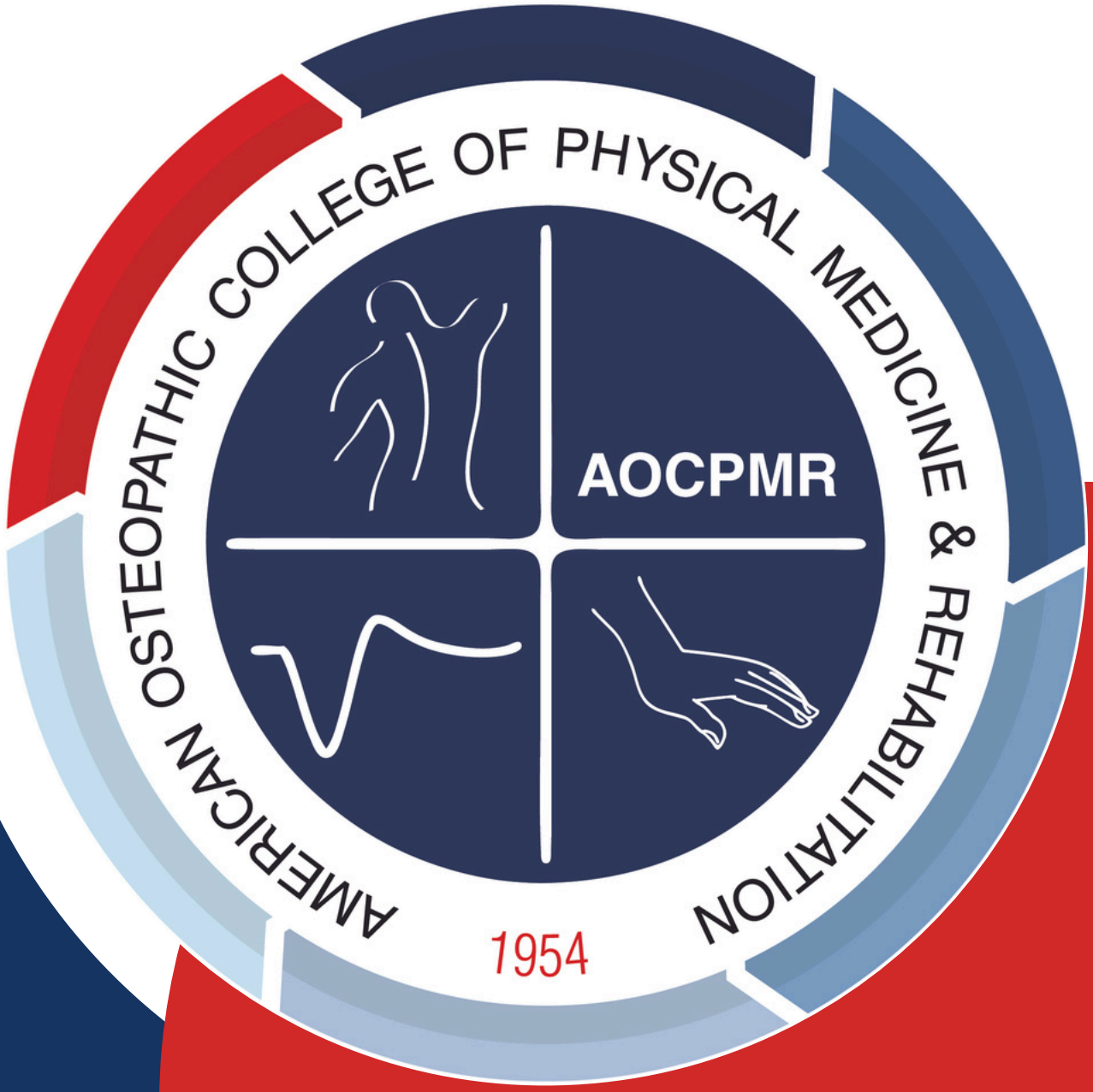


REHAB ROUNDUP

2024

AUG

REHAB ROUNDUP
EDITORIAL LEADERSHIP



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AOCPMR MEDIA COMMITTEE CHAIR

WELCOME

Welcome everyone to our very first AOCPMR newsletter! My name is Tricia Prince and I have the pleasure of serving as your Media Committee Chair over this next year. I want to take this time to thank everyone that worked on this newsletter to bring you all updates hot off the press for our college and community. Please feel free to participate and contribute to the newsletter for our upcoming issues. We appreciate all of the support and look forward to working with each and everyone of you, from attendings, to residents, to medical students. Cheers!

Warm regards,

Tricia Prince, DO, MS

Table of Contents

Vision and Mission 4

President's Message 5

Executive Council 6

Residents 7

- Welcome 8
- Resident Council 9
- Events/ Announcements 10
- Board Review 14

Medical Students 16

- Welcome 17
- Medical Student Council 18
- Events/ Announcements 19

Fellowship Spotlights 22

Articles 30

Job Board, Conferences, Future Events 35

Contact us 40

August 2024

REHAB ROUNDUP ISSUE



The vision of the American Osteopathic College of Physical Medicine and Rehabilitation is that we are dedicated to providing leadership for the PM&R profession and to providing a home to osteopathic PM&R practitioners.

The AOCPMR provides added value services to its members in the areas of advocacy, education and practice. AOCPMR values camaraderie, excellence and quality as it lives its mission.

VISION & MISSION



A Personal Reflection on the First Milestones of My Presidency

AMIR MAHAJER, DO, FAOCPMR

AOCPMR PRESIDENT

As I look back on the initial months of my presidency, I'm thrilled to share the progress we've made and the exciting initiatives we've set in motion. Our organization is evolving, and I'm honored to be on this journey with you.

Introducing Our Combined Quarterly Newsletter

The first issue of our combined quarterly AOCPMR newsletter is here. This newsletter will be a platform for sharing updates and achievements from students, residents, and attending physicians alike. It's designed to keep everyone informed about the fantastic work being done across our College. Our residents have been actively engaged in requesting submissions via social media, fostering a more connected and informed community.

Resident Membership Proposal

Supporting our residents is crucial, and I'm pleased to share that we've introduced a discounted membership rate for residency programs enrolling all their residents (both DO and MD) into AOCPMR. This proposal was warmly received and approved by our leadership, resulting in a new membership rate of $50 per resident per year for programs that sign up all their residents. This initiative aims to make our organization more accessible and supportive for those in training.

Video and Essay Submissions for Annual Meeting Scholarships

To encourage student engagement, we've introduced a new scholarship application process for the AOCPMR Annual Meeting. Students applying for an Annual Meeting scholarship are now asked to submit a video or short essay discussing their interest in PM&R and AOCPMR. We've allocated four $250 scholarships: two for video submissions and two for essay submissions. This initiative not only promotes creative expression but also helps in our marketing efforts by showcasing the passion and dedication of our future physiatrists.

Elevating Our Dues to Enhance Member Value

One of the key discussions we had at our June Executive Council meeting was about adjusting our annual dues. After thoughtful consideration, we decided to increase the AOCPMR dues by 8%. This adjustment, the first in several years, allows us to keep conference rates consistent for all attendees. We've also added our *Rehab Rhythms* Podcasts, online CME options to the AOA's enduring materials page, and I'm excited to announce the launch of our new newsletter.

