord – what a look!) and was just desperate to be there! I submitted a poster presentation which was accepted and booked my flight! Of course, when my wife 'discovered' I was going to Honolulu it was clear to me we were going together! And so, we did, leaving our sevenyear-old and one-year old with my in-laws. Honolulu is a long flight from NYC so one has to stay at least five days for conference and 'recovery' and that was our plan. But 'the Gods' had other plans for us as no sooner had we arrived (maybe it was the next day...) we got a phone call that my mother-in-law had taken sick and my father-in-law couldn't cope with the kids and we were summoned back to New York. Disappointment on multiple levels - you can imagine! (minimal sympathy for my mother-in-law - we just couldn't muster that emotion at the time). So, I set up my poster - was never able to present it to any

interested attendees, bade farewell to the few friends I had managed to contact in the 24 hours we were in Honolulu and headed home, So. I guess the first Annual Assembly I remember attending was the one I actually went to but didn't get to 'attend!' Ever since, I have 'voted'/'proposed'

AAPM&R go back to Hawaii... I guess I am still waiting - hope springs eternal!

#### What was your most memorable Assembly experience?

Dr. Mukai: I remember when I was on the Board of Governors, we made a conscious decision to focus on hosting a "memorable event" versus our usual President's Reception This has ranged from the JFK Museum in Boston to the marching band "second-line" procession to the WWII Museum in New Orleans. My favorite was taking my children to Harry Potter World at Universal Studios in Orlando, Florida. It was fun to experience the park with no other tourists there and drink "butter beer" and enjoy the entertainment.

Dr. Whiteson: Hawaii was certainly memorable! But maybe not for the right reasons! New Orleans in 2016 was perhaps the most memorable because it took me back to a younger me... when I was 12-years-old. my parents brought me and my two sisters on summer holidays to the U.S. from London! A four-week 'tour' – landing in New York, travelling to Charlottesville, Virginia and onto New Orleans. Wow – the good ol' M-I-S-S-I-S-S-I-P-P-I. With its paddle boats and history - that river is awesome. I remember that summer of '77. New Orleans was hot, humid sticky and 'wild' - too wild for a 12-year-old -I kept close to my parents but the city of New Orleans was ALIVE, vibrant, resonating... and so it did again in 2016 - the next time I returned to this great American city. I was as awe struck by NOLA in '16 as I was in '77. I swear the same paddle steamer was 'docked' at the quay! I am convinced the band playing in the neighborhood joint were the same (and no older!) as the band that played on the street corner in '77! Inspired by nostalgia, the New Orleans 2016 Annual Assembly was a great experience for me. I gave two talks on valuebased care and rehab medicine. I attended many more sessions and made more 'new contacts' - aka new friends than at any prior Annual Assembly. NOLA '16 was such a growth experience for me - hence my excitement for the upcoming 2023 Assembly, where else but New Orleans!!! Can't wait to see you there!

#### How has attending the Assembly helped you/your practice/your career?

Dr. Mukai: It has helped me network with physiatrists from all over the country and the world. I feel like it helps with burnout to be



Jonathan Whiteson

able to reconnect with my colleagues and friends, and share stories about patients and practice headaches and strategies to build a career. I have also enjoyed reconnecting with my residency and fellowship programs, and learning about the growth of those programs throughout the years. I like attending the Job and Fellowship Fair and getting a sense of the market for physiatrists to better mentor my residents. I also pick up valuable clinical pearls and new skills like ultrasound and orthobiologics from the Annual Assembly.

Dr. Whiteson: Professionally, I am New York 'born and bred'... having completed residency and spent my entire rehab professional career at Rusk, some would (lovingly) say I am 'in-bred' and this would be somewhat true. Except... AAPM&R has helped me diversify, learn and experience the multiple facets of physical medicine and rehabilitation and it has been at the Annual Assembly where so much of that learning and experience has come from. To me, coming to the Assembly is joyous! A time to meet with 'old' friends and colleagues, graduated residents who now forge their own brilliant careers, and of course to make new friends and partnerships and keep the 'growth' coming. The Assembly has kept me on my toes, encouraged me to learn, to present/lecture/teach, to take on new challenges - outside of my comfort zone. The Assembly experience has been an intensive annual catalyst that leaves me personally and professionally each year better able to understand and serve my patients and my community. I have really enjoyed being 'involved' with AAPM&R and that engagement really comes together at the Annual Assembly. No matter if you're a first-time attendee or like me you have been attending for close to 30 years, your presence is felt, your voice heard, your opinion makes a difference. My career clearly has been enhanced by participating in the Annual Assemblies over the years. The Assembly experience and networking that goes on has created so many opportunities to help me diversify my clinical, educational, research, advocacy and volunteerism practices. I have a great sense of professional satisfaction and the Assembly has been a significant part in that.

Register for #AAPMR23 now at aapmr.org/

2 THE PHYSIATRIST AUGUST 2023 AUGUST 2023 THE PHYSIATRIST 3

# IN-PERSON EDUCATION (AND FUN!) FOR EVERY CAREER LEVEL AT #AAPMR23

No matter where you are in your career path, the 2023 Annual Assembly has PM&R-focused education and networking tailored just for you. Make meaningful connections, enhance your skill set and have a little fun at physiatry's largest gathering of the year.

## FELLOW MEMBERS IN PRACTICE 🖈

- Join your fellow attendees for a night of dinner, fun and football at the PM&R Party: On the Field of the Superdome
- Reconnect with your former colleagues during our Alumni receptions. Several schools and institutions will be hosting informal receptions during #AAPMR23
- learning, demonstrations and research

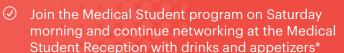
## RESIDENT MEMBERS ★

- ② Connect with your peers at PHiT Fest for three events just for you: trivia, happy hour and the in-training town hall
- Advance your career at the Job and Fellowship Fair and Career Corner
- Register for two hands-on bootcamps designed specifically for residents

## EARLY-CAREER MEMBERS $\bigstar$

- Stop by our pre-game event before the PM&R Party to network with leaders in the field (for our attendees 1-10 years post-training)\*
- Academy's career development resources and tools, and attend the Job and Fellowship Fair
- pre-conference courses, including the new STEP Concussion and Mild TBI live course
- \* Ticketed event for early-career members only.

