

DECEMBER 2022/JANUARY 2023 / VOL 39 / ISSUE 1

REVIEW AND RENEWAL

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As we say goodbye to 2022 and welcome 2023, let's take the time to REVIEW our past accomplishments and RENEW our efforts for the coming year.



- Our co-editor, Dr. Whiteson shares a transformational story of review and renewal; comparing and contrasting where we've been and where we can go in the future.
- We welcome a new Board of Governors and Academy President, Steven R. Flanagan, MD, FAAPMR. In his first presidential column, Dr. Flanagan discusses the importance of keeping PM&R "front and center" in the house of medicine.
- After three years away, the Annual Assembly was back in-person in Baltimore and better than ever. Physiatrists from across the country met in Charm City for 4+ days of education, networking and fun. Those who couldn't travel participated virtually and enjoyed all the great educational content. Read pages 6-7 for our event recap.
- We're making BOLD new moves by authoring and publishing articles in the October issue of *PM&R* that will help define and promote our specialty and position PM&R for success.
- Thanks to the PASC Collaborative we've made big strides in our Long COVID efforts; developing a PASC Dashboard to track symptoms, authoring six guidance statements and positioning Academy leaders as experts who are driving this important effort.
- COMING SOON! Watch your mailbox for our 2022 Annual Report that will detail our 2022 accomplishments and 2023's future focus.

Essential. Indispensable. Vital— Your Academy’s Vision for Physiatry

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

I am excited to write to you in my first message as President of your Academy. This is a time of great challenge and opportunity for physiatrists and I am looking forward to strengthening the vital work AAPM&R has embarked on to advance our field and your practice of physiatry.

For those of you who do not know me, I chair the Department of Rusk Rehabilitation at New York University-Langone Health in New York City. In addition to exciting work with AAPM&R, my focus is predominantly on administrative matters, teaching, practicing brain injury medicine and a little research. I have had the privilege of working with the Academy throughout my career in multiple roles, including the last seven as a member of the Board of Governors. During that time, I have directly observed the focus and success of the Academy in advancing physiatry and ensuring we continue to play a **vital** role in medicine. Healthcare is in flux, with constant forces affecting reimbursement, equity of care, workforce and efficiency. As fee-for-service transitions to value-based care, the contribution of physiatrists will grow in importance.

Your Academy has been and remains focused on ensuring the **indispensable** work we do meets the demands of the changing healthcare environment and that physiatrists are appreciated as **essential** by key stakeholders in achieving better population health, improving patient experiences and realizing greater efficiency: aka The Triple Aim of Healthcare.

To that end, the Academy has aggressively moved forward on several fronts. While way too numerous to mention all our efforts here, a few examples include our investment to ensure GME addresses the changing environment our trainees work in now and will in the future. We regularly advocate for our members on numerous fronts, including to legislators on multiple issues such as curtailing burdensome pre-authorizations. We maintain a strong focus on enhancing awareness of our vital contributions in medicine with a new strategic coordinating committee and leading the way in Long COVID.

Essential. Indispensable. Vital. I highlight these three words as they embody the vision your Academy has for physiatry, which encapsulate our PM&R BOLD efforts. Numerous examples and evidence exist demonstrating physiatrists are:

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

As part of PM&R BOLD, the Academy documented envisioned futures for physiatrists in the realms of pediatrics, pain/spine care, musculoskeletal care, oncology and the full continuum of rehabilitation care in collaboration with member volunteers, which details our immense value in medicine. These serve as a guide to ensure physiatry does more than just survive current and future healthcare challenges, but instead thrives as an essential, indispensable and vital component in medicine, necessary to achieve the full realization of the Triple Aim.



Steven R. Flanagan
MD, FAAPMR

While my commitment to you, our members, is to advance the BOLD initiative over my term as President and well into the future, the Academy needs your voice and advocacy as well. Your efforts in championing the undeniable value physiatrists contribute to healthcare is essential to the success of BOLD, PM&R and medicine in general. It requires a team effort, something physiatrists excel at better than any other medical specialist!

Review and Renewal – a Process of Transformation

Jonathan Whiteson, MD, FAAPMR
Co-Editor, *The Physiatrist*

The summer and winter solstices have been *celebrated* throughout the millennia. The summer solstice falls on June 21 in the Northern Hemisphere and is considered a return of the light, life, fertility and marks the potential for a bountiful harvest. It is the longest ‘day’ of the year, or to be more accurate, it is the day with the greatest amount of daylight – 15 hours and five minutes here in New York.

Many cultures mark the solstices. Litha is one such celebration which originated as a Pagan holiday and occurs on the summer solstice marking the beginning of the summer season. However, Litha also marks the start of the waning hours of daylight. Portrayed is the story of the struggle between ‘light’ and ‘dark,’ depicting the ‘Oak King’ and the ‘Holly King’ battling for control. During each solstice, these kings fight for power and the balance shifts. The Oak King represents daylight and rules from the winter solstice (Yule) to Litha. The daylight steadily lengthens under his reign. However, at Litha, the Holly King triumphs and from that moment the daylight steadily shortens until Yule – the winter solstice.

Exactly six months after the summer solstice, December 21, the winter solstice is marked with ‘just’ nine hours and 20 minutes of daylight here in New York. The Oak King once again triumphs and the Holly King withdraws to re-energize for the eternal cyclical battles ahead. Forever, these revolutions of light and dark, heat and cold reflect the cycles of our

lives, the circadian rhythms that we all are ‘programmed’ to follow.

I have always considered my (youngest) son to be very *lucky*... Ellis was born on June 21 – the summer solstice. I am convinced that is why he grew so tall and strong, like a youthful tree nourished by light and warmth. And while the winter solstice night is longest and the weather cold, don’t get me wrong – those born on the winter solstice are not *unlucky* in my book! Let’s not overlook, December 21 also marks a new beginning for the Oak King, of increasing sunlight and the ‘promise’ of warmer days ahead. Such anticipation and excitement... The winter solstice should be celebrated as a most positive day when the laws of science and planetary *tilt* propel us toward increasing daylight.

We see best in the light, literally and figuratively, and so the ‘lengthening’ days, perhaps, can illuminate new paths ahead. Society has also *adopted* this time in the calendar as an opportunity for review and renewal – who hasn’t made a New Year’s resolution on January 1?

Ellis shares his name with Ellis Island – inexorably linked with the towering Statue of Liberty in New York Harbor – a landmark of significant poignancy for many who came from afar seeking opportunity and ‘transformation.’ Those passage-ways have been traversed by so many, moving toward the hope of increasing light, of warmth, of opportunity to progress, to renew.



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Bedloes Island Showing Statue of Liberty and Ellis Island,
New York Harbor, Aerial View.



Jonathan Whiteson
MD, FAAPMR

Today, you and I make similar journeys following our own landmarks, beacons and mentors as we strive to do better in the coming year than we achieved last year, as human beings as well as physicians. Personal growth. Professional growth – individual and collective learning to advance our field of physical medicine and rehabilitation to deliver accessible, individualized care and equitable outcomes for all our patients.

But how do we know when we have got it right? When we *hit the mark*? How do we know if the care we are delivering has achieved the excellence we strive for? Or if our healthcare system is inefficient, ineffective and inequitable? I recall my teachers at high school – a favorite essay writing assignment started with: ‘*Compare and contrast...*’ A task and process set that ‘forced’ me to look at both sides of the coin and truly see the differences that were there but perhaps I had overlooked. This process of reflection and examination is a path to finding solutions and improvement, not just for schoolboys but for all of us as members of our medical community and our global community. ‘Comparing and contrasting’ compels us to look at our world and all within it and we are duty-bound to review and renew – to transform.