Strengthening Our Advocacy Efforts

Our commitment to advocacy remains strong. I'm pleased that Nick Elwert represented AOCPMR as our delegate to the AOA House of Delegates meeting in July. We'll continue to leverage our 501(c)(3) status to engage in permissible advocacy activities, ensuring our members are well-informed about our efforts through our website and social media channels. Our newsletters will also highlight how we are championing the profession and advocating for your interests.

These accomplishments are just the beginning of what I hope will be a period of growth and positive change for AOCPMR. Thank you for your ongoing support and dedication to our collective mission. Together, we'll continue to advance the field of osteopathic physiatry and make a lasting impact.

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PM&R RESIDENTS

August
2024

REHAB ROUNDUP ISSUE

WELCOME, RESIDENTS!



ANDREW WOODS, DO

PRESIDENT
AOCPMR RESIDENT COUNCIL

It is hard for me to fathom, but this academic year will be my seventh as a member of the AOCPMR! The adage "time flies by when you're having fun" is often used sarcastically, but fun is the best way to describe my time with this incredible organization. I was first introduced to the AOCPMR culture at our annual meeting in Nashville, TN. At the time, I was just a new OMS-1. I was immersed in all that PM&R is, but I was also welcomed with open arms by physicians forty years my senior. I got more advice to help guide my pursuit of PM&R than I could remember, more phone numbers offering to help than I could write down, and more memories than I could have ever imagined.

That culture has kept me engaged with the organization as a student member, student council president, resident member, and now resident council president, and it is what separates our organization most. While all of the PM&R organizations do an incredible job engaging their youngest members, I think the AOCPMR is exceptional in how intimately we can make that engagement and the access our youngest members gain to influential leaders in the field. I encourage every resident to join the AOCPMR to gain access to our innovative educational seminars and hands-on workshops and our plethora of senior leaders willing to guide your PM&R journey along the way.

Collaboration is the name of the game in the world of Physiatry and AOCPMR exudes that philosophy! At every level -- student, resident, and attending -- we have different committees that work together towards the common goal of enhancing the presence and access of PM&R-related resources and building up this great community.

This takes form through a multitude of endeavors, such as our educational lecture series geared towards lifelong learners of all levels, mentor/mentee pairings, research promotion and discussion, and now this publication: *Rehab Roundup!*

I sincerely hope you resonate with something found within these pages of the inaugural edition, and are encouraged to join us in some way, shape, or form in the next edition of *Rehab Roundup*.



TIFFANY WOOD DO, MS

VICE PRESIDENT
AOCPMR RESIDENT COUNCIL

RESIDENT COUNCIL 2024-2025



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President



Tiffany Wood, DO
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Bryan Wacker, DO
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AOCPMR RESIDENT COUNCIL

EVENTS & ANNOUNCEMENTS



MOCK INTERVIEWS

Help Medical Students prepare for Interview Season!
Sign up to be a Resident Mock Interviewer by e-mailing Rance Harden at **william.harden@uky.edu.**

***Note: To avoid a conflict of interest, please do not sign up if you are involved in applicant selections for your Residency Program.**

JUN JUL AUG 2024 LECTURES

BROUGHT TO YOU BY THE AOCPMR RESIDENT COUNCIL

See previous recordings here!



Bridging Gaps in Care for Military & Veteran Patients
Dr. Justin Weppner | 06.12.24
AOCPMR Justice, Equity, Diversity, Inclusion (JEDI) Committee



A Day in the Life: Pediatric Rehabilitation Fellowship
Dr. Cara Vernacchia | 06.18.24
AOCPMR NeuroRehab & Medically Complex Fellowship Committee



PM&R Grand Rounds: Networking & Professionalism
Dr. Amir Mahajer | 06.25.24
AOCPMR Education Committee



A Day in the Life: Brain Injury Fellowship at Carolinas Rehabilitation
Dr. Andrew Viscusi | 07.03.24
AOCPMR NeuroRehab & Medically Complex Fellowship Committee



PM&R Grand Rounds: Acupuncture
Dr. Janene Borandi | Stay tuned!
AUG 2024
AOCPMR Education Committee



PM&R Grand Rounds: Sports & Nutrition
Dr. Dante Paredes | Stay tuned!
AUG 2024
AOCPMR Education Committee

MENTORSHIP MATTERS!

AOCPMR's mentorship program fosters connections between students, residents, and practicing physicians.

AOCPMR.ORG/ABOUT/MENTORSHIP-PROGRAM/

AOCPMR
RESIDENT COUNCIL

EVENTS & ANNOUNCEMENTS

What is **Disability Pride Month?**

In alignment with the July 1990 passing of the landmark Americans with Disabilities Act (ADA), **Disability Pride Month** is celebrated every year in July. This observance aims to promote visibility and mainstream awareness of the positive pride felt by those within the disability community. Using bold images and powerful words, disability pride awareness events and parades strive to educate and empower people with and without disabilities. You see, pride comes from celebrating the unique experiences that we have as people with differing abilities and the contributions that we offer society.



To improve awareness and advocacy for Disablity Pride Month and to spotlight Jessica Long and our amazing USA Paralympians who will be competing in Paris 2024 this summer in the Paralympic Games 2024, please follow the links below for more information:

https://www.teamusa.com/profiles/jessica-long-916440
https://www.ameridisability.com/how-to-display-disability-pride/

INTERESTING FACTS ABOUT THE PARIS 2024 PARALYMPIC GAMES

1. The Paralympic symbol is made up of 3 waves called "Agitos" which represent the athletic "spirit in motion." This is the first year that the Olympic and Paralympic Games 2024 logo will be the same.
2. The story of the Paralympic Games comes from a neurologist Sir Ludwig Guttmann who came up with the idea of organizing a sports competition to help speed up the recovery of paraplegic patients, all of whom were World War 2 Veterans.
3. Trischa Zorn from the United States is a swimmer who won the most medals (55!) in all her Paralympic Games.
4. This year's Paralympic Games will bring together as many as 4,400 athletes from around the world who will compete in 549 medal events.
5. This year's Paralympic Games will be the first time that all Paralympic sports are filmed and broadcast live.



JULY IS
DISABILITY
PRIDE MONTH

LEARN MORE ABOUT
DISABILITY PRIDE

CLICK HERE



A SPOTLIGHT SERIES
BROUGHT TO YOU BY THE
AOCPMR JEDI COUNCIL

AOCPMR RESIDENT COUNCIL

EVENTS & ANNOUNCEMENTS

PARIS 2024

PARALYMPIAN: JESSICA LONG



Jessica Long is a renowned American Paralympic swimmer born with fibular hemimelia, which led to her legs being amputated below the knee as a child. Despite this challenge, she began swimming at a young age and quickly rose to prominence in the Paralympic swimming world. Long has competed in multiple Paralympic Games, winning a total of 23 medals, including 13 golds, 6 silvers, and 4 bronzes. She has set numerous world records in events ranging from freestyle to butterfly and is known for her versatility and dominance in the pool.

