

# About Physical Medicine and Rehabilitation (PM&R)

**aapm&r**

# History of PM&R

- PM&R emerged due to observations by surgeons during the Revolutionary and Civil Wars: soldiers who ignored “bed rest” recommendations recovered faster and more fully.
- National crises fueled the need for large scale physical rehabilitation: paralysis caused by the polio epidemic, and war injuries from WWI and WWII.
  - Patients with disabling conditions required reintegration into the workforce
  - Creative recovery programs and assistive technologies evolved to fill the need
- In the 1920s, the U.S. Army had two medical branches: the department of surgery and the department of physical reconstruction (underscoring the early recognition of rehabilitation as foundational to healthcare)\*



\*[https://ke.army.mil/bordeninstitute/published\\_volumes/rehab1/RH1ch1.pdf](https://ke.army.mil/bordeninstitute/published_volumes/rehab1/RH1ch1.pdf)

# The Founder of PM&R

- In the early 1920s, Dr. Frank Krusen contracted tuberculosis as a surgical resident and spent months recovering in a sanatorium. There he recognized that physical exercise was integral to his successful recovery.
- At the same time, a small group of surgeons (who believed in the power of early mobility) began to call themselves “physical therapists” and Dr. Krusen sought to clarify differences between physicians and other clinicians who practiced physical medicine (known then as occupational aides and physiotherapy aides, now OT and PT).
- He established a program in physical therapy and an inpatient rehabilitation unit at Temple University, where he became Dean in 1926 at the age of 28. In 1936, Dr. Krusen moved to the Mayo Clinic and developed a department of physical medicine and established the first United States residency training program.



