

# Physiatry

F O R W A R D 



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## OPIOID ADDICTION & CHRONIC PAIN:

### FOR PHYSIATRISTS A CHALLENGE AND OPPORTUNITY

The use of opioids in management of cancer pain and palliative care is widely accepted. The use of opioids to treat chronic non-cancer pain is more controversial. Some of the consequences of long term opioid therapy are physical and psychological dependence, abuse, and addiction. The objective of the treatment of chronic pain is maintaining functionality and continued participation in society. The 2011 report from the Institute of Medicine revealed that 100 million Americans live with chronic pain.<sup>(1)</sup> To comply with the ethical prima facie obligation to treat pain and spurred on by the pharmaceutical industry

advertisement, physicians have become excellent opioid prescribers. Americans represent 5% of the world population but consume 99% of the world's hydrocodone supply.<sup>(2)</sup> Over 183,000 persons have died either directly or indirectly from prescribed opioids in the USA from 1999-2015.<sup>(3)</sup> Drug overdose driven by opioids is the leading cause of accidental death with 91 daily from opioids.<sup>(4)</sup>

Because of the type of patients and our interest in pain management, physiatrists rank in the top five opioid-prescribing groups

among all specialists, following only primary care and orthopedics.<sup>(5)</sup> Since chronic pain is disabling and since chronic disability is often associated with chronic pain, it is a significant part of a physiatrist's practice. However, do physicians, training programs, and Continuing Medical Education (CME) courses prepare us to understand chronic pain and prescribe opioids following the CDC and American Society of Interventional Pain Physicians (ASIPP) Guidelines? Are we trained in the patient consent process for opioid therapy, in interpreting urinary drug screens, in monitoring program data, and in understanding addiction? Are these areas part of our SAE and Board Certification examinations? These are unmet challenges for our residency program directors, PM&R Residency Review Committee, and the American Board of PM&R.

Do our professional societies provide leadership in the national reform of the opioid





epidemic? Should they develop guidelines for the use in opioids in the treatment of chronic pain? Should they be involved actively in advocacy as well as patient and society education? Physiatrists need to be involved in the research on community strategies to educate the public on the safety profile of analgesics and new approaches for treating pain. CME should prioritize the safe

prescribing of opioids and establish strategies regarding multimodal pain management, techniques, opioid abuse, and a balanced approach to ensure that patients suffering from chronic pain get relief. Also needed are written competencies in pain management and new areas of research to support alternatives to opioids. We hope the AAP will be a leader in addressing the opioid challenge.

1. Institute of Medicine: Relieving Pain in America; A Blueprint for Transforming Prevention, Care, Education, and Research. Washington DC, The National Academies Press; 2011.

2. Report of the Interventional Narcotics Control Board for 2007: United Nations, New York 2008. Available at: <http://www.incb.org/incb/rn/publications/annual=report-2007.html>

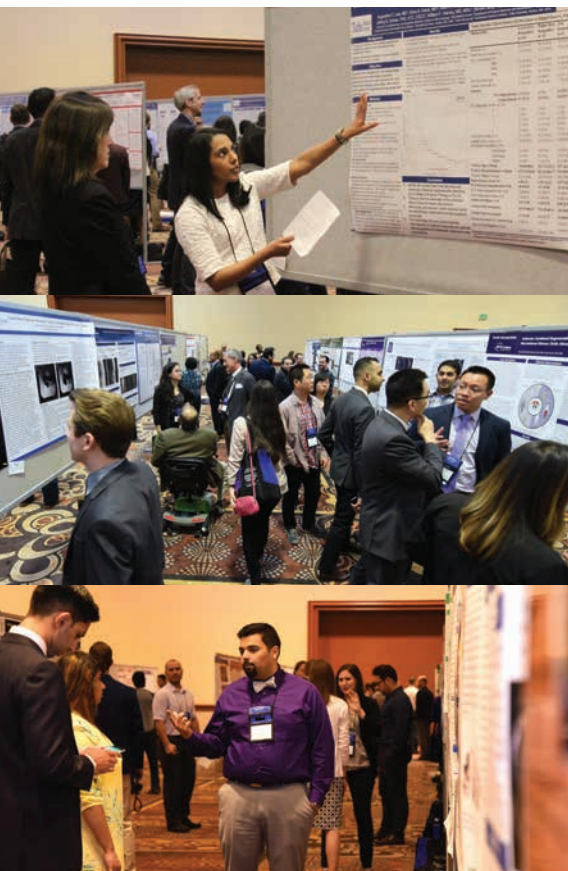
3. CDC. Wide-ranging online data for epidemiologic research (WONDERO Atlanta, GA. CDC, National Center for Health Statistics, 2016. Available at: <http://wonder.cdc.gov>