[Editorial continued on page 10]

Physiatry Can Push Long COVID Research Forward

Benjamin Abramoff, MD, FAAPMR, Director of Spinal Cord Injury Program; Director of the Post-COVID Assessment and Recovery Clinic; and Assistant Professor of Clinical Physical Medicine and Rehabilitation, University of Pennsylvania

Intuitively, I think that we as physiatrists understand that we are the right specialty to manage the care of individuals with Long COVID: a complex, multi-system and often disabling condition. Now, it is time to prove it through rigorous, high-quality research into rehabilitative treatments.

Much of the research to date at the national level has been aimed at understanding the underlying pathophysiology of Long COVID. Despite these intensive research efforts, we do not yet have adequate treatments directed at the root causes of Long COVID. While this is clearly important, patients are also clamoring for treatments that can help them feel better and improve their day-to-day function. This is where physiatry can (and needs to) step in.

The field of physiatry was crafted in the wake of another viral pandemic, Polio, and some of us continue to treat patients with Post-Polio Syndrome to this day. Physiatrists have the skillset needed to treat these complex conditions, to coordinate between different rehabilitation and medical team members and to address the full range of patient symptoms while keeping the goals of the patient at the forefront.

Existing studies have shown that inpatient rehabilitation leads to improved outcomes in the sickest Long COVID patients, and that outpatient rehabilitation can potentially improve physical, pulmonary and cognitive functioning as well as quality-of-life. Studies have been limited by being retrospective, small scale, uncontrolled and lacking rigorous methodologies.

We need to demonstrate that the treatments we offer, whether medications, procedures, physical or cognitive rehabilitation or lifestyle changes, are helpful. We need to demonstrate the effectiveness of the multidisciplinary care that Long COVID clinics – often led by physiatrists – provide to patients. We need to investigate if the treatment we provide decreases trips to the emergency room, unnecessary testing and ineffective treatments. In other words, we need to demonstrate cost-effectiveness. Long COVID clinics can be challenging, administratively burdensome and expensive to maintain.

Answering these questions is crucial as it can provide support for policies that sustain these types of clinics and the care that they provide for patients struggling with Long COVID. It will also ensure that patients' insurance will cover the treatment we offer. This will best be accomplished by collaborative, multi-disciplinary and multi-centered studies.

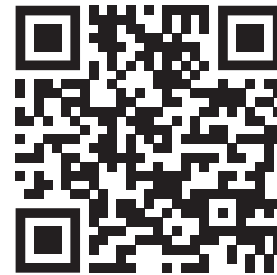
Physiatry is on the leading edge of clinical care for individuals with Long COVID and we continue to develop guidance statements for caring for individuals with Long COVID. In an age rife with misinformation and charlatans, it is critical that physiatry be on the forefront of evidence-based Long COVID treatment. By supporting the Foundation of PM&R, you are supporting research into Long COVID that will push the field forward.



Benjamin Abramoff MD, FAAPMR



DONATE NOW!




www.foundationforpmr.org/donate-now

Welcome to Our 2023 AAPM&R Board of Governors

At AAPM&R's 2022 Business Meeting, Steven R. Flanagan, MD, FAAPMR, began his one-year term as President. Congratulations to Dr. Flanagan and to your 2023 Board of Governors!

Officers

-  Steven R. Flanagan MD, FAAPMR President
-  D.J. Kennedy MD, FAAPMR President-Elect
-  Scott R. Laker MD, FAAPMR Vice President
-  Amy J. Houtrow MD, PhD, MPH, FAAPMR Secretary
-  Atul T. Patel MD, MHSA, FAAPMR Treasurer


Immediate Past-President

-  Deborah A. Venesy MD, FAAPMR

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-  John C. Cianca MD, FAAPMR Medical Education
-  Andre Panagos MD, FAAPMR Specialty Brand Expansion
-  Carla P. Watson MD, FAAPMR Inclusion and Engagement

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-  Maneesh Tiwari, MD Physiatrist-in-Training Council
-  Thomas E. Stautzenbach MA, MBA, CAE AAPM&R Executive Director and Chief Executive Officer

your academy in action

#PMRAvocates: Academy Members Advocating for the Specialty



• Drs. Stuart Glassman, Susan Hubbell, Carlo Milani and Ky Viet Quach participated in the 2022 American Medical Association (AMA) Interim House of Delegates (HOD) meeting in Honolulu, Hawaii. The full meeting report can be viewed on the HOD page of the AAPM&R website.

your academy in action

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

- Submitted stand-alone Academy comments in collaboration with the Multispecialty Pain Workgroup on draft local coverage determinations from several Medicare Administrative Contractors supporting coverage for radiofrequency ablation of the sacroiliac joint.
- Launched a grassroots effort to encourage legislative action to avert a significant cut to 2023 Medicare Physician Fee Schedule payment. More than 200 Academy members contacted their representatives as a part of this effort.
- Joined a broad coalition to show support for bi-partisan legislation, H.R. 8800, the *Supporting Medicare Providers Act of 2022*, which provides a 4.42% positive adjustment to the Medicare Physician Fee Schedule (MPFS) for 2023.
- Submitted comments through the Coalition to Preserve Rehabilitation (CPR) on the Department of Health and Human Services' (HHS) proposal to expand Section 1557 of the Patient Protection and Affordable Care Act (ACA). The proposal would strengthen nondiscrimination protections for people with disabilities and other populations that have experienced barriers to receiving equitable healthcare.

THANK YOU FOR ATTENDING #AAPMR22

The Annual Assembly is physiatry’s premier educational and networking event, where PM&R physicians come together to improve their clinical and practice skills, participate in hands-on training, present research and re-connect with colleagues old and new! After three years away, we met in-person in Baltimore for 4+ days of education, networking and fun. For those who couldn’t travel, we offered a virtual participation option, and many of you joined online!

#AAPMR22 WAS A HUGE SUCCESS— THANKS TO YOU, TEAM PHYSIATRY!

Together, you united with your PM&R community to connect, learn and grow. Your energy, spirit and collaboration were on full display as we advanced the specialty together throughout October.



We kicked off the festivities with our Virtual Community Session Week from October 10-14, where more than **25 MEMBER COMMUNITIES** hosted online educational and networking sessions.



We held the STEP One: Ultrasound Clinical Applications of the Extremities Course, a STEP Spasticity Skills Assessment and the **JOB AND FELLOWSHIP FAIR.**



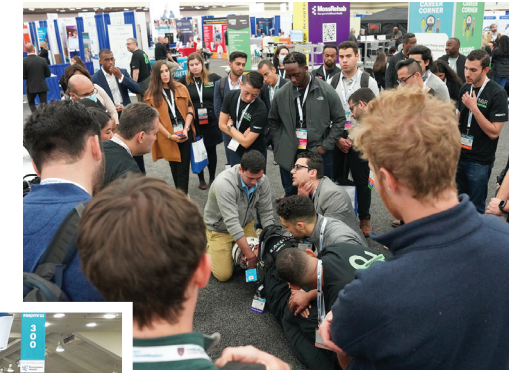
Attendees enjoyed **80+ CLINICAL AND PRACTICE SYMPOSIA...**



And **FOUR INSIGHTFUL PLENARIES...**



The interactive Learning Center with **HANDS-ON DEMONSTRATIONS AND SPONSORED EDUCATIONAL SESSIONS...**



130+ IN-PERSON EXHIBITORS in the PM&R Pavilion...



And **300+ RESEARCH POSTERS** in the e-Poster Gallery.