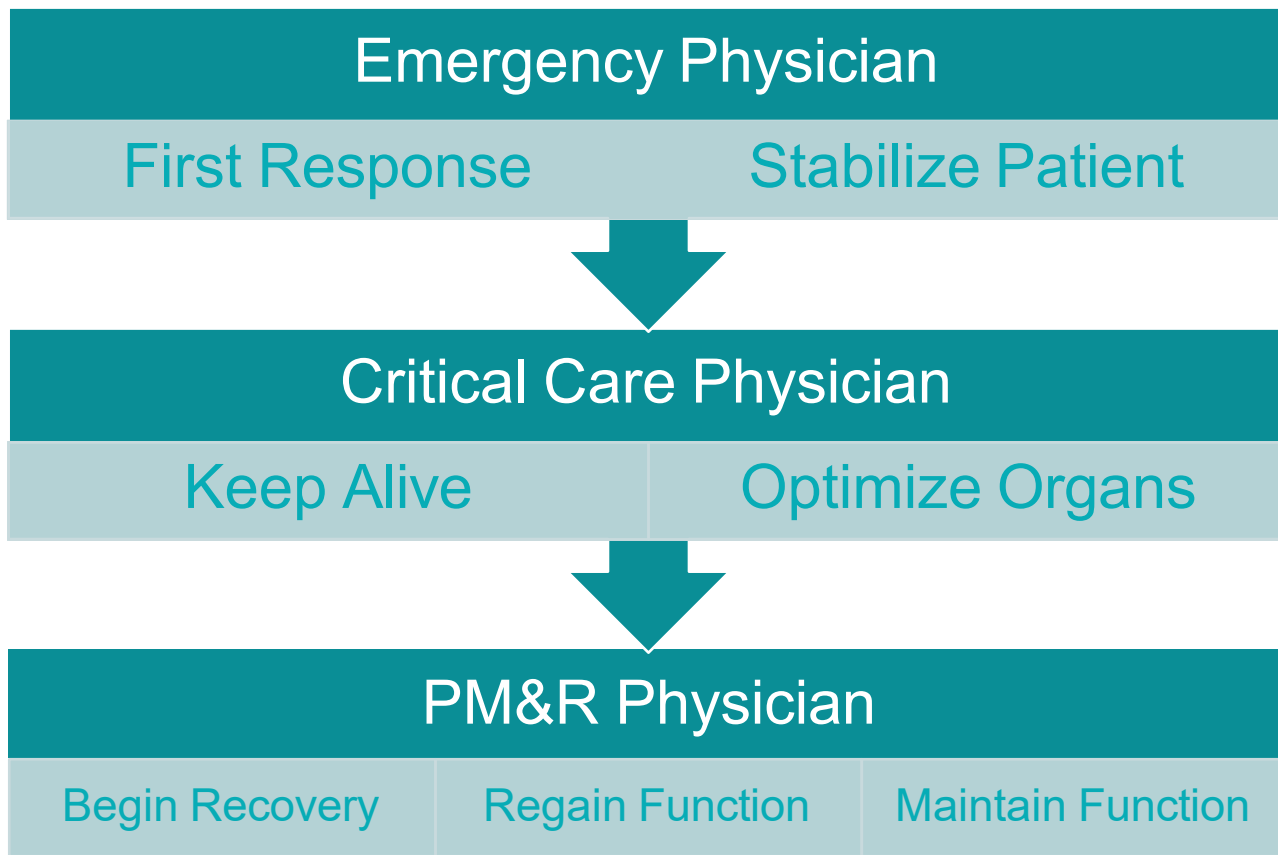
# History of PM&R

- The American Board of Medical Specialties officially recognized the specialty of PM&R in 1947.
- The professional society for PM&R physicians, The American Academy of Physical Medicine and Rehabilitation, was founded in 1955.
- The rise of technology has led to further innovations, including personalized medicine, high-performance prosthetics, implantable pain management systems, and equipment that allows high intensity stroke and brain injury recovery programs.



# About PM&R

PM&R is one of the specialties organized around a timeframe of illness.

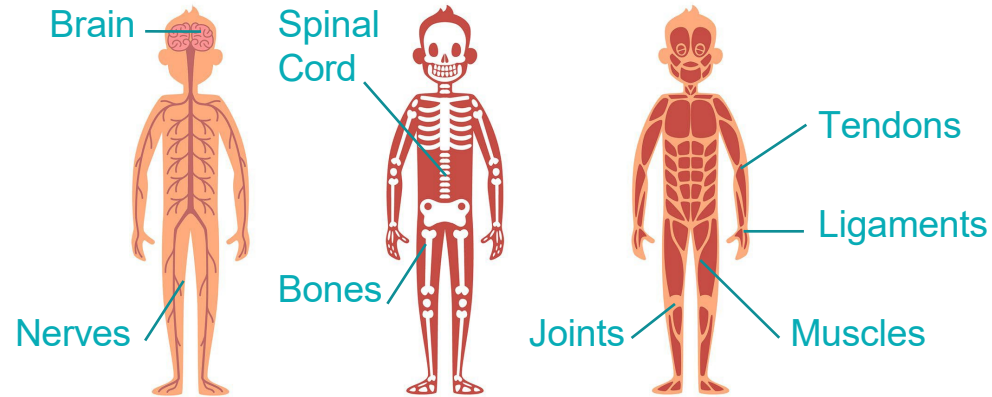


# About PM&R

PM&R customizes recovery options for each individual.

The highest level of independence is achieved with a combination of:

- Intensive therapies and physical exercise
- Optimized medication regimens
- Assistive device training
- Adaptive equipment
- Caregiver training
- Ongoing practice and repetition
- Pain management



# About PM&R Physicians

- As a specialty, PM&R physicians are detectives, identifying root causes of disability, and removing barriers to living independently.
- PM&R physicians create custom recovery plans to help patients achieve specific goals (e.g., to be able to walk, to live alone, play a sport, or return to work).
- By speeding recovery, PM&R physicians can reduce hospital length of stay, improve pain management, and partner with therapists to teach patients self-reliance, thus minimizing hospital readmissions.
- Early hospital consultation with PM&R physicians can reduce unnecessary procedures, guide post-acute care planning, enhance self-care skills, increase patient satisfaction, reduce polypharmacy and decrease the overall cost of care.



# What is the Role of PM&R Physicians?

PM&R physicians...

- Think about how patients can get back to thriving in their lives as quickly as possible. “What do you want to be able to do?” is often our first patient question.
- Specialize in recovery from all debilitating conditions, recognizing that physical movement, personal independence and cognitive exercise are fundamental to health and well-being.
- Utilize cutting-edge as well as time-tested treatments to maximize function and quality of life.
- Find the minimum effective dose of medications and use multi-modal pain management strategies to reduce opioid use
- Treat patients with short- or long-term physical and/or cognitive impairments and disabilities (from sports injuries to spinal cord and brain injury medicine).