4. <https://www.cdc.gov/drugoverdose/epidemic/>

5. Chen JH, Humphreys K, Shah NH, Lembke A. Distribution of Opioids by Different Types of Medicare Prescribers. JAMA 2016;76(2) 259-261



*Respectfully Submitted,  
Joel A. DeLisa MD, MS  
Danielle Perret Karimi, MD*



# AAP CALL FOR ABSTRACTS

Submissions accepted May 4, 2017 – August 15, 2017

## Present Your Scientific Papers & Posters at Physiatry '18

Submit your important research studies and unique case reports for presentation at Physiatry '18 in Atlanta, Georgia, February 13-17, 2018. Your science will be seen by leading physiatrists and researchers and be placed at the heart of a community dedicated to mentorship, leadership, and discovery in academic physiatry.

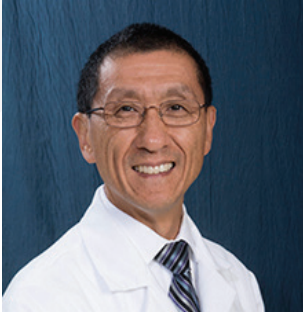
## Visibility During and After the Annual Meeting

Presenting your research at Physiatry '18 is a powerful way to make useful connections, gain widespread recognition for your work, and gather valuable feedback. Accepted abstracts will be published as a supplement of the American Journal of Physical Medicine & Rehabilitation (AJPM&R).

[Physiatry.org/Abstracts](https://www.physiatry.org/Abstracts)



# MESSAGE FROM THE PRESIDENT



Dear Colleagues,

As I returned from the 11th International Society of Physical and Rehabilitation Medicine (ISPRM) World Congress in Buenos Aires, I was reminded of my own journey. Born in Seoul, South Korea, I came to the U.S. in 1969 at the age of 8. Seoul was still recovering from the Korean War and I recall getting on the plane with great anticipation of going to “paradise” called “Migug,” or the United States of America. “Migug” literally means “beautiful country.” Our nation, indeed, is beautiful; however, its beauty rests not only in its physical characteristics, but more importantly, in its values – values that honor and respect the individual, individual rights and especially their individual

ideas, regardless of socioeconomic strata, race, culture, gender or religion, and especially regardless of popularity. We live in a nation that respects our past, but in valuing individuals and their ideas, we maintain a healthy skepticism of legacy and tradition such that innovation and entrepreneurship continue to thrive. I, and certainly many of you, have been a beneficiary of such high value placed on us as individuals. We live in a great nation!

However, a nation that places high value on the individual must also keep a close watch on the emergence of misguided emphasis on the “self.” I trust that all of us pursued medicine because we wanted to serve our society. In fact, when we talk about “individualism” as a national value, we’re really talking about “altruistic individualism,” where we innovate, create and work, yes to benefit ourselves, but more importantly, to benefit our society. But what are the borders of “our” society? I’ve had the privilege of serving in a missionary hospital in Gabon, Africa. I’ve seen patients with pelvic fractures remain in bed, even after surgical stabilization, and suffer all the consequences of immobility, while the same patient in the U.S. is up and mobile. I’ve seen spinal cord injury patients with multiple deep decubiti, joint contractures, in severe pain and isolated from society, while the same patient in the U.S. is home and mobile in his power wheelchair, free of decubiti, contractures and pain, and integrated into the community. In much of Africa, there are no physiatrists and certainly no training programs. Why shouldn’t Africa be “our” society?

