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## New Technological Advancements in Clinical Assessment and Decision-Making for PM&R

Physiatrists, as leaders of the patient care team, are increasingly integrating artificial intelligence (AI) and other cutting-edge technologies into their clinical practices, with the expectation that these innovative tools will help improve diagnostics, personalize care, and streamline workflows. While emerging technologies offer meaningful promise, the human expertise, compassion, and clinical judgment fundamental to high-quality care must remain central in their utilization.

The Academy continues to explore and learn more about these technological advancements, including AI, and will share lessons learned and practical considerations with members, especially as we prepare for our second Technology Summit in December.

Below are some areas where PM&R knowledge and leadership with novel technologies may help to ensure that PM&R continues to evolve and stay current with the future of medicine.

### Telemedicine, Remote Monitoring and Digital Rehabilitation – Health at home/Community

#### ▪ Telehealth and Virtual Care

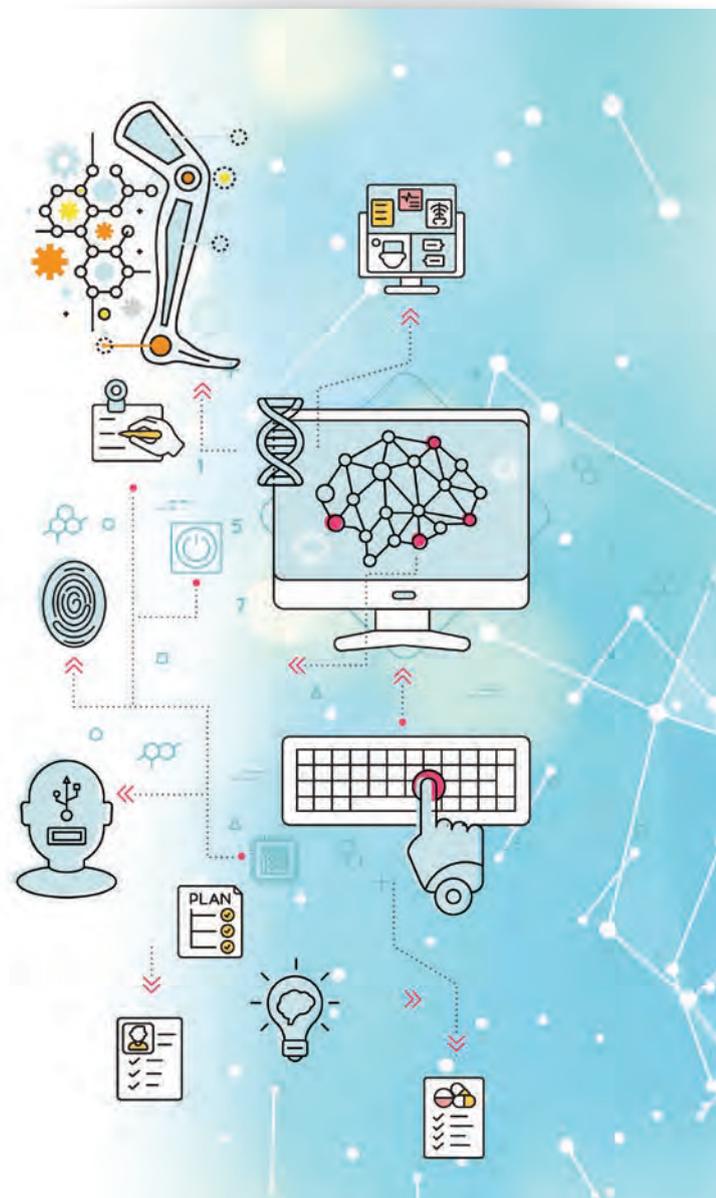
Telehealth has become widespread in PM&R, enabling remote follow-ups, assessments and therapy guidance via audio/visual platforms. It's especially useful for chronic condition management and post-acute care, particularly when in-person visits aren't feasible. Your Academy has consistently advocated for Congress to pass permanent or long-term policies guaranteeing continued access to telehealth services. This advocacy, frequently in partnership with the Alliance for Connected Care and other stakeholders, has focused on providing certainty for Medicare providers and patients who rely on telehealth services.

#### ▪ Wearables and Mobile Monitoring

Wearable sensors and smartphone cameras, paired with AI algorithms, are being used to track movement patterns, range of motion, gait dynamics and compliance with home exercise programs. These technologies can help clinicians evaluate safety and monitor progress outside the clinic and adjust care plans based on real-world data.

#### ▪ Remote Monitoring and Digital Rehabilitative Therapy

Digital Rehabilitative Therapy tools, including app-based physical therapy, remote therapeutic monitoring (RTM), and remote physiological monitoring (RPM), enable clinicians to assess patient movement, function and progress, and vital signs outside of traditional





John C. Cianca  
MD, FAAPMR

## The Use of Technology in Physiatry

John C. Cianca, MD, FAAPMR; APM&R President  
Human Performance Center, Bellaire, Texas

It is my pleasure to share with you again, my colleagues and friends. This issue of *The Physiatrist* is focusing on the use of technology in physiatry.

