



# Medical Rehabilitation

## **Summary Points (see full minutes below)**

### **Medical Rehabilitation Council**

### **Annual Assembly of AAPM&R 2009**

1. Comment Period for Mission, Vision and Aims through March 1, 2010. (see minutes)
2. Volunteers needed for Advisory Work Groups – Communication, Education, and Membership Development.
3. Council is developing a framework to support member needs in subspecialty areas
  - a. Aging and Geriatrics
  - b. Wounds, Amputation and Burns
  - c. Osteoporosis and Women's Health
  - d. Cardio-Pulmonary and Exercise Medicine
  - e. Cancer Rehabilitation
  - f. O&P, Wheelchairs and Assistive Technology
  - g. Medical Leadership and Inpatient Rehabilitation
  - h. Space Medicine
4. Requirements to develop a subspecialty area
  - a. Minimum of 5 members.
  - b. Minimum of 2 members to serve on one of the Advisory Gps (e.g. education, communication, membership development).
  - c. Submission of a purpose, objective and aims.
  - d. Identification of a primary contact person.
  - e. Approval by Executive Committee.
  - f. Deadline for submission of material March 1, 2010.
5. Minutes of Business Meeting and slides – available at [http://www.aapmr.org/member/councils/council\\_rehab.htm](http://www.aapmr.org/member/councils/council_rehab.htm)
6. AAPMR Administrative Staff Support – Robyn Lira [rlira@aapmr.org](mailto:rlira@aapmr.org)



# Medical Rehabilitation

**Minutes of the AAPM&R Medical Rehabilitation Council Business Meeting at the Annual Assembly of the AAPM&R; 10/24/2009 10:00am – 11:00am**

**Minutes of the Medical Rehabilitation Council Business Meeting regarding accommodating the needs of members with an interest in forming subspecialty areas under the umbrella of the council and 2010 AAPM&R course proposals from the Council; 10/24/2009 12:30-2:30pm.**

## A. Introduction and Overview of Council Model

Dale Strasser, Council Chair, welcomed attendees to the first business meeting of the Medical Rehabilitation Council. A review of the new AAPM&R Member Council was presented. The new organizational structure of the AAPM&R was developed in response to the changing needs of Academy members. The Board of Governors of the AAPM&R developed this new structure to unify members by encouraging involvement, to provide a forum for leadership development, and to focus on the passion, talent, and creativity of its members. Initially, the Board invited Drs. Strasser and Spires to serve as Chair and Chair-Elect respectively. They recruited the three Vice-Chairs – Dr. Bierner (Education); Dr. Goldman (Communication); and Dr. Stubblefield (Membership Development).

There are five Academy Councils – Medical Rehabilitation: CNS Rehabilitation: Musculoskeletal Medicine: Pain Medicine/Neuromuscular Medicine: and Pediatric and Developmental Disabilities. Each Council has an identical organizational structure with Advisory Groups to assist the Vice-Chairs in their respective areas:

- Communication Advisory Group
- Education Advisory Group
- Membership Development Advisory Group

Advisory Group members will be asked to commit to the full term of the Vice-Chair that leads each group. In addition, the Council will need volunteers for work groups. Work groups will be ad hoc/task-specific groups that will dissolve upon completion of a project.

## B. Deliverables and Executive Committee Activities to Date

The AAPM&R Board of Governors has assigned specific “deliverables” to each Council including:

- Production of a Quarterly Information Letter
- Submission of 1 comprehensive review article to PM&R per year
- “One Big Idea” Proposal to the Medical Education Committee (MEC)
- Encouraging contributions to and participation with the new Academy Journal PM&R

Given the distinct and diverse interests of the members of the Medical Rehabilitation Council, in its initial year, the Executive Committee of this Council will devote considerable efforts to developing a framework to accommodate the diverse interests and needs of the council membership.

## C. Membership in Academy Councils

As of early November, 2, 2009 473 academy members (of the nearly 8,000) had joined one of the five councils. Of these, 1,398 members had identified one council for their primary enrollment. 121 of these selected Medical Rehabilitation as their primary council. Membership in any council is included in the cost of dues and one can join as many councils as interest them. As of this date, 715 Academy members have joined the Medical Rehabilitation Council – either as primary or in another capacity.

