

## AAPM&R's Registry and Shirley Ryan AbilityLab—Teaming Up to Provide Innovative, Data-Centric Care



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AAPM&R's Registry recently announced its first six sites for the Ischemic Stroke and Low Back Pain data collection programs—among them, Shirley Ryan AbilityLab in Chicago, IL. We recently spoke with Drs. Huang and Sliwa who helped champion the Registry to find out what informed their institution's decision, why the Registry is important to physiatry, and how other others can get involved.

As members of the AAPM&R Registry Steering Committee, both helped lead the strategic planning and development of the Registry, and are now its early adopters. It was a natural "next step" as they understand the value of data, how it can be used to improve patient care and outcomes and, ultimately, demonstrate the value of the specialty as a whole. Both also see the Registry as a BOLD example of AAPM&R's mission—leading the advancement of physiatry's impact throughout health care—and encourage other members to become part of this future-focused initiative and a way to advance the specialty and Academy vision including ensuring that physiatrists are vital in optimizing outcomes and function early and throughout the continuum of patient care.

### To Join or Not to Join the Registry? There Wasn't a Question

The question to join the Registry and participate as one of the early adopters was an easy, but well informed, decision for the physician leaders at Shirley Ryan AbilityLab. "Prior to the development of

the Registry, there was very little national, aggregate data and research in the specialty of PM&R. It was a subjective specialty, but that's changing," said Dr. Sliwa. "We need to not only establish outcome measures, but we need to be able to gather that data, analyze it, and then use that information to improve the specialty in the future."

This sentiment is echoed by Dr. Huang, who believes the Academy is the right organization to lead this effort. "You can't escape the fact that we need quality measures focused on rehabilitation services. The current measures out there are very weak and they don't focus on rehabilitation specifically," he said. "We (physiatrists) need to develop those measures because, clearly, no one else is going to do it. As a specialty, we're going to have to help facilitate the coordination of this development with specifications that accurately measure, track and report physiatric care."

Data collection and quality improvement are top-of-mind at Shirley Ryan AbilityLab. According to Dr. Sliwa, "It ties in directly with our organization's approach: to integrate clinical care with research, to gather and analyze data, and to make a significant impact on outcomes. And so, the Registry is a component of that model. Rehabilitation should not be just a process; Rehabilitation should be about improving outcomes."

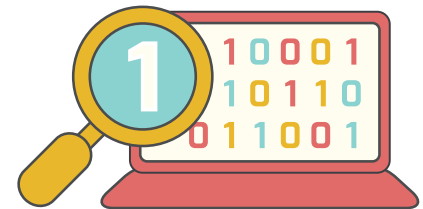
Dr. Huang takes it a step further and talks about sharing and comparing the data available through the Registry. "Yes, you can collect and keep the data internally, but using the Registry allows for comparison among other organizations and providers—information-sharing and learning. The Registry allows for that data to be handed down and lets you see how you are doing without operating in a vacuum."

### Working Cross-Functionally to Secure Buy-In

Clearly, Drs. Huang and Sliwa were advocates for Shirley Ryan AbilityLab to be a Registry participant, but they couldn't make that decision alone. They needed to secure buy-in from the organization's executive team and other departments because an

initiative of this scale is a cross-functional endeavor requiring all departments to come together in order for it to be successful.

"We had buy-in and already knew its value. However, we still needed to take it to our Chief Operating Officer and IT because it's an investment in time and resources," said Dr. Sliwa. "We presented it in a future-oriented manner—as a tool that will help us to provide data and demonstrate the value we contribute across the specialty to impact care in this country."



He continued, "When you have that future-focused vision, the drive to improve yourself, your institution and your specialty as whole, then it becomes easier to get IT and other departments to support that vision. That's leadership!"

Dr. Huang reinforces this point. "It has to come from top-down. You have to get that leadership buy-in first. Otherwise, it's going to fail. Each person who is trying to advocate for the Registry has to do a deep-dive, look at their organizational mission and vision statements, and see how they can tie-in the value of the Registry to those. Because once you can do that, you're going to get leadership buy-in and, then, ultimately align with other departments like IT to prioritize it."

Now that Shirley Ryan AbilityLab had buy-in from its various departments, the challenge going forward is maintaining momentum.

**Thank you to our early adopters:**  
Brooks Rehabilitation, Carolina Neurosurgery and Spine Associates, Lifespan Physician Group, NYU Langone Health, Shepherd Center and Shirley Ryan AbilityLab.

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## Hard to Believe, But This is My Last Greeting to All of You From the Westside Of Chicago!



Michelle S. Gittler  
MD, FAAPMR

My how time flies when you are entrenched in a global pandemic. I have misplaced April, May, June, and July. I have vague recollections of August, as I started keeping a little tiny journal (I have been using field notes, 3-1/2 x 5-1/2 48-page memo books). I read in the newspaper that in order to hold onto the summer, you should write down one or two things that you did each day, so you could reflect and see what you did. I do not know if I reported to you that my husband and I purchased inflatable kayaks, and I have been kayaking on the Chicago River. So I was thrilled to put in my little tiny journal that I saw Blue Herons and Green Herons and Black Hooded Night Herons, and Mergansers. At the end of workdays, I might note that I made a good diagnosis, or had a lovely bike ride home from work. Unfortunately, I realized that even that bit of journaling was not helping when I reflected back on something I had written two days prior and realized had no idea what I was talking about. I was so sure that these keywords would jog in my mind a very specific situation. And yet again, I was wrong!

I suppose I should also share with you that lately I have been feeling a little sad. I am not sure if it is because the sun has not yet risen, so it is dark now when I awaken, and I cannot go putter around in my garden with my cup of coffee (I suppose I could but I would probably trip over my raised beds and walk face first into spider webs), or that it is getting dark in the evening when I am heading home. Maybe it is because there are no more blueberries at the Farmer's market. Or maybe, I am a little sad thinking that this is the last time I get to reach out to you to share what I am thinking. Of course, it could be that in general, looking ahead to the autumn and winter is a bit distressing. How do you share meals with people when you cannot be outdoors? It has been so easy to see members of my crazy family, whose idea of social distancing is not sharing the same wineglass, when we could be outside. Or maybe it is that it seems like the world has gotten a little bit meaner or harder. Everything is supposed to be black and white, and it seems that the all or none in everything has created so many fissures in relationships that they are irreparable. If we do not agree with people about social issues or political issues, it becomes personal, and people seem very much aligned with "if you are not 100% with me then you are against me." I think that is what makes me sad.

Frankly, it is boring to be with people who agree with you 100% of the time. I recall with amusement several of my deepest friendships that started over an argument and a beer (it is, of course, unclear if it was the beer that loosened our tongues and enabled the arguing, or the arguing that led to more beer). I have realized that I can learn so much from people who disagree with me, but only if they take the time to understand why I think what I think, and to explain why they think what they do. So much of the time we eventually recognize that we agree on much more than we disagree. However, we as a nation, seem to focus on the small areas of disagreement instead of the broader areas of concordance.