# PM&R: Across Healthcare Teams

- PM&R physicians **collaborate with many physician specialties** including:
  - Orthopedic surgery
  - Neurology
  - Neurosurgery
  - Cardiopulmonary Medicine
  - Primary care (*family medicine, pediatrics, internal medicine*)
  - Oncology
- PM&R physicians **lead teams of clinicians** to support the multidisciplinary care of patients:
  - Physical therapists
  - Occupational therapists
  - Speech-language pathologists
  - Psychologists and neuropsychologists
  - Respiratory therapists
  - Prosthetics and orthotics specialists
  - Recreation therapists

# American Academy of Physical Medicine and Rehabilitation (AAPM&R)

# About AAPM&R

- Founded in 1938, AAPM&R is the national medical specialty organization representing more than 9,000 physicians who are specialists in physical medicine and rehabilitation.
- In 2016, the Academy kicked off the PM&R BOLD research initiative, which led to a new mission statement, vision and strategic plan created in 2017.
- AAPM&R's mission statement is to *lead the advancement of PM&R's impact throughout healthcare.*

# PM&R's Vision



PM&R physicians are the **essential** medical experts in value-based **evaluation, diagnosis and management** of neuromusculoskeletal and disabling conditions.

PM&R physicians are **indispensable** leaders in **directing rehabilitation and recovery**, and in preventing injury and disease.

PM&R physicians are **vital** in optimizing outcomes and function **early and throughout the continuum of patient care**.

# PM&R: Overview of Field

- 1 of 24 Primary Board Medical Specialties
- 11,500+ board certified in PM&R
- 6,500+ AAPM&R members are board certified



# AAPM&R Membership

**10000+**  
ACTIVE MEMBERS



**31%**  
HOLD A SUBSPECIALTY  
CERTIFICATION



- 41% Pain
- 26% Brain Injury
- 17% Sports Medicine
- 12% Pediatric Rehabilitation
- 11% Spinal Cord Injury
- 2% Neuromuscular

## PRIMARY PRACTICE SETTING



- 20% Multi-Specialty Group
- 18% Outpatient
- 17% Hospital, IRF, SNF
- 10% PM&R Group Private Practice
- 10% Solo Private Practice
- 4% VA/Military
- 4% Other

**1991**  
PHYSIATRISTS IN-TRAINING



**73%**

OF MEMBERS READ  
THE PHYSIATRIST  
PRINT NEWSLETTER



**54%**

OPEN RATE FOR  
WEEKLY E-NEWSLETTER



**600+**

MEMBERS VOLUNTEER  
ON COMMITTEES,  
TAS KFORCES AND MORE!