PARIS 2024

PARALYMPIAN: BRAD SNYDER



Brad Snyder is an inspirational figure in American Paralympic sports, having served as a Navy explosive ordnance disposal officer in Afghanistan. In 2011, he lost his vision due to an explosion while on duty, but he didn't let this setback hinder his athletic ambitions. Snyder turned to Paralympic swimming and quickly became a standout in the S11 category for visually impaired athletes. He won two gold medals and one silver medal at the 2012 Paralympic Games in London, followed by two golds and one silver at the 2016 Paralympics in Rio de Janeiro. Snyder's resilience and determination both in the military and as a Paralympic athlete have made him a symbol of courage and achievement.

AOCPMR JEDI COUNCIL

JUSTICE, EQUITY, DIVERSITY, INCLUSION

CHECK OUT MORE OF OUR SPOTLIGHTS!



JULY IS **DISABILITY** PRIDE MONTH

TEAM USA: JESSICA LONG

CLICK HERE

TEAM USA: BRAD SNYDER

CLICK HERE

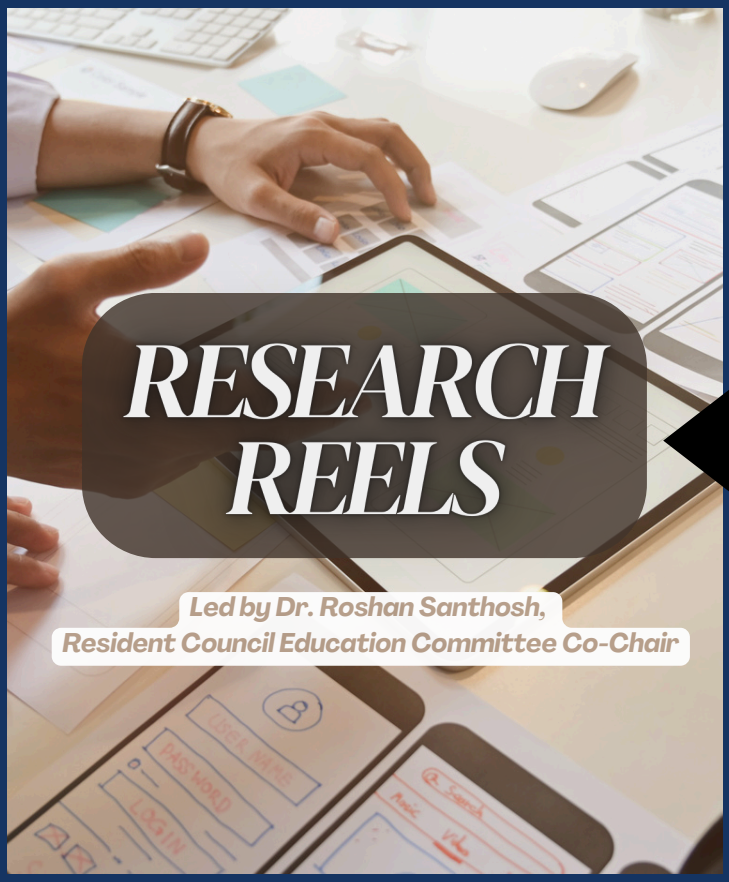


A SPOTLIGHT SERIES BROUGHT TO YOU BY THE AOCPMR JEDI COUNCIL

AOCPMR
RESIDENT COUNCIL

EVENTS & ANNOUNCEMENTS

STAY UPDATED:
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Research Reels

is a brand new opportunity brought to you by the Education Committee. Work with a medical student to summarize PM&R research articles by serving as a Resident Physician Editor!

Content will be published as Educational Content on AOCPMR. This is a great way to build your CV, serve as a research mentor, and shed light on up and coming advances in our field!

Sign up to be a Resident Reviewer today!

Next up:

Board Review Questions!

To submit ideas or request topics for future issues, e-mail aocpmrehabilitation@gmail.com

BOARD REVIEW QUESTIONS



1 **Concentric activation of which muscle is essential to the pre-swing phase of the gait cycle?**

A. Iliopsoas
B. Sartorius
C. Tibialis Anterior
D. Biceps Femoris

2 **A 50-year-old male is diagnosed with diskitis. Which bacteria is the most likely cause of the infection?**

A. Pseudomonas
B. Mycobacterium
C. Streptococcus
D. Staphylococcus

3 **A 36-year-old manual laborer sustained a surgically visualized complete laceration of the median nerve at the wrist. However, he continues to have grade 3 strength of thumb abduction. Needle electromyography of the opponens pollicis shows abundant fibrillation potentials and reduced numbers of normal-appearing voluntary motor units.**

The most likely explanation of these findings is anomalous innervation of the median nerve-innervated muscles via:

A. A median to ulnar nerve forearm communication *(Martin-Gruber anastomosis)*
B. An ulnar to median nerve forearm communication
C. A radial to ulnar nerve hand communication *(Froment-Rauber anastomosis)*
D. An ulnar to median nerve hand communication *(Riche-Cannieu anastomosis)*

BOARD REVIEW ANSWERS

1

A. Iliopsoas muscle

Explanation: The iliopsoas muscle is crucial during the pre-swing phase of the gait cycle, as it facilitates hip flexion needed for initiating the swing phase.

2

Answer: D. Staphylococcus

Explanation: Staphylococcus aureus is the most common causative organism in cases of diskitis, responsible for the majority of bacterial spinal infections.

3

Answer: D. An ulnar to median nerve hand communication (Riche-Cannieu anastomosis)

Explanation: The Riche-Cannieu anastomosis, a hand communication between the ulnar and median nerves, can explain the preserved strength in thumb abduction despite a median nerve injury.

Generated from: Cuccurullo, S. J. (2019). Physical Medicine and Rehabilitation Board review (4th ed.). Demos Medical Publishing.



PM&R MEDICAL STUDENTS

August
2024

REHAB ROUNDUP ISSUE

WELCOME, MEDICAL STUDENTS!



RYAN KELLER, OMS-IV

PRESIDENT

AOCPMR STUDENT COUNCIL

It is our council's great pleasure to provide educational opportunities and networking for the future leaders of PM&R. I joined AOCPMR as a first-year student and it has easily been the best decision I have made in my medical journey so far. Our organization has a vast network of physicians and leaders who have a hand in research, public policy, advocacy, volunteerism, and all other avenues you can possibly think of. Students have the chance to work closely with these trailblazers, which makes being part of AOCPMR such a unique experience. I hope you decide to join us as we continue to advance the field and invest in more equitable rehabilitation practices!