We are blessed as a nation and blessed as an Association. I am reminded “...to whom much is given, much will be required.” With the abundance of blessings, we are at risk for becoming proud, and when we become proud, we stop learning from others. Thus, I am further reminded, “Pride comes before destruction, a haughty spirit before a fall.” As we, as individuals and as a nation, struggle to define “our” society and our global responsibility, we at the AAP must do the same. To this end, I am pleased to announce the formation of the “Presidential Task Force to Advance Global Academic Physiatry.” The Task Force will address the following questions: What is the state of global academic physiatry relative to global needs, especially with respect to developing nations? Should the AAP take the lead in advancing global academic physiatry? What are the opportunities to partner with the ISPRM and other national PM&R organizations in advancing global academic physiatry? Finally, what is the impact of advancing academic physiatry globally on advancing academic physiatry in the U.S.? As we launch this Task Force, I am also pleased to share with you that the AAP was awarded the bid to host the 2020 ISPRM World Congress. This will be an outstanding Congress where leading clinicians and scientists from around the world share their clinical insights, training experiences, research and unique set of challenges with us to advance the cause of physiatry for our patients and our global society. We have much to give, but we also have much to learn!

Sincerely,

  
John Chae, MD  
President, AAP



# STEP UP TO THE PLATE VOLUNTEERS

AAP is looking for a few good sports to serve on committees and assist with short-term projects like abstract reviews. Volunteering with the AAP offers you the chance to share your talents and enthusiasm for physiatry, while developing your leadership skills and networking with colleagues. The AAP has volunteer options to fit everyone's schedule with a variety of ways to get involved. Volunteer projects include everything from one-time projects like abstract reviews to creating a podcast to writing a white paper to serving on an AAP committee.

## Volunteers are needed to fill openings on the following committees:

- Education Committee
- Governance Committee
- Leadership Development and Recognition Committee
- Membership Committee
- Program Committee
- Public Policy Committee
- Research Committee

Just looking to pinch-hit and prefer a one-time project? Check out the Micro-volunteer options available. You can select from Abstract Reviewers, Research Consulting Program Junior Team members and more.

Applications are currently being accepted for all AAP committees and several micro-volunteer opportunities. Detailed information can be found on the AAP website along with the online application. The deadline to apply for 2018 committee positions is August 1, 2017.

This is a great opportunity to help shape the future of the AAP and academic physiatry. Get started today at [physiatry.org/volunteer](http://physiatry.org/volunteer) or contact AAP Member Services Manager Amy Schnappinger at [aschnappinger@physiatry.org](mailto:aschnappinger@physiatry.org).

## ACADEMIC PARTNERS

The Academic Partner program reached a new high with 42 programs participating in 2017. The participating programs not only demonstrated their support of academic physiatry, but they also received several benefits that are only available to Academic Partners.

An Academic Partner membership includes complimentary AAP Annual Meeting registrations for 1 faculty member, 1 resident/fellow and 1 program coordinator. A program coordinator annual membership to the AAP is also included. Discounts on the Fellowship and Job Fair at the Annual Meeting are also included in the membership. The yearly cost to be an Academic Partner is \$2,000.

Interested programs can join the program this summer to take advantage of the complimentary vouchers for Physiatry '18, the AAP Annual Meeting. More information on the program can be found online at [physiatry.org/Partner](http://physiatry.org/Partner) or contact AAP Member Services Manager Amy Schnappinger at [aschnappinger@physiatry.org](mailto:aschnappinger@physiatry.org).



# THE 2017 INTERNATIONAL SYMPOSIUM ON WEARABLE ROBOTICS & REHABILITATION

**Dates:** November 5-8, 2017

**Host:** TIRR Memorial Hermann

**Location:** JW Marriott Houston Downtown,  
806 Main St., Houston, TX 77002

The 2017 International Symposium on Wearable Robotics & Rehabilitation (WeRob2017) will be held for the first time in the USA, and is expanding its scope to include rehabilitation robotics.