**1000+**

MEMBERS POSTED ON  
PHYZFORUM, AAPM&R'S  
ONLINE MEMBER COMMUNITY



NEARLY

**2000**

ONLINE LEARNING  
PORTAL SUBSCRIBERS

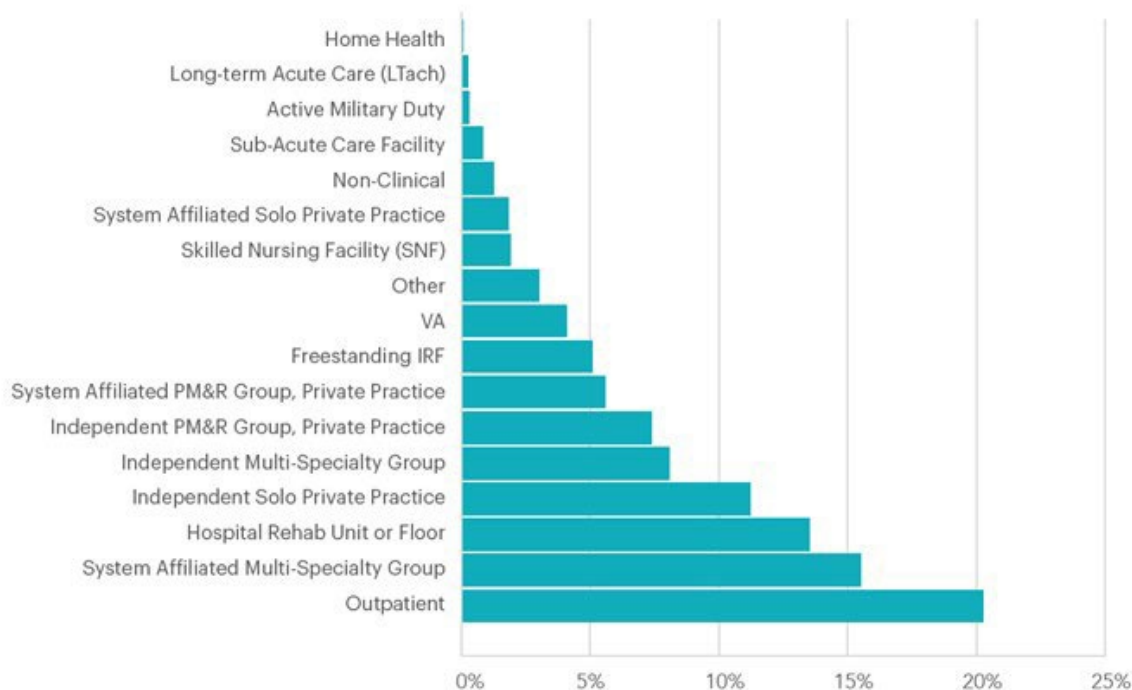


**2890**

ONLINE LEARNING  
PORTAL MOBILE APP USERS

# PM&R: Practice Settings

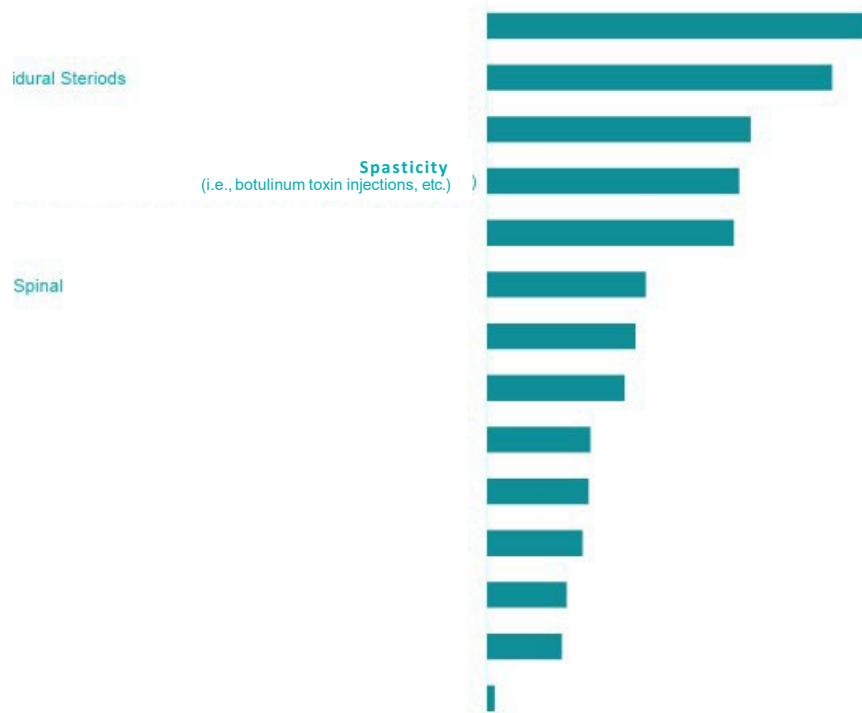
PM&R is integrated throughout the healthcare system:



Of AAPM&R members who reported. As of December  
2022.

# PM&R: Procedures and Services

PM&R uses a variety of procedures and services to enhance quality of life.

