The Power of Community is Shaping the Future of Physiatry

As PM&R’s primary specialty society, we want to continue to be here for you, tirelessly working to ensure that physical medicine and rehabilitation is part of the national conversation about health care by advocating for the federal support, legislation, regulatory relief, and resources that are critical to you and your patients. From individual physiatrists to the collective efforts of the Academy, advocacy must take place at all levels of the specialty. It begins with AAPM&R members being informed and engaged; stepping up to take action against legislation and proposals that are detrimental to the specialty, your practice and your patients.

And nowhere was that more evident than our recent efforts to oppose CMS’ Non-Physician Practitioner Proposal in the FY 2021 IRF Proposed Rule. Read on to see how the collective voices of members can make a difference in the future of health care by positioning PM&R physicians as leaders in medicine.

Thank You for Taking a Stand Against the 2021 IRF Proposed Rule

Amidst everything happening in our world, your Academy stayed focused and committed to an issue that, left unchecked, could have a significant negative impact on our specialty and the care that we provide to our patients.

AAPM&R led a coordinated effort to unite all physiatrists, other medical specialties, patient coalition organizations, hospitals, and additional key stakeholders to oppose a proposal in the 2021 IRF Proposed Rule, which sought to amend the IRF coverage requirements to allow non-physician practitioners (NPPs) to perform certain duties that are currently required to be performed by a rehabilitation physician.

Thanks to your efforts, Team Physiatry succeeded in raising a unified voice to CMS before the comment period for this proposal closed on June 15. Together, 123 groups signed on to AAPM&R’s stakeholder letter; 97 of your patients wrote to CMS, detailing the critical role PM&R physicians played in their care; and 2,377 physicians submitted letters to voice their opposition to this dangerous proposal.

In addition to this robust campaign, Academy leaders, joined by Brain Injury Association of America leadership and staff, held meetings with CMS and White House Office of Management Budget officials. The Academy is also leading a Hill strategy to encourage Congressional Representatives to oppose the NPP proposal.

At the time of print for this issue, the CMS final rule has yet to be released. However, we are not waiting for the final rule before continuing with efforts to advance the impact of physiatry throughout health care. AAPM&R is actively engaging our Future of Inpatient Rehabilitation Workgroup and other stakeholders to implement an action plan to better define the inpatient rehabilitation physician role.

Stay tuned to your Academy communications for more information about the outcome of our efforts to defeat the NPP proposal. In the meantime, we urge you to take the next step in our fight to protect the future of the specialty. Please contact your Congressional Representative, asking them to urge CMS not to finalize this dangerous proposal. The call should only take a few minutes to complete. Not sure what to say? Talking points are available in our Advocacy Action Center.

Team Physiatry’s advocacy is driven by you. Thank you for being a #PMRAdvocate and getting involved! We couldn’t do it without you.
The Fujiwhara Effect

Greetings from the west side of Chicago, where the air is warm and the sun rises in the East and sets in the West, where Spring is in its full green glory, but nothing feels right. There are no perfect trees scheduled, no concerts in Grant Park, and the lakefront is still closed. June 1 is the official start of the hurricane season in the United States. Just as many of us feel protected from hurricanes because of where we live, so my family feels protected from COVID, assuming it would not affect them. Sadly, the same is true regarding issues of violence and racism. Many people feel protected or unaffected by racism because of where they live or what they look like. At the same time, many more people feel vulnerable and afraid. And in the waning days of May, as our country was cautiously (and in some places not very cautiously) reopening, the public murder of yet another man of color ignited a simmering rage, perhaps creating a “perfect storm.” This storm is the collision of two pandemics that disproportionately affect communities of color. COVID-19 has magnified and exacerbated food and housing insecurities created by the pandemic of structural racism and systemic violence.

When two hurricanes collide, the phenomenon is called the Fujiwhara effect. If two hurricanes pass within 900 miles of each other, they can start to orbit. If the two storms get closer to within 190 miles of each other, they’ll collide or merge. If the two storms get even closer, they can start to orbit. If the two storms get too close, they’ll collide or merge. And in the waning days of May, as our country was cautiously (and in some places not very cautiously) reopening, the public murder of yet another man of color ignited a simmering rage, perhaps creating a “perfect storm.” This storm is the collision of two pandemics that disproportionately affect communities of color. COVID-19 has magnified and exacerbated food and housing insecurities created by the pandemic of structural racism and systemic violence.