## D. Medical Rehabilitation Executive Committee

The five members of the Medical Rehabilitation Executive Committee and their terms (Number in parenthesis = years) are as follows:

Chair – Dale Strasser (2)

Chair-Elect - Mary Catherine Spires (2)

Vice- Chairs:

Communication - Robert Goldman (3)

Education - Samuel Bierner (4)

Membership Development- Michael Stubblefield (2)

Terms are staggered initially between 2 and 4 years. After the first rotation, all Chair and Chair-Elect terms will remain 2 year terms however all Vice-Chair terms will be three year terms.

AAPM&R staff support for the executive committees of each council is provided by Robyn Lira ([rlira@aapmr.org](mailto:rlira@aapmr.org)), who supports the functions of the executive committee. Robyn reports to Katrina Holland who has oversight for the strategic management of the Councils and integration of the Council deliverables into the Academy strategic plan.

#### E. Discussion on Medical Rehabilitation Council

There was an extensive discussion on the current council description of the Medical Rehabilitation Council, which reads as follows:

... all rehabilitation issues not identified in other councils, and includes rehabilitation of major trauma, acquired cardiovascular, pulmonary, oncology, and pulmonary disorders, geriatrics, amputation, and burns.

Many expressed frustration and disappointment with this description. The dominant opinion was that this “all other or everything else category” was inadequate. One individual said she was ‘offended’ by the description. While acknowledging the limitations of this description, some expressed the opinion that the description accurately reflected current perspectives on activities encompassed under medical rehabilitation. A consensus emerged that we need to proactively articulate and promote the activities of Medical Rehabilitation. The Council has the authority to modify this description.

#### F. Proposed Mission, Vision, Aims of the Medical Rehabilitation Council

Dr. Strasser then presented the current Mission, Vision, and Aims of the Council as developed by the Executive Committee.

##### **Mission**

The Medical Rehabilitation Council exists to serve the educational, research, and practice needs of physicians who work to restore function and quality of life to medically complex patients.

##### **Vision**

The Vision of the Medical Rehabilitation Council is to provide leadership in practice and science of psychiatry through premier clinical care, education, research, ethics and innovation.

##### **Aims**

The Council aims to serve psychiatrists in their professional commitment to maximize the quality of life and health of individuals with acute and chronic disability. This aim is accomplished through the promotion of excellence in patient care, education and research.

## **Specific Objective of the Council:**

In addition, the Executive Committee drafted four specific objectives of the council:

1. Advance the practice and science of rehabilitation medicine through research, education and medical care that focuses on the whole person, including the individual's biopsychosocial, Physiologic, and medical needs.
2. Increase public and professional awareness of physiatry and its ongoing contribution to the patient care.
3. Assure the future of the specialty through inspiring, engaging and educating future generations of physiatrists.
4. Communicate to the national and global community the contributions, vision and challenges of physiatry.

## G. Timetable for Adoption

Council members and other interested individuals are invited to submit written comments to the Executive Committee on the Mission, Purpose, Aims, and Objectives of the Council by 03/01/2010.

## F. Chair – Elect – Mary Catherine Spires

Dr Spires thanked the attendees and encourage active participation in Council and Academy activities.

G. Vice-Chair – Communications – Robert Goldman

Dr. Goldman reviewed the activities of the Communication Advisory Group and invited interested individuals to join the Communication Advisory Group. Specific activities include:

- Quarterly Information Letter
- Submissions to Physiatrist
- List of research publications and grant awards
- Promotion of research

H. Vice -Chair – Education – Samuel Bierner

Dr. Bierner was unable to attend the business meeting because of a scheduling conflict. The primary activities of the Education Advisory Group were reviewed and interested individuals were invited to join the Education Advisory Group. These activities include:

- Interfaces with Medical Education Committee (MEC), Quality Policy and Practice Committee and PM&R Senior editors
- PM&R – encourage participation
- Practice Guidelines
- Maintenance of Certification

In addition, Dr. Bierner has been in discussion with Academy staff and the MEC on a proposed “Big Idea” on establishing a resource mechanism and forum on measures of treatment effectiveness.

I. Vice --Chair – Membership Development – Michael Stubblefield.

Dr. Stubblefield expressed frustration with the relatively small size of this council to date, but optimism about growth as we articulate our purpose and become more proactively involved in

the field of PM&R. He encouraged interested individuals to join the Membership Advisory Group.

