A Celebration of AAPM&R’s 75th Anniversary

Physicians Adding Quality to Life® for 75 years and counting
Congratulations to AAPM&R on its advancements over the last 75 years.

MossRehab skillfully accepts the challenge of improving function and quality of life for our patients. It’s what drives all of us, every day.

We applaud the AAPM&R’s efforts in navigating the present and helping define the future. Here’s to another 75 years of success.

Alberto Esquenazi, MD
Chief Medical Officer, MossRehab and 2013 AAPM&R President

MossRehab
EINSTEIN HEALTHCARE NETWORK
MossRehab.com
A Celebration of the American Academy of Physical Medicine and Rehabilitation’s 75th Anniversary

The American Academy of Physical Medicine and Rehabilitation, your Academy, is extremely proud of all that we have accomplished since our founding by a small group of visionary leaders 75 years ago. This timeline represents a portion of the history and heritage we share and places major milestones in the context of national and world events. It reflects many of the struggles and triumphs of our medical specialty to establish its proper place within the profession and to contribute to the health and quality of life of our patients through education, research and advocacy. As you will see as the pages unfold, we built a strong foundation, gained momentum and achieved some notable accomplishments. Our future is bright. As AAPM&R members, we must understand the past so that our clinical practice continues to pose the important questions and our research finds solutions that benefit our patients. This will require active participation in current and future initiatives, while we remain true to our core values and our mission.

Our Vision: To transform the focus of health care to value function

Our Mission: To serve its member physicians by advancing the specialty of physical medicine and rehabilitation, promoting excellence in physiatric practice, and advocating on public policy issues related to persons with disabling conditions.

This is our Diamond Anniversary and our Jubilee. It is the occasion to celebrate and reflect on the significance of the diamond as evoked by a great writer. The meaning behind the symbol might well be applied to our history as we reflect back and move forward.

“We might as well face the truth that to researchers of the future, poking about among the ruins of time, we shall all be tiny glitters. But then, so are diamonds.”

~James Thurber, American author and cartoonist

Physicians Adding Quality to Life®
for 75 years and counting
What Happened in the Nation?

1890s–1920s
The socio-political environment created by the Progressive Era (1890s–1920s) enhances possibilities for both physical and rehabilitation medicine. The Progressive Movement highly values science and the professions, especially medicine. Reformers after World War I focus on creating rehabilitation services for wounded veterans and workers’ compensation programs.

Development of the Progressive Movement:
Growing awareness of the problems caused by large corporations and large cities such as slums, injured workers and a belief that the government had a role in addressing them.

Flexner report on medical education

World War I begins

1917

Workers’ compensation programs develop in Wisconsin, Oregon, California, North Dakota, and New Jersey

1918

New York City establishes Public Baths at the urging of Simon Baruch, MD, an early hydrotherapy practitioner.

John Coulter, MD and other early leaders
use physical agents to treat acute and chronic conditions, and diathermy becomes widely available in the United States.

Military Rehabilitation Hospitals are developed by Fred Albee, MD; Frank Granger, MD; Harry Mock, MD; and John Coulter, MD.

Jeremiah Milbank, a philanthropist, establishes the Red Cross Institute for Crippled and Disabled Men in New York City—the first U.S. rehabilitation hospital

What Happened in PM&R?

1890–1920s
There is increased interest in the scientific use of physical agents, primarily to treat acute illnesses. Military rehabilitation programs develop and the first civilian inpatient rehabilitation hospital is established in New York City.
1920s
The Progressive Era continues into the 1920s. Franklin Roosevelt purchases and develops the Warm Springs Foundation which provides treatment and peer interaction for patients with polio. Many of the rehabilitation techniques and technologies developed there (manual muscle testing, orthoses, hand controls for automobiles and other adaptive equipment) become useful in the future treatment of patients with spinal cord injury and other disabling conditions. The early beginnings of the independent living movement can probably also be traced to Warm Springs.