Welcome to the AOCPMR community! I am thrilled to have you join us in our collective journey to advance the field of PM&R. Our organization is more than just a professional society; it is a family where each member's journey and success are valued and supported. We thrive on collaboration at every level, working together through education lectures, mentor/mentee pairings, and research discussions to provide invaluable resources to connect medical students with peers who share your dedication to making a difference in patients' lives. Thank you for being a part of AOCPMR



AKINCHITA KUMAR, OMS-III

VICE PRESIDENT

AOCPMR STUDENT COUNCIL

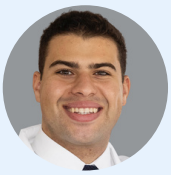
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Jake Kawasaki
Membership Committee



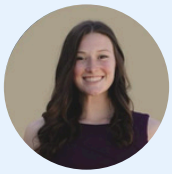
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Education Committee



Jennifer Addleman
Education Committee



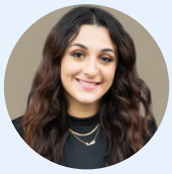
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Zaynah Shahab
Digital Multimedia Committee



Dan Yacubovich
Digital Multimedia Committee

FALL RESEARCH SPOTLIGHT

Are you a passionate student researcher making strides in the field of Physical Medicine and Rehabilitation? We want to shine a spotlight on your work! Submissions will be evaluated based on:

- Relevance to PM&R
- Novelty or Impact
- Position in Authorship
- Relevance to Osteopathy

Apply here!

Submissions close 8/30/2024



Research Reels

is a brand new opportunity for medical students to review PM&R research articles. Each reel will be reviewed & co-edited by a resident physician & posted as educational content on AOCPMR. This is a great way to build your CV, learn about different PM&R subspecialties, and shed light on up and coming advances in our field!

Sign up now!

AOCPMR
MEDICAL STUDENT COUNCIL
EVENTS & ANNOUNCEMENTS

AUGUST
UPCOMING LECTURES
BROUGHT TO YOU BY THE AOCPMR MEDICAL STUDENT COUNCIL

STAY UPDATED ON EVENTS AND MORE:

@aocpmr



FOOT BIOMECHANICS AND MANUAL THERAPY FOR PAIN RELIEF
Dr. Edward S. Glaser, DPM
08.14.24 @ 7pm CST
AOCPMR Education Committee



AUGUST JOURNAL CLUB
Dr. Sajid Surve, DO
08.22.24 @ 8pm EST
AOCPMR Research Committee



ALL CHAPTER MEETING
An introduction to leading a PM&R interest group, for local student leaders
08.27.24 @ 7pm CST
AOCPMR Membership Committee

AOCPMR PODCAST
THE INTERSECTION BETWEEN PM&R, EXERCISE, AND TRANING WITH DR. FELICIA MIX, DO AND DR. ALEXA MOREIRA, MD

OUT NOW ON SPOTIFY



DIGITAL MULTIMEDIA COMMITTEE

SEPTEMBER & OCTOBER
FUTURE EVENTS & LECTURES

BROUGHT TO YOU BY THE AOCPMR MEDICAL STUDENT COUNCIL



CANCER REHABILITATION

Dr. Alyssa Cole, DO | Stay Tuned!
September 2024
AOCPMR Education Committee



SEPTEMBER JOURNAL CLUB

Speaker TBD | Stay tuned!
September 2024
AOCPMR Research Committee



LONG COVID IN PM&R

Speaker TBD | Stay Tuned!
October 2024
AOCPMR Education Committee



OCTOBER JOURNAL CLUB

Speaker TBD | Stay tuned!
October 2024
AOCPMR Research Committee

MENTORSHIP MATTERS!

AOCPMR's mentorship program fosters connections between students, residents, and practicing physicians.

HTTPS://AOCPMR.ORG/STUDENTS/STUDENT-MENTORSHIP-PROGRAM/

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FELLOWSHIP SPOTLIGHTS

August
2024
REHAB ROUNDUP ISSUE

AOCPMR

Fellowship Spotlight

University of Miami Miller School of Medicine/Jackson Memorial Hospital
Department of Physical Medicine and Rehabilitation
Brain Injury Medicine Fellowship

This one-year fellowship is designed for physicians who have completed an accredited residency in Physical Medicine and Rehabilitation, Neurology, or Psychiatry. The program, which is accredited by the ACGME, spans 12 months and provides comprehensive exposure to various aspects of brain injury clinical care.

Program Highlights

Brain injury clinical training

- Acute Trauma Care, post-acute rehabilitation, spasticity management, and concussion management

Multidisciplinary teaching and collaboration:

- Fellows will engage in teaching PM&R residents and medical students.
- Training will involve collaboration with several disciplines including neurosurgery, neurology (headaches, post-traumatic seizures), ENT (vestibular rehabilitation), neuroradiology, neuropsychology, and all the rehabilitation disciplines.

Customizable schedule

- Fellows have the flexibility to tailor their schedule according to their specific areas of interest, allowing for a personalized learning experience.

Research and educational opportunities

- Funding is available for both educational and research endeavors.
- Opportunities to engage in translational and public health research.



Multiple Training Sites

UHealth Multidisciplinary clinics as well as a 560-bed hospital

Jackson Memorial Hospital: *a level 1 Trauma Center and tertiary care hospital with more than 1550 beds, is the major teaching facility for the University of Miami Leonard M. Miller School of Medicine*

Jackson Health System CARF-Accredited Brain Injury Medicine Service in the new 96-Bed state-of-the-art ***Christine E. Lynn Rehabilitation Hospital***

https://med.miami.edu/departments/physical-medicine-and-rehabilitation/education/fellowship-program

AOCPMR

Fellowship Spotlight

University of Miami Miller School of Medicine/Jackson Memorial Hospital
Department of Physical Medicine and Rehabilitation
Brain Injury Medicine Fellowship

Board Certification

Upon completion of the fellowship, fellows will be eligible to sit for the board examination in Brain Injury Medicine. This subspecialty certification is co-administered by the American Board of Physical Medicine and Rehabilitation (ABPMR) and the American Board of Psychiatry and Neurology (ABPN), and approved by the American Board of Medical Subspecialties (ABMS).



Application Information

- Eligibility: Must complete an ACGME accredited residency in one of the following specialties: Physical Medicine & Rehabilitation, Neurology, or Psychiatry
- How to apply: ERAS (Program #3471134001)
- Timeline: Applications for the July 2025 start date are accepted beginning in 07/2024 to 09/2024. Interviews are conducted from 07/2024 to 10/2024.

City of Miami

Overall, Miami's appealing climate, cultural richness, economic vitality, entertainment, and vibrant lifestyle make it a desirable place to live. City offers world-class restaurants, sports events, shopping districts, museums, theaters, and a real estate market catering to various budgets.