## MEDICAL STUDENTS 🖈



- ✓ Join any of our 70+ sessions to learn the ins-and-outs of PM&R
- ② Discover the latest technological innovations, hands-on demonstrations and research in our PM&R Pavilion
- \* Ticketed event for medical student members only.

## **NETWORKING FOR ALL ATTENDEES:**

- ✓ Job & Fellowship Fair
- Member Community Meet-ups

## ONE POWERFUL PM&R PAVILION

For those onsite in New Orleans, be sure to visit the PM&R Pavilion. open Thursday, November 16 through Saturday, November 18. It's the central hub where attendees come to network, find innovative solutions to their practice needs and challenges, and get ahead on the latest education. Enjoy new PM&R Pavilion hours in 2023 and expand your learning experience. Take your pre-session morning coffee breaks and lunch breaks in the Pavilion while experiencing interactive, PM&R-focused education at its best.

There's so much to explore on our massive show floor...

#### **Engage with Exhibitors**

#AAPMR23 brings in the exhibitors that you want to meet and they are excited to see you in-person. Meet 100+ top vendors who will be offering innovative products and services to address the needs of physiatrists and their practice teams who want to stay competitive in today's ever-changing healthcare environment. See pharmaceutical, device and technology companies, publishers, institutions and more. Be sure to check out our sponsored educational theaters and product demonstrations, too—all live in NOLA.

#### **Interactive Education in the Learning Center**

The Learning Center (located in the PM&R Pavilion) is your destination for highlyinteractive, hands-on demonstrations. Leading experts will be demonstrating new technologies in different clinical areas. The Learning Center is open throughout the Assembly and is included in your registration, so stop by when you have some free time and learn something new!

#### **Cutting-Edge Research Hub**

The Annual Assembly is leading the way in physiatric research. It's the place to hear first-hand the important trends and research from recognized industry professionals, peers and experts. Visit the Research Hub to discover cutting-edge research in 50+ stage and 700+ electronic poster presentations by your peers. Attendees can peruse ePosters at their leisure via the self-directed digital kiosks and attend live lunchtime presentations. Don't miss this opportunity to connect with researchers!

## **Sponsored Education Theaters**

Grab a bite to eat while furthering your education by attending these informational sessions. Today's thought-leaders will be on-hand to present on topics including patient education, specific products and therapeutic areas. These presentations are independent and do not offer CME credit.

#### Career Corner—Your One-Stop Career Shop

Visit the Career Corner booth to learn more about the Academy's career development resources and tools. Meet with peers and industry representatives who will answer your career-related questions and provide advice about navigating all aspects of physiatry. Schedule a CV review and participate in small group discussions.

These informational sessions are a great way to start your day. Pioneers in PM&R will give in-depth presentations in their areas of expertise. Q&A offers a platform to dialogue with these recognized leaders.

# #aapmr23

**NEW ORLEANS, LA & VIRTUAL NOVEMBER 15-19, 2023** 



# EARLY-BIRD DISCOUNTS END SEPTEMBER 13

Don't miss your chance to SAVE HUNDREDS on Assembly registration. Take advantage of early-bird discounts and register before September 13. Visit aapmr.org/register.



# DISCOUNTED HOTEL RATES END OCTOBER 18

AAPM&R is proud to offer discounted rates for Annual Assembly attendees exclusively with hotels near the convention center Reservations are made on a first-come, first-served basis. Read more at aapmr.org/ hotelandtravel and book your room now.



We're excited for you to experience our 2023 Annual Assembly! The Academy is here to answer your questions about how everything will work this year. For safety updates and more, read our FAQs at aapmr.org/aafags. If you can't find what you're looking for, please contact us by emailing info@aapmr.org or calling (847) 737-6000.





**2021-**CURRENT

AAPM&R prioritizes defining standards of care for PM&R while advancing real-world collection efforts.

- ☑ PRP/OA of the Knee Guidance development kicked off
- ☑ Over 5000 unique patient records
- ☑ Over 900 patient-reported outcome surveys filled out

2020

The AAPM&R Registry launches as a refocused effort to measure PM&R's direct impact.

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Initial clinical areas were selected because the majority of our members treat patients with at least one of these diagnoses.

- ☑ Low Back Pain
- ☑ Ischemic Stroke

AAPM&R focused on building a Registry to help members meet their reporting requirements for the Merit-Based Incentive Payment System (MIPS).

MIPS was created under the newly-implemented Medicare Access and CHIP Reauthorization ACT (MACRA) of 2015, which developed the value-based driven Quality Payment Program that:

- ☑ Repealed the **Sustainable Growth Rate** formula
- Changed the way Medicare rewarded clinicians for value over volume



## **TODAY**

#### **GET INVOLVED**

Together, we must ensure PM&R is respected as essential medical experts in value-based evaluation, diagnosis and management of neuromusculoskeletal and disabling conditions. Email: healthpolicy@aapmr.org; guidance@aapmr.org; or registry@aapmr.org.

2020

AAPM&R creates multidisciplinary standards of care for persons experiencing Long COVID.

Seven consensus guidance statements published to date leads to PM&R recognition and respect as multi-disciplinary medical experts.

2017-2019

AAPM&R re-focuses its Registry data strategy toward a long-term patient-centric focus.

Patient-Reported Outcome Measures are increasingly being utilized to evaluate success of clinical care under the value-based healthcare movement. AAPM&R is making the commitment to facilitate capture of the PROMIS-29® as the validated patient reported outcome tool for the AAPM&R Registry.