Keep the Exceptional Education Coming!

#AAPMR22 attendees will have access to program content via our virtual platform until February 1, 2023. So, you can check out whatever you may have missed, with the opportunity to earn more than 156 AMA PRA Category 1 Credits™. After that, all content will be converted over to AA Rewind 2022, which you can access through the Academy’s Online Learning Portal. If you registered for the Assembly, you will have access to AA Rewind 2022 at no charge, so you can continue to view all the great content and claim your CME.

Non-registrants can purchase AA 2022 Rewind in early February by visiting onlinelearning.aapmr.org.

WE’RE BACK IN THE “BIG EASY” AND BETTER THAN EVER!

Join us in one of the world’s most electrifying destinations for an event as exciting as the city itself!

AAPM&R’s 2023 Annual Assembly will feature innovative learning opportunities, valuable networking, a variety of educational sessions and hands-on workshops—all dedicated to the diverse clinical interests of today’s physiatrists.

Our Program Planning Committee is hard at work on this “must-attend” event. Mark your calendar and watch aapmr.org/2023 for more information coming soon.

#aapmr23

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



HELP SHAPE CONTENT FOR THE 2023 ANNUAL ASSEMBLY

We’re looking for physiatrists who are interested in helping facilitate and foster a collaborative learning environment at #AAPMR23. Play a part in physiatry’s premier meeting by sending us your submissions. Submit your clinical and practice session proposals by January 25, 2023 and research abstracts and case studies by March 8, 2023. Learn more at aapmr.org/2023.

In addition to the Assembly-related volunteer opportunities highlighted above—watch for more ways to engage with your Academy—coming soon, including:

- 2023 AAPM&R Award Nominations
- Assembly Faculty
- 2023 PhysTalk Submissions

**LEADING
THE WAY**

#aapmr22

**BALTIMORE, MD & VIRTUAL
OCTOBER 20-23, 2022**

Advancing PM&R BOLD Progress: Defining & Promoting

Once the PM&R BOLD vision was defined in 2017, AAPM&R went straight to work to make it a reality. Committees and volunteer leaders aligned their work with the advancement of the specialty. AAPM&R is proud to highlight recent progress published in the October issue of *PM&R* that will help define and promote our specialty and position PM&R for success.

Cancer Rehabilitation Medicine Core Services

Cancer Rehabilitation Medicine (CRM) is a unique and rapidly-growing field. PM&R physicians offer so much to the world of oncological care and the ability to greatly improve the quality-of-life for patients before, during and after cancer treatments. Outlining the CRM core services is a way to define this growing subspecialty and can be used as a basis to promote the value of PM&R-led oncological rehabilitation. View more in the October issue of *PM&R*.

Musculoskeletal Care and Cancer Rehabilitation Medicine Core Curriculum

As a part of advancing the specialty aligned with the vision, AAPM&R volunteers created curricula in the Musculoskeletal Care and Cancer Rehabilitation Medicine practice areas. The curricula were developed as an overview of competencies currently favored for the performance and training of PM&R and to serve as a guide to published references and educational resources available to the physiatrists. The documents are meant to augment rather than supplant the role program and fellowship directors and faculty play in the training of physiatrists. By providing information about training benchmarks, AAPM&R hopes to improve the teaching and performance of physiatrists and address any new educational needs identified for future models of care. View more in the October issue of *PM&R* and also at curricula.aapmr.org.

Thank you to the volunteers involved in creating these resources, including the PM&R BOLD Steering Committee, Cancer Rehabilitation Medicine workgroup, Musculoskeletal Care workgroup, Graduate Medical Education Committee and the Medical Education Committee.

Musculoskeletal Curriculum
This curriculum was prepared by the Musculoskeletal Curriculum Workgroup, under the direction of the Graduate Medical Education Committee, Medical Education Committee and the PM&R BOLD Steering Committee. Thank you to the volunteers involved in the creation of this material. For more information, visit curricula.aapmr.org.

CONTENT DOMAIN: BASIC SCIENCE	Knowledge	Skill	Attitude	CORE			SPECIALIZED			
				1	2	3	4	5	6	
PATHOPHYSIOLOGY OF TISSUES/ORGANS Understand the basic organization of tissue types, with an emphasis on the following aspects of the structural elements below: the effect of aging, healing, medications, hormones, drugs, nutrition, and therapeutic interventions on these structural elements.										
Muscle										
Muscle cell/fiber, including their types, arrangement/composition.			X			X				
Muscle contraction, including action potentials, role of actin and myosin, calcium and acetylcholine.		X				X				
Determinants of strength and response to loading and disease.			X					X		
Tendons										
Basic structure, including paratenon.		X				X				
Blood supply and healing.		X				X				
Collagen types, arrangement, cross-linking.		X				X				
Elastic, fibroblastic response; metabolic rate of tendon.		X				X				
Cold tendon origins.		X				X				
Bone										
Bone cells and their function, including osteocytes, osteoblasts, and osteoclasts.		X				X				
Basic structure and function of cartilage or trabecular bone.		X				X				
Blood supply for high risk fractures: femoral head, scapoid, navicular.		X				X				
Normal vs abnormal bone formation, including response to stress and trauma/trauma.		X				X				
Ligaments										
Basic composition.										
Healing rate of sprains.										
Strains, including types.										

PM&R BOLD: Cancer rehabilitation medicine core services

INTRODUCTION
The American Academy of Physical Medicine and Rehabilitation (AAPM&R) began the PM&R BOLD initiative in 2016 to gather input across the specialty of physical medicine and rehabilitation and develop a vision for the future. The specialty's vision is supported by a strategic plan incorporating practice areas across the specialty. The PM&R BOLD envisioned future for cancer rehabilitation medicine (CRM), developed in 2018, includes (1) that physiatrists lead the development, validation, and timely implementation of high-value cancer rehabilitation medical care; (2) physiatrist involvement early and throughout a patient's journey ensures a critical focus on quality of life and efficiency, reduced potential medical errors and secondary complications, minimization of unnecessary tests, reduced patient anxiety, and improved compliance; and (3) physiatrist-led CRM is recognized nationally as a standard of care. The strategic plan prioritized delineation of core services as a fundamental step in conveying the expertise of physiatrists in cancer care. Goals of defining CRM core services specifically include:

- Cultivating universally understood standards of what a rehab oncology and the public can expect from physiatry.
- Clarifying which services should be common to all or most cancer rehabilitation programs.
- Helping to position physiatry as essential as seen in the vision statement and be valued by a large cross-section of stakeholders including patients, caregivers, oncology care teams, payers, and leaders of health systems.
- Facilitating the building of well-rounded cancer rehabilitation clinical programs.
- Assisting with identifying priority areas for education and research.