Primary activities of the membership work group include:

- Monitor growth and membership numbers
- Promote retention and enthusiasm
- Database of members to serve as a resource

J. Supporting members with interest in subspecialty areas

Dr. Strasser reviewed the rationale for establishing a framework to accommodate the needs of members with interest in subspecialty areas and the progress to date. These groups will provide a forum for individuals with similar interests to:

- Develop educational activities
- Share clinical wisdom and insights
- Network
- Pursue leadership positions within AAPM&R

### **Proposed Areas of Supspecialties**

The proposed groups were presented along with the identification of the Executive Committee Facilitator.

(DS= Strasser; CS = Spires; SB – Bierner; MS = Stubblefield; RG = Goldman)

Medical Leadership (DS)

Amputation (CS)

Burn (SB)

Cancer (MS)

Cardiopulmonary (MS)

Geriatric (DS)

Electrodiagnosis in Medically Complex (MS)

Inpatient Rehab (CS)

Narrative Medicine (DS)

Obesity and Health (SB)

Osteoporosis (MS)

Primary Care (CS)

Prosthetics, Orthotics, Wheelchair, Biomec (RG)

Diabetic Patients (RG)

Rheumatologic (RG)

Sleep, Pulmonary (SB)

Women's Health (CS)

Wounds care and Hyperbariatric O2 (RG)

Discussion followed at the afternoon meeting on whether subspecialty areas should be consolidated to increase the size of each group and to facilitate collaboration. Consolidated Subspecialty areas that were proposed included eight:

Aging and Geriatrics

Wounds, Amputation and Burns

Osteoporosis and Women's Health

Cardio-Pulmonary and Exercise Medicine

Cancer Rehabilitation

O&P ,Wheelchairs and Assistive Technology

Medical Leadership and Inpatient Rehabilitation

Space Medicine

J. Proposed Guidelines for the creation of networking subspecialty areas

Minimum of 5 members

Minimum of 2 members to serve on one of the Advisory Groups (e.g. education, communication, membership development)

Submission of a purpose, objective and aims statement to Executive Committee.

Identification of a primary contact.

Submission Due Date 3/01/2010.

#### **K. Course Proposals (discussed in detail at afternoon meeting)**

**Members that were present discussed proposals for the 2010 Annual Meeting in Seattle. The Cancer Rehabilitation subspecialty members worked on course proposals. Representatives from several of the proposed subspecialty areas including the Inpatient, Geriatrics, Wounds, Cardiopulmonary attended. This later group will propose one course and 2 Mini Courses. The Course proposal is tentatively named: "The Biology of Aging". The two Mini Courses are focusing on Sarcopenia/Deconditioning and Interventions in the Elderly: with Dr. Patrick Kortebein leading. Dr. Deniz Ozel is taking the lead on the second one and is proposing a Mini Course on "Falls and the Science of Causes and Treatment"**

#### **L. Accomplishments to Date –**

Dr. Strasser reviewed the accomplishments to date which include:

- Purpose, Mission, Vision, Aims framework for subspecialty groups
  
- Two issues of information letter – The Networker
  
- Comprehensive Review Articles (ideas accepted)
  - Venous Thromboembolism (author recruited)
  - Outcomes of Amputation
  - Polypharmacy
  
- “The Big Idea”-submission to MEC
  
- Resource, clearing house for effectiveness measures (in development)

M. Future Tasks

- Develop framework for accommodating specialty areas of council members.
- Recruitment of Advisory Group Members – Education, Communication, Membership Development
- Approval of Purpose, Mission, Objectives and Aims.
- Review article authors – Amputation and Polypharmacy

N. Further Information

Participants at the meeting who have not formally joined the Council were encouraged to do so. Copies of the slides from the meeting can be found on the Council website at [http://www.aapmr.org/member/councils/council\\_rehab.htm](http://www.aapmr.org/member/councils/council_rehab.htm).

The meeting was adjourned at the 11:00 am. A meeting to discuss subspecialty area framework development and submission for courses to the 2010 meeting was held the same day from 12:30 pm to 2:30 pm. Minutes of these discussions are incorporated in the above sections on Subspecialty Groups and AAPM&R 2010 Course Proposals.

Submitted by

Dale Strasser, MD

Chair, Medical Rehabilitation Council