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<tr>
<th>Year</th>
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<tr>
<td>1919</td>
<td>The American Medical Association calls for the development of Workers’ Compensation programs.</td>
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<tr>
<td>1920</td>
<td>The first Vocational Rehabilitation Act is signed into law.</td>
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<td>1921</td>
<td>Franklin Delano Roosevelt is diagnosed with polio.</td>
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<tr>
<td>1923</td>
<td>Philip Drinker and Louis Shaw develop the iron lung, a chamber that provides artificial respiration for polio patients.</td>
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<tr>
<td>1926</td>
<td>FDR buys the Warm Springs property to develop a rehabilitation center.</td>
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<tr>
<td>1927</td>
<td>The Institute of Crippled and Disabled Men sponsors an international conference on rehabilitation leading to the establishment of the first international rehabilitation program.</td>
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<tr>
<td>1929</td>
<td>The Great Depression begins with the Stock Market Crash.</td>
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What Happened in PM&R?

1920s
Physical medicine continues to develop through national professional organizations and becomes established in a few academic medical centers. Unfortunately, the lessons learned from the establishment of military rehabilitation programs does not advance the field or lead to major civilian program development.
1930s
The decade is marked by the election of a progressive president, Franklin Delano Roosevelt, the Great Depression, and the country’s eventual entry into World War II, with an end to the economic depression and more advances for the medical specialty of PM&R.

FDR is elected president of the United States in a landslide over Herbert Hoover

1930
Krusen publishes the first curriculum for physical medicine in JAMA

Mechanical engineers Harry Jennings and his friend Herbert Everest, who was spinal cord injured in a mining accident, invent the first lightweight, steel, collapsible wheelchair

1933
Krusen is appointed to the AMA Council on Physical Therapy chaired by John Coulter

1934
Sulfa drugs are developed in the late 30s. Krusen and other early pioneers lay the foundation for the establishment of physical medicine as a medical specialty. George Deaver and Howard Rusk do the same for rehabilitation medicine. These pioneers also establish the organization that will become the American Academy of Physical Medicine and Rehabilitation.
President Roosevelt signs the Social Security Act, establishing federal assistance to adults with disabilities and extending existing vocational rehabilitation programs. Title V establishes the Maternal and Child Health Program and the Crippled Children’s Program.

National Foundation for Infantile Paralysis is formed. The organization is highly successful in raising donations for research to prevent polio, training grants for PM&R departments and physical therapy schools, and funding the treatment and rehabilitation of patients with polio.

Lou Gehrig Day held at Yankee Stadium in New York City. The first baseman, diagnosed with amyotrophic lateral sclerosis (ALS), tells the world “Today, I consider myself the luckiest man on the face of the earth.”

Krusen is appointed chair of the new Department of Physical Medicine at the Mayo Clinic.

Krusen establishes the first three-year physical medicine residency program at the Mayo Clinic in collaboration with the University of Minnesota.

Krusen proposes the terms “physiatrist” (fizz-ee-at’-rist) and “physiatry” (fizz-ee-at’-tree);

The American Society of Physical Therapy Physicians (the organization that will become AAPM&R) is founded; Walter Zeiter, MD, is appointed executive director and John Coulter, MD, the first president.

The Society is formalized with 40 charter members. Membership is by invitation only and is limited to physicians with at least five years experience and an academic appointment in full-time practice of physical therapy. Membership is capped at 100 members. The first PM&R residents, Robert Bennett, MD and Earl Elkins, MD, graduate from the Mayo Clinic residency program. Bennett goes to Georgia Warm Springs and Elkins stays at the Mayo Clinic for his entire career.
1940s
This decade is marked by the consequences of yet another world war, and the need for PM&R becomes even more obvious than after the first world war. The field can now advance further with funding for clinical and research programs.

The American Federation of the Physically Handicapped is founded as the first cross-disability national political organization to urge an end to job discrimination, the passage of legislation, and other initiatives.

United States Enters WW II

Krusen publishes the first comprehensive textbook on physical medicine, *Physical Medicine*.

Wright publishes the first mass production of penicillin.

1940

Howard Rusk enlists in the medical service of the Army Air Force.

George Deaver, MD, is appointed medical director of the Institute for Crippled and Disabled Adults in New York City.