Program Contacts

Gemayaret Alvarez, MD
- Brain Injury Fellowship Program Director
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Coretha Davis, BS, C-TAGME
- Fellowship Program Manager
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Adriana D. Valbuena Valecillos, MD
- Additional core PM&R faculty
- ADV20@med.miami.edu

https://med.miami.edu/departments/physical-medicine-and-rehabilitation/education/fellowship-program

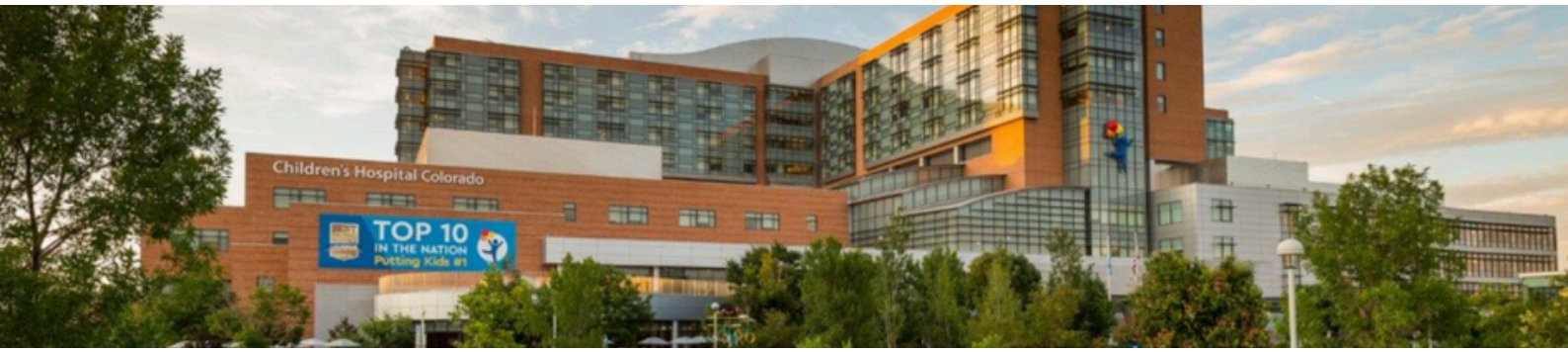
AOCPMR

Fellowship Spotlight

University of Colorado/ The Children's Hospital Colorado

Pediatric Rehabilitation Medicine Fellowship

This two-year fellowship is designed for physicians who have completed an ACGME accredited residency in Physical Medicine and Rehabilitation (PM&R), a combined residency program in Pediatrics/PM&R, or ACGME accredited residencies in both Pediatrics and PM&R. The program, which is accredited by the ACGME, spans 24 months and provides comprehensive exposure to various aspects of pediatric physiatry.



Program Highlights

Pediatric PM&R Clinical Training

- **Inpatient Pediatric Rehabilitation:** 3 months/year
- **Consults:** 2-3 months/year
- **Outpatient Pediatric Rehabilitation:** 5 months/year
  - Clinics: Amputee/Limb Differences, Arthrogryposis, Baclofen Pump Clinic, Brachial Plexus Injury, Brain Injury Clinics, Cerebral Palsy, Epilepsy Surgery, EMG, Gait Analysis, General Rehabilitation, Neurofibromatosis, Neuromuscular – Pediatrics, Neuromuscular – Adult, Neuromuscular – Carrier Clinic, Neuro-oncology, Osteogenesis Imperfecta, Rett/Rett-like syndromes, Seating and Mobility, Skeletal Dysplasia, Spinal Cord Injury, Spinal Defects, Surgical Tone, SDR, ITB pump, Stroke, Torticollis/Plagiocephaly
- **Research:** 1 month/year (time can be spread out over 12 months)
- **Electives:** 1-2 months/year
  - NeuroICU, Pediatrics, Neurology, Orthopedics, Sports Medicine, Genetics, Rheumatology, Pulmonology, Neurosurgery, Palliative Care, Pain, Movement Disorders, Burn, Wound Care, Nutrition, Urology, Assistive Technology Partners (DME), and more

Procedures

- Spasticity/dystonia treatment with chemodenervation procedures: various botulinum toxins, phenol neurolysis
- Intrathecal baclofen pump management – comprehensive ITB pump training including clinical assessment, intrathecal test dosing, implantation, refills, dosing adjustments, troubleshooting (side port access, dye studies), explanation
- EMG and nerve conduction studies
- SDR Neuromonitoring

https://medschool.cuanschutz.edu/physical-medicine-and-rehabilitation/education/pediatric-rehabilitation-fellowship

Children's Hospital Colorado, Department of Pediatric Rehabilitation Medicine
13123 East 16th Ave, Box 285 Aurora, CO 80045 | (720) 777-3213

AOCPMR

Fellowship Spotlight

University of Colorado/ The Children's Hospital Colorado

Pediatric Rehabilitation Medicine Fellowship

Program Highlights (continued)

Didactics

- Fellows attend, participate in, and sometimes teach:
  - PRM Fellow Core lectures
  - PM&R Department Grand Rounds
- Multidisciplinary Pediatric Conferences:
- Neuromuscular, Spinal Defects, Trauma, Neuroimaging Rounds, Amputee/Limb Deficiency
- Pediatric Fellowship Common Curriculum
- Resilience/Wellness, Research methods, Mentorship, Administration, GME Quality and Safety Academy

Research and educational opportunities

- **Research:** CCTSI, Center for Gait and Movement Analysis
- **Education:** Residents and Fellows as Educators Electives, Academy of Medical Educators trainings, Teaching and Educational Leadership Development

Board Certification

Upon completion of the PRM Fellowship program, fellows are eligible to sit for the American Board of Physical Medicine and Rehabilitation (AAPM&R) Pediatric Rehabilitation Medicine (PRM) subspecialty examination.

Training Sites

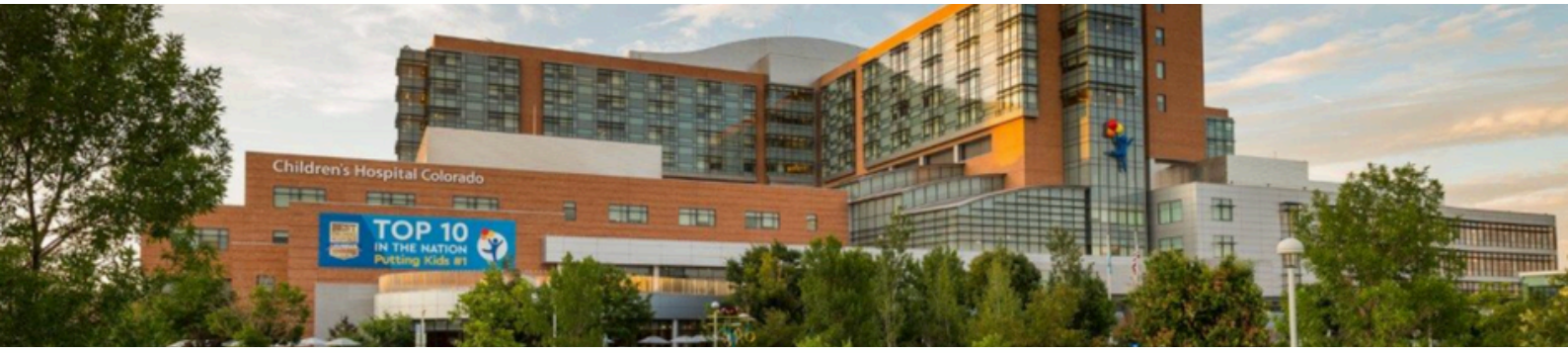
Primary rotations occur at the Children's Hospital of Colorado.

Continuity outreach clinics are located in underserved areas of the Pueblo and Alamosa regions of Colorado.

Additionally, fellows can receive training in TeleHealthcare.