It has been just a bit over six months since a global pandemic was announced and, only two days later a national emergency declared in the United States. Those six months have felt like forever. I'm sure that each of us has different ideas of what COVID-19 fatigue means. I would be so curious to hear from each of you about what has fatigued you, and similarly what has energized you. And so, in the spirit of always sharing a little too much information, I will go first! One of my very favorite (pre-COVID-19) things to do is go out to eat. I love trying new restaurants, particularly restaurants I can walk to, or ride my bike to. Especially restaurants nestled in neighborhoods that are away from downtown, and whose flavors are reflected not only by the food but the community as well. Not having this is a bit of my fatigue, and while I love cooking, I miss the delight of eating something I do not know how to do or cannot do myself. Also, I definitely miss have someone else cleaning up! One other part of my fatigue is I miss going to movie theaters. My true confession is I love superhero movies. I know I should love documentaries and should be more serious about the art of film, but I did see Black Panther six times in the movie theater (the first time was by myself so I did not have to explain anything to my husband). And I do have my outfit ready for whenever Wonder Woman 1984 comes out, though I leave it up to your imagination whether I am the Cheetah or the Amazon!

And what gives me joy? What has energized me? You. Knowing that I am part of this incredibly diverse community, whose core values focus on maximizing the ability of every individual, and seeing the potential in any individual uplifts me. I look forward to seeing you at the Annual Assembly in some virtual sort of way. For this New Year, I hope for peace, health and justice for all! And don't forget to get into a bit of good trouble along the way. ❖

With my warmest regards,  
Michelle

## Reflecting on My Summer of Self-Care Amid the COVID-19 Pandemic



Ai Mukai  
MD, FAAPMR

Fall has traditionally been a time for family, travel, and getting settled into the school year. This year, there is a sense of loss and change due to COVID-19. I look forward to annually seeing my friends and colleagues at AAPM&R's Annual Assembly. San Diego, in particular, is one of my favorite locations for family activities and conferences. This was also supposed to be my year of international travel with my children who are just getting old enough to explore the world.

My tenth wedding anniversary and 20 years of being together with my husband was in September. We were planning a trip to Paris, exploring French wineries and eating amazing food. Instead, I will likely be sitting at home, eating take-out food and watching Netflix. As the COVID-19 situation continues, there is a sense of fatigue, anger, and frustration. It's hard not to slide into "self-pity" mode, thinking about all the missed opportunities and fun. Virtual meetings are definitely not the same as "in-person" meetings. Much of the enjoyment of conferences come from the non-session related times – the random hallway conversations, the meals catching up with friends, and being able to decompress and vent with like-minded colleagues. I know that AAPM&R will adapt and make this virtual Annual Assembly a "high-value educational, fun-filled and collaborative event." Rest assured, #AAPMR20 won't be your typical Zoom meeting. We have some great things planned, so watch for more information coming soon. I also know there will be other ways to connect and I look forward to hearing the great speakers from within our field and beyond. I also very much look forward to 2021, when hopefully we can all see each other in-person.

This summer was a good opportunity to start thinking about the concept of "self-care." Since I can't travel or socialize much in-person, I have picked up a new hobby – baking. I didn't used to like baking. It seemed so complicated, measuring, multiple steps, etc. I received a batch of sourdough starter from my neighbor and to my surprise, it has performed very well and I have not killed it! I went through several batches of flat and hard bread and sticky dough until I figured out the correct ratio of water and flour. I didn't even know that bread flour is

not the same as All Purpose flour. Once I figured out the issue, I have been able to produce consistent fluffy beautiful sourdough bread. I even mailed dehydrated starter to my sister in New Jersey and my friend in California to share my newfound happiness. My social media account has been filled with photos of baked goods and other dishes. I have taken on dishes that I didn't think I could make, encouraged by my success in baking. For example, Indian food always seemed so complex – and I assumed I needed an advanced degree in chemistry to know the combination of spices to use to create amazing dishes that I enjoyed in restaurants. Well, I found the right blogger to follow and made several attempts and to my surprise it was easier than I thought it would be. I made paneer from scratch and made saag paneer. My children love the instant pot butter chicken. I have even made korma!

I have also had the chance to reconnect with my roots and have deeper discussions with my children. They are naturally curious about my childhood and how I met my husband, etc. It has been fun to share photos and Facetime my mother with them to ask questions about how I was as a child, all the chores I had to do when I was young, and how much I hated Kumon. I see that my daughters have gotten closer because they have to play with each other – and they have built things from cardboard I never would have imagined (like a safe).

As frustrating as it is that we can't have our normal playdates and travel to see the world, there are some positives that have come out of this summer. I hope many of you have found some small sources of happiness in this environment. I would love to hear about your new hobbies, projects, and family traditions. The basic human yearning to be a "part of" and connect with other humans – has amplified in the past months – and I see my PM&R community through AAPMR as one of the places where I can have those needs fulfilled. I look forward to the day I will actually get to see my PM&R friends in-person. ❖

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## AAPM&R's Registry and Shirley Ryan AbilityLab—Teaming Up to Provide Innovative, Data-Centric Care

Because the Registry is a long-term commitment (of at least three years) and requires highly-motivated, QI-centric centers that are currently collecting or ready to begin collecting Patient-Report Outcomes (PROs), the organization is going to have to stay focused on the end-result—providing data to demonstrate psychiatry's value and improve patient care, not just for the specialty but for medicine at large.

"Without the data that the Registry will provide, it's going to be tough for the specialty to move forward," said Dr. Huang. "Everyone is doing this piece-meal. We need to do this in a coordinated, collaborated effort, and the Registry can help with that. We have to think long-term—'What is the vision five and 10 years from now?'"

As the primary medical society for PM&R,

Dr. Sliwa sees the role of the Academy to lead its members and the specialty for both the short- and long-term, and uses an interesting analogy to make his point.

"I would liken the Registry to global warming—you may not see the effects for 10 years. But if you don't do something now, 10 years from now we could have a real problem." In terms of collecting data, he doesn't believe that the path we're on right now is the correct path for the specialty. "We have to do something, and the Registry would be the first step—a robust data warehouse that the specialty can use to not only prove its value, but improve care for all the patients that need rehabilitation across the care continuum."

Both Drs. Huang and Sliwa encourage other members to learn more and help contribute to this initiative. "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 you do is making a difference," said Dr. Sliwa.