With its emergent burgeoning activity, various professional aspects of cancer rehabilitation have begun to receive attention, including physician practice patterns, physician workforce training expectations, and the roles of cancer rehabilitation team members. However, vast challenges remain in optimizing availability and integration of rehabilitation services for the millions of cancer patients and survivors. While respecting the urgency of practice environment and culture, growing recognition exists of the need to bring more cohesion to CRM education and clinical practice, so that the needs of these patients can be more effectively addressed. The chasm between prevalence of disability in cancer patients and the provision of rehabilitation care, even in highly remediable situations, has been recognized for decades. The current number of cancer survivors in the United States is estimated as 18 million as of January 2022, inclusive of non-increasing population health relevance. A recent systematic review examining prevalence of disability in individuals with chronic breast found high rates of disability in the cancer cohort, including functional life effects (physical and/or cognitive) in 35.2%-74.5%, activities of daily living impairment in 15.4%-34.5%, upper body impairment in 65.5%-84.7%, fatigue in 78.7%, pain in 14.0%-41.4%, and poor performance status in 19.8% of patients. A large survey of cancer survivors conducted by the American Cancer Society found physical problems to be the most commonly coded symptom, at 30%. However, rates of treatment for cancer-related impairment and disability remain much lower than these figures and have been reported to range as low as 1%-2%. Factors attributed to causing the gap have included fragmented health care systems, patient-related barriers and strains, lack of an adequate and effectively distributed cancer rehabilitation workforce, the complex nature of many of the needs of cancer survivors, and, notably, "a ongoing consensus regarding its (cancer rehabilitation's) scope" and to resolve issues of "uncertainty regarding the role of different disciplines" these latter factors have resulted in "idiosyncratic and institution-specific patterns of care delivery," which in turn have prevented oncological stakeholders from developing consistent expectations of cancer rehabilitation, including physiatry. Oncology systems historically may view cancer rehabilitation as an excessively redundant function, as treating lymphedema or fatigue, without a broader awareness of the scope inherent in rehabilitation care. Providing a framework to ameliorate gaps in care delivery that relate to reducing existing expectations of cancer rehabilitation, and in particular of cancer rehabilitation physiatry, is the fundamental aim of this work. These CRM core services, built via an iterative expert consensus process, are intended to provide a basic

AAPM&R Long COVID Pediatrics and Autonomic Dysfunction Guidance Statements Released

On September 28, we released new guidance for diagnosing and treating pediatric patients with Long COVID symptoms and patients with autonomic dysfunction symptoms of Long COVID. The statements were developed by AAPM&R's PASC Collaborative, a multidisciplinary group of physicians, clinicians and patient advocates convened to address the pressing need for guidance in caring for patients with Long COVID.

An estimated nine to twenty-eight million Americans have or have had symptoms of Long COVID, based on extrapolated data from the *Journal of the American Medical Association* and our Long COVID Dashboard.

Multi-Disciplinary Collaborative Consensus Guidance Statement on the Assessment and Treatment of Post-Acute Sequelae of SARS-CoV-2 Infection (PASC) in Children and Adolescents

As the pandemic has continued and more people of all ages have contracted COVID-19, the number of children potentially impacted by Long COVID has increased. The most common Long COVID symptoms children experience are fatigue and attention problems, ongoing fever, headaches, sleep issues and new mental health issues like anxiety and depression. Symptoms, management and rehabilitation for Long COVID differ for children and adults. Parents, caregivers, teachers and coaches are the front line in observing changes in children that may be related to Long COVID. Rehabilitation in children should be geared toward participation in school, extracurricular activities and social engagement, which are important to a child's typical development.

"We know pediatricians and family care doctors are most likely going to be seeing, diagnosing and treating children and adolescents with Long COVID symptoms," said Amanda Morrow, MD, FAAPMR, lead co-author of the pediatric Long COVID guidance statement. *"They are vital to diagnosing and treating Long COVID in children. This guidance is intended to provide diagnosis and treatment recommendations from the multidisciplinary PASC Collaborative Pediatric Workgroup."*

Multi-Disciplinary Collaborative Consensus Guidance Statement on the Assessment and Treatment of Autonomic Dysfunction in Patients with Post-Acute Sequelae of SARS-CoV-2 Infection (PASC)



Symptoms of autonomic dysfunction may occur from Long COVID and affect a patient's ability to function and participate in home, community and work activities. The autonomic nervous system regulates the body's involuntary functions, including heart rate, blood pressure, respiration, sweating and digestion. Patients with autonomic dysfunction due to Long COVID may have difficulty remaining upright or standing without experiencing symptoms. Rehabilitation for patients with Long COVID symptoms should be individually tailored and move at the patient's own pace rather than a set timetable.

"Our goal with rehabilitation therapies for patients with autonomic dysfunction symptoms of Long COVID is to create functional adaptations that allow them to resume their normal activities and roles while recovering," said Alba Azola, MD, lead author of the autonomic dysfunction guidance statement. *"Encouragingly, autonomic dysfunction symptoms can sometimes be eased with common medications and dietary changes."*

Our PASC Collaborative released its first consensus guidance on fatigue in August 2021, followed by guidance on breathing discomfort and cognitive symptoms in December and cardiovascular complications in June. Additional consensus guidance statements on Long COVID in mental health and neurology will be published on a rolling basis.

Visit aapmr.org/longcovid to learn more.

Model Systems

1 of 9 centers in the nation with dual spinal cord injury and traumatic brain injury model systems status

TOP 12%

in national rankings for functional outcome measures
(Source: eRehabData)*

80%

of patients returned home after completing hospital rehab, higher than both national and regional averages
(Source: eRehabData)*

\$115 million

IN RESEARCH FUNDING backed by VCU Health's notable grant-funded programs

Some of our award-winning physical medicine and rehabilitation providers

Sheltering Arms Institute
A collaboration with **VCUHealth**

Scan to learn more

ShelteringArmsInstitute.com • Richmond, Virginia

AAPM&R Members Share Their Expertise in the Media on the Pediatrics and Autonomic Dysfunction Guidance Statements



Supporting the September 28 release of our Long COVID pediatrics and autonomic dysfunction guidance statements, we

organized an exciting and successful media roundtable with 20+ reporters from national news outlets.

Steven Flanagan, MD, FAAPMR, 2022-2023 AAPM&R President, Alba Azola, MD, lead author of the autonomic dysfunction guidance statement, and Amanda Morrow, MD, FAAPMR, lead co-author of the pediatric Long COVID guidance statement, spoke to the

Academy's work in Long COVID, the overall value of PM&R and the key components in each of the guidance statements.

We're thrilled to report that these members as well as the Academy have been featured in the following news outlets discussing Long COVID and the release of these guidance statements:

- ABC News
- San Francisco Chronicle
- MedPage Today
- Healthnews
- Medscape
- Frequent Business Traveler
- KSAT/ABC San Antonio
- And more!

Visit aapmr.org/press to read their articles.

AAPM&R 2022 Future Leaders Hill Day Recap

AAPM&R's Future Leaders Hill Day transitioned to a hybrid event this year, taking place in Washington, D.C. on September 20, 2022. Future Leaders met with many Congressional offices to discuss several high priorities in psychiatry, touching on a variety of issues including:

- Restoring physician judgement to inpatient rehabilitation care by supporting the *Access to Inpatient Rehabilitation Therapy Act of 2022 (H.R. 8746)* also known as the "Three Hour Rule" and
- Opposing further physician reimbursement cuts in the Medicare program and encouraging a long-term solution to budget neutrality.

AAPM&R highlighted these issues on Capitol Hill as our Future Leaders shared their own personal challenges and compelled their states' representatives to act. AAPM&R believes patients deserve the most comprehensive, individualized care for their conditions and have long fought to remove barriers to patient-centered care. The *Access to Inpatient Rehabilitation Therapy Act of 2022* will help empower physicians to prescribe the appropriate mix of skilled modalities that constitute an intensive rehabilitation therapy program in an inpatient rehabilitation facility (IRF). Meeting with

Hill offices helped raise awareness about the need for additional co-sponsors on this recently introduced, bi-partisan legislation that aims to address unnecessary Medicare restrictions to the types of therapies that count toward the three hours of daily therapy required in an IRF.