As physicians, if we really want to have an impact on health, we need to do more than treat or fix those who are sick or harmed by preventable disease. We need to push for changes that will positively impact the health of individuals, and also the communities in which they work, live, and play. We have a fundamental obligation to not only acknowledge institutionalized racism, but insist that recovery from the COVID-19 pandemic does not return us to “normal,” but a conscious rebuidling of a Society in which we truly believe all persons “are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness” (the Declaration of Independence).

As a leader, I want to help people understand how race impacts health disparities, and the systemic racism that contributes to the devastation of people of color. It is important to acknowledge the impact of the individual’s interests, desires, and personality in the establishment of leadership qualities. However, it is generally accepted that there are certain leadership qualities that are learnable, and that they can be developed in individuals who have the necessary drive, when they are provided with the appropriate training and environment. I subscribe to the notion that professional appropriate growth for the development of effective leaders, just like the training experience that creates good physicians, requires both “nature” and “nurture” — i.e., the individual, the environment, and the formal training.

On a daily basis, AAPM&R members have the experiences of serving as, responding to, and directing other policies, laboratories, work groups, institutions, or organizations.

To its credit, and to our collective benefit, AAPM&R has established a robust portfolio of opportunities to build leadership capacity among members and to facilitate professional growth of individuals. These programs are unique and potentially impactful for all of us, and taking advantage of one or several of these offerings is likely to be highly worthwhile.

Perhaps the most prominent among these programs is the Future Leaders Program (formerly the Academy Leadership Program). Launched in 2013, this highly selective two-year long training program’s purpose is to “identify and develop a limited number of early-career physiatrists to prepare them to engage in Academy volunteerism and assume future leadership positions.” But there is a second program, the AAPM&R Leadership Institute, directed by Drs. Kathy Bell and Bill Adams, was recently initiated to provide two pathways to develop physiatry-focused leadership skills for all members. The first pathway is a comprehensive PM&R-focused training that includes personal readiness, communication skills, management and administrative training, and awareness of external influences on the organization. The second pathway is designed for individuals who already have proficiency in most or all of these domains, that by itself clearly would NOT qualify that person to be considered a good “leader.”

A good leader has the ability to inspire others, to motivate them to do what is needed for the good of the larger group or organization. The leader is responsible for establishing a vision, declaring it, communicating it broadly, and ensuring that it gets implemented. A leader must do both push and pulling — enabling, or facilitating, or persuading, or sometimes forcing the organization or group to advance.

Engagement is key. Execution is also key, and the leader’s role is also to ensure that implementation happens. I have often been a fan of the Chinese saying, “Vision without action is a daydream. Action without vision is a nightmare.”

There is a great deal about leadership that involves “people skills,” i.e., relationships, including motivating, persuading, co-opting, cheering, etc. (Much of this sounds similar to our roles as rehabilitation physicians, doesn’t it?) And the ability to develop a considerable amount of these people skills requires understanding and acknowledging the emotions of others. Sensitivity to the hopes, loves, dreams, desires, fears, emotional triggers, and stresses in other individuals is an important quality of leadership. Also essential is the ability of the leader to self-regulate. Many of these traits are ingrained in the concept of the “Vulnerability Intelligence,” which is defined as “the capacity to be aware of, control, and express one’s emotions, and to handle interpersonal relationships judiciously and empathetically.” In his book on Emotional Intelligence, co-author Daniel Goleman says that the five components of emotional intelligence include: Self-awareness, Self-regulation, Motivation, Empathy, and Social skills. I think that all of us people skills require understanding and acknowledging the emotions of others. Sensitivity to the hopes, loves, dreams, desires, fears, emotional triggers, and stresses in other individuals is an important quality of leadership. Also essential is the ability of the leader to self-regulate. Many of these traits are ingrained in the concept of the “Vulnerability Intelligence,” which is defined as “the capacity to be aware of, control, and express one’s emotions, and to handle interpersonal relationships judiciously and empathetically.”