Participants will enjoy interactive workshops with engineers, clinicians, and end users to promote collaboration among different disciplines. There will be a product theater demonstrating the latest in wearable exoskeletons and rehabilitation robots. The symposium will showcase the expertise of international speakers from academia, government, industry, and rehabilitation centers, as well as the experience and feedback of end users of robotic devices.

To register online or submit an abstract, please visit [werob2017.org](http://werob2017.org)

## Keynote Speakers



**Paolo Bonato, Ph.D.**

Associate Professor  
Department of Physical Medicine and Rehabilitation, Harvard Medical School  
Spaulding Rehabilitation Hospital



**B.J. Fregly, Ph.D.**

Professor and CPRIT Scholar in Cancer Research  
Department of Mechanical Engineering  
George R. Brown School of Engineering  
Rice University



**Robert Riener, Ph.D.**

Deputy Head of the National Competence Center in Research (NCCR) in Robotics  
Head of the Department of Health Sciences and Technology, ETH Zurich



**Vivek Pinto, Ph.D.**

Branch Chief, Physical Medicine and Rehabilitation Devices Branch (PM.D.B.)  
Division of Neurological and Physical Medicine Devices (DNPM.D.)  
Office of Device Evaluation (ODE)  
Center for Devices and Radiological Health (CDRH)  
U.S. Food and Drug Administration (FDA)



\*TIRR is a registered trademark of TIRR Foundation.



ADVANCING HEALTH





## CONTINUING THE PM&R LEGACY THROUGH FUTURE GENERATIONS OF PHYSIATRISTS

By Brittany Snider, DO

In 1925 Dr. William Mayo predicted, "Rehabilitation is to be a key word in medicine." Ten years later, Dr. Frank Krusen, regarded today as the founder of Physical Medicine, was recruited by the Mayo Clinic to lead their department of physical therapy. There, he developed the first Physical Medicine residency program in 1936. Following World War II, society began to recognize the importance of rehabilitation in optimizing patient outcomes. This was largely due to the efforts of Dr. Howard Rusk, who is now considered the founder of Rehabilitation Medicine. Through a controlled experiment in the Army barracks, Dr. Rusk proved that aggressive rehabilitation led to greater functional gains and a more rapid return to active duty. Drs. Krusen and Rusk worked tirelessly with several other pioneering physiatrists to establish the field of PM&R, recognizing that its acceptance within organized medicine rested in education and research. Their contributions to academic physiatry, through the establishment of accredited training programs and a commitment to scholarly activity, ultimately led to the recognition of PM&R as an independent medical specialty in 1947.

Dr. William Mayo's prediction has been realized, and rehabilitation is now undoubtedly a key word in medicine. Physiatry has continued to gain recognition and flourish. There are currently 86 ACGME-accredited PM&R residency programs, and there are greater than 12,000 board-certified physiatrists providing care to millions of patients.

As physiatry evolves to meet the needs of our patients, we must strive to continue its legacy through mentorship, discovery, and leadership, the three tenets of AAP. The training of skilled and compassionate physiatrists begins with medical students. They are the future of our great specialty. For this reason, I am especially honored to serve as the new Medical Student Affairs Representative. Working with PM&R-bound students from across the country has been inspiring as they are imbued with curiosity, creativity, and empathy for their



By Brittany Snider, DO, PGY3 Mayo Clinic  
Resident/Fellow Council (RFC) Medical Student Affairs Representative

patients. The RFC is committed to providing these students with opportunities to gain experience in academic medicine, research, and leadership. I am excited to announce two initiatives we have planned for this year.

The first is a resident/medical student mentorship program. Residents play a vital role in undergraduate medical education and have the experience to guide students through the early stages of their training. Resident mentors will serve as invaluable advocates and teachers, helping their mentees navigate the residency application process, optimize their experience on clinical rotations, find opportunities for scholarly activity, and establish a network of connections within the PM&R community.

Our second project is the development of a national medical student council. Students would gain experience in leadership and collaboration as they prepare for meaningful careers in physiatry. A student council would enable active involvement within AAP and the sharing of innovative ideas. Student leaders would be effective proponents of the specialty, helping to increase its visibility and supporting advocacy efforts within their institutions and communities.