#### REGISTRY

## **THE CHALLENGE: Creating an Effective Care Continuum**

Rehabilitation is being devalued. Although PM&R data has been collected, very little national aggregate data and research are available. This presents an opportunity for PM&R to prove its value in the care continuum where it is not understood and is undervalued.

## **THE SOLUTION: AAPM&R's Registry**

The AAPM&R Registry is a single repository of data that will track "real-world" care nationally to define rehabilitation practice, move rehabilitation forward and improve patient outcomes. The AAPM&R Registry is the first for PM&R and the only symptom vs. diagnostic-based registry in existence, poised to efficiently capture the essential data, saving you time and effort to focus on what really matters: your patients.



### **Providing the Full Picture of Rehabilitation Care**

Patient-Reported Outcome (PRO) Measures are increasingly being utilized to evaluate success of clinical care. Many physiatrist stakeholders find benefit in capturing this patient perspective to best provide a full picture of rehabilitation care. Recognizing this, AAPM&R has made a commitment to facilitating capture of this patient-reported data through its Registry platform. AAPM&R's Registry will provide data that is actionable to physiatrists in their journey to improve the lives of their patients. Success of the Registry will come from harnessing traditional Electronic Medical Record data with Patient-Reported Outcomes data.

#### **How PRO Works in the AAPM&R Registry**

Using PROMIS®29, a global tool that is used across clinical diagnoses and settings, assessments are filled out by a patient or a proxy to inform clinicians on several data points, like pain, quality-of-life, goals and other important metrics. The survey is comprised of 29 questions over eight different domains:

- · Physical function
- Anxiety
- Depression
- Fatigue
- Sleep disturbance
- · Ability to participate in social roles and activities
- · Pain interference
- Pain intensity

Additional PRO data such as return-to-work, complications and readmissions is also collected. Over time, as patient data is amassed, clinicians can assess patient improvement as well as their overall health status. An individual login is assigned to each participant allowing them easy access to the Registry and its reports at their convenience—from any place and time.

## **Streamlining the PRO Process**

AAPMR's Registry streamlines the PRO process by capturing data quickly and accurately with results depicted in easy-to-read dashboard reports, allowing participants to compare patient outcomes, professional performance, and care processes against other physicians across the country. Using AAPM&R's Registry, physiatrists will learn from each other about what treatments are ideal and result in the best outcomes, giving you the data needed to demonstrate your value and improve your care.

"We're laying the groundwork to develop measures that are more relevant to the clinicians who provide rehabilitation services. We don't believe rehabilitation should be just a process. Rehabilitation should be about improving outcomes and changing the face of the specialty. The only way to do that is by standardizing outcomes, analyzing the data and proving that what we do is making a difference."

Jim Sliwa, DO, FAAPMR
 Chief Medical Officer and Senior Vice
 President, Shirley Ryan AbilityLab, AAPM&R
 Registry Steering Committee

## Registry Benefits: For Institutions and Practices

Participating in the AAPM&R Registry allows you to:

- Benchmark your practice
- Improve patient care
- Manage patient populations
- · Join a community of quality improvement

AAPM&R's Registry needs institutions and practices who are committed to quality improvement to be part of this journey with us. Ischemic stroke and low-back pain are two critical areas that most physiatrists treat. The Registry will expand data collection efforts to other clinical areas in the future.

We're looking for sites that are:

- · Highly-motivated, QI-centric centers
- Are currently collecting and/or ready to begin collecting Patient-Report Outcomes (PROs)
- Can participate in AAPM&R Registry committees to continuously evaluate and evolve the Registry

Learn more about participation at <a href="mailrogistry">aapmr.org/registry</a> or email <a href="mailrogistry@aapmr.org">registry@aapmr.org</a>.



**Better Practice. Better Outcomes.** 

AAPM&R's Registry would like to thank the following participating sites for being early adopters of the Registry.













VANDERBILT WUNIVERSITY
MEDICAL CENTER



## **Quality Improvement and Research - Why is it Important?**

AAPM&R is committed to promoting quality and research within the field. We empower physiatrists to participate in quality improvement initiatives and contribute to groundbreaking research.

Quality improvement initiatives enhance patient outcomes, improve safety and optimize healthcare processes. By systematically analyzing data, identifying areas for improvement and implementing evidence-based practices, healthcare systems can achieve better patient outcomes, reduce medical errors and enhance the overall care experience. Research also fuels innovation and drives advancements in medical knowledge by uncovering new treatments, diagnostic tools and preventive strategies that can transform healthcare practices. Ultimately, the synergy between quality improvement and research fosters a culture of continuous learning, innovation and excellence in healthcare.

#### Why PROs are Important and the Need for PM&R to Prioritize Them

As healthcare evolves, patient-centered care has emerged as a guiding principle, emphasizing the importance of understanding patients' experiences, perspectives and treatment goals. Patient Reported Outcomes (PROs) provide a window into the lived experiences of individuals undergoing rehabilitation and can greatly enhance quality-of-care. By collecting PROs, you gain valuable insights into the subjective aspects of patients' conditions, allowing you to tailor treatment plans, track progress and make informed decisions. With advancements in technology and data management systems, the process of collecting and analyzing PROs has become more streamlined and accessible than ever before. Embracing PROs not only enhances the quality-of-care you deliver but also positions you at the forefront of a patient-centered healthcare revolution. The time is now to seize this opportunity and integrate PROs into your practice.

#### The Importance of Defining Standards of Care

Defining physiatric standards is crucial for several reasons.