City of Denver

Living in Denver, Colorado offers a high quality of life. Outdoor activities abound, the city is filled with culture and fellows take advantage of the life Colorado offers. Situated at the base of the eastern slope of the Rocky Mountains and at a mile above sea level, Denver's climate is mild and dry with sunshine about 300 days a year. Denverites enjoy extensive city and mountain park systems that offer biking/jogging and hiking trails, golfing, boating, climbing, and trout fishing. Denver also has a diverse cultural community: the Colorado Symphony Orchestra, Denver Center for the Performing Arts, art and natural history museums, a zoo, and several indoor/outdoor concert venues, including Red Rocks Amphitheatre.



https://medschool.cuanschutz.edu/physical-medicine-and-rehabilitation/education/pediatric-rehabilitation-fellowship

AOCPMR

Fellowship Spotlight

University of Colorado/ The Children's Hospital Colorado

Pediatric Rehabilitation Medicine Fellowship

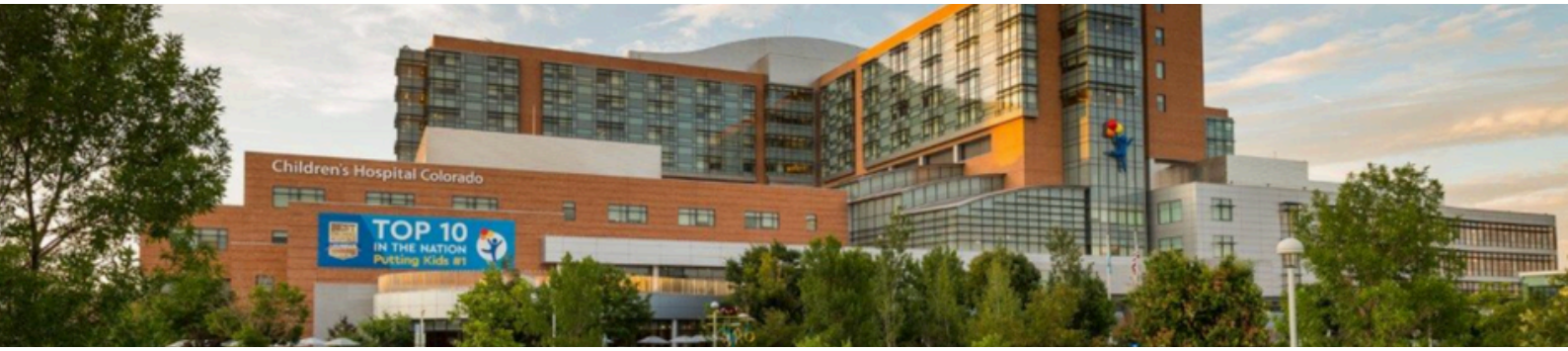
Application Information

- **Eligibility:** Must complete an ACGME accredited residency in one of the following specialties: Physical Medicine & Rehabilitation (PM&R), combined Pediatrics/PM&R, or BOTH Pediatrics and PM&R
- **How to apply:** ERAS
  - Personal statement
  - Curriculum vitae, including any prior work experience, volunteer positions, leadership positions, research, quality, and safety work, publications
  - Copy of USMLE or COMLEX board scores
  - Dean's letter (MSPE) from an LCME (Liaison Committee on Medical Education) accredited school of allopathic or osteopathic medicine in the United States, Canada, or Puerto Rico, or a copy of the ECFMG certificate
  - At Least 3 LORs from physicians at Residency Program or Electives: 1 required from Residency PD, 1 strongly recommended from Pediatric Physiatrist
- **Timeline:** ERAS applications for the July 2025 start date are accepted beginning in 07/2024 to 08/31/2024. Interviews will be conducted Virtually.

Program Contacts

Morgan Mestas
PRM Fellowship Coordinator
morgan.mestas@cuanschutz.edu

Amy Kanallakan, MD
PRM Fellowship Program Director



https://medschool.cuanschutz.edu/physical-medicine-and-rehabilitation/education/pediatric-rehabilitation-fellowship

AOCPMR

Fellowship Spotlight

University of California at Los Angeles (UCLA)

Neuromuscular Medicine Fellowship

This one-year fellowship is designed for physicians who have completed an accredited residency in Physical Medicine and Rehabilitation, Neurology or Pediatric Neurology. The program, which is accredited by the ACGME, spans 12 months and provides subspecialty training in the diagnosis and treatment of patients with neuromuscular disorders.

Program Highlights

- **Number of positions:** 4
- **Neuromuscular Medicine Clinical Training**
  - Primarily outpatient with inpatient consults interspersed throughout the year.
    - No overnight or weekend call
    - Clinics include multidisciplinary ALS clinics, multidisciplinary pediatric and adult muscular dystrophy clinics, multidisciplinary hereditary neuropathy clinic, myasthenia gravis clinic, multidisciplinary amyloid clinic, and general neuromuscular clinics.
  - **Electives:** 1 month total
  - **Procedures**
    - EMG and nerve conduction studies
    - Neuromuscular ultrasound
    - Open muscle and nerve biopsies with histological interpretation
    - Skin biopsies
    - Chemodenervation
- **Didactics**
  - Weekly didactics encompassing multiple neuromuscular topics including:
    - EMG case conferences, complex case conferences, multi-scope muscle/nerve slide review, neuropathology lectures, neuromuscular disease lectures, neuroradiology rounds, and research presentations
  - Monthly journal clubs
- Research and educational opportunities
- Fellows have the option of staying for a second year for research



Training Sites

Cedars-Sinai Medical Center
Olive View-UCLA Medical Center
Ronald Regan UCLA Medical Center
Sepulveda VA Medical Center
West LA VA Medical Center

City of Los Angeles

- Vibrant, large and diverse city with excellent weather
- Has something for everyone including beautiful beaches, great hiking trails, museums, entertainment, arts, and delicious and diverse food options.

https://neuromuscular.dgsom.ucla.edu/pages/fellowship

710 Westwood Plaza, Dept of Neurology 1-240, 300 Medical Plaza,
Ste B-200 Los Angeles, CA 90095

AOCPMR

Fellowship Spotlight

University of California at Los Angeles (UCLA)

Neuromuscular Medicine Fellowship

Board Certification

Upon completion of the fellowship, fellows will be prepared to obtain American Board of Psychiatry and Neurology (ABPN) board certification in Neuromuscular Medicine and American Board of Electrodiagnostic Medicine (ABEM) board certification in EMG.



Program Contacts

Joy Chan, MD

- Neuromuscular Medicine Fellowship Program Director
- JoyChan@mednet.ucla.edu

Oscar Arellano

- Fellowship Program Coordinator
- OArellano@mednet.ucla.edu

Application Information

Eligibility: Must complete an ACGME accredited residency in one of the following specialties: Physical Medicine & Rehabilitation, Neurology, or Pediatric Neurology

How to apply: Via the AANEM Fellowship Match Portal: Fellowships | AANEM

Timeline: The match has closed for July 2025 start date but applicants can still apply outside of the match if there are still openings available postmatch (current openings for July 2025 are listed on the AANEM Fellowship Match Portal).