AI defines technology as: the application of scientific knowledge for practical purposes, encompassing the tools, techniques, systems and methods humans create to solve problems, achieve, goals and control their environment.

The origins of our field began with the problems that arose in people when they began surviving catastrophic problems such as spinal cord injuries, amputations and head injuries. These traumas that were previously fatal became survivable with the discovery and implementation of antibiotics which prevented infection, which up to that point would usually end the lives of people who suffered these problems.

Through the years, physiatrists have been concerned with improving the quality of life for our

patients in part using technology to enable function for the physically impaired. This has taken the form of such inventions as the iron lung, and the advancement of equipment such as braces and prosthetics. So, I think it is fair to say that technology has been with our field from its very beginning.

The quote below typifies how physiatry sees and analyzes a problem.

**“The positive thinker sees the invisible, feels the intangible, and achieves the impossible.”**

—Winston Churchill

I distill this quote in the following way. One must pay attention to the problem in front of them. Rather than being overwhelmed by circumstances,

envisioning solutions and achieving such solutions using imagination, practical knowledge and the courage to employ new techniques. When coupled with empathy and compassion, this mindset achieves BOLD results.

Pharmacology works to modify the problem or to suppress it. Surgeons pride themselves on fixing the problem at hand. As physiatrists, we realize that dealing with symptoms is only a temporary gain, and that all problems cannot be fixed. We look toward the future by improving and enabling function beyond disability.

Physiatry has relied on technology to achieve these results. Technology enables advancement in care by overcoming the limitations of current treatments. However, technology cannot be meaningfully utilized unless we are able to be present with our patients and their problems or limitations. This presence enables us to create the technology or to use the technology in a way that becomes meaningful and impactful. This presence gives technology soul. The practice of medicine will always be an amalgam of intellect and the utilization of science with an empathic and compassionate mindset. Through our relatively short existence, we have devised better ways to deliver care that are less invasive, more forgiving and ultimately enabling rather than disabling.

I would also like to take some time to review some of the ways that our specialty has enabled function in my career. This recollection may have a bias of my sphere of care which is musculoskeletal in nature. But even with that bias, I have had the influence of the broad scope of physical medicine and rehabilitation through my training and interaction with my mentors.

In the early 1990s, the idea of treating spinal pain and particularly pain due to degenerative and acute disc problems was transformed through the addition of physical therapy targeting muscular control of the spine and treatment of affected nerve roots with minimally, invasive procedures that have become a cornerstone of non-surgical spine treatment.<sup>1</sup>

The use of ultrasound as an aging tool for muscular skeletal problems began in the late 90s and early 2000s. By 2010, it was becoming widespread across the musculoskeletal arm of PM&R. It is now widely used in sports medicine, musculoskeletal medicine

and neuromusculoskeletal medicine by multiple specialties.<sup>2</sup>

Alongside this innovation, the management of spasticity evolved at both the central and peripheral nervous system levels. Previously treated with oral medications, advances and minimally, invasive procedures, as well as the utilization of ultrasound allowed for the modulation of spasticity at the level of the spinal cord and locally in muscles.<sup>3,4</sup>

As the 21st century unfolded, physiatrists were at the forefront of the development and use of orthobiological substances to treat musculoskeletal problems. Initially used in peripheral problems, there is now utilization for spine-based problems. These agents are changing the way chronic musculoskeletal conditions are being treated and managed.<sup>5</sup>

Physiatrists have also taken the lead in adaptive sports for recreational and Olympic and Paralympic level athletes. The development of adaptive equipment allows athletes with disabilities to participate and compete in a multitude of sports with greater abilities to excel.<sup>6</sup>

During the last 10 years, there has been greater use of extracorporeal shockwave therapy for the treatment of soft tissue conditions. This technology evolved from the use of lithotripsy for the treatment of recalcitrant plantar fasciopathy. Advances in technology have allowed for more versatile equipment to be used with less pain on a wider variety of tissues and conditions. Like ultrasound, this therapy is growing quickly amongst physiatrists.<sup>7</sup>

Finally, and perhaps most impressive, is the development and use of minimally invasive procedures, utilizing ultrasound guidance to treat problems that previously could only be done through surgical means. These techniques involve the use of specialized instruments and devices to release and debris tissue. As a result, return to function more quickly and with less morbidity has been achieved.<sup>8-13</sup>

Physiatrists have long been champions of function. In this long-standing tradition, physiatrists have asked questions, studied mechanics and created solutions. This devotion to clinical innovation has led to research to validate and refine techniques and the equipment that powers these techniques. It is a testimony to the intellectual curiosity, the devotion to improving the lives of those with all types of disability and the clinical ingenuity to achieve these improvements.

Throughout this journey of technological innovation and utilization, physiatrists have not lost sight of the importance of human-to-human contact and how essential it is to delivering good care. I leave you with one final quote that we should all heed.