Krusen initiates 90-day training program at Mayo Clinic to train physicians in physical therapy and physical medicine techniques for application during the war. Over a 5-year period 171 physicians, dubbed “90 day wonders” are trained.

Financier Bernard Baruch establishes the Baruch Committee, which recommends more PM&R training and research programs; 10 departments are established and 57 physiatrists are trained. Rusk proposes rehabilitation centers in the Army Air Force hospitals and is appointed to develop them.

Baruch proposes rehabilitation centers in Army Air Force hospitals and is appointed to develop them.

The LaFollette-Barden Act Vocational Rehabilitation Act adds physical rehabilitation to the goals of federally funded vocational rehabilitation programs for civilians and provides funding for certain medical and physical rehabilitation services in addition to vocational rehabilitation services.

The first mass production of penicillin is used to treat Allied troops.

Sir Ludvig Guttman, a neurosurgeon, begins treating patients at Stoke Mandeville Spinal Injuries Unit in England, making sports a part of the rehabilitation programs for patients with spinal cord injuries.

Howard Rusk publishes seminal article in JAMA: “Abuse of Rest in the Treatment of Disease” and his first rehabilitation program for disabled airmen opens at the U.S. Army Air Force Convalescent Center in Pawling, New York. With assistance from Baruch, Rusk convinces President Roosevelt to order that further military rehabilitation programs are developed.
The AMA Advisory Council for Medical Specialties recognizes the American Board of Physical Medicine and Krusen becomes the first chairman. The first board examination, both written and oral, is administered and 37 are certified, with 54 “grandfathered.” Certificate #1 is issued to John Coulter and #2 to Frank Krusen.

Robert Bennett establishes the Department of Physical Medicine at Emory University. The Archives of Physical Medicine begins publication. Rusk recruits Deaver to help him develop a Department of Rehabilitation and Physical Medicine at New York University with plans to build a rehabilitation institute. A $250,000 grant from the Baruch Committee and a personal contribution by Baruch make this possible.

The World Health Organization defines health as “a state of complete physical, social, and mental well being, and not merely the absence of disease.”

The Hill-Burton Act (also known as the Hospital Survey and Construction Act) authorizes federal grants to states for the construction of hospitals, public health centers and health facilities for rehabilitation of people with disabilities. However, state hospital construction agencies do not allocate funds to construct rehabilitation facilities.

The United Mine Workers of America establishes the Welfare and Retirement Fund, and rehabilitation hospitals including Kessler Institute, Rusk Institute, and the Kabat Kaiser Institutes in Washington DC and California provide care for injured miners.

The first National Employ the Physically Handicapped Week is held in Washington, D.C.

Paralyzed Veterans of America is organized

The Stoke Mandeville Games for the Paralyzed opens on the same day as the Olympics

The AMA Advisory Council for Medical Specialties recognizes the American Board of Physical Medicine and Krusen becomes the first chairman. The first board examination, both written and oral, is administered and 37 are certified, with 54 “grandfathered.” Certificate #1 is issued to John Coulter and #2 to Frank Krusen.

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Recognition of the importance of physical medicine advances significantly during this decade. Military rehabilitation programs are developed by Krusen, Rusk and other early leaders. Surgeon Henry Kessler, author of “The Knife is Not Enough,” demonstrates the value of rehabilitation both in patients with deconditioning and disabling conditions. The American Board of Medical Specialties recognizes the American Board of Physical Medicine.
1950s
The Korean War again highlights the need for rehabilitation services. Howard Rusk continues to be an advocate for rehabilitation medicine in both the Truman and Eisenhower administrations. At his recommendation Mary Switzer is appointed Director of Vocational Rehabilitation. She promotes funding for returning patients to work and increases funding for rehabilitation facilities, training programs, and research and emphasizes independent living as a quality of life issue. The Salk Vaccine is developed.

Social Security Amendments establish a federal-state program to aid permanently and totally disabled persons.

Howard Rusk is appointed Chair of the Health Resources Advisory Committee of the National Security Resources Board which recommends employing people with disabilities to assist at home in the war effort, replacing those in military service. This is adopted and implemented through the efforts of Mary Switzer, Director of the Office of Vocational Rehabilitation and a major supporter of rehabilitation programs and PM&R.

