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

From the 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 Risk 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, practising 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 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 and will in the future. We regularly advocate for our members on numerous fronts, including to legislators on multiple issues such as curtailting 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 thrive as an essential, indispensable and vital component in medicine, necessary to achieve the full realization of the Triple Aim.

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!

Jonathan Whiteson, MD, FAAPMR
AAPM&R President

Review and Renewal – A Process of Transformation

From the Editor

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 9 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 cyclical 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 as 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 1st? Ellis shares his name with Ellis Island – inexorably linked with the Towers 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.

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 schoolbooks 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.'
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

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 the effectiveness of the multidisciplinary care that Long COVID clinics – often led by physiatrists – provide to patients. We need to investigate if the 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.

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.

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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 26 MEMBER COMMUNITIES hosted online educational and networking sessions.

Attendees enjoyed 80+ CLINICAL AND PRACTICE SYMPOSIA…

And FOUR INSIGHTFUL PLENARIES…

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

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.

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 PhyTalk Submissions
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 such services throughout the world of oncology 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 in each field. PM&R is well positioned to provide care for these subspecialties.

PM&R is a way to define this growing subspecialty and can be used as a guide to published references and educational resources available to the physiatrist. The documents were 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 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.

ACADEMY NEWS

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.”

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 media about the important work they and their team have done to provide guidance in this emerging area.

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 as members as well as the Academy we have been featured in the following news outlets discussing Long COVID and the release of these guidance statements:

• ABC News
• KSDK
• MedPage Today
• Medscape
• Medscape Women’s Health
• San Francisco Chronicle
• Healthnews
• San Antonio Express News
• Healthday
• KSAT/ABC San Antonio
• And more!

Visit aapmr.org/press to read their articles.

ACADEMY NEWS

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.
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 experience of being both a learner and a leader 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 this career level, need: etc. aapmr.org/practicesources
• Volunteerism - go to aapmr.org to see a list of all current volunteer opportunities. Learn more about volunteerism at 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.

The quality and efficiency of rehabilitation care. The ongoing success of the PM&R field relies on embedding members to unite behind advocacy efforts. As a result of AAPM&R’s Future Leaders Hill Day participants—Amir Banadaki, MD, FAAPMR
• Sara Desai, MD, FAAPMR
• Lauren Elson, MD, FAAPMR
• Miguel Escalon, MD, MPH, FAAPMR
• David Haustein, MD, MBA, FAAPMR
• Byron Shivekde, MD, FAAPMR
• Ami Shina, MD, FAAPMR

• Byron Schneider, MD, FAAPMR
• Surenda Barshikar, MD, FAAPMR
• SuAnn Chen, MD, FAAPMR

• Professional development – resources
• Volunteering – to see a list of all current volunteer opportunities.
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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 Also check out aapmr.org/education

While it might be cold outside and the daylight hours are short, we know the Oak Ring 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!

FROM THE EDITOR

(From The Editor continued from page 1)

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?

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AAPM&R as a professional organization provides opportunities for us to review and renew. Consider these offerings:
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 the payment to the cost and quality of healthcare that is furnished rather than the quantity of services furnished. While the traditional FFS reimbursement 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) implementation of 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 shifting 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.

ADVOCACY AND REIMBURSEMENT

The Role of Alternative Payment Models in Physiatry

The Academy’s Position on Alternative Payment Models

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The triangle is complemented by world-class symphonies, museums and art galleries. The position offers: *Comprehensive Medical, Dental, Vision insurance *Options for Health and Flexible Spending Accounts *Employer paid 401k contribution up to 8.5% of salary *Employer paid 40% contribution up to 8% of your base salary *77 days of PTO, three CA state paid days, seven days of CME, and five Medical Day 2/3 benefits *Major State of California and CAPS insurance *Employer paid Malpractice "Job Requirements: Physician with MD/DO degree or equivalent - Board Certified or Board Eligible, EMG/NCV certification, 4 years of experience, availability to work nights and weekends. Please visit https://emergeortho.com for additional information. Please forward your CV and cover letter to Glenda Church Smith, FNP, Pediatric Research Fellow, email glenda@pediatricresearchpartners.com, call (770) 440-383-0 or text (216) 450-3994.

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