One of the program’s purpose is to “identify and develop a limited number of early-career physiatrists to prepare them to engage in Academy volunteerism and assume future leadership positions.” But wait, there is more! The AAPM&R Leadership Institute, directed by Drs. Kathy Bell and Bill Adams, was recently initiated to provide two pathways to develop physiatry-focused leadership skills for all members. The first pathway is a comprehensive PM&R-focused training that includes personal readiness, communication skills, management and administrative training, and awareness of external influences on the organization. The second pathway is designed for individuals who already have proficiency in most or all of these domains, that by itself clearly would NOT qualify that person to be considered a good “leader.”

A good leader has the ability to inspire others, to motivate them to do what is needed for the good of the larger group or organization. The leader is responsible for establishing a vision, declaring it, communicating it broadly, and ensuring that it gets implemented. A leader must do both push and pulling — enabling, or facilitating, or persuading, or sometimes forcing the organization or group to advance.

Leadership

As doctors, when we make medical decisions, we want to prevent getting hurt or stopped or killed just because of how he looks.

As physicians, if we really want to have an impact on health, we need to do more than treat or fix those who are sick or harmed by preventable disease. We need to push for changes that will positively impact the health of individuals, and also the communities in which they work, live, and play. We have a fundamental obligation to not only acknowledge institutionalized racism, but insist that recovery from the COVID-19 pandemic does not return us to “normal,” but a conscious rebuidling of a Society in which we truly believe all persons “are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness” (the Declaration of Independence).

I look forward to rebuilding together.

Warmest regards,
Michelle

A Critical Conversation on Equity, Access, and Inclusion in PM&R, Health Care, and Society

You are invited to our critical conversation on Tuesday, July 14 at 8 pm ET/7 pm CT. Hosted by the AAPM&R Board of Governors, we will be holding a thought-provoking discussion on racial equity to create space for these often-difficult conversations. We want to listen and understand how current events have impacted African American members in our PM&R community. Let’s come together and hear your stories and experiences. This is your opportunity to share your concerns and questions so that we may continue to create a welcoming environment for all members. Questions may be submitted in advance at boardofgovernors@apmr.org.

We look forward to this open conversation and hope you can join us! Register now at www.aapmr.org/calendar

References

AAPM&R’s Registry is thrilled to announce their first 3 sites for the Ischemic Stroke and Low Back Pain data collection pilot program.

AAPM&R’s Registry is a single repository of rehabilitation data which will harness the combined power in numbers of the Physical Medicine and Rehabilitation specialty. This mass of data can then aid the specialty and others by guiding efforts to reduce burnout, define scope of practice and demonstrate the value of rehabilitation care. AAPM&R’s Registry will also provide data to improve care by tracking success on a national scale, gaining insights from Patient Reported Data and studying the most effective treatments for patients. As more data is collected, rehabilitation will become stronger, together.

With AAPM&R’s Registry, participants can compare their patient outcomes, professional performance and care processes against other physicians across the country. The Registry will be able to measure the continuum of care from initial patient contact, through intervention and follow up.

APPM&R Registry Announces New Pilot Sites

Brooks Rehabilitation
Carolina Neurosurgery & Spine Associates
Shirley Ryan AbilityLab

Data to Demonstrate Your Value and Improve Your Care:
• Benchmark your practice – Identify practice strengths and weaknesses using AAPM&R’s Registry clinical data from other practices to compare against the performance and outcomes data of your practice. Run quality reports on demand, providing clinician- and practice-level results, plus national results and patient-level detail for AAPM&R Registry measures.
• Enhance quality and practice efficiency – Use AAPM&R’s Registry data to analyze practice processes and procedures, and as a source for fact-based decision-making. Because AAPM&R’s Registry will capture data over time at the individual and practice level, it will help practices efficiently manage patient care and optimize practice resources.
• Improve patient care – Monitor patient interactions, track interventions, identify and address gaps in quality of care, and measure quality outcomes.
• Manage patient populations – Proactively manage clinical conditions for entire patient populations by running reports on specific conditions for review.
• Join a community of quality improvement – Become a member of a like-minded community of quality-driven professionals striving to continuously improve patient care. Interact with your peers to create opportunities for sharing quality improvement strategies and broaden your professional network.