- Standards serve as a benchmark for evaluating and ensuring the quality-of-care provided by physiatrists. They establish a clear framework of expectations and guidelines that help maintain consistency, effectiveness and safety in medical practice.
   Standardization also promotes best practices and evidence-based approaches, which are vital for optimizing patient outcomes and reducing variability in treatment outcomes.
- 2. Standards enhance patient safety and protect their rights. By establishing protocols, guidelines and ethical principles, standards help prevent medical errors, promote informed decision-making and protect patients from potential harm. They also provide a foundation for informed consent, privacy protection and patient-centered care.
- 3. Standards facilitate professional development and ongoing education within physiatry, providing a roadmap for training programs, certification and continuing education, ensuring that physiatrists stay updated with the latest advancements, techniques and research. Standards also promote collaboration and knowledge-sharing among professionals, fostering a collective effort of continuous improvement.
- 4. Standards instill confidence in patients, healthcare providers and the broader healthcare system by establishing a solid framework of accountability, quality assurance and ethical conduct, reinforcing the professionalism and integrity of the specialty.

While each of these areas are able to advance on their own, the strength of bringing them together will achieve the Academy's PM&R BOLD strategy in a powerful way.

## **Developing Guidance Statements**

In 2020, AAPM&R began the development of guidance statements through the AAPM&R Multi-disciplinary Post-Acute Sequelae of SARS-CoV-2 infection (PASC) Collaborative. This marked the first time PM&R and the Academy drove guidance development.

Our PASC learnings sparked dialogue on the value of guidance and how this work could provide greater value to the specialty. As one example, the Academy hosted "reporter roundtables" when PASC guidance statements were released. A variety of reporters attended these roundtables

NATIONAL AND HEALTHCARE
MEDIA OUTLETS SHOWCASING
THE ACADEMY AND OUR
MEMBER'S EXPERTISE

to hear directly from PM&R experts, leading to many requests to interview PM&R physicians for hundreds of PASC news stories. Establishing this credibility allowed us to communicate more about the value of PM&R early and throughout the healthcare continuum to key stakeholders – primary care and hospital c-suite.

In July 2021, AAPM&R's Evidence, Quality and Performance Committee had a strategic discussion on developing a path forward for the translation of their systematic environment scans and evidence reviews into AAPM&R Specialty Guidance development. The ability to systematically evaluate the current evidence base for physiatry, define standards/best practices and publicize them will elevate the specialty, advance the awareness, appreciation and value of physiatry among key stakeholders outside of PM&R. By developing our own guidance statements, we produce usable, relevant evidence-based recommendations for interventions, tests or specific clinical areas. Find more information at appmr.org/guidance.

Quality guidance development continues in three areas:

- Long COVID (seven manuscripts published to date—see below; two more in development in mental health and our compendium statement)
  - Neurological Symptoms
  - Autonomic Dysfunction
  - Fatigue
  - Cognitive Symptoms
  - Pediatrics
  - Cardiovascular Complications
  - Breathing Discomfort
- (2) Spasticity
- (3) Biologics OA of the Knee



Guidance Statements Through the AAPM&R Multi-disciplinary Post-Acute Sequela of SARS-CoV-2 infection (PASC) Collaborative

## AAPM&R's Strategic Coordinating Committees Bring Renewed Focus

To advance the Academy's steadfast commitment to quality, research, advocacy and policy, the Board of Governors is recommending a restructure of the existing Quality, Practice, Policy and Research (QPPR) Committee into two separate Strategic Coordinating Committees for confirmation at the AAPM&R Business Meeting in November. This new committee structure will provide a renewed focus, build capacity and allocate additional resources to our policy and research efforts.

A new Strategic Coordinating Committee will be created and named the Quality and Research Committee, led by James Sliwa, DO, FAAPMR. This committee's efforts will focus on quality improvement, patient safety, guidance and research. The Quality and Research Committee, working closely with the Registry Steering Committee, chaired by Michael Hatzakis, Jr., MD, FAAPMR, will oversee the work of the Evidence, Quality and Performance Committee and the Clinical Practice Guidelines Committee. The Quality and Research Committee will develop its priority focus areas to address needs around:

- Creating AAPM&R's overall quality and research strategy
- Developing AAPM&R's strategic approach for collecting and analyzing Patient Reported Outcomes data
- Defining physiatric standards of care across the continuum, which are critical for:
- » Serving as a benchmark for physiatry's quality-of-care
- » Enhancing patient safety
- » Facilitating professional development and ongoing education within physiatry
- » Instilling confidence in patients, providers and across the healthcare system
- Developing guidance statements relevant to our specialty
- Evaluating the current evidence base for physiatry, and advancing the awareness, appreciation and value of PM&R among key stakeholders

The Quality, Practice, Policy and Research Committee, currently led by Thiru M. Annaswamy, MD, MA, FAAPMR, will be renamed the Health Policy, Practice and Advocacy Committee, and will be led by Susan Hubbell, MD, FAAPMR. This committee will have a reinvigorated focus on policy and practice needs as well as the following on advocacy priorities:

- Fighting to Reduce Physiatrist Burden by Removing Prior Authorization Struggles
- Fighting Against PM&R Physician Fee Cuts and For Improved PM&R Physician Payment
- Defending the Role of Physiatrists Against Encroachment from Non-PM&R Physicians and Non-Physicians
- Working to Preserve Physiatrists' Expertise in Determining Medical Necessity in Inpatient Rehabilitation Facility (IRF)

  Admissions
- Admissions

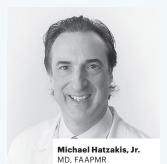
  Advocating for Expanded Telehealth Innovations and Enhanced
- Ways for Physiatrists to Advance Patient Care
- Advancing Long COVID Advocacy to Position PM&R Physicians as Leaders in Multi-Disciplinary Care
- · Preparing Physiatrists to Navigate Through the End of the COVID-19 Public Health Emergency

These two committees will boldly work together to protect, defend and define the future of PM&R for our members, the patients we serve and the specialty as a whole. We thank our dedicated member volunteers for their time and leadership!

For more information about the Strategic Coordinating Committee Bylaws amendment recommendations, visit <a href="mailto:aapmr.org/">aapmr.org/</a> businessmeeting.