The number of polio cases reaches almost 58,000

Vocational Rehabilitation Act expands funding for research and removes any limit on appropriations to states and guaranteed matching funds. The year 1954 is declared “Rehabilitation Year”

The Residency Review Committee meets for the first time.

Krusen publishes Physical Medicine and Rehabilitation for the Clinician.

Howard Rusk is “grandfathered” as a diplomate by ABPM&R.

PM&R is established as a specialty and a section in the AMA

1950
The American Board of Physical Medicine is renamed the ABPM&R at the urging of Howard Rusk and facilitated by the diplomacy of Frank Krusen. Later that year the American Society of Physical Medicine becomes the American Society of Physical Medicine & Rehabilitation.

1951

1952

1954

1950s
Through the urging of Rusk and the diplomacy of Krusen the specialty broadened and the name changes to physical medicine and rehabilitation. Research in modalities and the use of lightweight plastics in orthoses advance the field. There is increasing recognition of the specialty and its leaders by national and international organizations.
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<td>1955</td>
<td>Salk vaccine is tested against polio</td>
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<td>Rusk leads the effort to establish the World Rehabilitation Fund</td>
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<td>1956</td>
<td>The American Society of PM&amp;R is renamed the American Academy of PM&amp;R</td>
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<td>1957</td>
<td>The dues for membership in AAPM&amp;R are raised for the first time from $5 to $10 per year.</td>
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<td>1958</td>
<td>Essay questions are removed from the ABPM&amp;R written board examination.</td>
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<td>AAPM&amp;R begins offering continuing medical education (CME) credit for educational sessions.</td>
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<td>PM&amp;R residency training funds are added to the Vocational Rehabilitation Act</td>
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<td>The first US Patent is issued for a hydraulic limb system</td>
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<td>Social Security Disability Amendment is passed and provides disability insurance for disabled workers ages 50–64 and rehabilitation services are added to the program.</td>
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1960s
The turbulent decade of the 1960s is marked by major national and international conflicts and tragedy, but also by scientific and technological advances, and landmark civil rights and health care legislation.

1960s
The 1960s brings PM&R into the national spotlight, as rehabilitation is recognized as a model for other health care programs, and important for treatment when prevention and cure are unsuccessful. The field expands its ability to influence health policy and gains more influence in academic medicine.
Federally subsidized health care is provided to people with disabilities and elderly Americans covered by the Social Security program. The definition of disability under the Social Security Disability Insurance program changes from “of long continued and indefinite duration” to “expected to last for not less than 12 months.” There is funding for cancer, heart disease, and stroke. Vocational rehabilitation amendments authorize construction of rehabilitation centers, expansion of vocational rehabilitation programs, and create the National Commission on Architectural Barriers to Rehabilitation of the Handicapped.

Medicare and Medicaid are established and Vocational Rehabilitation Amendments are passed, expanding programs and construction of rehabilitation centers.

US begins to send troops to Vietnam and protests against the war begin.

Mao Zedong launches the Cultural Revolution in China.

The first heart transplant is performed.

Martin Luther King Jr and Robert F Kennedy are assassinated.

Neil Armstrong becomes the first man on the moon.

1965

Boston Arm is invented at MIT under the direction of Robert Mann.

1966

1967

1968

1969

AAPM&R recognizes state and regional societies.

The Association of Academic Physiatrists is established.

Membership in the Academy reaches 500 members.

The Commission on Accreditation of Rehabilitation Facilities conducts the first survey.

The ABPMR establishes the Earl Elkins Award, to be given to the person with the highest grade on the ABPMR’s certification examination.
Edward V. Roberts, often called the “father of the independent living movement,” a UC Berkeley student with disabling effects of polio, founds the first Center for Independent Living in Berkeley, California with other students.

### 1970s

The United States pulls out of Vietnam, Vice President Agnew and later President Nixon resign. Medical care is considered a right, not a privilege. The Independent Living Movement starts in Berkeley, California. Roe v Wade is upheld by the Supreme Court.

