

PM&R, No Longer the Best Kept Secret in Medicine

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During the first two and a half years of medical school, I struggled to choose a specialty that truly fit my passion for medicine. I was fascinated with everything neurological, including behavior, but also yearned for a practice that permitted long-term relationships with patients and their families. Naturally, I considered neurology, family medicine and psychiatry, and thoroughly enjoyed my training in those clerkships. Late one evening during my medicine clerkship, my classmates and I shared our future career aspirations. It was then I became aware of physical medicine and rehabilitation as a specialty choice. Previously unbeknown to me as a field of medicine, the description of PM&R offered exactly what I wanted in my career. But why the heck didn't I know about it earlier? My relatively late entry into the world of PM&R awareness is not unique. In fact, it has permeated medicine and the general public for decades. It is often referred to as the best kept secret in medicine. But maybe not any longer!

Several years ago, the Academy developed and led the post-acute sequelae of COVID (PASC) collaborative to address an unprecedented national and worldwide challenge. Our collaborative is an interdisciplinary group of clinicians and patient advocates who developed guidance statements aimed to help clinicians identify, assess and treat people with the long-term effects of COVID. The statements, which were published in *PM&R*, the official AAPM&R journal, were among the highest downloaded, with more to follow. The Academy also led a call to action directed at Congress and the Biden Administration to ensure clinicians had the resources needed to treat the millions of Americans impacted by Long COVID including those traditionally underserved by medicine and to support research to better understand this novel condition.

In short, we were heard. The Administration and Congress answered our call to action and released a National COVID-19 Preparedness Plan in March 2022, which included components from the Academy's Long COVID call to action.

AAPM&R and PM&R are positioned as critical physician leaders with entities such as the

Centers for Disease Control and Prevention, the U.S. Department of Health and Human Services and the Agency for Healthcare Research and Quality, etc. And from this effort, we have media coverage growing by the day to advance the knowledge and understanding of who we are and what value we add to our patients' care. Over the course of the past several years, Academy members, including myself, have been interviewed countless times by national media outlets, including but not limited to *Axios*, *Politico*, *ABC News*, *Wall Street Journal*, *Washington Post*, *Consumer Reports*, *WebMD* and many more.

The value PM&R brings to disabling conditions, such as but not limited to PASC was repeatedly highlighted, bringing attention and clarity to the work we do for millions of Americans and people throughout the world. These efforts perfectly align with the efforts of our new Specialty Brand Expansion (SBE) Committee, which launched a campaign to firmly establish awareness of PM&R as the leader in multidisciplinary healthcare directed at our key stakeholders.

These include not just the general population, but health system and insurance executives, primary care, and policy makers. The pace of media requests to the Academy continues, which are now focusing in on the multitude of conditions we treat, expanding awareness of what is now no longer the best kept secret in medicine. See more on SBE's efforts on pages 6-7.

While the Academy achieved great successes, the efforts to enhance awareness of PM&R's value belong to every physiatrist. We are extremely diverse clinically, practicing in the realms of MSK, pain, pediatrics, neurology, oncology, sports and countless other subspecialties. But what makes us unique is our physiatric approach to patient care, taking into account the entire person that contributes to better outcomes, greater satisfaction and reduced costs (i.e., the triple aim of medicine).



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It may be easy to refer to ourselves individually by our subspecialty, but I challenge everyone to identify themselves first as a PM&R physician, the practitioners with the "special sauce" that makes us the best at addressing all the conditions we treat. There is no better way to expand awareness of PM&R's invaluable contributions to healthcare than the grassroots effort we can all partake in.

On page 9, you'll learn more about our new Positioning PM&R Communications Toolkit, which helps members position themselves for success now and in the future. This toolkit includes key messages, supporting references, additional resources and questions to consider for PM&R physicians working in varied practice areas. It is meant to be a starting place that you can personalize to your practice, setting and needs. Explore the toolkit and stay tuned for these additional resources at aapmr.org/positioningpmr.