Submit Soon: Late-Breaking Research

Do you have research that you weren’t able to submit for our Call for Abstracts in March? In July, we’re offering your opportunity to submit your brand-new, original research abstracts for the 2020 Annual Assembly. Start preparing now and stay tuned for more information!
The Value of the Foundation for PM&R

Bruce E. Becker, MD, MS
President for Physical Medicine and Rehabilitation

Aiming at “what is the value of the Foundation for PM&R?” is very much like asking what a physiatrist does. Saying “we fund psychiatric research” certainly gets to the heart of it but is by no means any more comprehensive than saying physiatrists focus on function. It might be more accurate to say that the Foundation, under the guidance of a Board of Directors made up of leaders from all aspects of the field, carefully assesses the environment and seeks voids where small investments that are not easily obtainable elsewhere can build the foundation for the future by providing start-up funding to those who are advancing physiatric research and patient care, and elevating the status and visibility of the field.

Our research grants and awards program is the primary focus of our efforts, and it impacts the field in multiple ways. Young investigators attract bright young researchers, challenge them to learn effective grant-writing and study design skills, and provide the opportunity to build mentoring relationships with established physiatrists preparing the groundwork for the future of physiatric research. Providing pilot support to established investigators seeds the seeds for multimillion dollar NIH-funded projects and launches the multiple lines of investigation that span decades. Funding research also brings physiatry into the national (and sometimes international) spotlight when Foundation-funded research is published in prestigious journals.

Our grants program has built bridges with other organizations by supporting our common commitment to advancing the field of physiatry. Many of the Foundation’s initiatives, including the Registry, Annual Meeting, PM&R magazine, and raising money for the Registry. The Rehab 5K Run/Walk and Roll took off and expanded on the informal run that was popular at Academy meetings in the 1990s. And we have been good stewards of the PM&R Endowment, which was established in the 1990s and now provides start-up money to other efforts that move the needle from different directions. In elevating and advancing the field of physiatry, we are proud of our achievements. Please considering joining our team of contributors today.

SNF Think Tank Recap

Jonathan Whitson, MD, FAAPMR and Ian Randem, Health Policy and Payment Coordinator

On May 1, 2020, AAPM&R convened a group of physiatrists and led by Dr. Jonathan Whitson for a full-day virtual meeting to discuss the future of physiatry within Skilled Nursing Facilities (SNFs). The virtual Think Tank was assembled to address the PM&R BOLD Rehabilitation Care Continuum strategic plan. Under the BOLD envisioned future, “we see the physiatrist as the recognized leader across the acute and post-acute care continuum with expertise in managing utilization of resources to achieve maximal patient outcome.” The SNF setting is a key component of the rehabilitation care continuum and a space in which the physiatrist’s role can be further explored and developed.

The following physiatrist leaders participated in the meeting:
- Jonathan Whitson, MD, FAAPMR, Think Tank Chair
- Edward Burnett, MD, FAAPMR
- Jeffrey Fine, MD, FAAPMR
- Jason Gross, MD, FAAPMR
- Patrick Kortebein, MD, FAAPMR
- Lisa Pascual, MD, FAAPMR
- Charlotte Smith, MD, FAAPMR
- Allain Tario, DO, FAAPMR
- Dominique Viriy, MD, FAAPMR, MBA
- Stuart Weisstein, MD, FAAPMR, Chair, PM&R BOLD Steering Committee

Reflecting on the meeting, Dr. Whitson noted: “There are tremendous opportunities for physiatrists to work in the SNF environment. The SNF Think Tank was formulated to identify those opportunities and support potential pathways whereby physiatrists could enter this field of practice optimizing patient care and practice potential. The Think Tank delivered comments on innovative and aspirational opportunities for the AAPM&R Board to formulate strategies and potential partnerships and strategies to position the physiatrist as the ideal physician to manage the rehabilitation needs of patients residing in SNFs.”