**“I fear the day that technology will surpass our human interaction. The world will have a generation of idiots.”**

—Albert Einstein

Continue the good work, my beloved colleagues. We are all physiatrists.

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**Ai Mukai**  
MD, FAAPMR

## Embracing New Technologies to Advance My Practice

Ai Mukai, MD, FAAPMR  
Co-Editor, *The Physiatrist* and physician at Texas Orthopedics Sports and Rehabilitation Associates

As I enter my 17th year in practice, I am starting to recognize the generational changes that have taken place within physiatry and medicine. COVID-19 impacted the speed of change and prompted rapid adaptation of technological advances. We were thrown into the world of telemedicine and virtual visits without any training. As patients have become more accustomed to the convenience and accessibility of virtual care, many of us have maintained a portion of our practice dedicated to virtual visits. We have also seen the rapid integration of Artificial Intelligence (AI) in all aspects of our lives, and what used to be a fun exercise to type a question into ChatGPT, has now turned into a wide array of products and options available to help our practice. Our communication with each other and our patients has changed to become quicker but shorter with less face-to-face interactions, and more frequent but shorter duration encounters.

**The Academy has always strived to maintain our focus on the future of our specialty while anticipating our members' needs.**

In 2020, the Academy convened a Telehealth Innovation Workgroup and started rolling out strategic initiatives, partnerships including one with the American Medical Association (AMA), and educational products including webinars and white paper publications. The Academy organized a Technology Summit in late 2024 with leaders in the industry and physiatry to identify opportunities, tools and solutions to benefit our patients and the physiatrists who care for them.

Key priorities were identified to strategically position PM&R as a leader in value-based care and promote access to care in underserved populations and communities. AI tools to reduce the administrative and documentation burdens of our colleagues were reviewed as well as the use of large databases to help track outcomes.

In my own practice, I serve on the governing councils of our multi-specialty orthopedic group and our surgery center.

More importantly, I serve on the operations committee of our group practice and Quality Assessment and Performance Improvement (QAPI) committee of our surgery center. This has allowed me to vet and pilot various products utilizing technology to improve our clinic flow, scheduling and documentation. I have used dictation, templates, smart texts, live scribes and now AI scribe for documentation of visits. The AI scribe product I chose integrates with our EHR and I use my phone to upload notes to a secure cloud-based service that records the visit. I have spent almost two years training the product with the development team of that company to customize the notes to look the way I want and capture the elements of the visit I find important. It is hard for artificial intelligence to understand the nuances of the important components of the patient's verbal history and physical examination. I have learned I have to be specific in my feedback – for example, if a patient was in a motor vehicle accident, I need it to document the elements of the accident (impact, type of vehicles, airbag deployment, seat belt, transportation by EMS, etc.). There are also personal preferences that I had to teach it. For example, instead of just documenting the patient has had physical therapy, I want it to document the name of the physical therapist and the type of therapy, duration of therapy and when it was attempted. I also like to document “personal tidbits” like the patient is planning a trip to Europe in the summer.

We have just started implementing AI scheduling. We had already rolled out online scheduling and programmed various scheduling preferences of our more than 50 physicians and mid-levels. We use a separate software for intake forms, insurance verification and payment collection. We have an in-house scheduling team and referral coordinators, but we were finding that the patient call-volume came in waves (mostly Monday mornings) and we could not adequately staff to maintain a satisfactory call answer rate on those busy times. We outsourced overflow calls to a company but also wanted a solution that didn't require onboarding and training of humans as we struggled with high turnover. So far, the pilot product has handled more than 600 calls and 75% of the patients reported 5-star satisfaction with the call with an average of 4.6 stars overall. We are

talking to vendors to implement something similar with patient triage calls and how to expedite triaging by urgency; allowing our employees to become more efficient.

Marketing has also changed. I am on the marketing committee of our group and we have seen the ROI of print ads and billboards diminish as the value of social media marketing and content increase. When I started with the practice in 2009, we took out print ads in the local community newspaper. Now we do social media blitzes, targeted geofenced search engine optimization and earned media spots. Interestingly, we do take out billboard ads for new location openings near the new building.

As we continue to incorporate and utilize technology and AI to help our patients and our clinical practice, I'm sure we will continue to identify opportunities for continued innovation.

**PM&R has always been the specialty that adapts and evolves in response to our patients' needs and AAPM&R has been forward-thinking in planning for changes but also nimble enough to change in response to market forces and policy changes. I hope to stay relevant and continue to stay open-minded to new technologies coming our way. Our trainees are actually the best people to help lead the way as we venture into a new year.**



### Academy in Action

#### Fighting Against PM&R Physician Fee Cuts and For Fair Payment

- Antigone Argyriou, MD, FAAPMR and Joseph Shivers, MD, FAAPMR virtually attended the American Medical Association's hybrid Current Procedural Terminology (CPT) meeting held in Palm Springs, CA February 5-6, 2026.
- Medicare Administrative Contractors CGS, NGS, Noridian, Palmetto and WPS, finalized their Botulinum Toxin Local Coverage Determinations following significant advocacy from the Academy and members.



