

VISIT THE PAIN/
NEUROMUSCULAR
MEDICINE COUNCIL
WEB SITE

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GET INVOLVED IN
THE PAIN COUNCIL

Council Volunteers Needed!
[\[click here\]](#) (PDF Download)

NOMINATE YOUR
COLLEAGUES FOR
AAPM&R AWARDS

If you know of a colleague
who deserves recognition,
nominate him or her
for an Academy award
by April 30, 2010.

[View award descriptions
and lists of past recipients.](#)

Send your nomination to
nominations@aapmr.org.

HAVE YOU RENEWED
YOUR ACADEMY
DUES FOR 2010?

If you do not renew by
May 31, 2010, this will be
your last Council informa-
tion letter; you will be
dropped from the member-
ship roster and from your
Member Councils. [Renew
today by updating your
online member profile on
the Academy Web site.](#)

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The Needler

The Pain/Neuromuscular Medicine Council Quarterly Information Letter

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SPRING 2010

Message From the Chair

TONY CHIODO, MD, CHAIR



Welcome to
the Spring
2010 edition of
The Needler.

The Pain/
Neuromuscular

Council's Executive Committee
traveled to Chicago on February 26
to begin work on Council activities
for 2010. You will be hearing about
plans for new review articles and
educational products in the next
few months. There will be many
new opportunities to volunteer!
But before we move on to 2010, I
want to take a few minutes to recap
Council activities from this Fall.

The Pain Curriculum Project has
completed its first phase of work.
As the first AAPM&R Curriculum
Work Group, members of the Pain
Council not only completed the
framework for the Pain Curriculum
but played an integral role in devel-
oping the template from which all

other Councils will be doing their
work. I would like to thank Drs.
Dawodu, Evans, Falco, Grabois,
Saffir, Stanos, and Vasudevan for
their stellar work on this project.

One of the new curriculum groups
that has been developed is the
Neuromuscular Curriculum Work
Group from our Council. Chaired
by Dr. Samuel Bierner, this group
is currently working on develop-
ing the neuromuscular part of the
Academy curriculum. I want to
thank Dr. Bierner and his team,
Drs. John Fan, Shawn Jorgensen,
Stephen Kishner, and Chiawen
Lucy Liang who are participating in
this project for the Council. And I
want to thank the scores of others
who volunteered or shared ideas on
this work. Your spirit is inspiring!

In addition, I had the opportu-
nity to attend the Pain Summit
in Houston, TX on November 5,
2009. This activity, sponsored by

the American Medical Association,
brought together pain medicine
stakeholders to discuss ways to
improve pain medicine care. Pain
medicine education was one focus
where many ideas were advocated,
including a pain medicine residency
training program, a longer pain
medicine fellowship, and improved
pain medicine training in medical
schools and in all medical special-
ties with specific curriculum goals.
Pain medicine credentialing was
another focus where issues related
to maintenance of licensure and
certification were discussed, as
was procedure credentialing and
quality assurance. Evidence-based
comparative effectiveness pain re-
search was advocated and strategies
to improve were reviewed. Issues
related to patients and payers were
another focus, including values, cul-
ture, and education on policies and
practices that would assist in better

(continued on next page)

Editorial: "Pain" From a Resident's Perspective

OLUSEUN (ALFY) OLUFADÉ, MD, PGY 3, COMMUNICATION ADVISORY GROUP MEMBER

Our specialty is small but diverse.
The Pain Medicine/Neuromuscular
Medicine Council of AAPM&R
aims to meet the needs of phys-
iatrists who practice within the
clinical scope of our Council. I am
excited about our new member-
ship model because it allows for
smaller communities to meet our
individual needs. Furthermore, resi-
dent physicians will become future
attending physicians and we rely
on the Council to guide using this
ever-changing health care climate.

Since the beginning of my residency
program, I have always had an in-
terest in the scope of pain/neuro-

muscular medicine. Yet multiple
questions plague the resident.

For example, what does a resident
need to do to match into a fellow-
ship program? Some of the answers
that I have heard include research,
come from a strong residency
program, good recommendation
letters, and have a good mentor.
Good USMLE and SAE scores have
also been mentioned. The ques-
tion I found to be quite difficult to
answer is, Even if you have all of
the above, what guarantees that you
will match into fellowship program?
Of course that seems impossible
to answer, but it still crosses every
resident's mind. So we residents

find ourselves asking, What we
can do to increase our chances?