### Currently Recruiting

AAPM&R's Registry is currently recruiting institutions and practices that are committed to quality improvement for data collection in both ischemic stroke and low-back pain. If you are interested in learning more about our Registry, please contact [registry@aapmr.org](mailto:registry@aapmr.org). ❖

### ACADEMY IN ACTION

#### #PMRAAdvocates: Academy Members Advocating for the Specialty

- On July 21, Dr. Anjali Shah acted as a physician expert to CMS on a discussion regarding an adjustment to national coverage determinations to include seat elevation and standing feature wheelchairs.
- On August 17, Drs. Edward Burnetta, Jason Gruss, and Charlotte Smith represented your Academy in a discussion with the Centers for Medicare & Medicaid Services (CMS) and other stakeholders regarding the use of the Skilled Nursing Facility Three-Day Rule Waiver that was implemented during the public health emergency. Your Academy representatives led the provision of feedback by sharing consistent and insightful stories highlighting how the waiver has benefited patients and lowers costs for the Medicare program and other payers.



# #AAPMR20

## TEAM PHYSIATRY'S VIRTUAL EVENT OF THE YEAR!

The nature of events has changed. Organizations across the globe are transforming their in-person events into engaging virtual experiences. The Academy is no exception, and we're doing it bigger and better than ever!

Here's a sneak peek of what's in our virtual playbook...

## COMMUNITY

### Networking Lounge

Step into the virtual Lounge to engage with peers and build relationships with colleagues during the conference. Don't miss your chance to learn, partner and connect with others to stay ahead.

### Community Sessions

We've added more community sessions throughout the week prior to the main program and networking opportunities so you can connect and collaborate with your peers. Attend sessions created by community leaders specifically for your community's unique needs and challenges, meet like-minded peers who share similar interests and celebrate meaningful connections.

### Academy Resources

Learn more about Team Physiatry and how you can play a role in advancing the specialty. Meet Academy staff and get the 411 on all AAPM&R initiatives (current and what's coming soon), resources and solutions for physiatrists looking to succeed in today's ever-changing practice environment.



## EDUCATION

### Live Plenary Sessions

In the virtual theater, listen to our three re-imagined plenary sessions. Hear from high-profile thought-leaders who will share their insights and how they've overcome adversity to leave a lasting impact on their respective fields and throughout the world. Don't forget about your peer presenters on Saturday! Hear our PhysTalks finalists who will share their compelling and inspirational physiatry-focused stories with the greater PM&R community.

Education takes center stage at #AAPMR20! Enjoy both live and on-demand presentations, broken down into various clinical and practice themes so you can customize your educational experience with what's most important to you. #AAPMR20 provides the opportunity to earn 80+ AMA PRA Category 1 Credits™.

### Real-Time Sessions

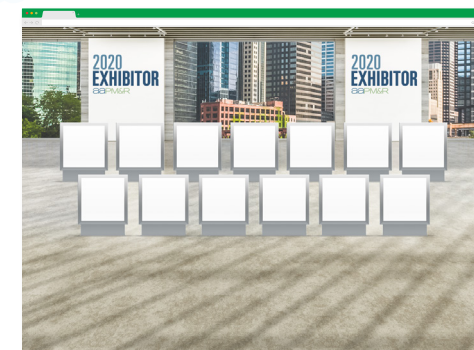
Choose from 30+ live clinical and practice symposia that are interactive and exciting. Attendees will have an opportunity to ask faculty questions and interact with their peers in real-time.

### On-Demand Sessions

Attendees will be able to listen to 50+ pre-recorded on-demand sessions, with content accessible before and after the event until January 31, 2021.

### Research Hub

The virtual Annual Assembly is your invitation to hear first-hand the important trends and research from recognized industry professionals, peers and experts—all from the comfort of your desk, couch or wherever you're logged on. Get the information you need to prepare your practice and patients for a post-pandemic world and a "new normal." All posters will have pre-recorded audio to accompany them as well as live sessions with the "best of" posters.



## LEARN BY ENGAGING WITH EXHIBITORS IN THE PM&R PAVILION

Get the virtual scoop on all the latest and greatest PM&R technologies in the interactive PM&R Pavilion. Meet exhibitors, join company-hosted events, receive special offers, and much more while learning about innovative products and services that can help grow your practice and better serve your patients.

While visiting the PM&R Pavilion, check out our 30- to 60-minute Sponsored Educational Theaters and Sponsored Product Demonstrations. Experts will be on-hand to present on topics including patient education, specific products, and therapeutic areas. These sessions are independent from the Academy and do not offer CME credit.

AAPM&R will also host a valuable Career Corner throughout the meeting. Attendees will be able to schedule one-on-one CV reviews and gain career guidance from fellow members.

## PRACTICE AND CAREER ADVANCEMENT

### Job and Fellowship Fair

Looking for your dream job? Interested in what opportunities might be available? Join us on Friday, November 13 from 6-9 pm (CT) for the largest PM&R-specific online career fair. Interact with representatives from institutions and practices across the country, and make a lasting impression on a potential future employer. Connect with other job seekers, and share advice and stories about what makes PM&R such a unique specialty.

## NEXT STEPS FOR #AAPMR20 REGISTRANTS

Registered attendees will receive participation instructions closer to the Assembly. In the meantime, your Academy will be sending updates, highlights, and tips to maximize your virtual experience!

- The virtual platform is designed to work on web-based applications (Chrome, Firefox, Safari and Internet Explorer). You can access the platform from your laptop, tablet or mobile phone. The best visual experience is from a desktop or laptop.
- The virtual Assembly will include a combination of live symposia, community sessions and pre-Assembly sessions, as well as pre-recorded sessions on-demand, virtual posters, virtual exhibit hall with sponsored sessions, and more. You will have access to the virtual Assembly site to explore on-demand content and access pre-Assembly sessions beginning Sunday, November 8 and will have access to ALL content (including recordings of live sessions) until January 31, 2021. Visit [www.aapmr.org/2020](http://www.aapmr.org/2020), and check back often as we'll be adding more information on specific sessions and faculty!
- In addition to creative learning opportunities, the virtual event will include all the fun you have come to expect at the Assembly. Stay tuned for details on networking events, games, and ways to connect with Team Physiatry!



### CANCELLATION POLICY

Now through November 6, 2020, AAPM&R will give a full refund for the virtual Annual Assembly, for any reason. A full refund will be issued to any registrant upon request, without any fees or penalties, no matter when they registered for the virtual Assembly. When possible, cancellations with advance notice are appreciated.

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Content and images subject to change.

REGISTER NOW AT [WWW.AAPMR.ORG/2020](http://WWW.AAPMR.ORG/2020).



## ATTEND THE AAPM&R BUSINESS MEETING

FRIDAY,  
NOVEMBER 13  
4 - 5:30 PM (CT)

### AAPM&R Business Meeting

Academy Fellow members are invited and encouraged to virtually attend AAPM&R's Annual Business Meeting. Members will vote on nomination recommendations, approve the membership roster, consider a Bylaws amendment to finalize the gender-neutral language of the Bylaws and an amendment to adjust the composition of the Nominating Committee, review 2020 activities, and preview 2021 Academy initiatives.

View the Business Meeting Agenda, Nominating Slate and Proposed Bylaws Amendments at [www.aapmr.org/businessmeeting](http://www.aapmr.org/businessmeeting).