The SNF Think Tank considered current guidance offered by the Academy, specifically the Academy’s position statement on the Physiatrist’s Role in Skilled Nursing Facilities, and discussed ways to update the statement to assert the value of physiatry in this setting. The group reflected on what the Academy should define the role of a rehabilitation physician in the SNF setting. Further, the idea of defining a co-management model as well as researching the impact of this model on patient care was considered. The Think Tank members also addressed the role of the PM&R discipline in medical education and training to ensure physiatrists are introduced to SNF practice. They discussed techniques for positive exposure to the SNF during training. In summary of the conversation, Dr. Charlotte Smith noted: “To make the SNF field a viable and attractive setting for PM&R, physiatrists should serve as rehabilitation medical directors in SNFs. It is incredibly important that physiatrists serving as rehabilitation medical directors in SNFs do it with excellence. This helps to optimally support the facility and promotes the role of physiatrists as essential leaders in the subacute level of care.

What is the future for SNF and future opportunities for physiatrists practicing in SNFs, the Think Tank members considered the short- and long-term impacts of COVID-19 as well as potential reimbursement, regulation and payer focuses that may influence patient care and research/data needs. Given the timing of the meeting, COVID-19 was top-of-mind for the Think Tank members. They shared insights on how the lack of a consistent role for physiatry in SNFs has created new challenges for accessing patients during the COVID-19 public health emergency. With respect to reimbursement, the group discussed the impacts of the recently implemented Patient Driven Payment Model (PDPM), which Medicare uses to determine payment for SNF stays. In describing the opportunities and challenges of the new model, Dr. Vosh noted: “Under PDPM, the preferential reimbursement rate tilted toward patients with moderate functional independence where PT and OT utilization will be highest, as their functional outcomes are expected to be the most impactful. PDPM enhances PM&R expertise to allocate diminishing therapy resources. Physiatrists are encouraged to identify and advocate, a level of care that may require much more intensive rehabilitative level than anticipated in the SNF environment.” With respect to all issues impacting SNFs, the Think Tank members highlighted the importance of ongoing collaboration with other physicians working in the SNF space including family practice physicians, geriatricians, and internists.

The meeting concluded with a discussion of initiatives AAPM&R can potentially address that will enable PM&R physicians to fulfill their ideal role in SNFs. “The Think Tank members enthusiastically endorsed the effort to advance physiatric practice in the SNF setting. We embrace the opportunities of collaboration with SNF medical directors and national organizations that are represented in the SNF arena. And through open discussion and strategic planning coordinated through our AAPM&R leadership, we will serve individual patients and SNFs to the best of our abilities,” said Dr. Whitson. Recommendations from the SNF Think Tank will be summarized and shared with the Board of Governors and the PM&R BOLD Steering Committee in the coming months.

**Stay Informed on Coding, Policy, and Quality Improvement**

Keeping You Informed on Coding, Policy, and Quality Improvement.

**ADVOCACY AND REIMBURSEMENT CORNER**

Keeping You Informed on Coding, Policy, and Quality Improvement.

**FOUNDATION NEWS**

JULY 2020

**PHYSIATRIST**

JULY 2020
The AAPM&R Board of Governors held its annual Spring meeting April 17-18. While board meetings are traditionally in-person sessions, the Board was able to make productive use of the virtual format. The focus of the Spring meeting is generally reserved for strategic planning as the Board discussed future-Annual Assembly and meeting minutes, and the Academy’s Bylaws. They reviewed and discussed reports from committee chairs and liaisons. They heard from the Nominating Committee about the committee’s connection with the Academy's Diversity & Inclusion Committee to improve the nomination process through enhanced transparency and intentional inclusion. The Board of Governors took time to reflect on this unity that connects such a diverse society. They urge members to do the same.

The Spring meeting always calls upon the Board of Governors to address “regular” Academy business and the Board pressed on with a review of the Academy audit and finances, with discussions of potential inter-organizational collaborations, and with site selection planning of a future-Annual Assembly. The Board reviewed policies, meeting minutes, and the Academy’s Bylaws. They reviewed and discussed reports from committee chairs and liaisons. They heard from the Nominating Committee about the committee’s connection with the Academy’s Diversity & Inclusion Committee to improve the nomination process through enhanced transparency and intentional inclusion.

What the AAPM&R Board of Governors would like to convey most about the Spring meeting is the awe and appreciation they felt for the way in which Academy members have come together on PhyForums and in webinars to support and engage with each other during this time of crisis. This unity of spirit and purpose through connection is something Academy members should be very proud of.