### Academy in Action

#### Advancing Prior Authorization Reform

- Your Academy joined the Coalition to Preserve Rehabilitation in urging Congress to prioritize swift passage of the *Seniors Deserve SMARTER (Streamlined Medical Approvals for Timely, Efficient Recovery) Care Act*, legislation that would halt the implementation of the Wasteful and Inappropriate Service Reduction (WISeR) Model.



### Academy in Action

#### Enhancing the Recognition of PM&R Medical Expertise in Inpatient Rehabilitation, Pain Management, and Other Clinical Areas

- The Department of Health and Human Services (HHS) and the Drug Enforcement Agency (DEA) released a fourth temporary extension of certain telemedicine flexibilities for the prescribing of controlled medications, announcing that this practice will still be allowed through December 31, 2026. This announcement followed sustained advocacy from your Academy and allied stakeholders, including the Alliance for Connected Care.
- Your Academy contacted CMS Administrator Mehmet Oz, MD, laying out serious concerns with the ongoing Inpatient Rehabilitation Facility Review Choice Demonstration (IRF RCD) project and asking for a meeting with his staff to discuss these concerns. This outreach occurred in response to the planned expansion of the IRF RCD to the states of Texas on March 2 and California on May 1.



### Academy in Action

#### Advancing the Integration of Novel Technologies in PM&R Practice

- Your Academy submitted comments to the Department of Health and Human Services (HHS) addressing a Request for Information on Accelerating the Adoption and Use of AI as a Part of Clinical Care.

## You Can Do Extraordinary Things!

Kathleen Bell, MD, FAAPMR; FPM&R Vice President and Development Chair

Recently, the Foundation for PM&R received two very generous gifts. One – from a donor who wants their extraordinary generosity to remain anonymous – will fund three new research grants in perpetuity. The other – from Dr. Erwin Gonzalez – will support the mission of the Foundation, enabling us to put the money where it will have the greatest impact. While most physiatrists are not able to make gifts of this magnitude, there are actually many options for making a significant gift that will drive innovation and advance physiatric care – in most cases, offering you a tax benefit.

Both of these six-figure donors thought about the legacy they wanted to leave to the field of physiatry when they made their personal financial plans. The anonymous gift came in the form of Apple stock that the donor had purchased many years ago. **Gifts of Appreciated Assets** (stocks, securities or real estate) can provide the donor with tax benefits while offering support for the Foundation. If you have held the stock, security or property for more than 12 months, you may be able to claim the fair market value at the time of transfer as a charitable deduction, avoiding capital gains tax.

Dr. Gonzalez made his gift by naming the Foundation as the beneficiary on a retirement annuity. **Life Insurance/Retirement Plans** can provide substantial assets for a charitable gift while offering tax benefits for the donor and/or their estate.

Some of the many other options for making an extraordinary gift include:

- **Wills and Bequests** – Including the Foundation in your will is an easy option for leaving a legacy. The bequest can include specific assets or a percentage of your remaining estate after other bequests and taxes have been paid. The assets may be deductible for federal estate taxes and most state inheritance laws as well.
- **Charitable Trusts** – There are many types of charitable trusts that can be set up to suit your particular circumstances. Charitable gift annuities or trusts can provide you with income for a number of years, after which the remaining assets will be used to benefit the Foundation for PMR. This can be part of your retirement planning, while providing an income tax deduction, savings on estate taxes and may even be used to protect an asset that may be subject to capital gains taxes.
- **Donor Advised Funds (DAFs)** – DAFs have become very popular because they give the donor an immediate tax deduction, and allow them to direct where the funds are disbursed annually. This gives you all the advantages of starting a private family foundation (asset growth, long-term philanthropic giving) without any of the legal complications.

As you are completing your income tax return, we recommend that you discuss these options with your tax advisor for the various tax benefits and special funds that may apply to your specific situation. Staff at the Foundation for PM&R is available to answer general questions and help arrange your planned gift. Please contact the office at (847) 737-6062 or [panderson@foundationforpmr.org](mailto:panderson@foundationforpmr.org).



Kathleen Bell  
MD, FAAPMR



Even if you are not personally engaged in academic physiatry or research, you can advance the science of our field by making a donation to the Foundation for PM&R. Scan the QR code, go to [www.foundationforpmr.org/donate-now/](http://www.foundationforpmr.org/donate-now/), or mail a check to Foundation for PM&R, 9700 W. Bryn Mawr Ave, Suite 200, Rosemont, IL 60018. Thank you!



[ CONTINUED FROM FRONT COVER ]

## New Technological Advancements in Clinical Assessment and Decision-Making for PM&R (continued)

clinical settings. These tools support personalized, technology-enabled care models that monitor therapy adherence and outcomes remotely, demonstrating comparable effectiveness to in-person care for select musculoskeletal conditions while expanding access and supporting dynamic adjustment of treatment plans. These technologies are often covered as a part of employer-sponsored health plans. Medicare is exploring providing coverage for these types of technologies under their new Advancing Chronic Care with Effective, Scalable Solutions (ACCESS) model, which takes effect in July 2026.