## PARTICIPATE IN A VIRTUAL PHYSIATRY DAY

### A Virtual Physiatry Day

We're bringing the fun to Physiatry Day on Friday, November 13. We're keeping the Team Physiatry theme because you love it 😊 and it's the perfect analogy for the team-based care that physiatrists provide. We are excited to celebrate all the aspects of physiatry and the great work that you do every day.

Game plans are in the home stretch, but here's a sneak peek of what to expect before and on this special day!

### FUN WAYS TO PARTICIPATE

#### Get Social and Join the Entire Specialty in Celebrating #PhysiatryDay

- Engage with us on Facebook (@AAPMRInfo), Twitter (@AAPMR) and Instagram (@AAPMR). We have some fun things planned for #PhysiatryDay, when we'll be celebrating the specialty together. Leading up to and on November 13, our feeds will be active with opportunities to participate, celebrate and win.
- Be sure to use the hashtag #PhysiatryDay and stay tuned for more details.
- Wear Your Favorite Team Physiatry Shirt (or Make Your Own): Show your team spirit and suit up in your favorite Physiatry Day t-shirt from year's past (or make your own) on Friday. Post your photos on social and we'll share some of the "fan favorites."

#### #AAPMR20 Participants: Show your Team Physiatry Spirit

- #AAPMR20 Digital Swag Bags: Attendees will receive a Team Physiatry-themed "swag bag" with virtual goodies to use on Physiatry Day.
- Be sure to attend the Thursday evening plenary: Join the PM&R community live on Thursday evening as we bring the specialty together and kick off the #PhysiatryDay celebrations early.



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Learn more about Physiatry Day 2020 at [www.PhysiatryDay.org](http://www.PhysiatryDay.org).

**VIRTUAL** **aapm&r**  
ANNUAL ASSEMBLY  
NOVEMBER 12-15, 2020

## AAPMR's Innovative Payment and Practice Models Committee Highlights Their Work in the Spine Care Space during the 2020 Annual Assembly



Christopher Standaert  
MD, FAAPMR



Stuart J. Glassman  
MD, MBA, FAAPMR



Santhosh A. Thomas  
DO, MBA, FAAPMR

AAPM&R's Innovative Payment and Practice Models Committee (IPPM) is pleased to announce that they will be highlighting their work within the spine care space during an on-demand session at the Annual Assembly. With the health care industry increasingly focused on value, AAPM&R has invested in defining the role of physiatry in spine care. IPPM has several exciting updates on their work within the spine care space to share during this session. The committee published a study assessing the comparative costs of spine care following evaluation by physiatrists and surgeons. This study offers insight into costs and possible approaches to improving value within spine care. This study was recently featured in both *The Physiatrist* and the *PM&R Journal*, and key data from this study will be presented during this session. Having published this study, IPPM, with PM&R BOLD's input, will develop a new model for spine care that will have implications for practice, training, and building relationships within the payer and primary care communities. The role of interventional spine care in value-driven models will be addressed.

IPPM created this session as an opportunity to present new data that provides critical insights on care, a new model for a physiatric-based approach to spine care, and to have an open discussion with the membership on a path forward. Payers are increasingly focused on value. Physiatrists offer a unique perspective for providing care to spine patients, but there is limited data regarding the value of that care. Efforts to define physiatry's value in the spine care space and to develop models of care in which physiatrists provide an effective, value-based approach will be central to achieving the BOLD vision of physiatry.

IPPM's session will be on-demand starting Monday, November 9, and members are encouraged to check out this session and engage with the committee to further develop their critical work in promoting physiatry's value in the spine care space. Participants from this session will be equipped with an understanding of knowing the costs associated with physiatry-based and surgeon-based spine care and the financial impact of spine conditions on medical costs. They will also be able to participate in efforts to further physiatry's role in advancing value-based spine care. IPPM strongly believes that this session presents an opportunity for discussion on the efforts of AAPM&R to develop PM&R BOLD's vision of physiatry and for the committee to develop its work in the spine care space based on the insights and experiences of our members.

Visit [www.aapmr.org/2020](http://www.aapmr.org/2020) for more information on the 2020 virtual Annual Assembly. ❖

### ACADEMY IN ACTION

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

- On July 15, your Academy shared follow up input with Dr. Marion Couch at CMS regarding how physiatry has used telehealth during the public health emergency and why we support the permanent expansion of telehealth.
- On July 21, your Academy's Health Policy and Legislation (HP&L) committee held a virtual meeting to discuss advocacy priorities including our contribution to the Medical Society Climate Consortium on Health, the future possibility of a Unified Post-Acute Care system, telemedicine expansion, and a potential virtual advocacy day on Capitol Hill.
- On July 22, your Academy urged CMS to sunset scope of practice waivers when the public health emergency ends via a coalition letter led by the American Medical Association (AMA).
- On July 31, your Academy sent a letter to Congress asking that as they consider additional legislative action in response to the ongoing public health emergency and restarting the economy, and that medical liability protections for health care workers be included.
- On August 3, your Academy advocated for eight telehealth principles to be included in any legislation that aims to permanently expand telehealth. These eight principles were sent to Congressional offices that have proposed telehealth bills relevant to physiatry and other key Congressional offices.
- On August 7, your Academy worked with the Consortium for Citizens with Disabilities (CCD) to create telehealth principles that will ensure patients with disabilities will be considered in discussions on telehealth and benefit from telehealth expansion.



# 2020 AWARD WINNERS

OCTOBER 2020 AAPM&R AWARDS SPECIAL ISSUE

## RECOGNITION.

AAPM&R has an awards program to recognize members who deserve the applause of their peers. Each year, Academy members are encouraged to submit award nominations to recognize lifetime achievement, distinguished membership, and public service, as well as pioneering physiatrists, clinicians, and researchers who have made significant contributions to both the specialty and to people with disabilities. Please join AAPM&R and its Awards Committee in congratulating this year's award recipients, who will be honored at the AAPM&R 2020 virtual Annual Assembly.

## 2020 AAPM&R Awards Committee



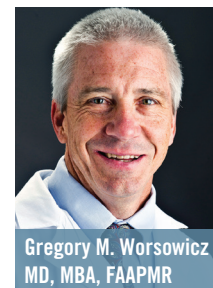
Deborah A. Venesy  
MD, FAAPMR, Chair



Christina Y. Lee  
MD, FAAPMR



A. Deniz Ozel  
MD, FAAPMR



Gregory M. Worsowicz  
MD, MBA, FAAPMR



## Frank H. Krusen, MD, Lifetime Achievement Award

The Academy's highest honor is the Frank H. Krusen, MD Lifetime Achievement Award. It was established in 1972 in honor of Frank H. Krusen, MD, a founding father and the fourth president of the Academy who was a leader in the development of the specialty of PM&R. Recipients of the Frank H. Krusen Award are selected for their outstanding and unique contributions to the specialty of PM&R in the areas of patient care, research, education, literary contributions, community service, and involvement in Academy activities.