## CMS Released 2024 Medicare Physician Fee Schedule Proposed Rule

On July 14, the Centers for Medicare & Medicaid Services (CMS) published the annual Medicare Physician Fee Schedule proposed rule. The rule describes proposed payment, policy, and quality program changes for 2024, including several proposals which impact physiatry. AAPM&R is currently reviewing the rule in detail and will provide specifics, including proposed changes to RVU values and payment for physiatric services, in the coming weeks. For more information, visit, <a href="mailto:aapmr.org/advocacy/current-priorities/reimbursement-advocacy">aapmr.org/advocacy/current-priorities/reimbursement-advocacy</a>.



Thiru M. Annaswamy



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From June 9-13, 2023, your Academy delegates made a significant impact at this year's American Medical Association (AMA) Annual Meeting of the House of Delegates (HOD). A huge thanks to our Academy representatives, Susan Hubbell, MD, FAAPMR (AMA Delegate and PM&R Section Council Chair), Stuart Glassman, MD, FAAPMR (AMA Delegate, Specialty and Service Society Caucus (SSS) Governing Council Member-at-Large, Mobility Caucus Chair), Carlo Milani, MD, FAAPMR (Young Physician Section Representative, Alternate Delegate) and Rosalynn Conic, MD, PhD, MPH (Resident and Fellow Section Delegate)!

The AAPM&R delegation introduced three resolutions that were supported and approved by the House of Medicine. Two of AAPM&R's resolutions advanced the conversation around accessibility and disability advocacy.

#### 1. Wheelchairs on Airplanes

AAPM&R authored both the original resolution language and the final amended language ultimately approved by the AMA HOD. This resolution was co-sponsored by the American Association of Neuromuscular & Electrodiagnostic Medicine and endorsed by the Specialty and Service Society Caucus, the Neuroscience Caucus and the PM&R Section Council. AAPM&R delegates joined physicians utilizing wheelchairs in providing passionate first-hand testimony in favor of adopting this resolution calling for airlines to make necessary adjustments to allow wheelchair users to safely fly while staying in their personal wheelchairs. They discussed the many obstacles of airplane travel, both physical and emotional, including the risk of injury while being transferred and the frequency of damage occurring to wheelchairs during transit. As a result of AAPM&R's strong patient advocacy, the AMA will add pressure to Congress, the Federal Aviation Administration and any other relevant parties to make accommodations for air travel accessible to wheelchair users.

## 2. Expediting Repairs for Power and Manual Wheelchairs

AAPM&R submitted the original language for a resolution addressing wheelchair repairs that will result in a new AMA policy. The resolution was co-sponsored by the American Association of Neuromuscular & Electrodiagnostic Medicine and endorsed by the Specialty and Service Society Caucus, the Neuroscience Caucus, the Mobility Caucus and the PM&R Section Council. Your AAPM&R delegates testified on behalf of their patients that rely on wheelchairs to maintain mobility, independence and quality-of-life and the common struggles they encounter when trying to repair their wheelchair. The AMA HOD strongly supported the final resolution language adopted as follows:

**RESOLVED**, That our AMA support health insurance coverage to eliminate barriers for patients to obtain wheelchair repairs; ensure that repairs and services are safe, affordable, timely and support mobility and independence for those who utilize power and manual wheelchairs; eliminate unnecessary paperwork and prior authorization requirements for basic repairs, including proof of continuous need; cover temporary rental of a substitute wheelchair when repairs require the primary wheelchair to be taken out of the home; and would include preventive maintenance and transporting the wheelchair between the patient's home and the repair facility); and be it further

**RESOLVED**, That our AMA identify procedures for obtaining changes to Medicare and other payers' current policies on repairing wheelchairs; and be it further

**RESOLVED**, That our AMA support suppliers of power and manual wheelchairs providing preventive maintenance and repair services for wheelchairs they supply to patients and permit consumers to perform self-repairs as permitted by the manufacturer and when it does not youd the warranty.



PM&R Section Council lunch

The third adopted resolution, introduced by AAPM&R, created an AMA Speakers Task Force to review and modernize the HOD resolution process. The goal of the resolution is to improve the efficiency of the HOD. Beyond introducing our own policy, AAPM&R co-sponsored the resolution, Use of Augmented Intelligence for Prior Authorization, which was revised and adopted by the HOD. Insurers have started using augmented intelligence (AI) to approve and deny prior authorization requests. The AMA will now advocate for greater regulatory oversight of the use of AI for review of patient claims and prior authorization requests. Additionally, AAPM&R delegates worked closely with the Medical Student Section to finalize language adopted in a resolution expanding coverage for wheelchair accessibility equipment, such as wheelchair ramps, in the home.

Your AAPM&R delegates strongly supported other issues of high priority to the Academy and all of organized medicine, such as **fixing the Medicare physician payment system**, **fighting scope of practice expansions and combating unfair noncompete clauses**.

This year, Dr. Stuart Glassman became the Chair of the Mobility Caucus. AAPM&R is a founding member of the Mobility Caucus. a coalition of national medical specialty societies, which promotes interests and projects, relevant to PM&R, that relate to the care of patients with neurological, musculoskeletal, orthopedic and rehabilitation problems that affect function, well-being and quality-of-life. Congratulations to Dr. Glassman! AAPM&R is excited for Dr. Glassman to advance the voice of physiatry within the AMA!

Find out more about AAPM&R's efforts in the AMA House of Delegates at <a href="mailto:aapmr.org/amahod">aapmr.org/amahod</a>



Dr. Ann Stroink handing over the "gavel" to Dr. Stuart Glassman



## Your Academy in Action: AAPM&R is...

## Fighting to Reduce Physiatrist Burden by Removing Prior Authorization Struggles

 A bipartisan majority of Congress, 61 Senators and 233 Representatives, joined together to send a letter to the Centers for Medicare and Medicaid Services (CMS) urging swift finalization of regulations that streamline and reform the prior authorization process. Academy members sent more than 350 messages to their congressional representatives urging support for this letter and for common-sense reforms to the prior authorization process.