### Enhanced Rehabilitation Tools and Engagement

#### Immersive and App-based Rehabilitation Protocols

Virtual and app-based therapy models and the growing role of AI help create personalized, adaptive treatment experiences. Virtual Reality and gamification-based rehabilitation technologies offer immersive, interactive environments that can support motor training and patient engagement, often incorporating sensors or adaptive algorithms to individualize therapy.

#### Precision/AI-assisted Exercise Prescription and Refinement

Software platforms utilize AI to design tailored exercise regimens based on patient metrics such as heart rate, movement quality and recovery goals, with the potential to improve precision and adherence in home exercise programs.

### Practice Efficiency and Documentation

#### Clinical Documentation and Administrative Tasks

AI-powered tools (including advanced language models) help automate documentation, charting, billing support and note generation, freeing clinicians to spend more time on patient care rather than paperwork.

#### Education and Training Support

AI systems are also being used to supplement professional education and mentoring, helping trainees learn through expert systems, conversational agents and tailored guidance that broadens access to expertise. These systems can also be used to educate patients as well as for shared decision-making support.

#### Clinical Decision Support for IRF-Based Care

AI predictive models can be being used to supplement professional the IRF setting to provide clinical decision support to reduce fall risk, support appropriate acute care transfers, and reduce readmissions.

### Advanced Technologies Beyond AI

#### Robotics and Hardware Innovation

Robotic devices, from exoskeletons to robotic coaches, are assisting with repetitive movement training and providing feedback that augments human-led therapy.

#### Imaging and Sensor Fusion Technologies

Advances in imaging analysis and multi sensor integration are enhancing PM&R practice by offering more detailed visualization of musculoskeletal structures and improving the accuracy of patient assessments. For example, using ultrasound together with motion tracking sensors lets clinicians see how muscles move in real-time, helping them create more precise treatment plans.

AAPM&R recognizes the burgeoning role of technology in physical medicine and rehabilitation, and is taking a multi pronged approach to help members understand, evaluate and adopt these novel technologies. We are supporting our members by:

- Creating expert work groups and hosting a national Technology Summit (December 2026)
- Delivering education on telehealth, AI, remote therapeutic monitoring and digital MSK care, and related policies
- Advocating for supportive reimbursement and policy environments
- Monitoring evolving reimbursement frameworks, data privacy considerations, and regulatory standards to ensure responsible implementation.
- Sharing evidence and best practices

This combination of **education, advocacy, evidence and collaboration with critical stakeholders** will help physiatrists adopt new technologies that will improve care while understanding and mitigating risks.

As physiatrists and their care teams begin to embrace next-generation technologies, the specialty will be well-positioned to meet the evolving needs of its patients, providers, and systems of care. PM&R has long been a technology-forward specialty focused on restoring function and quality of life, making it uniquely positioned to lead the responsible adoption of next-generation tools.

Read on for more examples of the Academy's future-proofed work, including perspectives from President, John Cianca, MD, FAAPMR and Co-editor, Ai Mukai, MD, FAAPMR.

**Learn more about our key recommendations from the 2024 Technology Summit here and watch our Summit recap video.**



### Explore AAPM&R's technology-related resources available on our Online Learning Portal ([onlinelearning.aapmr.org](http://onlinelearning.aapmr.org))

- Expert Conversations in PM&R Practice: The AI-Powered Physiatrist's Toolkit for Smarter Documentation, Stronger Appeals, and Enhanced Practice Efficiency (Enduring)
- Journal CME January 2026: Artificial intelligence versus physical medicine and rehabilitation residents: Can ChatGPT compete in clinical exam performance?
- Member May 2025: Smart Physiatry: How AI Can Enhance Your Practice (1.25 CME)
- Member May: Role of Technology in Subacute Rehab (1.25 CME) (enduring)
- Member May 2025: Technology and Digital Health Use in Aging Population (On Demand)
- AAPM&R National Grand Rounds: Assistive Technologies for the Consumer: Showcasing the Latest Technologies for Consumer Accessibility (enduring)

## #AAPMR26—Making a Collective Impact

There is something truly special about PM&R and the collective impact we create. Our strength comes from the people who shape this specialty, the compassion that guides patient care, the influence that advances our work, and the community we build when we come together.

Our collective spirit will be on full display as thousands of physiatrists meet in Orlando (and virtually) for four days filled with learning, connection and shared purpose at the 2026 Annual Assembly. **This year's theme—Collective Impact—highlights the power of collaboration across our specialty.** From pre-conference courses and the Job and Fellowship Fair to a vibrant Exhibit Hall and a full agenda of high-quality education, #AAPMR26 is a must-attend event for every physiatrist looking to make an impact on the specialty.