- Applications for the July 2026 start date are released to programs **March 1, 2025**. Interviews are conducted between March – May. Rank lists are typically due at the end of May with match day occurring in early June. A full timeline can be found on the AANEM Fellowship Match Portal.

Applicants accepted to the fellowship are also required to obtain a **California Medical License** before the start of fellowship.



https://neuromuscular.dgsom.ucla.edu/pages/fellowship

710 Westwood Plaza, Dept of Neurology 1-240, 300 Medical Plaza,
Ste B-200 Los Angeles, CA 90095



ARTICLES

Adaptation and Rehabilitation: A Case of Functional Recovery Following Hemorrhagic Stroke in a Patient with Unique Baseline Adaptations

Smeet Madhani, B.A., Silke Bernert, M.D., Allison Albrycht, OT, Russell Boston, M.S., Kevin Lopez, M.D., Rachel Shim, PT, DPT
Philadelphia College of Osteopathic Medicine, Reading Hospital Rehabilitation at Wyomissing

A Transformative Year of "Connect the Dots"

Danielle Broussard, OMS-III, RD
Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine

Bridging Medicine and Humanity: Reflection from a Month in the Spinal Cord Injury Unit

Sameerah Shaik, DO, PGY-1
Northwell Health Peconic Bay Medical Center Transitional Year Program

Narrowing the Communication Gap: Advocating for Patients with Disabilities

Olivia Collins, OMS-IV
Michigan State University College of Osteopathic Medicine

ADAPTATION AND REHABILITATION:

A Case of Functional Recovery Following Hemorrhagic Stroke in a Patient with Unique Baseline Adaptations

Smeet Madhani, B.A., Silke Bernert, M.D., Allison Albrycht, O.T., Russell Boston, M.S., Kevin Lopez, M.D., Rachel Shim, PT, DPT

Affiliations: Philadelphia College of Osteopathic Medicine, Reading Hospital Rehabilitation at Wyomissing

AOCPMR EDITORS:
(1) TRICIA PRINCE, DO, MS (2) DOROTHY ANNE G. CABANTAN, DO

Case Description:

A 73 year-old male, right-hand dominant, with past medical history of MVC during childhood resulting in severe left lower extremity contracture presented with right facial droop and significant left-sided weakness. At baseline, the patient maintained full independence with his ADLs by crawling on his hands/knees and pulling himself up to sit. He would successfully and safely drive a car, mow his lawn, operate a snow blower, and would work on fixing cars. The patient reports being able to use a cane to walk short distances when needed and would independently operate a wheelchair in the community.

On arrival to the ED, CTA head/neck demonstrated right thalamic and basal ganglia hemorrhagic stroke with extending subarachnoid hemorrhage. After medical stabilization, the patient was transferred to the acute brain injury rehabilitation unit.

Assessment/Results:

Initially, the patient had dense hemiplegia and required up to max assist x 5 for basic mobility tasks. Multimodal neuromotor re-education techniques were implemented, including high intensity gait training with a body weight support harness, and E-stim was used to improve the strength and spasticity of his affected limb. He made tremendous functional gains, regaining moderate function of his left arm and baseline function of his left leg. At the end of his inpatient rehabilitation admission he improved functionally to supervision with basic mobility tasks, such as bed mobility, and an assist x 1 with self care and more complex mobility tasks, such as lower body dressing and transfers. He was successfully discharged home with the support of a partner.

Discussion:

This is a unique case in which the patient's pre-existing disabilities, and his resulting adaptations, affected the methods of rehabilitation. As the patient had prior left lower extremity impairments, the interdisciplinary rehabilitation plan focused on creatively compensating for his baseline deficits. Interventions were closely tailored to the patient's ability and prior function to accommodate his personal needs and prior choices of mobility.

Conclusions:

When creating a rehabilitation plan for patients, it is important to consider baseline adaptations to pre-existing disabilities and how these can be augmented following a new insult. We must not allow patients' baseline disabilities or staff bias to limit participation in the neurological rehabilitation process.



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A Transformative Year of "Connect the Dots"

Danielle Broussard, OMS-III, RD

Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine

AOCPMR EDITORS:
(1) TRICIA PRINCE, DO, MS (2) TIFFANY WOOD, DO, MS

This month closes a chapter as I graduate from a twelve-month predoctoral osteopathic manipulative medicine (OMM) fellowship and begin third-year clinical rotations. The reasons I applied for this highly competitive position and what I have absorbed in these last twelve months are different, but very similar. I initially became fascinated in OMM because of the potential to treat patients with my hands and give them immediate relief; however, I am moving on with a more in-depth knowledge of biomechanics, a way to view my patients with a different lens, and a greater empathy for patients living with pain—all of which will equip me in being a physiatrist who more deeply connects with her patients.

Training in an OMM clinic helped to demonstrate the interconnectedness of the body. For example, although patients may complain of low back pain, I never limit their treatment to the lumbar spine or sacrum, a potential source of the pain. Like playing a connect-the-dots game when I was younger, I learned to assess a patient with several range-of-motion and special tests to discover what other areas in the body may be connected to the original "dot." In addition, an understanding of anatomy led me to better appreciate function. Treating a new mom with shoulder pain by correcting the somatic dysfunction, thereby changing her mechanics, may improve her symptoms and ability to hold and feed her baby thus enhancing her quality of life.

As this fellowship year concluded, I recognized no matter what setting I am in, I think about how my patients' musculoskeletal system might be contributing to their symptoms and discomfort. This new lens through which I see patients was apparent to me when I worked with physicians in other specialties and traveled to one of the Galapagos Islands this past December as part of an international medical outreach trip through my osteopathic college. With very limited resources, I used my knowledge of OMM to assess patients' musculoskeletal and nerve pain.



Although these patients neither knew what OMM was, nor was it a treatment they were seeking out, I was able to think through how it could help them. It was because of this lens that I was able to construct and apply an adequate treatment plan using my hands to alleviate their pain.

Finally, I have found in my short time of training, the symptoms and pathology we cannot see are the hardest to understand. Pain is a symptom that we most commonly learn to assess using a scale; however, pain is incredibly individual and what may be painful for you may not be for me. This doesn't mean I am stronger than you, that I can better tolerate pain, or that my pain isn't significant; it simply means my experience of pain is different than yours. This realization developed into a stronger empathy for those living in chronic pain, such as the aging population and those with disabilities. As a future physician and physiatrist, I ultimately want to heal people. However, I am learning that listening, supporting, and putting my best effort towards their relief may be just as important as offering a definitive solution.

My attendings and I often told patients that OMM requires retraining the body to live in a new normal, and this takes time. Just as my patients have experienced change, I too have been transformed in this last year. Although it is early in my medical training, this fellowship has prepared me well to enter the field of physical medicine and rehabilitation –a field of medicine that focuses on function, quality of life and independence.