Steve M. Gnatz  
MD, MHA, FAAPMR

**Dr. Steve Gnatz** is the Chief Medical Officer for Integrated Rehab Consultants, a nationwide group of physiatrists who specialize in post-acute rehabilitation in Skilled Nursing Facilities (SNFs) and Inpatient Rehabilitation Facilities (IRFs). He received his medical degree from the University of Illinois, and completed his internship and residency in PM&R at Baylor College of Medicine in Houston, Texas, where he served as Co-Chief Resident.

After completing his residency, Dr. Gnatz became an Academy Fellow in 1988 and has remained active over the past 32 years. He has held numerous positions including Past President from 2007-current; President from 2005-2006; President-Elect from 2004-2005; Vice President from 2003-2004; Treasurer from 2000-2003; Member-at-Large from 1999-2000; Awards Committee from 2003-2004 and again from 2009-2010; Finance Committee from 2000-2003 and again from 2009-2012; Investment Committee from 2009-2012; and Program Planning Sub-committee from 1995-2000. For several years, Dr. Gnatz led the Preparing Yourself for Physiatric Practice preconference course at the Annual Assembly.

Dr. Gnatz is board-certified in PM&R and Electrodiagnostic Medicine. He is a skilled administrator and holds a master's degree in Health Administration from the University of Missouri. He is a well-respected teacher and former Professor and Chairman of the Department of PM&R at the University of Missouri. He is a founding member of the Foundation for PM&R and its first Treasurer. He served nine years total on the Foundation's Board with an additional two years on the Friends of the Foundation.

He has examined for both the American Board of Physical Medicine and Rehabilitation and the American Association of Neuromuscular & Electrodiagnostic Medicine, and is a past President of the U.S. Bone and Joint Initiative.

Dr. Gnatz is an avid lecturer. His 20-page CV lists more than 100 presentations he's given to audiences of all types on a wide variety of topics. He has authored more than 47 published abstracts and peer-reviewed articles, including the well-regarded book, *EMG Basics*. Throughout his career, Dr. Gnatz has received numerous awards and commendations. □



## Distinguished Member Award

The Distinguished Member Award was established in 1994 to honor AAPM&R members who have provided invaluable service to the specialty of PM&R, primarily through participation in PM&R-related organizations other than the Academy.



Joseph E. Burris  
MD, FAAPMR

**Dr. Joseph Burris** is the Vice Chair of Academics and Research and Professor of Clinical Physical Medicine and Rehabilitation for the Department of Physical Medicine at the University of Missouri, Columbia. He is board-certified in Physical Medicine and Rehabilitation and holds a BS in biology from the University of Missouri-Kansas City, as well as a graduate degree in exercise physiology from the University of Kansas in Lawrence. An AAPM&R member since 1998, Dr. Burris has served on several Academy committees including the Program Planning Committee (2008-2015), the Vertical Stroke Planning Committee (2014-2016) and chair of the Graduate Medical Education Committee (2017 to present). He is a well-respected lecturer and has authored numerous articles and research abstracts. Dr. Burris received Physician Teacher of the Year, Department of Physical Medicine and Rehabilitation, honors in 2011, 2007-08, 2005-06, 2003-04. □



Andrea L. Cheville  
MD, MSCE, FAAPMR

**Dr. Andrea Cheville** is a Professor of Physical Medicine and Rehabilitation at Mayo Clinic in Rochester, MN. She received her MD degree from Harvard Medical School in 1993 and her Master of Science in Clinical Epidemiology degree from the University of Pennsylvania in 2006. Her areas of clinical and research interest are lymphedema and cancer rehabilitation, palliative medicine, and patient-reported outcomes. She is board-certified in Physical Medicine and Rehabilitation, Pain

Medicine, and Palliative Care. Dr. Cheville has received funding from the National Institutes of Health, National Cancer Institute, and the U.S. Department of Defense. She was elected to the National Institute of Medicine in October 2016. □



Ross D. Zafonte  
DO, FAAPMR

**Dr. Ross Zafonte** is the Earle P. and Ida S. Charlton Professor and Chairman of the Department of Physical Medicine and Rehabilitation at Harvard Medical School. He also serves as chief of Physical Medicine and Rehabilitation (PM&R) at Massachusetts General Hospital, Brigham and Women's Hospital as well as Vice President Medical Affairs Research and Education at Spaulding Rehabilitation Network. Dr. Zafonte's textbook is considered one of the standards in the field of brain injury care. Dr. Zafonte's work is presently funded by the NIH, DOD, NIDILRR, and The Football Players Health Study at Harvard. He is currently directing several large

clinical treatment trials and has traveled to Afghanistan to work with the military. He is the author of more than 300 peer-reviewed journal articles, abstracts and book chapters, and has overseen institutional and clinical finances in a variety of settings for nearly twenty years. In addition, he is on the editorial board of the *Journal of Neurotrauma*. He has previously served on the founding editorial board of PM&R. He has served the Academy as a member of the National Quality Forum and previously received the Walter Zeiter Lectureship in 2006. □



## PASSOR Legacy Award and Lectureship

Established in 2008 to preserve the legacy and namesake of the Physiatric Association of Spine, Sports, and Occupational Rehabilitation (PASSOR), this award is meant to recognize an individual in mid-career who has advanced musculoskeletal physiatry through clinical care, education, service or scholarship (research).



Monica E. Rho  
MD, FAAPMR

**Dr. Monica Rho** is an Associate Professor at Northwestern University Feinberg School of Medicine where she serves as the Director of Residency Training for the Department of Physical Medicine and Rehabilitation. She is also the Chief of Musculoskeletal Medicine for the Shirley Ryan AbilityLab (formerly known as the Rehabilitation Institute of Chicago). She is board-certified in Sports Medicine and PM&R. Dr. Rho is the head team physician for the U.S. Women's National Soccer Team and was part of the 2019 Women's World Cup Championship Team in France. She is the former head team physician for the U.S. Men's Paralympic Soccer National Team and accompanied them to the Rio 2016 Paralympics. She currently serves on the Medical Advisory Board for U.S. Soccer.

She received her undergraduate degree from Northwestern University and completed her medical degree and her residency training at Northwestern University Feinberg School of Medicine. She did her Sports Medicine fellowship within the Department of Orthopedic Surgery at Washington University in St. Louis, MO. Dr. Rho was previously funded by a National Institute of Health K12 grant to study the neuromuscular control of the hip in femoroacetabular impingement. She has presented her research nationally and internationally. □





## Distinguished Public Service Award

This award was established to honor individuals who, in the course of public service activities, have significantly contributed to the growth and development of services that directly impact the specialty of PM&R.