Get ready for:

- **Non-stop networking**—from casual conversations in the hallways to dedicated networking receptions, #AAPMR26 helps you make lasting connections.
- **Inspiring plenaries**—hear from thought-leaders who will share insights that address today's clinical and professional challenges.
- **Specialty-wide collaboration**—no other conference brings the specialty together to collaborate, innovate and celebrate like #AAPMR26.
- **Physiatry Day**—a celebration of the specialty like never before including our PhysTalks and Awards Plenary, and the highly anticipated PM&R Party.



We hope you will be part of the experience. Registration opens for this event in the spring! **Scan for more information.**



# #aapmr26

ORLANDO, FL & VIRTUAL  
NOVEMBER 11-14, 2026

## Planning is Underway for an Impactful #AAPMR26

Aaron Yang, MD, FAAPMR; Vice Chair, AAPM&R Program Planning Committee



We're carrying incredible momentum from the 2025 Annual Assembly straight into 2026—and we can't wait for what's ahead! This year, we'll be gathering in sunny Orlando, November 11-14, and we're excited to meet in a city known for vibrant energy, warm sunshine and experiences for the whole family. Our Program Planning Committee is already shaping a dynamic agenda designed to meet the evolving needs of our field. Drawing on the latest evidence-based practices, our committee is working hard to gather a diverse group of expert faculty to elevate the educational experiences for all.

Our Advanced Clinical Focus Days will return with six full-day symposia, each dedicated to a specialized clinical area. These sessions will delve deeper than ever, offering advanced, high-impact content curated for seasoned physiatrists looking to sharpen their expertise. You'll also find expanded sessions integrated throughout the broader program, inspired by your submissions to the Call for Proposals and complemented by thought-provoking plenary speakers.

Whether you join us on-site in Orlando, or connect with us virtually, our hybrid learning platform ensures you'll have flexible access to the most current insights and innovations in the specialty. So, pack your sunglasses and get ready to join us in Orlando for four days of transformative education—set against the backdrop of an exciting destination! Watch for more information at [www.aapmr.org/2026](http://www.aapmr.org/2026).

## Get Your Research in Front of Thousands of Physiatrists at #AAPMR26—Submit a Research Abstract or Case Study by March 23

We invite you to submit your clinical and basic science research findings to be considered for inclusion in the 2026 Annual Assembly, being held November 11-14 in Orlando and virtually. Submitting gives you the opportunity to present and discuss your research with leaders in physiatry. Accepted abstracts may also be published in *PM&R*, the leading journal for physiatry. You can also volunteer to be an abstract reviewer. Learn more at [www.aapmr.org/abstracts](http://www.aapmr.org/abstracts).



## Advancing the Integration of Novel Technologies in PM&R

AAPM&R recognizes the emerging role of telehealth and technology in PM&R. To address both immediate needs and future opportunities, the Academy convened a Telehealth Innovation Workgroup, aimed at enhancing patient and provider experiences through technology.

The Telehealth Innovation Workgroup had many significant achievements, including:

- A robust interview series featuring member leaders who are pioneering efforts in telehealth;
- A partnership with the American Medical Association through its Future of Health Immersion Program producing PM&R-specific webinars; and
- A white paper titled “Telehealth in PM&R: Past, Present and Future in Clinical Practice and Opportunities for Translational Research.” This publication underscored the evolving landscape of telehealth and explored innovative models such as hospital-at-home programs, remote therapeutic monitoring, and the integration of artificial intelligence.



As the final project of the workgroup, the Academy organized and hosted a Technology Summit in December 2024. This summit, co-chaired by Thiru Annaswamy, MD, MA, FAAPMR and Robert Rinaldi, MD, FAAPMR, brought together experts from AAPM&R and industry to collaborate on identifying digital solutions and consumer tools that address physiatry-facing clinical and administrative burden barriers, and present technology solutions and new opportunities for musculoskeletal care and rehabilitation at home.

**A key takeaway from the summit was the release of a comprehensive Summit Synthesis which outlined key recommendations and next steps to empower and innovate PM&R through technology.**



Building off the success of the summit, AAPM&R is pursuing next steps in the following key areas:

- Augmented Intelligence
- Digital Rehabilitative Therapy
- Rehabilitation at Home

**Scan the QR code to learn more about how AAPM&R is advancing the integration of novel technologies in PM&R.**



**Check out Dr. Annaswamy’s envisioned future for healthcare and the specialty—taken from AAPM&R’s 2025 Annual Report.**



*“AAPM&R’s vision affirms that physiatrists are indispensable leaders in optimizing recovery and function across the continuum of care. Our focus on emerging technologies is rooted in that vision, leveraging innovation to enhance clinical decision-making and patient-centered outcomes.”*

—Tracy Sereiko, MBA, CAE, Chief Executive Officer & Executive Director



“The healthcare landscape is always changing and keeping pace with technology innovation can feel overwhelming. AAPM&R is exploring the role technology can play in streamlining administrative tasks associated with physician practice and impacting patient care delivery. The Academy’s technology innovation efforts are guided by members who understand the realities of practice and who are dedicated to improving patient outcomes, strengthening our specialty and shaping the future of rehabilitation medicine.