References: What Is Physiatry? - Association of Academic Physiatrists. www.physiatry.org. https://www.physiatry.org/page/WhatIsPhysiatry

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BRIDGING MEDICINE AND HUMANITY:

Reflection from a Month in the Spinal Cord Injury Unit

Sameerah Shaik, DO

PGY-1, Northwell Health Peconic Bay Medical Center Transitional Year

AOCPMR EDITORS:
(1) AMIR MAHAJER, DO, FAOCPMR (2) TIFFANY WOOD, DO, MS

The month I spent in the spinal cord injury unit was memorable for many reasons. As a newly minted fourth-year medical student beginning my PM&R electives, I was excited to pursue a field I could genuinely envision myself in. Although I initially found it daunting due to my limited knowledge of spinal cord injuries, it proved to be a valuable challenge. After a month of didactics and patient interactions, I became much more comfortable. I progressed from learning about the ASIA impairment scale to being able to perform and interpret the ASIA exam scoresheets.

Spinal cord injuries are complex, not only because of the medical care and challenges they present but also due to the emotional impact they carry. In medicine, we are trained to be strong and compartmentalize our emotions, enabling us to focus on the tasks at hand. However, the humanity aspect of medicine is why I chose this field. Speaking with patients and their loved ones about their spinal cord injuries, especially when caused by traumatic events like motor vehicle accidents or crimes, reminded me of our shared humanity. The compassion I felt for these patients was profound and enduring.

One patient, in particular, stood out to me because, despite his mid-cervical injury, he always remained grateful. When I first met him, I remember how his gaze darted anxiously between the labyrinth of monitors and machinery to the fluorescent lights and the distant sounds of the physicians on their morning rounds. Midway through obtaining his history, his eyes turned red, and tears welled up. He immediately apologized, feeling embarrassed that he could not care for himself and now had bowel and bladder accidents.

I sat down beside him, held his hand, and told him, “I hear you. Everything you are feeling is completely valid. I want you to know that we are here for you. You are not alone. Our team will help you on your journey.” It’s establishing genuine connections like these with patients that serve as the fundamental reason why I entered the medical field.

The time spent in the therapy gym was truly inspirational. The achievements of modern technology are remarkable, particularly at the intersection of technology and medicine. One of my core memories is the day I saw a patient I had been closely following use an exoskeleton. I was amazed by how this device could mimic natural walking movements. It’s safe to say that as technology continues to advance, especially with the introduction of artificial intelligence, rehabilitation can be revolutionized, thereby transforming countless lives.

My month in the spinal cord injury unit was truly a transformative experience. Each day, I went home feeling immensely fulfilled, having found a deep sense of purpose. Overall, the connections I made, not just with the patients but also with the residents and other medical students, made my rotation in spinal cord injury memorable. This rotation not only enhanced my clinical skills but also reaffirmed my decision to pursue PM&R. As I move forward in my career, I will carry with me the invaluable lessons drawn from this unforgettable experience.

NARROWING THE COMMUNICATION GAP:

Advocating for Patients with Disabilities

Olivia Collins, OMS-IV

Michigan State University College of Osteopathic Medicine

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It always surprises me when people treat those with disabilities differently than they would treat others, especially when it occurs in a medical setting. I first experienced this years ago when working as a home health aide for a woman with muscular dystrophy. When I accompanied her to medical appointments, I was shocked at how she was treated by many medical professionals. They would often ignore her and talk to me instead of her. Although she had physical disabilities, she had no cognitive impairments, and was fully capable of communicating for herself. She taught me the importance of patient advocacy, and for improving the quality of healthcare for persons with disabilities. This is something I have carried with me over the years as I continue to work with the disability community.

I encountered a similar situation while rounding in the ICU. A young man diagnosed with cerebral palsy was hospitalized for central cord syndrome. He was non-verbal at baseline, and on multiple occasions, noticed that medical professionals would examine him without speaking to him, addressing him, or attempting to communicate with him. It wasn't until a colleague asked, *"how do you examine a patient if they can't talk to you?"* that I realized how important it is to improve disability education, care, and advocacy within medical training.

I tried my best to educate my colleague, and explained that being nonverbal does not mean they cannot hear or understand -- that, when communicating with my patient, I ensure I introduce myself, address him by his preferred name, and explain my diagnosis and treatment, just as I would with any other patient. When examining patients who are non-verbal or have cognitive impairments, I try to speak in clear, direct sentences, and avoid abstract ideas.

Active listening is essential. I try my best to summarize our conversation to ensure that I am understanding the patient. Whenever possible, I employ the teach-back method and see if resources are available to reduce the communication barrier. Some of these resources may include augmented and alternative communication devices, or using an official medical interpreter for ASL. As I strive to incorporate these strategies in my training, I hope this is something that we as a medical community can improve on collectively. Let's check our biases and avoid making assumptions, as this may significantly affect the quality of care our patients receive. Finally, let's do our best to gather collaborative information from those who know the patient well, such as family who accompany them, to create a full picture of their presentation and create a comprehensive care plan for our patients.

As I aspire to enter the field of Physical Medicine and Rehabilitation, I strive to lead by example and educate our community on the importance of treating patients with disabilities. We must treat the disability community with the same respect and dignity as every other patient. As a team-oriented field, let's empower, educate, and advocate together.



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August
2024

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TO EMPHASIZE THAT THIS IS AOCPMR'S PRIMARY ANNUAL GATHERING, "MID YEAR MEETING" HAS BEEN REBRANDED:



APRIL 4-6

AOCPMR25 ANNUAL MEETING SEATTLE

20 AOA 1-A CME or AMA PRA Category 1 Credit(s)™ Expected

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515 Madison St, Seattle, WA 98104

DO YOU HAVE RESEARCH OR INFORMATION TO PRESENT AT THE AOCPMR25 ATTENDINGS' TRACK?

SUBMIT HERE

Note: If you need more CME credits before the end of the AOA's 3-year cycle, AOCPMR has content on the AOA's **enduring materials site here**.

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The American Osteopathic College of Physical Medicine and Rehabilitation (AOCPMR) program will focus on optimizing physiatry and physical medicine and rehabilitation in today's healthcare environment. Educational sessions will include technological innovations in rehab, performing arts and sports medicine, and treating spinal cord injury with OMM, among other topics.

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GOLF OUTING

Welcome to the Rob Gotlin Memorial Golf Outing, an event dedicated to honoring the **life and legacy of a beloved father, friend, mentor, and pillar of our community.**

We tee off in his honor, carrying forward his legacy of love, laughter and camaraderie. Through this event, we not only pay tribute to the man he was but also reaffirm his commitment to making a positive difference in the lives of others.

All proceeds will go to the **Rob Gotlin Memorial Foundation**, which raises funds for grants, charities, scholarships, and special causes close to Rob's heart.

REGISTER HERE

Club rentals available.

Golf tickets include breakfast and dinner

REHAB ROUNDUP

We at the American Osteopathic College of Physical Medicine and Rehabilitation look forward to highlighting your work in the Physiatry community.

For questions, fellowship spotlights, and content submissions, send us a message below! Submissions for the Fall 2024 issue are due by **October 1, 2024 at 11:59 PM EST.**

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REHAB ROUNDUP

See you at the next issue!

AMERICAN OSTEOPATHIC COLLEGE OF PHYSICAL MEDICINE AND REHABILITATION

August

2024

REHAB ROUNDUP ISSUE