## Fighting Against PM&R Physician Fee Cuts and For Improved Payment





- On June 28, Richard Zorowitz, MD, FAAPMR, Marc Gruner, DO, MBA, RMSK, FAAPMR and AAPM&R staff participated in the
  first-ever Healthcare Improvement Trailblazers Summit in Washington, DC. The event brought together health systems,
  medical societies, the pharmaceutical industry, medical education providers and patient advocacy groups to discuss the
  role of healthcare improvement initiatives in addressing key care gaps, such as healthcare payment reform. Participants
  shared examples of best practices and aligned on recommendations and solutions to increase the future impact on care.
- Submitted comments to Medicare Administrative Contractors, First Coast Service Options and Novitas Solutions regarding their draft local coverage determinations on nerve conduction studies and electrodiagnostic testing.
- Submitted comments, in collaboration with the American Institute of Ultrasound in Medicine and the American Medical Society for Sports
  Medicine, to Aetna voicing strong opposition to their policy of non-coverage for ultrasound guidance used with many procedures typically
  performed by PM&R physicians.
- Submitted comments to BlueCross BlueShield of Tennessee, in collaboration with members of the Multi-Specialty Pain Workgroup, to support appropriate coverage of peripheral nerve stimulation for pain.
- Submitted comments to the Centers for Medicare & Medicaid Services providing feedback on proposed Inpatient Rehabilitation Facility and Skilled Nursing Facility policy for fiscal year 2024.

Visit <u>aapmr.org/testimony</u> for more testimony and comments submitted by AAPM&R.



Deena Hassaballa, DO, FAAPMR was selected to represent physiatry on the influential MACRA Wave 6 Cost Measures Workgroup on Movement Disorders. The workgroup will focus on developing cost measures related to conditions such as Parkinson's disease, multiple sclerosis and amyotrophic lateral sclerosis.

## Defending the Role of Physiatrists Against Encroachment from Non-PM&R Physicians and Non-Physicians

• Your Academy released a new resource, Scope of Practice Patient Cards, aimed at empowering patients to ask questions about the qualifications of the person who is providing their healthcare. The card includes a QR code that will direct the patient to a webpage which provides a high-level overview of the difference in education and training of physicians and non-physicians. The card can be handed out by physiatrists to their patients. For a printable version of the cards, go to <a href="mailto:aepmr.org/priorities">aepmr.org/priorities</a>.

## Advocating for Expanded Telehealth Innovations and Enhanced Ways for Physiatrists to Advance Patient Care

• Your Academy published the white paper, *Telehealth in PM&R: Past, Present and Future in Clinical Practice and Opportunities for Translational Research* that summarizes the innovative ways telehealth is being used in PM&R, identifies current knowledge deficits and technological limitations, outlines the strength of available evidence and explores new and transformative opportunities for PM&R to advance translational research and patient care. Thank you to the members of the writing group that authored this paper.

## **Other Advocacy Activities**



- John Alm, DO, MHA, FAAPMR represented AAPM&R at the American Society of Anesthesiologists' (ASA) Anesthesia Quality and Patient Safety Meeting where he served as an expert in PM&R's role in preoperative optimization and the Perioperative Surgical Home (PSH).
- Led an Academy webinar on the No Surprises Act Requirements: Good Faith Estimates for Uninsured and Self-Pay Patients, that is now available for all members on AAPM&R's Online Learning Portal at onlinelearning.aapmr.org.



• Clark Smith, MD, FAAPMR was appointed to the Multispecialty International Working Group evaluating interventions for sacroiliac joint complex pain. The group will develop International Guidelines on Sacroiliac Joint Complex Pain.

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## **Plan to Attend These Upcoming Academy Events!**

Your Academy hosts a variety of workshops, webinars and events on PM&R-focused topics to help educate and guide medical students, residents and early-career physicians, while expanding the knowledge of experienced practitioners. Find your next position, listen to an informative webinar or connect with peers who share similar interests.



## **National Grand Rounds Webinar:**

The Advanced Practice Provider on the Physical Medicine and Rehabilitation Physician-led Team: Best Use of Role and Physiatrist Experience 7-8 pm (CT)



## **National Grand Rounds Webinar:**

How to Integrate MSK into Other Areas of Physiatry: Stroke Rehabilitation





## **Virtual Medical Student Program:**

Understanding PM&R: A Medical Student's Guide to Physical Medicine and Rehabilitation 5-8 pm (CT)



## **National Grand Rounds Webinar:**

Practice Differentiation: Factors That Make PM&R Unique 7-8 pm (CT)



## Virtual PM&R **Residency Fair**

5-8 pm (CT)



## **2023 Annual Assembly**

New Orleans and Online



## **Virtual Job and Fellowship Fair**

6-8 pm (CT)



## **National Grand Rounds Webinar:**

Lifestyle Medicine: A Virtual Cooking Demonstration to Improve Your Culinary Skills 7-8 pm (CT)



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## **National Grand Rounds Webinar:**

Assistive Technologies for the Consumer: Showcasing the Latest Technologies for Consumer Accessibility

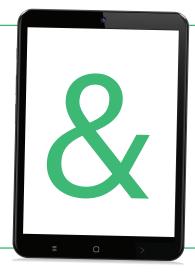
7-8 pm (CT)

Visit aapmr.org/calendar for more information and register for what interests you.

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for Apple and Android, and keep AAPM&R education at your fingertips.

Log in to access clinical and practice educational resources, manage your personalized CME transcript and more.





## **STEP Concussion and Mild TBI Certificate Program**



Register now for AAPM&R's newest STEP Certificate Program in concussion and mild traumatic brain injury (TBI), culminating with an in-person course and skills assessment on November 14-16, 2023, in New Orleans (before the Annual Assembly). This program includes a robust online program and intensive, hands-on course with a skills assessment and case-based learning. Join world-class faculty and improve your evaluation and management of concussions and mild TBI.