AAPM&R also educated Congressional offices on the lack of stability in the Medicare Physician Fee Schedule (MPFS). The Future Leaders told their Congressional representatives that, as physicians continue to grapple with the financial insecurity caused by payment cuts in the MPFS, medical practices and patients suffer. They urged Congress to work with the physician community and CMS to establish reliable positive updates to the MPFS annually. Several Congressional offices agreed there is an urgent need to address the issue after speaking to our member psychiatrists.

With activity on Capitol Hill continuing to shift due to health and safety protocols, AAPM&R's 2022 Future Leaders Hill Day was the first hybrid fly-in where participants joined together in Washington, D.C. for training and met with Congressional offices remotely. Participants saw firsthand the role that AAPM&R's persistent advocacy plays in protecting psychiatry practices and improving

the quality and efficiency of rehabilitation care. The ongoing success of the PM&R field relies on emboldening members to unite behind advocacy efforts. As a result of AAPM&R's Future Leaders Hill Day and the Academy's ongoing engagement on the Hill, Congressional offices are more familiar with psychiatry than ever and better understand the role psychiatrists play in rehabilitation care. AAPM&R's Future Leaders informed key offices of the importance of passing H.R. 8746 so physicians can prescribe tailored therapy programs for their IRF patients. AAPM&R also impressed the dire need for a permanent fix to the Physician Fee Schedule cuts rather than temporary solutions.

Many thanks to our amazing group of Future Leaders Hill Day participants:

- Antigone Argyriou, MD, FAAPMR
- Surendra Barshikar, MD, FAAPMR
- SuAnn Chen, MD, FAAPMR
- Lauren Elson, MD, FAAPMR
- Miguel Escalon, MD, MPH, FAAPMR
- David Haustein, MD, MBA, FAAPMR
- Byron Schneider, MD, FAAPMR
- Amit Sinha, MD, FAAPMR

FROM THE EDITOR

[From The Editor continued from page 3]

So as we pass the winter solstice and we inexorably pivot from shortening to lengthening daylight, there is no better 'illuminated' time for us to compare and contrast, to review and renew – where have I been and where am I going? What have I learned and what can I discover? What have I accepted and what higher standards must I achieve? What role can I play?

Our internal voices and 'navigation system' are an essential part of this process. We have to want to transform and be bold enough to take on the task. We can learn from our own prior experiences. Our colleague's examples also shape us. Professional mentorship – from our peers, departmental chairs and leaders in our hospital systems and AAPM&R – is essential too, and I know from my own personal experience how this has helped me and those around me.

AAPM&R as a professional organization provides opportunities for us to review and renew. Consider these offerings:

- **Professional development** – resources to advance your practice and career, specific to career level, need, etc.: [aapmr.org/practiceresources](https://www.aapmr.org/practiceresources).
- **Volunteerism** – go to [physforum.aapmr.org](https://www.phyzforum.aapmr.org) to see a list of all current volunteer opportunities. Learn more about volunteerism at: [aapmr.org/volunteer](https://www.aapmr.org/volunteer).
- **Further involvement** – present at **AAPM&R's Annual Assembly** – look for the 2023 Call for Assembly Session Proposals and Research Abstracts. And get involved with **Member Communities** – self-identified, organically established communities offering opportunities for members to connect with each other, share experiences and advance the future of the specialty together: [aapmr.org/membercommunities](https://www.aapmr.org/membercommunities).

- **Learn and grow – educational resources** are housed in AAPM&R's Online Learning Portal presenting a variety of activities, including Clinical Presentations, Journal CME, Practice Improvement Projects, Case Studies, Self-Assessments, etc. New resources are added quarterly: [onlinelearning.aapmr.org](https://www.onlinelearning.aapmr.org). Also check out: [aapmr.org/education](https://www.aapmr.org/education).

While it might be cold outside and the daylight hours are short, we know the Oak King reigns and warmer, longer days are ahead. Let us take this moment to find our guiding beacons and mentors, review and renew and commit to personal and professional growth while advancing our field of PM&R.

Enjoy the Holiday Season, and have a Happy and Healthy New Year!

Inpatient and SNF E/M – What You Need to Know for 2023

Olivia Park MD, FAAPMR; Clarice Sinn, DO, FAAPMR; Carolyn Millett, Senior Manager of Reimbursement and Regulatory Affairs

January 1, 2023, marks the implementation of a new code language and documentation requirements for a wide range of evaluation and management (E/M) services including, most notably for psychiatry, inpatient hospital encounters and encounters in the SNF. These changes come two years after very similar updates were made to the office and outpatient E/M codes and guidelines. This article includes high-level descriptions of the changes and steps practices can take to implement the new coding. The American Medical Association has provided a PDF of all changes (free to download) and this resource is linked on the Quality & Practice section of the AAPM&R website.

Background

Following the 2021 implementation of revised guidelines and coding for office and outpatient E/M, the American Medical Association (AMA) began exploring similar revisions to the remaining sections of E/M in partnership with medical specialties. AAPM&R participated in the code revision process and code valuation process to ensure psychiatry was heard as a billing specialty for these services. Recommendations were made to the Centers for Medicare & Medicaid Services and finalized in the 2023 Medicare Physician Fee Schedule.

Overview of Specific Changes

Changes were made to the documentation guidelines and code descriptors for a broad range of codes including inpatient hospital, consultation, emergency department services, nursing facility services, home and residence services and prolonged services. These changes create alignment with the office and outpatient E/M code set. In the case of inpatient hospital codes, the code numbers and levels remain the same – initial hospital inpatient or observation care (99221-99223), subsequent hospital inpatient or observation care (99231-99233) and discharge day management (99238 and 99239). Nursing facility codes are similar, with the exception that code 99318 has been deleted. Nursing facility codes include initial nursing facility care (99304-99306), subsequent nursing facility care (99306-99310) and discharge management (99315 and 99316).



From Left to Right: Olivia Park MD, FAAPMR; Clarice Sinn, DO, FAAPMR; Carolyn Millett, Senior Manager of Reimbursement and Regulatory Affairs

At its most basic level, the changes to E/M can be described as a change in the methodology of code selection. Rather than basing code selection on the combination of history, exam and medical decision-making, providers will now select codes based on either medical decision-making or time. Specifically, code selection will now be made based on:

- The level of the medical decision-making as defined for each service (straightforward, low, moderate or high); **or**
- The total time for E/M services performed on the date of the encounter.

The revised E/M guidelines include a new medical decision-making table, which should be closely reviewed to better understand the levels of medical decision making now used for code selection.

Recommendations for Implementation of the Code Revisions

Successful implementation of the changes to the office and outpatient E/M codes will require physicians to collaborate with their EHR vendor, billing and coding staff as well as practice or hospital administrators. Similar to the implementation of ICD-10, these coding changes require some reprogramming on the part of payers and EHR vendors. Internal paperwork should also be updated to reflect the new coding elements.

In conclusion, we encourage members to visit the Academy website for additional resources including a link to the full summary of revisions. Further, we recommend reviewing the revised coding guidelines and code descriptors found in the CPT 2023 Codebook.



your academy in action

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

- Endorsed the American Academy of Orthopaedic Surgeons (AAOS) *Clinical Practice Guideline for the Management of Anterior Cruciate Ligament Injuries*.
- Published **AAPM&R's Principles for Alternative Payment Models (APMs)**, in response to the shift toward a value-based payment system. The principles will be used to help guide essential advocacy and knowledge building for members when analyzing the current APM landscape and making model recommendations.
- Joined 375 organizations in a **letter to bipartisan leadership of the U.S. Senate** urging action on telehealth legislation this fall. This letter outlines a request for the Senate to pass a two-year extension of critical telehealth polices enacted at the beginning of the COVID-19 pandemic, while continuing to push for permanent extension.
- Attended the September Physician-Focused Payment Model Technical Advisory Committee (PTAC) virtual public meeting, which included a theme-based discussion on payment considerations and financial incentives related to population-based total cost of care (TCOC) models.
- Participated in the Alliance for Connected Care's Advisory Board meeting where MedPAC's recommendations to Congress regarding telehealth in its Congressionally-mandated 2023 report and overall telehealth state of play were reviewed.

