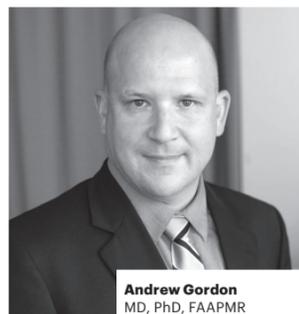


## First-Ever AAPM&R Registry Research Abstracts

The AAPM&R Registry Steering Committee is excited to share their first-ever research abstracts based off national aggregate data from AAPM&R's Registry. A special thanks to Armando Miciano, Jr., MD, FAAPMR and Andrew Gordon, MD, PhD, FAAPMR for their work on these abstracts.

Both abstracts, presented at the 2023 Annual Assembly, look at diagnoses, general health status and patient-reported outcomes including Pain, Anxiety, Depression, Sleep Disturbance, Activity Limitations and Participation Restrictions.



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## Functional Trajectory of Individuals with Ischemic Stroke Characterized by the AAPM&R Registry

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### OBJECTIVES

- Describe the collective progress with the AAPM&R Ischemic Stroke Registry
- Reporting body function changes:
  - » ('BF' pain, anxiety, depression, fatigue, sleep disturbance)
- Activity limitations (AL)
- Participation restrictions (PR) in individuals with ischemic stroke (IIS)

Using the International Classification of Functioning, Disability and Health's (ICF) disablement components; and appraising the general health status (GHS) of IIS

### MAIN OUTCOME MEASURES

- Functional performance (FP) qualifiers were quantified by the respective Patient Reported Outcome Measurement Information System-29-v2.0 (PROMIS) sub-scales:
- Body Function changes, by PROMIS pain, anxiety (PROMIS-Anx), depression (PROMIS-Dep), fatigue (PROMIS-FA), and sleep disturbance (PROMIS-SD)
  - Activity Limitations (AL), by PROMIS-Physical-Function (PROMIS-PF)
  - Participant Restrictions (PR), by PROMIS-ability-to-participate-in-social-roles (PROMIS-Soc)
  - General Health Status (GHS), by PROMIS-Pain-Interference (PROMIS-PI)

### RESULTS CONTINUED

- BF changes characterized in IIS included:
- Pain intensity (Numerical Rating Scale: 0-10) 3.28
- PROMIS T-scores (standardized mean 50) as follows:
- Anxiety 52.87
  - Depression 49.75
  - Fatigue 51.5
  - Sleep disturbance 50.01
  - Physical function 34.93
  - Social roles 46.34
  - Pain interference 52.76

### STUDY DESIGN/SETTING

Observational study from the prospective data of the AAPM&R Ischemic Stroke Registry, date range: 06/27/22-06/22/23

### PARTICIPANTS

- N=107 total (56 males/51 females)
- Age-group:
- 25-29 years old (n=2)
  - 30-49 years old (n=13)
  - 50-64 years old (n=41)
  - >= 65 years old (n=51)

### RESULTS

- Diagnoses associated/reported include:
- Signs and symptoms involving cognitive functions following stroke (15% population)
  - Dysphagia (13.2%)
  - Other sequelae of cerebral infraction (12.9%)
  - Dysarthria following cerebral infraction (9.5%)
  - Facial weakness following cerebral infraction (9%)
  - Left hemiplegia (7.8%)
  - Right hemiplegia (7.6%)
  - Aphasia (5.7%)

### CONCLUSIONS

Physiatrists often care for IIS with complex and wide diagnoses range. Registry patients with ischemic stroke appear to have the following functional performance difficulties: mild pain intensity increases, more severe impairments in physical function, and moderate impairment with participating in social roles. Anxiety, depression, fatigue, and sleep disturbance scores have thus far classified within population normals.

Most frequent diagnoses associated with physiatric care of ischemic stroke include cognition, dysphagia, dysarthria, facial weakness, hemiplegia, and aphasia. Many IIS were found to have impairments in function that could have been potentially overlooked during the course of their rehabilitation. By characterizing the impact of ischemic stroke on these functional measures, this study will continue to characterize the ongoing value of physiatry care and associated Registry data collection in IIS.

## Functional Trajectory of Individuals with Low Back Pain Characterized by the AAPM&R Registry

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### OBJECTIVES

- Describe the collective progress with the AAPM&R Low Back Pain Registry
- Reporting body function changes:
  - » 'BF' pain, anxiety, depression, fatigue, sleep disturbance
- Activity limitations (AL)
- Participation restrictions (PR) in individuals with low back pain (ILBP)

Using the International Classification of Functioning, Disability and Health's (ICF) disablement components; and appraising the general health status (GHS) of ILBP

### STUDY DESIGN/SETTING

Observational study from prospective data of AAPM&R Low Back Pain Registry, date range: 09/01/21-01/20/23

### PARTICIPANTS

- N=320 total (140 males/180 females)
- Age group:
- >= 65 years old, 45% study population
  - 50-64 years old, 29%
  - 30-49 years old, 21%

### MAIN OUTCOME MEASURES

- Functional performance (FP) qualifiers were quantified by the respective Patient Reported Outcome Measurement Information System-29-v2.0 (PROMIS) sub-scales:
- BF changes, by the PROMIS for pain, anxiety (PROMIS-Anx), depression (PROMIS-Dep), fatigue (PROMIS-FA), and sleep disturbance (PROMIS-SD)
  - AL, by PROMIS-Physical-Function (PROMIS-PF)
  - PR, by PROMIS-ability-to-participate-in-social-roles (PROMIS-Soc)
  - GHS, by PROMIS-Pain-Interference (PROMIS-PI)

### RESULTS

- Diagnoses associated and reported include:
- Lumbar radiculopathy (28.6%)
  - Lumbar spondylosis 16.6%
  - Myalgia (7.5%)
  - Lumbar stenosis with neurogenic claudication (6.5%) and without (5.7%)
  - Other intervertebral disc degeneration (5.3%)

### RESULTS CONTINUED

- BF changes characterizes in ILBP included:
- Pain intensity (Numerical Rating Scale: 0-10) 5.94
- PROMIS T-scores (standardized mean 50) as follows:
- Anxiety 50.65
  - Depression 48.56
  - Fatigue 52.02
  - SD 51.71
  - PF 39.49
  - Soc 46.03
  - PI 61.63

### CONCLUSIONS

Physiatrists often assess ILBP in which anxiety, depression, and fatigue were stratified within population norms but with the following functional performance changes: moderate pain intensity, severe AL, and moderate PR. Notably, physiatrists provide care for individuals with moderate changes in their GHS.

Many ILBP were found to have impairments in function that could have been potentially overlooked during the course of their rehabilitation. By characterizing impact of ILBP on these functional measures, this study will continue to describe the ongoing value of physiatry care and associated Registry data collection in ILBP.

**aapm&r Registry**

Better Practice. Better Outcomes.

If you are interested in learning more about the AAPM&R Registry and how you can collect data to conduct your own research, contact [registry@aapmr.org](mailto:registry@aapmr.org).