"Concussion and brain injury have gained significant visibility in the world, especially with the sports media discussing the impact of player safety and availability. Physiatrists are uniquely trained in brain injury medicine and this extends beyond just the sports world, and includes care from head injury from everyday events. Our STEP Concussion program is intended to provide a well-rounded review for those in practice or an in-depth introduction for residents, fellows or early-career physicians. I am so excited to be part of our excellent team that put this program together, and wish we had something like this decades ago."

> Arthur J. De Luigi, DO, FAAPMR STEP Concussion Program, Co-chair

"The STEP Concussion and Mild TBI Program offers the opportunity to improve one's expertise in the diagnosis and management of concussion/mTBI in a wide variety of patients. Utilizing didactic lectures, in-person presentations and hands-on demonstrations, AAPM&R has created a unique platform to gain the knowledge and skills necessary to be able to best care for these patients."

> Stanley A. Herring, MD, FAAPMR AAPM&R STEP Concussion and Mild TBI Certificate Program, Faculty

Visit aapmr.org/concussion or email education@aapmr.org for more information about this new program.

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# REHAB 5K RUN/WALK & ROLL AND RESIDENCY PROGRAM CHALLENGE



Friday, November 17, 6:30 am (CT)

Bring your running shoes! Runners, walkers and wheelchairs are all welcome to enjoy some exercise before the sessions start; you can also participate virtually any time between November 11-17 and send your results in. Teams will compete from residency programs across the country, with prizes for fastest team, largest team, most money raised and most team spirit. Contact Phyllis Anderson (panderson@foundationforpmr.org) or (847) 737-6062 to sign up your team! (Every participant must also register for the event – make sure you take advantage of the early-bird discount.)





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#### **MIDWEST**

Minneapolis, MN: Hennepin Healthcare seeks a BC/BE physiatrist to join the Department of Physical Medicine & Rehabilitation. This position will involve inpatient and outpatient responsibilities, the balance of which is flexible. depending upon interests. We are partnered with the University of Minnesota and there will be opportunities for medical student/resident/fellow education. In this role, you will perform the following: \*Inpatient responsibility involves performing hospital consultations in the intensive care unit, general medical floor at our Level I Trauma Center and acute care hospital. May also provide care for an average of 10 patients per half-day in our 18-bed CARF-accredited acute rehabilitation unit. \*Outpatient responsibilities involve providing care for patients with acquired brain injuries and other neurological disorders. \*Interest in neurorehabilitation (brain injuries and spinal cord injury) is welcomed/ desired. \*Opportunities for medical student/resident/fellow education and research. \*May be requested to have or be eligible for an academic appointment at the University of Minnesota. Our Knapp Rehabilitation Center (CARF-certified) is a leader in acute inpatient rehabilitation for adult and adolescent within Hennepin Healthcare. It serves our community through an interdisciplinary team consisting of physiatrists, nurses, social workers, physical therapists, occupational therapists, therapeutic eecreation specialists, speech-language pathologists, neuropsychologists, psychologists, nutritionists, spiritual care chaplains. We are in a management services agreement with Shirley Ryan AbilityLab. The management services agreement brings Shirley Ryan AbilityLab's extensive expertise, data and analytics, and world class training here to drive safety, quality, access and operational improvement. This alliance will build on the legacy of high-quality rehabilitation care and services provided by our Knapp Rehabilitation team and related inpatient therapies and chart a course for future growth. Hennepin Healthcare will consider immigration sponsorship for this position, holding an MUA status and HPSA designation. Minimum Qualifications: \*Must possess (or be eligible for) current unrestricted license to practice Medicine in the State of Minnesota. \*Board-certified or eligible in physical medicine and rehabilitation. \*If board-eligible, must be certified within four years from the date of completion of the applicable residency, fellowship or training program. \*Current D.E.A. Certificate or be eligible. \*Eligible for hospital credentialing. \*Current Life Support Certification or complete course within two months of hire. Preferred qualifications: \*Board-certified or eligible in Brain Injury Medicine or Spinal Cord Injury Medicine. Send CV to jessica.endres@hcmed.

#### SOUTH

Atlanta, GA: Are you an accomplished PM&R physiatrist with a passion for helping patients? We offer no weekends and no call, profit-sharing and bonuses. At Barbour Orthopaedics and Spine, our innovative and wellrespected team of medical professionals are part of a rapidly-growing private practice. Barbour Orthopaedics & Spine has six practice locations throughout the Atlanta metro area, including a cutting-edge surgical facility in Chamblee. We are one of the few Georgia practices to offer both a stand-up MRI and an open MRI. In addition, we have state of the art diagnostics tools including digital X-ray, ultrasound, CT scan and hyperbaric chambers. What's in it for you? We are expanding our practice and have a unique opportunity for an experienced physiatrist to join our growing team of world-class professionals You will work with a variety of patients and assist them in restoring optimal physical function and help them improve their quality-of-life. Many of our patients are affected by acute injury. The physiatrist will primarily care for patients with back and neck pain, musculoskeletal problems and acute/subacute spine disorders. You will also work with patients from a diverse payor source. This position offers Monday-Friday office hours and no weekends or call (although weekends are available if desired). All procedures are performed in-house and we utilize in-house imaging (X-ray, MRI and CT scanner). We utilize a comprehensive, non-chronic opioid treatment plan to get our patients better. Incentive/benefits package: We offer very competitive pay, paid holidays, comprehensive benefit package, paid time off, 401K with company match, free catered lunch every Wednesday, free parking, and you get your birthday off with pay. Not only that, but we also offer profit sharing and a quarterly personal performance bonus, as well as cover the cost to maintain your DEA, add you to our malpractice policy, list you on the malpractice certification and individual coverage under the group plan. Come join our family and contribute to your community in a real and tangible way. Apply now to be a part of something fantastic! Send CV to staceyg@barbourortho.com.