During this period, the Academy greatly expands its emphasis on educational activities, including the development of a study guide and self-assessment examinations, and the development of professional standards. In addition, there is expanded involvement in other medical organizations, including the AMA and the Council on Medical Specialty Societies, and Congressional activities.

President Nixon resigns, amid scandal

President Nixon signs the Rehabilitation Act and the HMO Act into law

The United States pulls out of Vietnam, Vice President Agnew and later President Nixon resign.

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Governor Jerry Brown appoints Ed Roberts, a pioneer in the Independent Living Movement as director of California’s Department of Rehabilitation.

1975

1976

1977

1978

The first home computer is released for retail sale.

The AAPM&R produces the Syllabus, followed by the first Self-Assessment Examination.

Robert Bennett receives the Physician-of-the-Year Award from the President’s Committee for the Employment of the Handicapped.

National Institute of Handicap Research (later called National Institute on Disability and Rehabilitation Research) is founded. Dr Margaret Giannini is first director.

AAPM&R membership reaches the 1000 mark.
Significant exercise physiology research is conducted during this decade about physiological benefits of exercise.

The National Institute on Disability and Rehabilitation Research is transferred into the Department of Education, separating it from the Department of Health and Human Services (HHS).

Graduate Medical Education National Advisory Committee reports a shortage of PM&R specialists, stimulating growth in the specialty.

International Year of Disabled Persons celebrations include ceremonies before the United Nations General Assembly. Governments world-wide are asked to promote the acceptance of people with disabilities into mainstream society with “full participation and equality”.


Support for development of a uniform data set grows, and the Functional Independence Measure (FIM) is widely used for rehabilitation program evaluation.

The 1980s
The Cold War ends. The Berlin Wall comes down. Chernobyl nuclear disaster occurs.

1980s
The National Institute on Disability and Rehabilitation Research is moved to the Department of Education under the auspices of Office of Special Education. Rehabilitation research is stated to be a component of NIH research. Support for universal use of the Uniform Data Set, forerunner of the Functional Independence Measure (FIM)
Rehabilitation Research is stated to be part of NIH mission

1985

The Physiatrist begins circulation to 2000 members of AAPM&R

1987

The Residents Physician Council holds its first meeting at the AAPM&R Annual Assembly

1988

ABPMR votes to issue only 10-year certificates beginning in 1993

1989

The Archives of PM&R publishes the “Gold Issue” in celebration of 50th Anniversary of AAPM&R

AAPM&R membership triples in 10 years and reaches 3000 members

Health Care Financing Administration, the precursor to CMS, establishes 60-day rehabilitation benefit without co-pay

Technology-Related Assistance for Individuals with Disabilities Act is passed

The theme of the 1987 Annual Assembly honoring the AAPM&R’s 50th Anniversary is “Access-Ability”
The ABPM&R reports that the number of board certified physiatrist has doubled in the previous decade and stands at 3454.

The Americans with Disabilities Act, the most sweeping disability rights legislation in US history, becomes the law. It mandates that local, state and federal governments and programs are accessible, that businesses make “reasonable accommodations” for disabled workers, and that public buildings and other areas of public life make “reasonable modifications” to ensure access.

The Institute of Medicine publishes *Disability in America: Toward a National Agenda for Prevention*

The United Nations establishes December 3 as International Day of Disabled Persons to create awareness and understanding.

The American Association of People with Disabilities is founded

The UN General Assembly unanimously adopts the Standard Rules on the Equalization of Opportunities for Persons with Disabilities

The American Association of Spine, Sports and Occupational Rehabilitation (PASSOR) is established as an organization within AAPM&R and begins collecting dues and developing a governance structure.

The Library of Congress and the National Institute of Mental Health initiative, “The Decade of the Brain,” is signed into law. Highlights of the decade are the passage of major disability rights legislation and Supreme Court rulings granting protections to people with disabilities.

National Center for Medical Rehabilitation Research established

The ABPM&R and the American Congress of Rehabilitation Medicine enter into a separation agreement

Intrathecal pumps become available for spasticity management utilizing baclofen

The Physiatric Association of Spine, Sports and Occupational Rehabilitation is established as an organization within AAPM&R and begins collecting dues and developing a governance structure.