Stuart J. Glassman  
MD, MBA, FAAPMR

**Dr. Stuart Glassman** is a board-certified psychiatrist, owner and president of Granite Psychiatry, a solo PM&R general practice based in Concord, New Hampshire. He is a Clinical Assistant Professor in the Department of Community and Family Medicine at the Geisel School of Medicine at Dartmouth, and is a Clinical Instructor in the Department of PM&R at Tufts University School of Medicine. Advocacy for patients and physicians at the state and national level has been a major focus of his career. Dr. Glassman is a Past President of the New Hampshire Medical Society, and was a member of the New Hampshire Governor's Commission on Disability. He has served on numerous advocacy committees and councils within the Academy, including the Health Policy and Legislation Committee, the State Society President's Council, the Quality, Practice and Policy Committee, the Innovative Payment and Practice Models Committee, the State Advocacy Committee, the Public and Professional Awareness Committee, and the Board of Governors. He has been a national trustee for the Amyotrophic Lateral Sclerosis Association, and was Chair of the National Physicians Advisory Board for HealthSouth Corporation. He is currently one of AAPM&R's national Delegates to the American Medical Association, and is Vice-Chair for the AMA's PM&R Section Council. Most recently, he has used his financial MBA knowledge to assist and educate colleagues who were applying for COVID-19 economic relief and CARES Act funding, becoming a 'financial first-responder.' □



Julie K. Silver  
MD, FAAPMR

**Dr. Julie Silver** is an Associate Professor and Associate Chair in the Department of Physical Medicine and Rehabilitation at Harvard Medical School. Dr. Silver has held numerous leadership positions and is a start-up company founder. She was named the Top Innovator in Medicine in 2012 by *The Boston Globe*; the same year her start-up company was listed by Bloomberg/Businessweek as one of the most promising social enterprise companies.

Dr. Silver has been an integral part of developing the new Spaulding Research Institute—from conception to launch. Her own research and clinical work has focused on improving gaps in the delivery of healthcare services, particularly cancer rehabilitation. She has published many scientific reports and is well-known for her ground-breaking work on "impairment-driven cancer rehabilitation" which was initially published in the journal *CA: A Cancer Journal for Clinicians*. Dr. Silver co-founded the Cancer Rehabilitation Group for the American Congress of Rehabilitation Medicine—a research-focused interdisciplinary professional society. She is committed to improving healthcare for oncology patients and developed a best practices model for cancer rehabilitation care that hundreds of U.S. hospitals adopted. □

## Thank You for Nominating

Thank you to all members who participated in this year's awards nominations. 2021 Nominations will open in November; watch [PhyzForum.org](http://PhyzForum.org) for details.

### ACADEMY IN ACTION

#### Rising Psychiatry's Voice: Your Academy Responds to Support its Members

- On October 1-3, Academy advisors Annie Purcell, DO and Scott Horn, DO attended the fall meeting of the American Medical Association's Current Procedural Terminology (AMA CPT) Panel. The meeting was held virtually.
- On October 8-10, Academy representatives Matthew Grierson, MD and Clarice Sinn, DO and advisors Carlo Milani, MD and David Reece, DO attended the fall meeting of the American Medical Association's Relative Value Scale Update Committee (AMA RUC). The meeting was held virtually.
- On August 7, your Academy submitted a letter to the Maine Board of Licensure in Medicine and Board of Osteopathic Licensure in opposition to their proposed amendment to remove the physician supervision requirements for physician assistants. As the proposed amendments were made in response to statutory changes, your Academy urged that collaborative agreements between physicians and physician assistants be upheld and that a formal structure to promote standardization of collaborative agreements be established.
- On August 13, your Academy's State Advocacy Committee released a call to action asking all members in California to send a customizable email to the Senate Appropriations Committee in opposition to California Assembly Bill (A.B.) 890. This legislation proposes to grant full practice authority to nurse practitioners (NPs) by removing the requirements that an NP must practice under physician supervision.
- On August 18, your Academy's State Advocacy Committee released a call to action asking all members in Virginia to send a customizable email to the Education and Health Committee in opposition to Senate Bill (SB) 5070. This legislation proposes to reduce the number of years of full-time clinical experience a nurse practitioner must have to be eligible to practice without a written or electronic practice agreement from five years to two years.

## An Urgent New Need for Psychiatric Care



Bruce E. Becker  
MD, MS, FAAPMR

COVID-19 has created a unique need for psychiatric care. The current coronavirus pandemic is virulent, highly-contagious and has already claimed the lives of more than 200,000 Americans of all ethnicities, ages and health profiles. But people with co-morbidities such as diabetes, hypertension, coronary artery disease and people with cancer are at greater risk than most for developing a severe form of the disease.<sup>1-5</sup>

The possibility of reducing risk by preventing or effectively treating complicating conditions offers an opportunity for the psychiatric community. Complex illnesses that have no cure and whose mitigation leaves substantial sequelae is frequently the result of biology (genetics and physiology), environmental exposure, behavioral response and proper and timely treatment. The specialty of PM&R is well equipped to take the lead in managing factors that put patients at greater risk of severe COVID-19 by applying a biopsychosocial approach to the needs of individuals. For example, we have developed several approaches to reducing metabolic abnormalities such as better dietary control of lipids, glucose and inflammation. Some of these interventions require pharmacological treatment which is always enhanced by behavioral changes in diet and activity/exercise. All of these approaches have been proven safe, effective, accessible and low cost.

Severe post-COVID-19 medical problems also pose a rehabilitation challenge as many patients face multiple impairments. Reports from the early wave of infection showed multi-organ failure, significant residual pulmonary and cardiac dysfunction and central nervous system syndromes including post-traumatic stress disorder, cognitive impairment, depression, severe fatigue and neuromuscular weakness.<sup>6,7</sup> Many patients are discharged on oxygen with low exercise tolerance plus mobility and

self-care difficulties. Psychiatrists can and should play an important role in the leadership and coordination of multidisciplinary care to address cardiorespiratory function, weakness, cognitive performance, mood/behavior and resumption of life activities and roles.

There is historical precedent for psychiatric intervention for victims of a worldwide post-infectious or pandemic related sequelae, both with tuberculosis and polio. Acute poliomyelitis had a significant influence on the development of the field. Even now, after development of a vaccine and near elimination of polio, psychiatrists are involved in the management of post-polio syndrome which affects a significant proportion of individuals who survived acute polio and manifests as weakness, fatigue and pain occurring 15-60 years after infection. Rehabilitation of physical impairments due to osseous or arthritis manifestations and significant pulmonary sequelae of tuberculosis makes up a large proportion of psychiatric care in the developing world where tuberculosis is still endemic and widely prevalent.

At this point, the only way out is through – but psychiatry can lead our patients and the health care system to better outcomes for all. ♦

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## AAPM&R Introduces NATIONAL GRAND ROUNDS

Check out AAPM&R's new webinar series, National Grand Rounds, which connects psychiatrists of all specializations, from across the country, for stimulating discussions on topics that represent the intellectual, practical and/or spiritual aspects of the specialty.