The Role of Alternative Payment Models in Physiatry

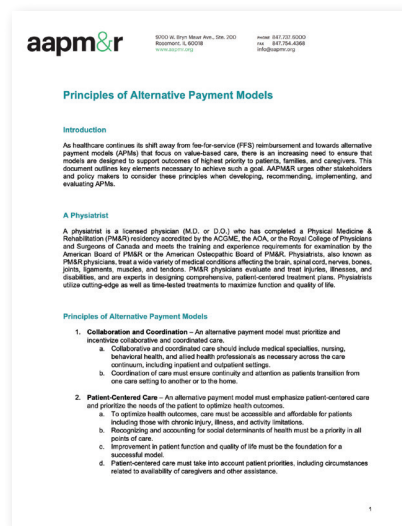
History of the Medicare Payment System

The U.S. healthcare market continues its shift away from fee-for-service (FFS) reimbursement and toward alternative payment models (APMs) that focus on value-based care. Value-based care is an approach to healthcare payment and delivery that seeks to tie payment to the cost and quality of healthcare that is furnished rather than the quantity of services furnished. While the traditional fee-for-service structure remains the leading model for healthcare payment, and the primary model our members are currently operating under, there is a drive to progress toward an extensive deployment of value-based care delivery models that seeks to provide better care for individuals, improve strategies for population health management and reduce both direct and indirect healthcare costs.

The passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) implemented widespread reforms for payment for physicians and other health professionals under the Medicare program. The Act was responsible for repealing the Sustainable Growth Rate (SGR) and creating two payment tracks under the Quality Payment Program (QPP) as an effort to shift toward value-based care reimbursement models. The two payment tracks include Merit-Based Incentive Payment System (MIPS) and Advanced Alternative Payment Model (APM). An APM is a general term used to describe payment arrangements that are not purely fee-for-service. These tend to be value-based payment approaches that apply financial incentives intended to foster the provision of high-quality and cost-efficient care. For example, APMs can apply to a specific clinical condition, a care episode or a patient population.

The Academy's Position on Alternative Payment Models

With a shift to value-based care, there is an increasing need to ensure that models are designed to support outcomes of highest priority to patients, families and caregivers prior to its deployment. To date, there have been very limited opportunities for physiatrists to participate meaningfully in the Centers for Medicare & Medicaid Services (CMS) approved Advanced APMs. There is continued concern regarding the lack of specialty integration in CMS models, as most existing models are either centered around primary care or have a laser focus on certain populations. The Academy understands its important role in defending physiatry in APM discussions and recognizes how critical it is for models to promote health equity, collaborative care, cost-effective clinical approaches and long-term function of health to be successful.



AAPM&R has approved a set of 10 principles that outline the key elements necessary to achieving these goals:

- 1. Collaboration and Coordination** – An alternative payment model must prioritize and incentivize collaborative and coordinated care.
- 2. Patient-Centered Care** – An alternative payment model must emphasize patient-centered care and prioritize the needs of the patient to optimize health outcomes.
- 3. High-Value Care** – An alternative payment model must prioritize the delivery of high-quality, high-value care.
- 4. Accountability** – An alternative payment model must hold model participants accountable only for outcomes over which they have control.
- 5. Physician Engagement** – An alternative payment model must be driven through physician engagement.
- 6. Incorporation of Physiatry** – An alternative payment model must consider the role of physiatrists when the model incorporates or benefits from rehabilitation care.
- 7. Reasonable Risk** – Mandatory alternative payment models must allow for meaningful participation by providers with varying capacity to take on downside risk.
- 8. Availability of Resources** – An alternative payment model must ensure that participants are equipped with the resources they need to provide high-value care.
- 9. Data Driven** – An alternative payment model must be data driven.
- 10. Flexibility and Efficiency** – An alternative payment model must eliminate barriers and improve efficiency to advance delivery of high-value care.

The full document of AAPM&R's Principles of Alternative Payment Models can be found on the Academy's position statement webpage at aapmr.org/positionstatements. Your Academy advocates to keep physiatry at the forefront as we navigate through the exciting challenges and shifts in care delivery and payment transformation. Through continued key stakeholder collaboration and research from AAPM&R's Innovative Payment & Practice Models (IPPM) Committee, physiatry can play a larger role in progressing toward a widespread deployment of value-based care delivery models. With the help of these guiding principles, the Academy now has a framework when analyzing new and existing models under the CMS Innovation Center and the Physician Focused Payment Model Technical Advisory Committee (PTAC), as well as models created by private payers, employers, etc. AAPM&R urges other stakeholders, policy makers and our members to consider these principles when developing, recommending, implementing and evaluating APMs.

More information regarding APMs is available on AAPM&R's website under Quality Reporting.



Read More About Some of our IPC Participants

RUSK REHABILITATION AT NYU LANGONE HEALTH

The 2022-2023 *U.S. News & World Report* "Best Hospitals" listed NYU Langone Health as #1 in New York State and #3 in the nation. Rusk Rehabilitation has been ranked the

best rehabilitation program in New York and one of the top 10 in the country since 1989, when *U.S. News & World Report* introduced its annual "Best Hospitals" rankings. Rusk is one of the most renowned centers of its kind for the treatment of adults and children with disabilities and home to innovations and advances that have set the standard in rehabilitation care for every stage of life and every phase of recovery.



Shepherd Center

Shepherd Center, in Atlanta, Georgia, is a private, not-for-profit hospital specializing in medical treatment, research

and rehabilitation for people with spinal cord injury, brain injury, multiple sclerosis, spine and chronic pain, and other neurological conditions. Founded in 1975, Shepherd Center is consistently ranked by *U.S. News* among the top 10 rehabilitation hospitals in the nation. In its more than four decades, Shepherd Center has grown from a six-bed rehabilitation unit to a world-renowned, 152-bed hospital that treats more than 740 inpatients, nearly 280 day-program patients and more than 7,100 outpatients each year in more than 46,000 visits.



SIMEDHealth is a multispecialty, integrated medical group with several clinic and service locations in Gainesville, Ocala, Chiefland,

High Springs, Lady Lake/The Villages and Lake City. Established in the 1980s, SIMEDHealth is the largest independent health system in North Central Florida, with physicians and advanced care providers responsible for healthcare services in multiple hospitals and other facilities in this region. Our Physical Medicine & Rehabilitation and Interventional Pain departments have thirteen physicians and six advanced care providers serving the patients of North Central Florida.



Spaulding has been selected as a Model Systems

site for all three programs offered by NIDILRR; Traumatic Brain Injury, Burn Injury and Spinal Cord Injury for a new cycle starting in 2023. Spaulding has maintained three Model Systems fostering discovery for over 10 years.

This September, Spaulding Rehabilitation held Stories of Strength: A Gala Celebration in honor of its 50th anniversary and the completion of its Campaign for the Spaulding Research Institute raising \$88.5 million, exceeding the original \$75 million goal. The Institute's five founding Discovery Centers focus on brain injury, chronic pain, musculoskeletal injury, spinal cord injury and stroke.