1990s

The Academy and the American Congress enter into a separation agreement but the Physiatric Association of Spine, Sports and Occupational Rehabilitation is established as an organization within the Academy. As Frank Krusen said in a 1949, “It would be illogical for either physical medicine or rehabilitation to go its separate way.”
The Congressional Accountability Act requires all offices in the legislative branch to make their public services, programs, activities, and places of public accommodation accessible to members of the public who have disabilities, and establishes that an employee of Congress cannot be discriminated against in personnel actions because of a disability.

The Agency for Health Care Policy and Research publishes a clinical practice guideline on *Post-Stroke Rehabilitation*.

**1995**

AAPM&R commissions a workforce study that projects that the supply of PM&R physicians will double (to 8000) by the year 2017, with the demand for their medical services keeping pace with growth

**1996**

Pain Medicine is approved as a subspecialty by ABMS

**1998**

The Health Insurance Portability and Accountability Act (HIPAA) is passed

TBI Act is passed and authorizes agencies of the US Department of Health and Human Services to conduct studies and establish innovative programs with respect to TBI.

1999

In *Olmstead v. L.C. and E.W.*, the Supreme Court decides that individuals with disabilities must be offered services in the most integrated settings.

In *Carolyn C. Cleveland v. Policy Management Systems Corporation, et al*, the Supreme Court decides that people receiving Social Security disability benefits are protected against discrimination under the ADA if and when they are able to return to work

The *Health Insurance Portability and Accountability Act* (HIPAA) is passed

**1999**

Pediatric Rehabilitation Medicine is approved as a subspecialty by ABMS

Spinal Cord Injury Medicine is approved as a subspecialty by ABMS

AAPM&R launches a website – www.aapmr.org

In *Olmstead v. L.C. and E.W.*, the Supreme Court decides that individuals with disabilities must be offered services in the most integrated settings.
2000s
An international collaborative movement, which includes AAPM&R on its steering committee, establishes The Bone and Joint Decade. The World Health Organization builds a conceptual framework for classifying human functioning. The decade is marked by terrorist attacks at home and abroad, wars in Iraq and Afghanistan, natural disasters, corporate scandals, economic downturns, electoral politics, and the election of the first African-America President, Barack Obama.

The World Health Assembly endorses the WHO’s International Classification of Functioning, Disability and Health (ICF)

The CMS Inpatient Rehabilitation Facilities
Prospective Payment System (PPS) becomes effective

The VA creates 4 Polytrauma Rehabilitation Centers

2001
2002
2003
2005
2006

The Foundation for PM&R is established
There are over 6300 members of the Academy
AAPM&R is a founding member of the Disability and Rehabilitation Research Coalition with the goal of elevating the NCMRR within NIH to independent status, either as a free-standing NIH Center or as an Institute, and to enhance disability and rehabilitation research across a number of federal agencies.

Hospice and palliative medicine are recognized as a subspecialty by 10 medical boards including ABPM&R

Sports Medicine and Hospice and Palliative Medicine are approved as subspecialties by ABMS

Neuromuscular Medicine is approved as a subspecialty by ABMS

2000s
This decade is marked by major changes for AAPM&R, including a move from downtown Chicago to Rosemont, a change in the structure of governance, the establishment of a foundation, the launch of many online resources for members, and a new official journal, *PM&R*. 
The Institute of Medicine publishes *The Future of Disability in America*, and it broadens the scope of who is considered disabled under the law.

The Americans with Disabilities Act Amendments Act becomes law, and it broadens the scope of who is considered disabled under the law.

The TBI Act is reauthorized.

The Christopher and Dana Reeve Paralysis Act creates new coordinated research activities through NIH to search for a cure for paralysis, and promotes enhanced rehabilitation services for Americans living with paralysis.

The American Recovery and Reinvestment Act is signed into law, and includes enactment of the Health Information Technology for Economic and Clinical Health Act (HITECH), additional funding for the VA system, and scientific research, among many other provisions.

The PASSOR Legacy Award and Lectureship is established to recognize an individual who in mid-career has advanced musculoskeletal physiatry through clinical care, education, service or scholarship.

Academy members begin receiving *AAPM&R Connection*, a biweekly e-newsletter.