These monthly forums will cover topics including telehealth and the evolution of patient care during the COVID-19 pandemic, the importance of mentorship, how much psychiatrists have to offer to cancer patients and survivors, and much more. AAPM&R President Michelle Gittler, kicked off this informational series last month with a presentation entitled, "Getting into Good Trouble—Why Advocacy Should Be a Core Competency."

Those who attend the Live sessions will be able to claim CME afterwards. The On-Demand recording which will include CME, will be available through the Academy's Online Education Subscription or can be purchased a la carte. Learn more at [onlinelearning.aapmr.org](http://onlinelearning.aapmr.org). Please note, the live webinar is available to everyone, including your colleagues from other specialties.

We hope you will join us for these thought-provoking sessions, as we advance the specialty together.

Learn more at [www.aapmr.org/grandrounds](http://www.aapmr.org/grandrounds).



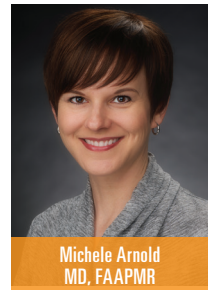
ADVANCING  
**PM&R BOLD**  
THROUGH TRAINING



## Hitting the Pavement During COVID-19: An Interview with Dr. Michele Arnold

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

In this issue, we talked to Dr. Michele Arnold from Swedish Spine Sports and Musculoskeletal Medicine Center in Seattle, WA. Dr. Arnold volunteered to work in mobile testing units on the streets of Seattle when COVID-19 hit. The following article is based on her experience as of late July 2020.



**Michele Arnold, MD, FAAPMR**  
Chief Medical Officer  
Swedish Issaquah  
Swedish Spine Sports  
and Musculoskeletal  
Medicine

When COVID-19 hit in March, there were countless changes happening in our institution. When leadership started discussions about various redeployment opportunities, I assumed (having some limited experience with ventilators) I would be in the ICU helping manage ventilator-dependent patients, or that I would be in the hospital. I never expected I would be spending two months on the streets of Seattle serving people in transitional housing and homeless shelters, swabbing patient noses. And yet, it turned out to be the most impactful experience of my 18-year career. For the short-term, I turned in my "physiatrist hat" for a "COVID-19 physician hat," and dove right in.

We developed what are known as Community Response Clinics (CRCs) at several campuses

throughout the greater Seattle area. Our set-up included a triage team stationed in a mobile trailer in our parking lot, where people could simply drive up and be screened for COVID. The triage team would then radio down to the underground parking garage where we stationed tents and staff for drive-through testing. This worked great for these communities, but we realized we were not reaching our most marginalized and vulnerable populations.

We chose to leave the building and hit the streets. We repurposed a mammogram unit into a mobile testing office, which gave us the chance to go out into at-risk communities. We functioned as a pressure release valve for our emergency departments and this provided a means to offer greater education efforts. A typical day consisted of pre-clinic planning followed by field clinic assembly, clinic operations, and the subsequent tear-down and disinfection. We would then follow-up afterward with results. Over the course of a clinic day, our team of about 15-20 people would typically see about 50-100 patients. Between March and May 2020, we conducted more than a thousand patient screenings with around 700 tests. In the two month timeframe, we reached 25 different sites throughout the greater Puget Sound area, primarily targeting homeless shelters and transitional housing as well as cultural centers. In hindsight, mobile testing units identified 60% of the COVID-19 positive cases found in our homeless population. None of this would have been possible without our teams.

This is where PM&R is truly shines. We work in teams extraordinarily well. We know how to build a team, connect cross-functionally, and keep the power differential low. Whether good or bad, shared suffering brings people together. We experience this on our inpatient rehab units, but I think we miss out on this culture in our clinics. With COVID, we ultimately grew more than a team – we grew a family – bonding with one another around the common resilience to withstand



the adverse conditions we were working in. The beauty and the glory of the opportunity far outweighed any of the challenges we faced. In a normal ambulatory practice, focusing on production expectations and seeing patient after patient can lead to feeling like we're on the treadmill. In the clinic, it is easy to lose sight that we're on a team.



My next goal is to recreate that same feeling of camaraderie, that same culture that we were able to develop in the CRCs, and plant that in my own clinic.

My final takeaway that I want to share with you is this: Don't be afraid to look for and lean into opportunities. We're proud of being physiatrists. We love our specialty and will defend it to the ends of the Earth. But we don't know everything. No one in my residency program taught me how to do health screenings for an infectious disease on a busy city sidewalk during a pandemic (that's not a typical rotation in your PM&R residency!). We must be willing and open to meet the challenges of new opportunities that COVID-19 is presenting to us. I am a firm believer in that if you are being called to do something revolutionary, you're going to be equipped. ❖

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

## Inclusion and Engagement Committee Meeting Recap

On Friday, July 31, the Inclusion and Engagement committee, chaired by Dr. D.J. Kennedy, MD, FAAPMR, came together virtually to continue strategic discussions on how to continue enhancing inclusion and engagement at the Academy.

Key focus areas covered during this meeting included:

1. Discussion and planning of the virtual event series: Critical Conversations on Equity, Access and Inclusion in PM&R, Health Care, and Society including planning for the 2020 Assembly of Delegates.
2. Exploring ways to address the mentorship and sponsorship needs of Academy members.
3. Understanding the starting point of the Academy's inclusion journey through examining the results of the Welcoming Environment™ Benchmarking Survey.
4. Developing a dashboard format to understand more about the ways in which we involve and engage members in the Academy.

Most notably, the committee led the creation of a new Academy policy, the Principles of Inclusion and Engagement. These principles

(listed below) were created through the thoughtful and deliberate work of members from the Diversity and Inclusion Committee and the Inclusion and Engagement Committee to comprehensively demonstrate the Academy's commitment to ensuring that all Academy members feel included, valued and a part of this journey. On October 1, as part of the event series: Critical Conversations on Equity, Access, and Inclusion in PM&R, Health Care, and Society, the virtual event, The Academy's Diversity and Inclusion Journey, reviewed the efforts that led to the creation of the principles and how they would be implemented to enhance every area of the Academy. Visit the website: [www.aapmr.org/diversity](http://www.aapmr.org/diversity) to access a recording of this event.

### Valuing Diverse Group Composition

- Recognizing that a diverse group that is more representative of our overall member composition can result in enhanced group outcomes.
- Volunteers can be selected as a member of a particular community to enhance diversity of thought and experiences, but they should not view their role as a member for that community. Instead, they represent the entirety of PM&R.

### Mutual Respect

- Demonstrating respect for differing opinions and viewpoints.
- Cultivating a receptive space for differing opinions and viewpoints.

### Talent and Skill-Based Selection for Leadership Opportunities

- Ensuring that broad criteria of diversity of experience, talent, and knowledge are incorporated.
- Removing barriers to involvement to further support an equitable environment to assure that all future leaders have the opportunity contribute where needed.