Innovation has become a defining force in healthcare and its influence on rehabilitation medicine is accelerating. The pace of advancement is reshaping not only how we deliver care, but how we conceptualize the systems and technologies that enable patient recovery. That perspective was clear to me as I co-chaired the AAPM&R Technology Summit with Robert Rinaldi, MD, FAAPMR. The emphasis of our Summit was not on the tools of today, but on the new models of care emerging just beyond the horizon.

One of the most important ways the Academy can leverage health technology to advance the specialty is to envision the future. I imagine a healthcare environment in which advanced technologies are not add-ons to practice, but foundational elements of clinical decision-making and patient access. Standing at the crest of that transformation is where the Academy delivers tremendous value—anticipating trends, evaluating solutions, and equipping physiatrists to lead rather than follow.

That is why I am energized by the release of the Summit Synthesis in 2025. It provides a strategic blueprint for the Academy’s next steps in 2026 when we will explore integrating augmented intelligence, digital rehabilitative platforms and rehabilitation-in-the-home technologies into practice in ways that are thoughtful, scalable and clinically meaningful.”

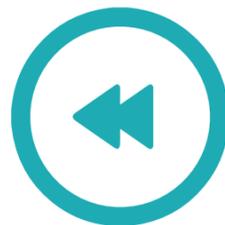
**THIRU M. ANNASWAMY  
MD, MA, FAAPMR**

Thiru M. Annaswamy, MD, MA  
Physical Medicine &  
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## 2025 Annual Assembly Rewind—Available Now

If you didn't register for our 2025 Annual Assembly, we have a solution for you. The 2025 Annual Assembly Rewind lets you experience the meeting anytime, anywhere! This valuable educational resource features 85+ session recordings from #AAPMR25 with the opportunity to earn up to 112 AMA PRA Category 1 Credits™. All Assembly registrants receive the 2025 AA Rewind at no charge and AAPM&R members receive a special discount! Visit [onlinelearning.aapmr.org](https://onlinelearning.aapmr.org) to learn more and order yours today.



## Future-Proof Your Clinical Journey with These AAPM&R Educational Courses

The first half of the Academy's 2026 calendar is packed with transformative learning opportunities for member physiatrists in every phase of their career. These courses offer a blend of in-person networking, hands-on training and virtual skill-building, ensuring every participant finds value and inspiration.

### Department Chairs Summit (Invitation Only) April 17-18 | Charleston, SC

Join department leaders from around the country for two days of strategic dialogue, leadership development and collaborative problem-solving. The Department Chairs Summit is your chance to connect with peers, share best practices and gain actionable insights to drive departmental excellence. Listen to insightful keynote presentations, take part in interactive workshops and networking events in the vibrant city of Charleston. Learn more at [www.aapmr.org/education/live-events/department-chairs-summit](https://www.aapmr.org/education/live-events/department-chairs-summit).

### Member May

Free PM&R-focused education and networking opportunities hosted by our Member Communities. Watch for more information—coming soon! [www.aapmr.org/membermay](https://www.aapmr.org/membermay).

### STEP One: Ultrasound Clinical Applications of the Extremities Course May 15-16 | Itasca, IL

Dive into more than 10 hours of hands-on ultrasound training focused on extremity applications. This STEP course blends expert instruction with practical exercises, ensuring participants leave with enhanced diagnostic skills and confidence in clinical settings. Ideal for clinicians seeking to expand their procedural expertise, the course offers direct access to leading educators who share practical techniques to enhance your ultrasound imaging skills. Learn more at [www.aapmr.org/education/step-certificate-programs/step-ultrasound-certificate-program/step-one-ultrasound-clinical-applications-of-the-extremities](https://www.aapmr.org/education/step-certificate-programs/step-ultrasound-certificate-program/step-one-ultrasound-clinical-applications-of-the-extremities).

*"Prior to the STEP courses I did essentially no MSK ultrasound in my practice. Now I use ultrasound on almost every single patient I see. It's been the single most important skill I've learned since residency. I can perform a more diverse set of injections, and the injections I perform are done with more confidence and increased safety. I would recommend this course to any provider seeing MSK patients who does not perform ultrasound regularly in their clinic."*

—STEP Ultrasound course attendee

### Resident Retreats May 16-17 or May 30-31 | Downers Grove, IL

This in-person interactive event is back by popular demand and will offer PGY2 residents a unique opportunity to explore the breadth of PM&R through hands-on training, interactive case studies, and small group discussions with national leaders and mentors across the specialty.

Through experiential learning, we'll explore a variety of topics that most residents get exposed to following their PGY2 year, including:

- Sports Medicine
- Prosthetics and Orthotics
- Electrodiagnostics
- Pediatric Rehabilitation
- Interventional Pain and Spine
- Cancer Rehabilitation
- Inpatient Consultations
- Procedures in Ultrasound and Spasticity

Learn more at by scanning code.