We encourage residents to participate in our mentorship program and help guide the next generation of physiatrists. To all interested medical students, we welcome you to the specialty, invite you to join these programs, and eagerly await your future collaboration as we continue to move our profession forward.

Please email the RFC at [residentfellowcouncil@gmail.com](mailto:residentfellowcouncil@gmail.com) for additional information regarding these projects.

## SO, YOU WANT TO BE A MENTOR?

By Rita Hamilton, DO

When you look up “Mentor,” you see the word as two different and distinct parts of speech; one as a noun stating, “an experienced and trusted adviser” and the second as a verb, “to advise or train.”

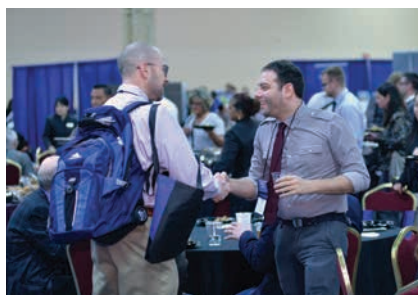
We can all name mentors that we have had who guided us along the way. Those who we have had played roles as an instructor, guide, teacher, counselor, consultant, trainer, trusted advisor, peer and yes, even a friend.

What does it take to be a good “mentor”? And how do we teach our residents and fellows to become mentors? How do you teach the teachers of today and the teachers of the future?

As a mentor you provide a few basic functions, the first being a career function and the second being a psychosocial function, that helps the mentee adapt and adjust to all aspects of training, including new work-life balance issues.

### What do you see as the responsibilities of a mentor?

To be a successful mentor, you need to have the ability to be a good listener. You need to be able to keep your conversations confidential, unless you have discussed sharing the information that is discussed with your mentee. You need to be able and learn to give constructive feedback, at all times, preferably, in real time. As a mentor, you need to be able to maintain a positive attitude, be able to help the mentee develop skills, and help the mentee be creative. Additionally, you should help the mentee develop goals and assist them with discovering resources to achieve those goals you set.



Always teach the mentee independence, not dependence. Always be on the lookout for educational and professional societies, both locally and nationally, for the mentee to grow in his/her chosen area of interest. Additionally, you must be able to identify areas of needs that are better met by another professional and direct the mentee to that individual.

The mentor/mentee relationship is more beneficial if you accept the commitment of time and energy to provide guidance for the trainee. It is recommended that you and your mentee set designated times to meet. Since you are the mentor, you need to make sure that there is a clear understanding of the process to assure success. You will also have to maintain support and open communication outside of your already designated set times to meet.

Furthermore, mentors should all have the common goal of wanting to build a base for all future academic and professional achievements and to provide a framework for success in a mentees educational chosen area of interest, in this case, Physical Medicine and Rehabilitation.

## Who's Who in the AAP Office?



**Kelly Kraines** is AAP's Education Manager and is responsible for expanding the knowledge and learning programs that enrich AAP's role in physiatry and provide a continuum of education for our members throughout their career. She began working with AAP at the end of May 2017 and is very excited to be working for an association again. Kelly graduated from the University of Iowa in 1994 with a major in English, and minor in early childhood education. She has been working in medical education for 20 years and even founded her own accredited medical communications company in 1994 which was acquired in 2011. Originally from a small farm town in Iowa, she currently lives in Highland Park a suburb of Chicago.

### Three Things People Don't Know About Me:

1. I founded a medieval drama troupe when I was in college.
2. I was once chosen to sing a solo in front of an audience of 2,000.
3. I crewed for regattas in the summer on Lake Okoboji in Northern Iowa.