AAPM&R PHiT Board Supports In-Training Members with Informational Webinars

Charles D. Kenyon, DO, MS
PHIT Board President

During these times of uncertainty, we have all felt the strains of physical distancing and rapidly adapted to our new “virtual” academic environment. Through these challenges, the Physiatrist in Training (PHIT) Board produced a series of webinars to support our in-training members as we work navigate these transitions as a community.

We are committed to supporting our in-training members from the first day of internship through residency, fellowship, career transitions, and beyond. The events highlighted below were well-attended with an engaged audience. We continue to strive to provide a space for in-training physiatrists to come together and grow from our shared experiences.

April 24 Event: Wellbeing and Resiliency

On behalf of the Academy and PHT, I have the pleasure to host Kevin Ablacher, PhD, rehabilitation psychologist from the University of Washington for a discussion on ‘Coping with Uncertainty and Leveraging Resilience During COVID-19’. His insights were valuable to both in-training and practicing members as we seek to ‘control the controllables’ and face both the acute and long-term stressors of the pandemic.

May 20 Event: PHT Ambassador Town Hall

The PHT Council Ambassador Program consists of PHT representatives from PM&R residencies across the county. Each ambassador serves as a liaison from their program to AAPM&R. As Academy volunteers, ambassadors enhance communication with our in-training members and promote Academy resources to colleagues at their home institutions. The ambassador program is inspired by member insight and feedback gathered from heartfelt responses to the AAPM&R COVID-19 member survey. The robust response to the AAPM&R COVID-19 member survey from the Academy’s well-attended member-facilitated COVID-19 webinars, and on Academy members and on major Academy initiatives. The Board reviewed policies, meeting minutes, and the Academy’s Bylaws. They reviewed and discussed reports from committee chairs and liaisons. They heard from the Nominating Committee about the committee’s connection with the Academy’s Diversity & Inclusion Committee to improve the nomination process through enhanced transparency and intentional inclusion.

AAPM&R Board of Governors Meets Virtually to Strategize for 2020 and Beyond

AAPM&R Board of Governors

The AAPM&R Board of Governors convened online to consider together the short- and long-term impact of COVID-19 on Academy members and on major Academy initiatives. The Board recognized that while the Academy’s core purpose—to lead the advancement of physiatry’s impact throughout health care—is as strong as ever, member needs have been greatly affected by the pandemic.

Board members reviewed the resources gathered and the adjustments already made—with the help of the Academy’s dedicated volunteer force—to educational products and advocacy services in order to appropriately and nimbly react to crisis. COVID-19 webinars, PhyForums, channels, and resources linked on the AAPM&R website were timely and effective initiatives that responded quickly to the crisis in a way that members embraced. The Board confirmed their commitment to strategies designed to support and to proactively lead the Academy, its members, and the specialty through this extraordinary challenging time. The Board’s COVID-19-related assessments and discussions throughout the Spring meeting were inspired by member insight and feedback gathered from heartfelt expert member-to-member PhyForums, discussions from the Academy’s well-attended member-facilitated COVID-19 webinars, and from the robust response to the AAPM&R COVID-19 member survey.

Save-the-Date for 2021 Business Administration Program Courses

AAPM&R is happy to announce the 2021 dates for the Business Administration Program Courses—April 23-25 and June 11-13.

You may remember, these courses had to be rescheduled due to COVID-19 concerns.

The Business Administration Program—designed for physiatrists by physiatrists—is perfect for those looking to improve their business administration and management skills to pursue leadership roles, such as medical director or CEO of a health system, without the cost and time of pursuing a traditional MBA.

The program includes 2 intensive and interactive weekend courses held at the James L. Allen Center on Northwestern University’s Evanston, IL campus. Attendance is limited to 40 participants who will complete the program as a cohort to maximize networking and mentoring from Leadership Institute Program Directors William A. Adar, MD, FAAHPM and Kathleen R. Bell, MD, FAAPMR. Registration is now open. Learn more at www.aapmr.org/bap.