AAPM&R asks the AMA to support the inclusion of “patient function” and “improvement of function” as key outcomes of health care reform, and 10 other organizations are co-sponsors.

AAPM&R impacts health care reform legislation through the inclusion of “rehabilitation and habilitation services” as categories in the basic benefits package.

Massachusetts Senator, Ted Kennedy, a major leader in disability rights and health care legislation, dies.


AAPM&R launches the Online Advocacy Center and a Facebook page.

AAPM&R begins publishing *PM&R*, “the purple journal”.

Merriam-Webster announces that the word “physiatry” will be added to the 11th edition, along with 99 other new words. The word is defined as a synonym for “physical medicine and rehabilitation”.

AAPM&R introduces the Member Council model and Community Networks and restructures the Board of Governors.

AAPM&R relocates from downtown Chicago to Rosemont, Illinois.

AAPM&R impacts health care reform legislation through the inclusion of “rehabilitation and habilitation services” as categories in the basic benefits package.
The federal government enacts landmark health care legislation and the Supreme Court upholds the legislation. The Supreme Court rules the Defense of Marriage Act unconstitutional, and legally-married same-sex couples can receive Social Security, veterans’ benefits, health insurance and retirement savings. The Arab Spring brings turmoil to the Middle East. Mass shootings create tragedies across the country, including Tucson, Denver, Newtown, and Boston. Natural disasters affect every region of the US and economic uncertainty continues.

Patient Protection and Affordable Care Act is signed into law and includes provisions to expanding coverage, lower costs, and improve the health care system.

CDC announces formation of Disability and Health Work Group to advance the health of people with disabilities to focus on incorporating disability status into CDC surveys, showcasing best practices, and ensuring relevant issues for people with disabilities are reflected in CDC programs and policies.

HHS establishes the Center of Excellence in Research on Disability Services, Care Coordination, and Integration within the Office of Disability.

AAPM&R sponsors an oral history project—Playback/PM&R

AAPM&R introduces PhyzForum, an online peer-networking tool

PM&R is indexed with the National Library of Medicine (Index Medicus)

The Academy launches PM&R Knowledge Now, an online resource for members

The number of board-certified physiatrists tops 10,000

New ADA rules are enacted and expand accessibility requirements for recreational facilities such as swimming pools, golf courses, exercise clubs, and boating facilities. They set standards for the use of wheelchairs and other mobility devices, and service animals.

The WHO releases the World Report on Disability

The National Institute of Child Health and Human Development announces the creation of a Blue Ribbon Panel, with three Academy members participating: John Chae, MD (Co-Chair), Naomi Lynn Gerber, MD, and Walter R. Frontera, MD, PhD

The Academy launches Maintenance of Certification resources, including review courses, a MOC|3 Online Mock Exam, and a Practice Improvement Project

Brain injury medicine is recognized as a subspecialty by the ABMS. ABPM&R co-sponsors the proposal with the American Board of Psychiatry and Neurology

The Board of Governors, the Academy staff and volunteers increase the wealth of resources for members in their practices and for maintenance of certification. And the decade is only beginning...
Supreme Court upholds the Affordable Care Act including the individual insurance mandate

Great Britain, the birthplace of the Stoke Mandeville Games (1948), hosts the Olympics and the largest Paralympic Games in history with 4302 athletes from 164 countries participating in London.

2012

PM&R is accepted for coverage in the Thomson Reuters abstracting and indexing services.

2013

Academy launches the PQRS Wizard an online resource for members to collect and report quality measure data for the CMS incentive program

AAPM&R works with the Center for Medicare Advocacy to win the settlement in the Jimmo vs. Sebelius lawsuit and end the practice of requiring that patients are likely to improve (“the improvement standard”) before Medicare will pay for therapy or skilled nursing services. Under the terms of the settlement, Medicare is required to rewrite its provisions and policy manual

In only its fifth year of publication, PM&R received its first impact factor and was ranked in the top half of all journals in the rehabilitation and sports science categories.

today 2010s

75 years AAPM&R
Roster of AAPM&R Presidents 1938–2013

Physicians Adding Quality to Life®
for 75 years and counting
Congratulations to the American Academy of Physical Medicine on 75 Years of Fostering Excellence in Rehabilitation Medicine

MedStarNRH.org

Knowledge and Compassion
Focused on You

RUSK REHABILITATION

Congratulations to the American Academy of Physical Medicine and Rehabilitation on this remarkable milestone achievement. Rusk is proud to share in the long and illustrious history of PM&R with an organization that has done so much for our field.