# ADVOCACY UPDATE

## Trump Budget Proposes Big Cuts to NIH

On May 23rd President Trump released his Fiscal Year 2018 budget request. Overall, the budget would cut federal spending by \$3.6 trillion over 10 years, including significant cuts to medical research. The proposal grants a program level of \$26.9 billion for NIH, which would constitute a cut of \$7.2 billion compared to the comparable figure from the FY 2017 omnibus. This works out to approximately a 21% cut for NIH and would result in 1,946 fewer grants. On the bright side, the proposal includes funding which was mandated by the 21st Century Cures Act to fund the “cancer moonshot” initiative, the Brain Research through Advancing Innovative Neurotechnologies neuroscience initiative, and the Precision Medicine Initiative’s planned health study. Those programs would receive \$496 million in Cures funding in 2018, a 41% increase. Overall, the budget calls for cuts to basic research by 13%, but not all research is being reduced as the research budget at the Department of Veterans Affairs would get a 1%, or \$4 million jump to \$394 million. Additionally, the budget essentially eliminates the Title VII health professions and Title VIII nursing workforce development programs, which are federally funded programs designed to improve the supply of the health professions workforce.

The President’s budget is only the first step in the appropriations process as Congress is responsible for providing final appropriations for the federal government. Fortunately, there is very little support in Congress for the President’s proposed cuts to NIH. Rep. Tom Cole (R-OK), Chairman of the House Appropriations Committee, has called the President’s proposed cuts to NIH “short-sighted” adding, “I don’t favor cutting NIH or Centers for Disease Control.” A detailed explanation of the President’s budget for the entire Department of Health and Human Services can be found here: <https://www.hhs.gov/sites/default/files/fy2018-budget-in-brief.pdf>

## House Passes ACA Reform Bill

On May 4, 2017 the U.S. House of Representatives passed the American Health Care Act (AHCA) by a vote of 217 to 213. The bill makes significant changes to the Affordable Care Act (ACA), but does maintain some of the more popular provisions. Major highlights of the bill include:

- Elimination of the individual and employer mandate; Elimination of most of the ACA revenue provisions.
- Modification of health insurance premium tax credits (now based on age, not income levels; increases amount for younger adults and reduces amount for older adults).
- Retains ACA market reforms (including requirement to guarantee coverage, prohibition on pre-existing condition exclusions, requirement to extend dependent coverage to age 26).
- Imposes late enrollment penalty for those who don’t stay covered.
- Establishes a State Patient and State Stability Fund (States may use federal funds to provide financial assistance to high-risk individuals).
- Expands use of Health Savings Accounts (Increases tax-free limit to \$6,550 for individuals / \$13,100 for families).
- Converts federal Medicaid funding to a per capita allotment in 2020.
- State insurance exchanges will continue to operate.

The bill now faces an uncertain future in the Senate. The AHCA is subject to reconciliation rules meaning it needs just a simple majority to pass the Senate, rather than the normal 60 vote threshold. However, several Senate Republicans have expressed their opposition to the House bill and most anticipate that the Senate will significantly change the House bill or take up their own bill. No timetable for Senate action on healthcare reform legislation has been laid out but GOP leadership has created a 13 member working group who will be tasked with drafting the Senate proposal to reform the ACA.



## Senate Finance Committee Approves Bill to Address Treatment of Chronic Care Patients

In mid-May members of the Senate Finance Committee unanimously approved The CHRONIC Care Act (S. 870) which seeks to revise how Medicare pays for and treats Medicare beneficiaries who suffer from chronic health conditions. The bill extending Medicare’s Independence at Home program, enhances team-based care by making changes to accountable care organizations and allows greater flexibility for Medicare and Medicare Advantage plans to pay for telemedicine services, including stroke care.

The bill would allow Medicare to pay for remote stroke diagnosis and treatment. Under current law only doctors in rural areas are eligible to receive Medicare reimbursement for telehealth services. This is a key barrier for stroke patients according to Dr. Lee Schwamm, director of the Partners Telestroke Network at Massachusetts General Hospital in Boston, who testified before the Committee. Dr. Schwam testified that enabling stroke patients all over the country to get immediate access to telehealth services could significantly increase the recovering rate for stroke victims.