Since 1957, the University of Washington Department of Rehabilitation Medicine has offered the highest quality

rehabilitation care, training and research. Our goal is a world where all people can fully participate and thrive. Our clinical care teams are among the best in the nation, with UW Medical Center ranked #5 for rehabilitation.

We offer residencies, fellowships, clerkships; degree programs in occupational therapy, prosthetics and orthotics, physical therapy and a rehabilitation science PhD.

We are also dedicated to research excellence, and strive to create a diverse, collaborative and innovative research culture that maximizes impact on the community we serve. Learn more at rehab.washington.edu.



U.S. Physiatry (USP) was founded in 2011 as it became evident that another round

of healthcare reform was imminent. Founded by rehabilitation leaders from all aspects of the rehab continuum, USP decided to focus on rehabilitation in all of the current settings so that both the rehab patient and the physiatrist will be well represented when changes are implemented.

USP is physician-led, with leadership made up entirely of physicians who are currently practicing rehabilitation medicine.

USP believes that empowering the rehab physician to follow patients throughout the rehab continuum will allow for the best possible outcomes for patients and the best way for our physician partners to maximize their practice income opportunities.

Join the IPC in 2023. For more information, contact corporatesupport@aapmr.org.

EAST

Alexandria, VA: Active PM&R private practice with eight physiatrists in Northern Virginia/DC Metro Area seeks BC/BE physiatrist for primarily inpatient rehabilitation with additional outpatient responsibilities. Excellent opportunity to grow and customize own practice. Primary inpatient coverage in a 67-bed hospital-based inpatient rehabilitation unit with 24-hour internist coverage and outstanding consultants available. The rehab unit captures a wide range of diagnoses and populations. Competitive salary. Inpatient call shared equally among all physiatrists covers acute rehabilitation. Wonderful opportunity for a general physiatrist with an interest in a diverse practice. Send CV to kevin.fitzpatrick@gmail.com.

Sparta, NJ: The Orthopedic Institute of NJ, a private musculoskeletal group in Northwest NJ is seeking a BC/BE physiatrist to join our group. Responsibilities include outpatient evaluation/management, peripheral injections, EMG and ultrasound guided procedures. Fellowship not required. Benefits include competitive salary, bonus structure, dues, fees, malpractice insurance, CME, PTO and health insurance. Please forward CV to ccastro@orthopedicnj.com.

Stratford, NJ: Rowan University School of Osteopathic Medicine is currently seeking a board-eligible/board-certified physiatrist to join a dynamic academic department of Rehabilitation Medicine within the NeuroMusculoskeletal Institute. The successful candidate will have the opportunity to work as an integral part of an interdisciplinary team. Opportunities to teach the next generation of leaders in the medical field are part of this position. In support of Rowan Medicine mission and vision, the selected candidate will provide and manage direct patient care at one or more of the outpatient clinical offices located in the Southern New Jersey area. Working collaboratively with other Physical Medicine and Rehabilitation physicians as well as Osteopathic Manipulative Medicine physicians, the physiatrist provides care to patients seeking rehabilitative medicine, pain management, and outpatient substance use and addiction treatment. The physiatrist provides consultation to clinical staff regarding patient care issues, and may also provide patient education to meet the needs of the patient and families. Participates in a collegial relationship with the physicians, nurses and other healthcare professionals. Prescribes or recommends drugs or other forms of treatment for the patient's care. The candidate must hold the following: *Valid NJ medical license *Doctor of Osteopathic Medicine (DO) *CDS license *DEA license. Our clinical campus is located in southern New Jersey, which is within the Philadelphia metropolitan area. We are approximately eight miles from Center City Philadelphia, one hour from the Jersey Shore, an hour-and-a-half from New York City, and two hours from Washington, D.C. Rowan University values diversity and is committed to equal opportunity in employment. Send CV to employment@rowan.edu.

Waltham, MA: Boston Orthopaedic and Spine is seeking a qualified physiatrist to join our team. Boston Ortho is a private group of about 20 providers, including three spine surgeons, one interventional physiatrist and one interventional radiologist. The group is growing and has a large patient volume that continues to increase. The preferred candidate would have at least two years of practice experience (board-certified or eligible). Ability to perform EMG/NVC studies and work in a team environment. Clinic office locations are in beautiful Cambridge, Waltham, Brighton and Chestnut Hill, MA. Boston is home to many top academic institutions (highly-ranked secondary schools) and is abundant in history and culture. Easy access to the ocean, mountains and lakes makes Boston extremely desirable. Contact: J.brenman@mybostonortho.com.

MIDWEST

Cleveland, OH: These two full-time positions will provide inpatient care at our joint-venture community hospitals, with the option of inpatient acute hospital consults and outpatient clinics. Outpatient duties will include a choice of neurological rehabilitation, musculoskeletal, amputee, EMG, chemodervation and ultrasound procedures. On-call responsibilities expected, but no more than one every four weekends with resident and IM co-coverage. Candidates will also be eligible for a faculty appointment in the CWRU School of Medicine. A generous recruitment package is included and productivity-incentivized compensation model is available. Our Division of PM&R has multiple community practice locations, three dedicated inpatient rehabilitation facilities and a large and diverse PM&R faculty. Contact Angela Foote, physician recruiter at: (216) 286-1853 or angela.foote@uhhospitals.org.

Springfield, MO: CoxHealth Physical Medicine and Rehabilitation (PMR) Springfield, MO has three (3) different opportunities. *Inpatient Only—Position is covering the inpatient rehab unit at the Meyer Orthopedic Hospital and develop a consult service in the main hospital. This is a salaried position with a shared Medical Directorship. *Outpatient/Procedural—Position is primarily outpatient with one day dedicated to procedures. Needs to be willing to cover inpatient service two to three weeks a year while inpatient is out and will be shared equally by all physicians in the department. *Outpatient/Inpatient—Position is a blended practice of outpatient/procedures and inpatient. Contact: Paula.Johnson@coxhealth.com or call (417) 269-4369.

Youngstown, OH: Mercy Health Physicians-Youngstown is seeking a general outpatient PM&R physician. The position welcomes subspecialty certification but is not required, and electromyography certification will be considered, but not required. This physical medicine and rehabilitation physician will work under Mercy Health Physicians Youngstown Musculoskeletal department along with nine employed orthopedic surgeons, three employed physical medicine and rehabilitation physicians, three podiatrists, and one employed chiropractor. The practice is experiencing growth and recruiting to meet community needs. We offer a highly competitive salary, relocation, sign on and medical education loan repayment benefits, a generous annual CME stipend, 403B with employer matching and 457 retirement plans, group disability coverage and other benefits. New graduates and current trainees will be strongly considered. Our physician partners are committed to mentoring any new graduate that is hired. Contact: Christine Ruggieri, Physician Recruitment via phone: (330) 240-4838 or email CMRRuggieri@Mercy.com.