Atlanta, GA: Come join a dynamic, collegial multi-disciplinary neurosurgical and interventional physiatry practice covering metropolitan Atlanta. Legacy Brain & Spine, LLC was founded July 2017 in Marietta, Georgia, and over the past six years has grown to six different full-time clinics (Rome, Marietta, Atlanta, Lawrenceville, Tucker, and Riverdale) along with two state-of-the-art ambulatory surgery centers (Atlanta, Riverdale). The practice is a patient-centric organization delivering tailored surgical and non-surgical care for patients with all forms of neurological, spine, peripheral nerve and chronic pain conditions. Our current physiatrist performs all types of spinal injections and complex procedures, along with neuro-diagnostics such as EMG/NCS. We currently are looking for two full-time interventional physiatrists with formal interventional pain fellowship training, and are either board-eligible or board-certified. Please contact Said Elshihabi, MD if interested and to hear more about this exciting opportunity! He can be reached via email (dre@legacybrainspine.com) or mobile (706) 505-3216.

San Antonio, TX: We are seeking a board-eligible/board-certified pediatric physiatrist to join Baylor College of Medicine as full-time faculty in the Department of Physical Medicine & Rehabilitation at CHRISTUS Children's (formerly The Children's Hospital of San Antonio), the first and only freestanding, academic, not-for-profit children's hospital in San Antonio. Located in the nation's seventh largest city and the second largest city in Texas, San Antonio offers a pediatric population expected to grow an additional 30 percent over the next 20 years, offering an exceptional professional opportunity. Successful candidates are physicians clinically focused on exceptional patient care. The position will have both clinical and non-clinical duties as assigned by the section chief and pediatric chair at CHRISTUS Children's. The position comes with a faculty appointment, along with a competitive salary and full benefits package, and is employed by Baylor College of Medicine. The rank of the appointment at assistant, associate or professor will be determined by the candidate's credentials and experience. About Baylor College of Medicine/CHRISTUS Children's: Baylor College of Medicine is recognized as one of the nation's premier academic health science centers and is known for excellence in education, research and healthcare and community service. In 2013, CHRISTUS Children's joined forces with Baylor – most recently ranked #8 (tie) in the top medical schools for pediatrics by U.S. News & World Report in 2022-23 - which recruits, employs and oversees all physicians. Serving as a focal point for pediatric services throughout the community, CHRISUTS Children's is a world-class children's hospital with an established legacy of care dating back to 1869. The organization now employs over 1,000 staff members, including a 400-nurse team who earned Magnet designation in 2018. With more than 80,000 ED visits each year, CHRISTUS Children's not only opened the first pediatric emergency room in San Antonio but also serves as the first and only Children's Miracle Network hospital in the city. About San Antonio: The Alamo City is one of Texas' most historic and charming metropolitan areas, blending Old West history, Spanish heritage and all the energy of a big city with the warm welcoming feel of a small town. Residents are drawn to San Antonio by its housing prices, which are comparatively lower than other large U.S. cities, along with the area's sunny weather and mild winters, rich diversity, excellent public and private schools, abundance of green space, professional sports, top-notch restaurants, two major amusement parks, shopping, nightlife and entertainment, and a strong regional economy—plus easy access to a major airport. Stroll or take a river barge along The River Walk, the city's 15-mile urban waterway. On the weekends, you are just a short drive from the bustling heart of the city to the beauty and wide open spaces of the Texas Hill Country with its rolling hills and big Texas skies along with the area's abundant restaurant, shops and galleries. You're also conveniently located to explore Austin (less than 90 minutes), Houston (less than three hours), Dallas (about four hours) or the beaches of Galveston (less than four hours). Plus, as a resident of Texas, you'll pay no state income tax. Ready to bring your training and passion to a rapidly expanding children's hospital in one of the nation's most vibrant and growing cities? Please forward your CV and cover letter to: Glenda Church Smith, Principal, Pediatric Search Partners, (877) 440-3832 Telephone, (214) 850-3094 Text, Email: glenda@pediatricsearchpartners.com

Oklahoma City, OK: INTEGRIS Jim Thorpe Rehabilitation in Oklahoma City and Edmond, Oklahoma, is seeking a BE/BC physiatrist. This position offers flexible work environment opportunities for inpatient only, inpatient/outpatient mix or outpatient only work. INTEGRIS Jim Thorpe Rehabilitation is one of Oklahoma's largest, most comprehensive and respected rehabilitation facilities. Our inpatient rehabilitation team includes five physicians, two PAs, nurses, LPCs, therapists, dieticians, rec therapy, social workers and case managers. We offer state-of-the-art clinical inpatient and outpatient programs and specialized services including limb loss, brain injury, spinal cord injury, stroke, burn, orthopedics, neuro and transplant/LVAD. Compensation package includes: employed position, sign-on incentive, salary guarantee, comprehensive health plan, malpractice with tail coverage, excellent retirement benefits, education stipend available and CME stipend. For more information, please contact: Annette, Physician Recruiter, annette.kezbers@integrishealth.org.

Fort Myers, FL: Advanced Pain Management Spine Specialists is a seeking full-time interventional pain physician to join the area's first practice solely dedicated to pain management since 2001. APMSS is offering two options for employment: \*One choice is to follow the standard road to partnership with buy-in to the practice and/or ASC in a specific time with shared profits pending profitability after two years. \*The other option is to be hired as an employee on a high base salary with an annual contract and bonuses pending production. The beautiful facility houses a 15,000 square foot practice, has the medical practice on the second floor and the on-site AAAHC accredited ASC with two ORs on the first floor. Send CV to payrollbenefits@apmss.net.

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

As you advance in your career, we continue to provide 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 9,000+ physiatrists**—through Member Communities, PhyzForum, volunteerism opportunities, Job and Fellowship Board and more.
- Networking with 2,500+ physiatrists at the Annual Assembly—we are meeting November 15-19 in New Orleans, LA 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® and more.
- **Financial incentives**—such as insurance discounts as well as entertainment offers to help you make the most of your free time.

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