S. 870 will now move to the Senate floor for a vote on final passage. A complete summary of the bill can found here: <https://www.finance.senate.gov/imo/media/doc/CHRONIC%20Care%20Act%20of%202017%20-%20Section%20By%20Section%20Summary%204.3.17.pdf>





# MRRI

MOSS REHABILITATION  
RESEARCH INSTITUTE

**DIRECTOR**  
**MOSS REHABILITATION RESEARCH INSTITUTE**  
**ELKINS PARK, PA**

The Moss Rehabilitation Research Institute (MRRI) invites inquiries, applications and nominations for the position of Director. MRRI is an internationally recognized research institute dedicated to three focus areas: Cognitive neuroscience and cognitive rehabilitation, traumatic brain injury treatments and outcomes, and movement sciences and mobility rehabilitation. MRRI shares the health campus with MossRehab and Einstein Medical Center at Elkins Park, PA. MRRI and MossRehab are part of the larger Einstein Healthcare Network. This is an outstanding leadership opportunity to substantially build upon a world-class, highly collaborative research institute devoted to improving the lives of individuals with neurological disabilities, as well as the opportunity to impact neurorehabilitation science.

After stable and productive leadership under the two co-founders, MRRI now seeks a dynamic leader with a national research reputation to guide MRRI's growth and development as a regional, national and international leader in cognitive neuroscience and rehabilitation research. The next Director will partner with the Associate Director, the MRRI Advisory Board, current institute scientists and MossRehab leadership and will ideally continue to enhance clinical integration through multidisciplinary collaborations. Important goals for the new Director will be to raise the national and international profile, build and enhance local university partnerships and strengthen and diversify funding opportunities.

Candidates must possess a MD, MD/PhD or PhD or equivalent degree with a deep appreciation of research and a broad knowledge of cognitive neuroscience, neurorehabilitation or a closely related field. The successful candidate must also demonstrate recognized productivity and achievement in research, and the ability to work collaboratively with colleagues. As the administrative leader for the Institute, candidates should have a strong business sense and an understanding of what it takes to help enhance research funding in a competitive environment. Exceptional communication skills, financial acumen and the potential to fundraise are essential, as is a clear vision for advancing the research mission in the midst of a changing funding landscape.

Applications should include a curriculum vitae and cover letter and be sent via email to [MRRIDirector@Wittkieffer.com](mailto:MRRIDirector@Wittkieffer.com). Inquiries may be addressed to Joyce DeLeo, PhD at 630-575-6177 or Elizabeth Frye, MD at 630-575-6949, the Witt/Kieffer consultants supporting this search.

Einstein Healthcare Network selects employees on the basis of skill, knowledge, values and experience. Our network seeks diversity on the basis of national origin, race, color, religion, gender, gender identity, sexual orientation, ancestry, age and disability.



## Leading Institutions – Exhibit at Physiatry '18

Set your institution apart as a leader in the specialty by securing a strong presence at the AAP Annual Meeting – Physiatry '18 – in Atlanta, Georgia, February 13-17, 2018.



### SPONSOR:

Gain national recognition and highlight your rock star faculty, residents, and programs to two key audiences – the current and future leaders of physiatry! Branding opportunities such as lanyards, escalator clings, hanging banners, and hotel keycards result in thousands of impressions for your brand! Educational opportunities such as lunch symposiums, coffee demonstrations, and evening learning lounges enlighten attendees while demonstrating your institution's expertise.



### EXHIBIT:

Meet over 1,000 of the leading minds in physiatry in the AAP Exhibit Hall! Physiatry '18's Exhibit Hall is an intimate and interactive forum for relationship building and face time. Lunch, all break functions, and a welcome reception are held in the Exhibit Hall located right in the heart of the Physiatry '18 meeting space.



### ADVERTISE:

Preliminary and Final Program advertisements are now available but there is limited space! Other opportunities include registration bag inserts, onsite meter board ads, and app push notifications.

**ACT NOW!** - All opportunities are available on a first-come first-serve basis! Contact Bernadette Rensing at [brensing@physiatry.org](mailto:brensing@physiatry.org) to learn more!



# PROGRAM COORDINATOR'S CORNER

We hope everyone is having a great summer! And we also hope everyone is excited for Physiatry '18. I know we are looking forward to seeing everyone in Atlanta!