This leads us to continually ask new
questions to seek an answer: What
kind of training will a resident re-
ceive during their fellowship? Does
the program have to be ACGME
accredited? Residents receive a vari-
ety of answers depending on whom
they reach out to for feedback. Some
say it is not as important, while oth-
ers say in this changing health care
system, having an ACGME accre-
dited program will be a "safe bet."
But does a "safe bet" trump good
fellowship training? I'm not sure.

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Message From the Chair *(continued)*

pain medicine care delivery. No consensus for action was reached, and the final report from the Pain Summit has not yet been completed. The Pain Council will continue to be available to AAPM&R as a content expert in this and other pain medicine related activities.

You have heeded the call that I made at our first Council business meeting at the AAPM&R

2009 Annual Assembly in Austin. I received many ideas from you for courses for the 2010 meeting in Seattle. Many of these ideas were congealed into courses, and I am happy to report that there are many pain and neuromuscular medicine course offerings for the 2010 meeting. Keep your eye out for announcements for the 2010 meeting and view all

the many educational opportunities there will be on the topics that we wanted to hear about. Thanks to everyone whose work made this success possible!

Read on to see other pain and neuromuscular activities that your Council and Academy are working on. And stay tuned for more volunteer opportunities in the months to come.

Editorial: "Pain" From a Resident's Perspective *(continued)*

Though there are some core competencies mandated in fellowship programs, there is lack of uniformity in training. This diversity in

training among various programs results in differences among physiatrists trained in pain medicine. There are even wider disparities in training of a physiatrist when compared to other specialties that are involved in pain management. The latter point raises an important issue because it could have negative ramifications: Will there be a difference in the practice of pain management based on how one is trained? Will that result in a competitive advantage in the future?

Such questions may be posed by physiatrists in practice as well. After the numerous years of education and training, what will your practice be like in the future? Is it going to be a university setting or private practice, single or multi-specialty, procedure

oriented or comprehensive pain management and of course what about reimbursement? Will the decision making process through any of the above change in the years to come? How will the new healthcare reform bill, if and when it is passed, affect the specialty?

I raise these questions, not necessarily to have them answered, but to provide awareness in our community of resident issues in the pain/neuromuscular area. And as the application period gets closer, more and more questions will arise until a resident finally matches. If you are a resident with these or other questions or if you are a practicing physiatrist with further questions/answers you'd like to discuss, feel free to contact me at olufadaf@gmail.com.

Letter from Jerel Glassman, DO, Manual Medicine Precourse Co-Director

I am pleased to announce the return of the Principles of Manual Medicine preconference course to the AAPM&R 2010 Annual Assembly. Manual medicine is an area of expertise in the field of PM&R. The physical exam is a central component of physiatrists' patient assessments. The manual medicine skills can enhance this assessment, yet there are limited opportunities for both residents and practicing physiatrists to receive education in this area. Manual medicine approaches can be applied in general rehabilitation as well as

musculoskeletal rehabilitation. Physical therapists have increasingly incorporated manual therapy into their treatments. In our position of leadership on the therapeutic team, physiatrists need to maintain the knowledge of the application and appropriateness of this modality.

Please make plans to attend this preconference course in Seattle on November 2-3, 2010. Registration opens in April. In the interim, you can learn more about this course and the 2010 Annual Assembly at www.aapmr.org/assembly.htm.



SAVE THE DATE:

AAPM&R 2010 ANNUAL ASSEMBLY

November 4-7, 2010
Washington State Convention
& Trade Center
Seattle, Washington

Highlights on sessions/tracks that may be of interest:

- The MSK track will include sessions on new and emerging technologies such as EMG, PRP, and ultrasound.
- Several sessions will focus on sports medicine content, including a special session focused on the 2010 Vancouver Olympics.
- Best Research Presentations (formerly Poster Grand Rounds) focused on MSK research are offered on Friday afternoon.
- At a plenary session on Friday, Keynote Speaker Stan Herring, MD, will address the topic of youth sports concussion.

For more information, [click here](#).

Florida Pain Clinics: Proposed Regulations

Your Academy has been working along with the Florida PM&R Society and other state medical societies on monitoring proposed pain clinic regulations (as a result of the 2009 Prescription Drug Monitoring legislation). Among other things, the proposal addresses requirements for obtaining certification as a pain clinic physician. We will provide additional updates as they become available.

The Needler

Are you interested in writing an article for *The Needler*? Do you have an idea for an article you would like to see appear in *The Needler*? Do you have a question about information provided in this Information Letter?

Contact:
Deb Venesy, MD
Vice-Chair of Communication
venesyd@ccf.org

Submission Deadlines:

Spring: March 1
Summer: June 1
Fall: September 1
Winter: December 1

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