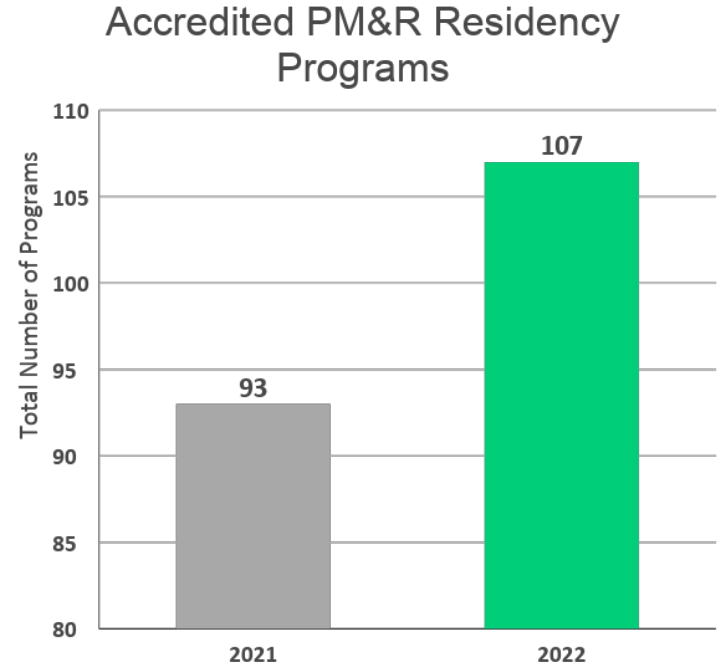




# PM&R Training: Residency

Each year, ~1,700 are going through PM&R residency training and the specialty is growing!

PM&R has the 4th highest “fill rate” in The Match - indicating that it is a highly competitive and desirable specialty.\*



# PM&R Training: Fellowships (1-2 years)

## ACGME-accredited:

- Brain Injury
- Hospice and Palliative Care
- Neuromuscular Medicine
- Pain Medicine
- Pediatrics Rehabilitation
- Spinal Cord Injury Medicine
- Sports Medicine

## Non-ACGME accredited:

- Amputee
- Brain Injury
- Cancer Rehabilitation
- Cardiopulmonary
- EMG
- Ethics
- Hospice and Palliative Care
- Informatics
- Legal
- Metabolic Bone Diseases
- Multiple Sclerosis
- Musculoskeletal/Sports/Spine
- Neuromuscular Medicine
- Osteoporosis Rehabilitation
- Pain
- Pediatric Rehabilitation
- Regenerative Medicine
- Research
- Stroke
- Trauma Rehab
- Spasticity Management
- Wound Medicine

**AAPM&R has a [Fellowship Directory](#) along with many resources to help residents get ready for the next step in their career.**

# 2024 AAPM&R Annual Assembly Insights

**3,399\*** TOTAL  
ATTENDEES



**2,852** IN-PERSON  
ATTENDEES



**547** VIRTUAL  
ATTENDEES

**87%**

OF ATTENDEES  
ARE AAPM&R  
MEMBERS



- 51.18% Practicing Members
- 18.73% Residents/Early-Career
- 12.95% Medical Students
- 14.13% Non-Member/Prospect
- 1.18% Unknown



**22% HOLD A SUBSPECIALTY  
CERTIFICATION**



- 25.17% Brain Injury
- 24.77% Pain Medicine
- 22.36% Sports Medicine
- 16.47% Pediatric Rehab
- 9.64% Spinal Cord Injury
- 1.61% Neuromuscular Medicine



**PRIMARY PRACTICE SETTING**



- 26% Outpatient Clinic
- 22% Other
- 22% System Affiliated Multi-Specialty Group
- 13% Hospital Rehab Unit or Floor
- 6% Independent Solo Private Practice
- 5% Freestanding IRF
- 5% System Affiliated PM&R Group, Private Practice

**THE BEST IN  
EDUCATION**



**931**  
FIRST-TIME  
ATTENDEES



**870** FIRST-TIME  
IN-PERSON  
ATTENDEES



**61** FIRST-TIME  
VIRTUAL  
ATTENDEES

**70+**  
EDUCATIONAL  
SESSIONS

**40**  
LIVE-STREAMED  
SESSIONS

**25**  
MEMBER  
MEETUPS

**4**  
PLENARY  
SESSIONS

**16**  
CLINICAL AND  
PRACTICE THEMES

*\*All data taken from the 2024 Annual Assembly Demographics Report, Exhibitor Survey and Attendee Survey.*

# Explore More

- Learn more about PM&R, AAPM&R and the history of the specialty at [www.aapmr.org/aboutpmr](http://www.aapmr.org/aboutpmr).