Congratulations to Cynthia Volack, MPA, C-TAGME who was elected the Secretary/ Program Director of the Coordinator's Council for the 2018 (Atlanta, GA) and 2019 (San Juan, PR) meetings.

## COORDINATOR SPOTLIGHT:

### **Cindy Volack**, MPA, C-TAGME

How long have you been in your current position?

*10 years*

What is your favorite thing to do in your leisure time?

*Being with family and friends.*

What is your favorite holiday and why?

*July 4th. I like the heat and fireworks!*

What would we be surprised to know about you?

*I'm a gardener.*

## THE 10 COMMANDMENTS OF STRESS MANAGEMENT

- |   |   |
|---|---|
| <b>1.</b> Knoweth thyself.              | <b>6.</b> Covet not thine neighbor's stress.      |
| <b>2.</b> To thine own stress be true.  | <b>7.</b> Increaseth not thine expectations.      |
| <b>3.</b> Sweateth not the small stuff. | <b>8.</b> Thou shalt learn to say no.             |
| <b>4.</b> Plan.                         | <b>9.</b> Honor thy father and mother's remedies. |
| <b>5.</b> Remember to delegate.         | <b>10.</b> Smelleth the flowers.                  |

Please plan to attend the next AAP meeting in Atlanta, GA from February 13-17, 2018. This annual meeting is not one to miss, make sure to add it to your calendars!

*Your AAP Coordinators' Council Officers,  
Tammie, Nicole, and Cindy*

*Immediate Past Chair: Coretha Davis, BS – cdavis@med.miami.edu*

*Chair: Tammie Wiley Rice – twiley@med.umich.edu*

*Chair Elect: Nicole Prioleau – npriole1@jhmi.edu*

*Program Director/Secretary: Cynthia Volack – volack@nyp.org*

*Newsletter Editor: Stacey Snead-Peterson, MS – sneadpetersons@upmc.edu*

## AAP ADMINISTRATIVE DIRECTOR'S COUNCIL:

# Call for Membership Committee Recruits

Most Administrative Director's know that there is great power in networking with fellow colleagues around the country who share a similar position and duties. There are currently 86 Academic PM&R Programs in the U.S., 81 of which have Administrative Director positions. Our current Administrative Directors Council has 32 members, therefore the Membership Sub-Committee is seeking to recruit 2-3 more Administrative Directors to help reach out to those not currently enjoying the benefits and advantages of an AAP membership. This should be a 3-4 month task and only require 1 hour per week. If interested, please contact Matthew Huish at [matthew.huish@hsc.utah.edu](mailto:matthew.huish@hsc.utah.edu), or Colin Hautman at [chautman@physiatry.org](mailto:chautman@physiatry.org). We welcome any and all interested in providing a small amount of service back to our Administrative Directors Council (ADC).



**Matthew Huish**  
University of Utah, School of Medicine

**Attention AAP Members** – Help recruit your Administrative or Finance Director to the AAP family! Visit [physiatry.org/ADC](http://physiatry.org/ADC) for more information.



# TOP TWEETS



**AAP - Academic PM&R @AAPhysiatrists • Apr 11**  
#Technology Tuesday is brought to you by our good friends and academic partners at @MayoClinicPMR #Physiatrynewsnetwork. [mayoclinic.org/discussion/man...](http://mayoclinic.org/discussion/man...)



**Mayo Clinic Med Ed @MayoMedEd**  
Man moves paralyzed legs using device that stimulatesv#spinalcord. #neuro [mayocl.in/2oVyN2e](http://mayocl.in/2oVyN2e)

**AAP - Academic PM&R @AAPhysiatrists • Apr 28**  
AAP's Women in Academic #Physiatry task force is also working hard to change the trend. Thanks #trendsetter AAP Member Dr Silver et al!



**James E Gardner @James\_E\_Gardner**  
Exciting work from @JulieSilverMD and team colleagues on awards in medicine. #physiatry #HeForShe #gender [twitter.com/juliesivermd/...](https://twitter.com/juliesivermd/)

**FOLLOW AAP ON TWITTER @AAPHYSIATRISTS**