Rusk is #1 in NY and top 10 in the country in U.S. News & World Report’s first “Best Hospitals” rankings.

1948

Institute of Physical Medicine & Rehabilitation founded by Howard A. Rusk, in affiliation with NYU College of Medicine

1989

1993

2012

Rusk celebrates its 23rd consecutive year as #1 in NY and top 10 in the country

2013

Rusk completes expansion to new, state-of-the-art facilities in multiple locations throughout NYU Langone Medical Center

NYULMC.ORG/RUSK
Since 1979 Cadwell has supported PM&R physicians.

Congratulations to AAPM&R on
75 years serving this important profession.

[Cadwell Logo]
Advancing medical technology
to help you, help others
www.cadwell.com

Kaiser Permanente congratulates the AAPM&R on their 75th Anniversary!

At Kaiser Permanente, we applaud the ongoing commitment the American Academy of Physical Medicine and Rehabilitation has to enhancing the quality of life of patients with physical impairments or disabilities. Similarly, Kaiser Permanente has a rich 65-year tradition of providing quality medical care to members throughout the country. Through our leadership in the use of advanced technology, our creation of innovative solutions and our influence on health policy and reform efforts, we are shaping the future of health care in the nation.

We encourage you to stop by our booth at the AAPM&R Job Fair on Wednesday, October 2, 2013 from 6pm-9pm so you can share your story and learn more about how Physicians with Kaiser Permanente continue to transform the specialty. Or visit our website: http://physiciancareers.kp.org/ncal.

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Sharing a Founder and a Commitment to Physical Medicine and Rehabilitation

Congratulations to the AAPM&R on 75 years of dedicated service to its members and the field of PM&R

Rehabilitation is to be a master word in medicine
— WILLIAM J. MAYO M.D., 1925, CO-FOUNDER MAYO CLINIC

Congratulations to the AAPM&R on Celebrating 75 Years

Mayo Clinic is honored to serve The American Academy of Physical Medicine & Rehabilitation

Kurtis M. Hoppe, M.D.
President-Elect AAPM&R
Johns Hopkins Physical Medicine and Rehabilitation Congratulates AAPM&R on its 75th Anniversary

Johns Hopkins proudly supports and congratulates AAPM&R on 75 successful years of serving physical medicine & rehabilitation physicians and their patients. Together, Johns Hopkins and AAPM&R are taking physiatry to the forefront of patient care.

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Saluting a 75-year commitment to physical medicine and rehabilitation.

UPMC is proud to congratulate AAPM&R on 75 years of supporting physicians and advancing the specialty of physical medicine and rehabilitation. We share your goal of moving the specialty forward through our ongoing commitment to research, training, and clinical care.

UPMC Rehabilitation Institute

Affiliated with the University of Pittsburgh School of Medicine, UPMC is ranked among the nation’s best hospitals by U.S. News & World Report.
The Department of Physical Medicine and Rehabilitation at Sinai Hospital of Baltimore congratulates
Leon Reinstein, M.D., for being awarded the
2013 Frank H. Krusen, M.D., Lifetime Achievement Award from the American Academy of Physical Medicine and Rehabilitation and thanks him for his many years of service.

In 2005, we changed rehabilitation forever.

We invented ZeroG®
This advanced overground gait and balance training system has provided patients the opportunity to safely practice stairs, walking over smooth surfaces, sit to stand, getting off the ground, and other therapeutic activities.

In 2008, the first patient used ZeroG in therapy.

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Over the years, thousands of patients have used the ZeroG technology in therapy.

At Aretech, we continue to develop advanced rehabilitation technologies through research and innovation. We look forward to sharing new technologies with the Academy.

Congratulations to the Academy on 75 years!
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