## Explore Our Latest Volunteer and Award Opportunities—Apply by March 23

Looking to make your mark on the specialty? Volunteer with AAPM&R and use your expertise to move physiatry forward. We have several open opportunities for you to get involved. Check out the one that best fits your talents.

- **Call for Academy Leaders-Elected Positions**—We are seeking nominations for AAPM&R Board of Governors positions and encourage all members to consider this leadership opportunity.
- **Call for Awards Nominations**—The Awards Committee is seeking nominations for physiatrists, clinicians, researchers and public servants who have made significant contributions to both the specialty and to individuals with disabilities.
- **Call for Future Leaders (2026-2028 Class)**—Our prestigious program takes select participants through a two-year curriculum that introduces them to key components of association leadership, strategic planning, media skills, specialty advocacy and more! The curriculum brings participants to meetings with the Academy's Board of Governors, with policy makers in Washington, D.C., and with established leadership development professionals.

ALL SUBMISSIONS  
ARE DUE

March 23

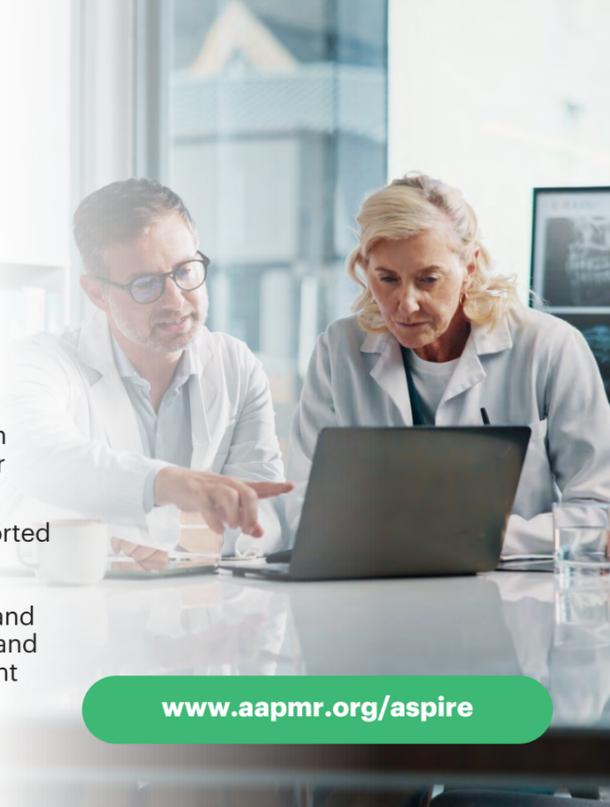
Learn more and apply at [physforum.aapmr.org/volunteeropportunities](https://physforum.aapmr.org/volunteeropportunities) and apply by March 23.



## Academy in Action

### Preserving Access to and Reimbursement for Telehealth Services

- In early February, Congress passed a funding package that contained a long-term extension of Medicare telehealth coverage through December 31, 2027. AAPM&R welcomes the continued access to these vital flexibilities and will continue to advocate for Congress to pass permanent policies guaranteeing continued access to telehealth services.
- Prior to the long-term extension of Medicare telehealth coverage, your Academy joined the Alliance for Connected Care in a coalition effort urging Congress to prioritize preserving access to telehealth services. Your Academy joined a stakeholder letter to CMS thanking them for instituting policy allowing Medicare-enrolled practitioners to report and bill using their enrolled physical practice location. This letter also requested that CMS work with interested parties going forward to develop an alternate method of determining location for practitioners without a physical practice location, one that will not require the public reporting of a home address.



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Whether you're looking to advance your career in PM&R or grow your practice, PM&R Aspire is your direct connection to opportunities and outreach.

As the only PM&R-specific career platform supported by AAPM&R, PM&R Aspire is advancing the field through meaningful connections and full market visibility. You can research and follow practices and markets, network with sites you're interested in, and apply with confidence. Whatever your goals might be, PM&R Aspire helps you explore opportunities across the entire PM&R community.

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## Save the Date For Our Fourth Annual Member May!

Mark your calendar for a full month dedicated to our members! This May we will feature member spotlights, resources, networking and education opportunities. Thank you to our Member Communities who will be providing AAPM&R members with a month full of CME and networking. Stay tuned as a complete schedule of all educational and networking sessions, and list of participating Member Communities will be shared soon at [aapmr.org/membermay](http://aapmr.org/membermay).



## Join an AAPM&R Member Community—58 to Choose From!

AAPM&R members of all different backgrounds and experiences have a great way to connect with each other via our Member Communities. Member Communities are self-identified, organically-established communities offering opportunities for members to connect with each other, share experiences and advance the future of the specialty together. Members: Log in to your member profile at [www.aapmr.org](http://www.aapmr.org) to enroll in communities that interest you and join the discussions on PhysForum.