### Comprehensive Collaboration

- Building community between various member constituents is essential as a physiatric member association.
- Bringing different perspectives together will enhance innovative thinking and achievement.

As always, we welcome any feedback that you may have. Please email [diversity@aapmr.org](mailto:diversity@aapmr.org). ❖

## ACADEMY IN ACTION

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

- On August 19, the Future of Inpatient Rehabilitation Workgroup held a virtual meeting to discuss the recently finalized FY2021 IRF PPS and discuss potential next steps to continue to assert physiatry's leadership position in inpatient rehabilitation.
- In September, your Academy urged Congress to pass or include the Eliminating the Provider Relief Fund Tax Penalties Act of 2020 (HR 7819/S 4525) in any upcoming COVID-19 legislation package to ensure the provider relief funds automatically given to Medicare providers are not taxable to ensure these funds can be used to help struggling practices to the fullest extent.
- On October 5, your Academy submitted comments to the Centers for Medicare & Medicaid Services (CMS) Physician Fee Schedule Proposed Rule.
- On October 5, your Academy submitted comments to the Centers for Medicare & Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS) and Ambulatory Surgery Center (ASC) Payment System Proposed Rule.



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### EAST:

**Andover, MA:** Orthopaedics Northeast, P.C. seeks a BC/BE physiatrist or neurologist to join two established physiatrists due to volume and demand. EMG training is required and experience in interventional pain management including fluoroscopy-guided injection is a plus but not a requirement. This is a great opportunity to join a successful, established private practice with multiple sites. We offer an excellent salary and benefit package and are located in a beautiful part of New England, 20 minutes north of Boston which offers a superior living environment.

We are a 17-provider orthopaedic group offering subspecialists in hand and upper extremity surgery, foot surgery, sports medicine, spine surgery, trauma, joint replacement, rheumatology and physiatry, with 9 physicians and 8 PAs/APRNs. Our practice is one of the fast-growing multi-specialty practices in Massachusetts and southern New Hampshire. We have offices in Andover, Massachusetts as well as Salem, New Hampshire and we continue to expand in both geography and specialties. Interested candidates should respond via email to bsullivan@orthonortheast.com with their resume and several dates/times that are convenient for an introductory call.

**Bergen County, NJ:** Remarkable opportunity to team up with one of the nation's most successful private practice physiatrists. AAPM&R Distinguished Clinician Award-winning physiatrist seeks board-certified/board-eligible physiatrist with excellent training in spinal interventional procedures/peripheral guided musculoskeletal injections to join successful, university-affiliated general physiatry practice in Bergen County, New Jersey. Ideal candidate is charismatic, ambitious and highly-organized individual looking for exciting, challenging position with high growth potential. Current physician plans to sell practice and work part-time in the next two to three years, seeks additional physician for employment or partnership, with goal of ultimate ownership. Compensation for first year expected to be combination of base salary, plus percentage of clinical income, plus credit applied towards purchase of practice. Contact: wguttererson@pmrconsulting.net.

**Horsham, PA:** An established Philadelphia area leader in pain management and spine care is seeking a qualified PM&R physician to facilitate its ongoing expansion. The ideal candidate will be a pain fellowship-trained physiatrist that will provide high-level, patient-centered care in the area of pain management. Any qualified candidate must be board-certified or board-eligible in PM&R and be experienced in performing EMGs and interventional pain management.

Added experience in spinal cord stimulation, intrathecal pumps and other spinal modalities is beneficial but not required. You will be working with board-certified physicians and physician extenders to provide comprehensive multimodal pain management using the most up-to-date and sophisticated techniques available in well-equipped medical offices and surgical centers. We offer a competitive base salary, productivity incentives and a comprehensive benefits package that includes medical, dental, vision, life insurance, paid time-off and a pension/profit sharing plan. Please contact jenb@asclanlghorne.com.

### MIDWEST:

**Roseville, MN:** Minnesota Institute is a standalone interventional medical spine and musculoskeletal practice and is looking for a driven, motivated provider interested in working with back and neck pain and other MSK pain with the focus of an individualized comprehensive non-surgical care using appropriate medication management, physical rehabilitation principles and targeted interventions including office procedures and other guided interventions including ultrasound guidance and fluoroscopic guidance. Training in these procedures and/or Fellowship interventional/pain management is a useful but not a must. Open to full-time or part-time position. We will provide competitive compensation and benefit. Send CV to: arora@mipmclinics.com.

### SOUTH:

**Atlanta, GA:** Highly-reputed Atlanta Orthopaedic practice headquartered in prestigious Buckhead with world-class staff and facilities seek Physiatrist with interventional training, internationally-renowned surgeons with a focus on biologics, regenerative and lifestyle medicine. Send CV to: kwlansford@gmail.com.

**Mount Dora, FL:** NeuLife Rehabilitation is one of the largest residential post-acute rehabilitation facilities in the Southeast with specialized rehabilitation programs for a wide range of catastrophic injuries located outside of Orlando, Florida. We are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) in brain injury specialty programs and residential rehabilitation. PM&R inpatient and medical director. Support 30-54 patients weekly depending on census. Flexible schedule, independent contractor. Team atmosphere with full-time employed therapists and nurses. Corporate support to facilitate available resources for regulatory compliance with experienced legal team. Independent contractor status. Flexible schedule. Send CV to: tera@neuliferehab.com.

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

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Rosemont, IL 60018-5701 or info@aapmr.org, or update  
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# RENEW YOUR 2021 AAPM&R MEMBERSHIP TODAY!

AAPM&R is an organization like no other. We're a community of thought-leaders who advocate for PM&R physicians and your patients, a provider of cutting-edge learning opportunities, and much more. In 2021, stay active within your PM&R community by renewing your membership dues.

Thousands of physiatrists have found value, confidence, and power in this community, and we want you to take advantage of everything we have to offer you. If you renew now, you can take advantage of special member pricing for the 2020 virtual Annual Assembly as well as our NEW online education subscription (available at an introductory rate of \$100) for access to hundreds of educational resources to advance your career.

Plus, Fellow and Associate members who register now for the Annual Assembly will receive a \$100 credit to use toward their 2021 membership OR a complimentary online education subscription for 2021.

2020 has been an unprecedented year with unique challenges, but together, the PM&R community united. We're here for you throughout your physiatry journey. Let's continue working together to shape the future of physiatry.

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Fellow and Associate members receive 50% off the 2020 Annual Assembly registration rate

~~\$695~~ **\$350**

Receive a \$100 credit toward your 2021 membership\*

~~\$645~~ **\$545**  
2021 Member Dues

OR

~~\$150~~\*\*  
2021 Online Education Subscription

\* The \$100 credit may be applied to either dues or the Online Education Subscription but not both.

\*\* The Online Education Subscription is a \$150 value and is being introduced to all members at a \$100 introductory rate through the end of 2020.

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