A Variety of PPE is Available for You

Personal protective equipment (PPE) plays a vital role in helping you safely care for your patients during these critical times. AAPM&R members brought to our attention a few suppliers to help get PPE delivered to you quickly. As a benefit of Academy membership, you can order supplies from a couple of collaborators who will handle the payment and shipping your orders:
- Action PPE (actionppe.org/3/aapmr)
- Foresight Group (foresightgroupusa.net)

New products will be added as they become available—please check these websites frequently. Thank you to our Private Practice Workgroup for their efforts in bringing these resources to members!

AAPM&R PHiT Board Supports In-Training Members with Informational Webinars

Other PPE Options to Explore:
- Amazon Business (business.amazon.com)
- The following U.S. health care organizations can purchase PPE with a free Amazon Business account: hospitals, emergency medical services, senior care facilities, home health care, physician practices and ambulatory care centers. Check with your purchasing department or those responsible for buying on behalf of your organization to confirm if you already have an account. To start purchasing, visit the Amazon’s User Guide (amazonbusiness.my.salesforce.com/sf/p).

Do you have another PPE option to share with members? Let us know at covidresponse@aapmr.org or 847-737-6000 and we will collect and share with members.

Join Our Physiatrist in Training (PHIT) Board

The PHIT Board Nominating Committee is seeking nominations for 2020-2021 Executive Committee (office) candidates and committee liaison appointments. Any interested residents and fellows in-training, who are also AAPM&R members, may apply today!

It has been a gratifying experience representing PM&R trainees at the national level and working directly with leaders in our field. Most importantly, I have met the most incredible and inspirational physiatrists through being a member of the PHIT Board and look forward to continue being part of such a great organization. —Bonny Su Wong, MD, AAPM&R PHiT Board Liaison to AAPM&R's Membership Committee

Junior Residents and Fellows in Training (PHIT) Board

Apply now! Nominations for Executive Committee (office) positions will be accepted through August 2, 2020. Nominations for committee/liaison positions will be accepted through August 9, 2020. Learn more at www.aapmr.org/phit.
Orthopedic Associates of Hartford (OAH) is seeking a fellowship-trained Interventional Physiatrist who is Board-Certified/Eligible in Pain Management. OAH consists of 32 fellowship-trained physicians encompassing all of the major sub-specialties of Orthopedics to include Hand, Sports, Spine, Joint Replacement Surgery as well as Interventional Pain. OAH has 9 offices throughout the greater Hartford area, and service-line agreements with the Bone and Joint Institute at Hartford Hospital as well as the Connecticut Joint Replacement Institute at Saint Francis Hospital. It has ownership in four Ambulatory Surgical Centers, to include one that is 100% physician-owned, as well as ancillary services such as MRI and Physical Therapy. See our website at www.oahct.com to learn more about our highly respected Practice.

The candidate would be joining two other Interventional Physiatrists in a fast-paced, high-volume practice focused primarily on non-operative management of acute spine pain, with an opportunity for sports medicine and team coverage. This is a 100% outpatient-only position, with no call responsibilities and no chronic pain management. The candidate would be performing image-guided spinal injections in one of the surgical centers, in-office injections, and EMGs. There is a three-year path to full, equal partnership. Opportunities for research are available. Please send CV and cover letter to: Richard Collins, Human Resources manager: rcollins@oahctmd.com.

PREPARE FOR THE ABPMR PART I EXAM WITH THE CERTIFICATION QBANK

Are you preparing for the American Board of Physical Medicine and Rehabilitation (ABPMR) Part I exam on August 3, 2020? AAPM&R’s Certification Qbank* is here to help!

- Available as a complete set or 12 individual themed modules
- 800+ questions covering all major PM&R topics

Visit me.aapmr.org to purchase and access this valuable resource.

*The Certification Qbank is not endorsed by ABPMR nor was ABPMR involved in the creation of this study tool.

The physiatrist classifieds

Looking to Fill an Open Position? Post on the Job and Fellowship Board.

jobboard.aapmr.org
Join These Organizations That Support AAPM&R and the Specialty Through Participation in the Institution Partners Council

IPC members receive maximum, year-round exposure among their peers and other institutions. Participants also receive significant exposure at AAPM&R’s Annual Assembly. Join now, and increase awareness of your program by reaching both Academy members and non-members.

FIND MORE INFORMATION AT WWW.AAPMR.ORG/IPC