SOUTH

Durham, NC: Seeking a Board-Certified Outpatient Physical Medicine and Rehabilitation Physician. EmergeOrtho, the Triangle's comprehensive independent private practice provider of musculoskeletal care, has an excellent opportunity for a full-time board-certified/board-eligible physiatrist within our robust and ever-growing musculoskeletal pain department. The ideal candidate for this position will be a board-certified/board-eligible physiatrist with an interest in multidisciplinary multimodal musculoskeletal pain management. Training and experience with EMG/NVC studies is preferred but not required. Our department is equipped with orthopedics, physical therapy, occupational therapy, pain psychiatry and pain psychology. We offer a highly competitive base salary with bonuses based on productivity, 30 days PTO vacation/CME, a generous CME stipend and moving cost reimbursement. Call is phone-only and light; one week in eight. Position Location. Durham is

situated perfectly in the state of North Carolina. The triangle is complemented by world-class universities, restaurants and "Bull City" charm. It offers a metropolitan feel with proximity to the beach and mountains. Interested applicants please email your CV and interest to Dr. Eugenia Zimmerman: eugenia.zimmerman@emergeortho.com. Who we are? From the mountains to the coast, EmergeOrtho is North Carolina's premier provider, recognized for offering world-class, comprehensive and compassionate care serving patients with 45+ locations in 21 counties. As the largest physician-owned orthopedic practice in the state and the fifth in the country, EmergeOrtho's medical team includes upwards of 100 highly-trained orthopedic specialists and nearly as many advanced practice providers. Our subspecialty orthopedic teams offer advanced expertise in conditions of the bones, muscles and joints. Providing multiple locations, extensive orthopedic services including therapy and focusing on continuity of care are among the top priorities of EmergeOrtho. Please visit <https://emergeortho.com/careers/> for additional information. EmergeOrtho, P.A. complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. We are committed to the core values of Quality, Innovation, Compassion, Community, Education, Integrity, Teamwork, Diversity and Inclusion. <https://emergeortho.com/non-discrimination-notice>.

Smithfield/Clayton, NC: Seeking a Board-Certified Interventional Pain Management Physician. EmergeOrtho, the Triangle's comprehensive independent private practice provider of musculoskeletal care, has an excellent opportunity for a fellowship-trained, full-time board-certified/board-eligible interventionalist within our robust and ever-growing musculoskeletal pain department. Qualified candidates will possess a strong pain management background, with training and interest in performing interventions such as: epidural injections, facet joint injections and radiofrequency ablations within the cervical, thoracic and lumbar spine. We offer a highly competitive base salary with bonuses based on productivity, 30 days PTO vacation/CME, a generous CME stipend, and moving cost reimbursement. Call is phone-only and light; one week in eight. Partnership track available. Position Location. The Smithfield/Clayton facilities are state-of-the-art, new and located 15 minutes outside of Raleigh. The triangle is complemented by world-class universities, restaurants and southern charm. The region offers all the amenities one could ask for with proximity to the beach and mountains. Interested applicants please email your CV and interest to Dr. Eugenia Zimmerman: eugenia.zimmerman@emergeortho.com. Who we are? From the mountains to the coast, EmergeOrtho is North Carolina's premier provider, recognized for offering world-class, comprehensive and compassionate care serving patients with 45+ locations in 21 counties. As the largest physician-owned orthopedic practice in the state and the fifth in the country, EmergeOrtho's medical team includes upwards of 100 highly trained orthopedic specialists and nearly as many advanced practice providers. Our subspecialty orthopedic teams offer advanced expertise in conditions of the bones, muscles and joints. Providing multiple locations, extensive orthopedic services including therapy and focusing on continuity of care are among the top priorities of EmergeOrtho. Please visit <https://emergeortho.com/careers/> for additional information. EmergeOrtho, P.A. complies with applicable civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. We are committed to the core values of Quality, Innovation, Compassion, Community, Education, Integrity, Teamwork, Diversity and Inclusion. <https://emergeortho.com/non-discrimination-notice>.

WEST

Madera, CA: Ranked as one of the nation's best children's hospitals in six specialties by *U.S. News & World Report* in 2022-23, Valley Children's Healthcare is looking for Pediatric Physiatrists to join their team. Are you a mission-driven provider who believes in quality, efficiency, compassion and the spirit of caring? Then this is the place for you! About the Practice: *Monday through Friday, 8 am to 5 pm outpatient clinic hours *Only independent Pediatric Rehabilitation Center in California accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) *Comprehensive inpatient and outpatient care featuring physical, occupational and speech/language therapy services, and access to 165 member Pediatric Medical Group with 27 specialties *Highlights of our program include: therapeutic recreation adaptive sports, school reintegration and audiology services. Come discover the hidden neighborhood gems, rich with eateries, arts and culture at every turn. There is something for everyone within this metropolitan hub to eat, dine and play! *California's fifth largest city with a population more than 500,000 and metro population of 1,159,519 *Your gateway to America's majestic national parks; Yosemite, Sequoia, King's Canyon *Hockey, Triple-A Baseball and indoor soccer are enjoyed by thousands

of cheering fans *International airport with direct non-stop flights to: Chicago, Dallas, Denver, Mexico, Las Vegas, Los Angeles, Phoenix, Portland, Salt Lake, San Diego, San Francisco and Seattle *Major State University, community colleges, nursing schools *Local farmers market, wineries, access to Five-Star dining and shopping *All denominations of religious worship available *Many custom new homes in multiple attractive neighborhoods *Excellent public and private schools – top rated schools in the state! *Warm hometown feeling with amenities and attractions such as performing & visual arts, symphony, museums and art galleries. The position offers: *Comprehensive Medical, Dental, Vision and disability insurance *Options for Health and Flex spending accounts and Term Life Insurance *Employer paid 401k contribution up to 8.5% of your base salary *27 days of PTO, three CA sick days, seven days of CME, and five days Medical Community Service *Employer paid Malpractice *Job requirements: Physician with MD/DO degree or equivalent – Board-Certified or Board-Eligible. For complete details and confidential consideration, please forward your CV and cover letter to Glenda Church Smith, Principal, Pediatric Search Partner, email glenda@pediatricsearchpartners.com, call (877) 440-3832 or text (214) 850-3094.

Santa Rosa, CA: Santa Rosa Orthopaedics (SRO) seeking PM&R Physician-EMGs expertise required. Live in paradise in the heart of the wine country in Sonoma County, California. We are seeking a Physical Medicine & Rehabilitation Physician to join our complete musculoskeletal care group practice. Partnership potential, surgery center interest, multiple other ancillaries. SRO is a multispecialty group of 11 orthopedic surgeons with an unbeatable reputation for quality service and outstanding patient care. Visit us at srortho.com. Please send letter of interest and CV to James Keil, CEO at jkeil@srortho.com.

NATIONAL

US Physiatry is a nationwide group of physicians specializing in physiatry. We have openings in 22 states with multiple types of positions. You would be an employee with full benefits and earn bonuses monthly. Contact US Physiatry at (877) 749-7428 for more details or send an inquiry to calvin.claiborne@usphysiatry.com.

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Thomas E. Stautzenbach, MA, MBA, CAE

EDITORS-IN-CHIEF, THE PHYSIATRIST

Ai Mukai, MD, FAAPMR and

Jonathan Whiteson, MD, FAAPMR

CONTACT

The Physiatrist: submissions@aapmr.org

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Send address changes to:

The Physiatrist, 9700 W. Bryn Mawr Ave., Suite 200, Rosemont, IL 60018-5701 or info@aapmr.org, or update your member profile online at www.aapmr.org.



9700 W. Bryn Mawr Ave.
Suite 200
Rosemont, Illinois 60018
phone (847) 737-6000
fax (847) 754-4368
info@aapmr.org
www.aapmr.org

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Renew Your 2023 AAPM&R Membership to Help Us Boldly Secure Your Future

The world of PM&R has seen countless changes, challenges and advancements but one thing has remained the same: our commitment to serve our member physicians. AAPM&R is leading the way in bringing the specialty together and advancing our vision and your future. **Have a role in the future of the specialty by renewing your 2023 AAPM&R membership.**

Learn more about your member benefits and renew now at aapmr.org/renew or call us at (847) 737-6000.

Stay tuned for our Annual Report to learn more about our efforts in 2022 and what you can look forward to in 2023!

