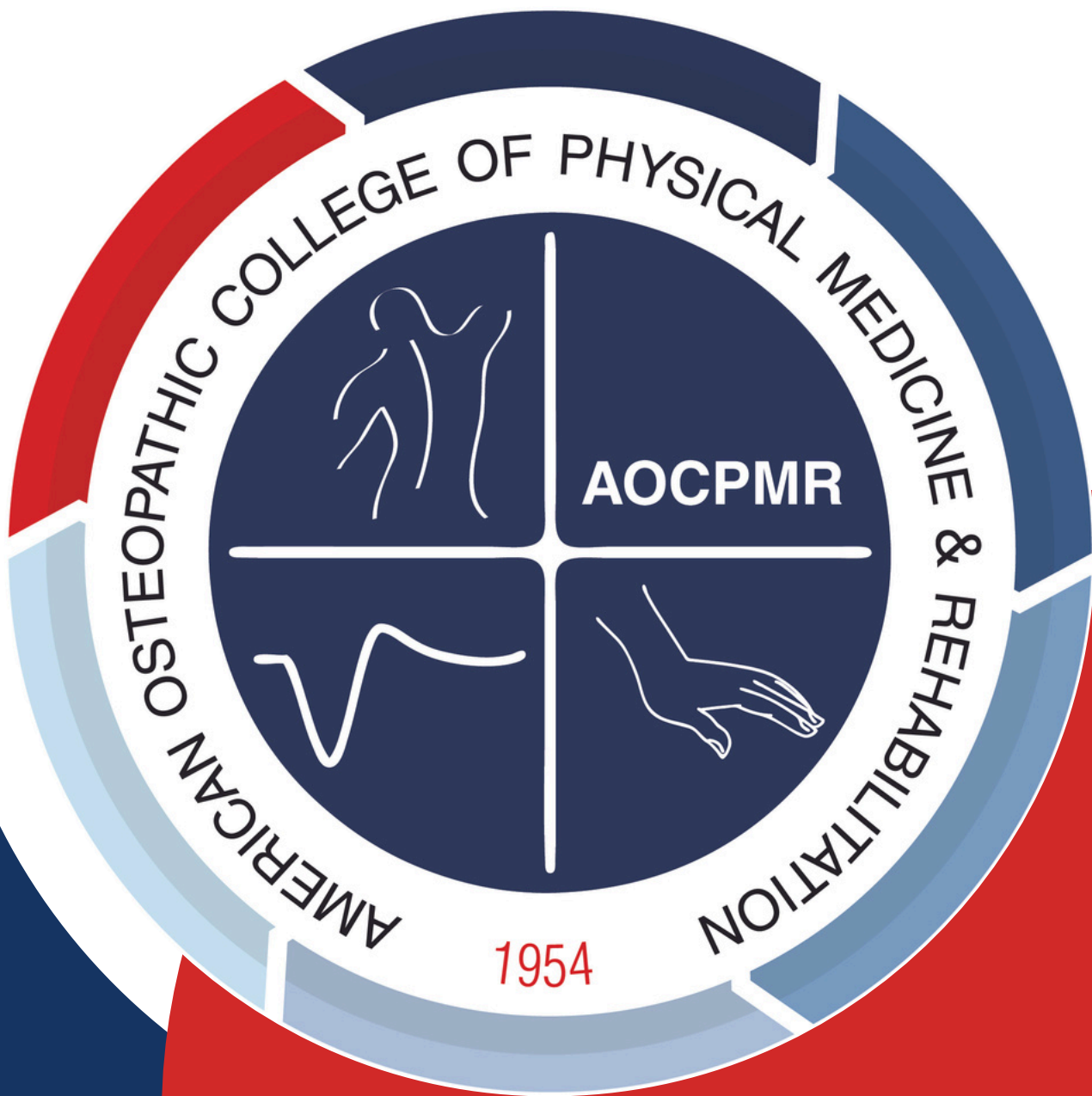




REHAB ROUNDUP

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REHAB ROUNDUP

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November
2024



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

Celebrating 150 Years of Osteopathic Medicine and 70 Years of AOCPMR

AMIR MAHAJER, DO, FAOCPMR
AOCPMR PRESIDENT

As we move through 2024, it's a time to reflect and celebrate our osteopathic principles and the legacy of Dr. Andrew Taylor Still. This year marks 150 years of osteopathic medicine and 70 incredible years of AOCPMR, the home of osteopathic physiatry. It's a momentous time for us, and I invite all physicians and allied health professionals to join our AOCPMR community. If you know a colleague who embodies our commitment to wellness, please encourage them to become part of our organization—we have so much to offer, and we would welcome them with open arms.

Sign Up for Our 2025 Annual Meeting in Seattle

I'm excited to announce that registration is open for our Annual Meeting in Seattle, April 4-6, 2025. This event is an excellent opportunity to meet fellow physicians, network, and expand your knowledge. Our conferences are practical, engaging, and focused on hands-on, actionable learning. We're planning an additional pre-course, so consider arriving two days early for the FDM Module 1 course for even more valuable, interactive sessions. Mark your calendars not just for Seattle, but also for OMED25 in Nashville from September 26-28 2025, where we'll have more great workshops and networking opportunities.

For our students and residents, we are offering \$1,000 in travel support for those needing assistance to attend the Annual Meeting, \$1,200 in research awards for scientific poster winners, and an additional \$1,200 for our most active AOCPMR Student Chapter.

Lastly, we have the \$1,500 Rob Gotlin Community Leadership Grant available, so make sure to apply and get involved.

Neuromusculoskeletal Ultrasound Course in 2026

I'm thrilled to share that we are collaborating with Expert Education to offer a Neuromusculoskeletal Ultrasound (NMUS) course in 2026. This will be an invaluable opportunity to enhance your skills in cutting-edge care, so stay tuned for more details as we finalize dates and logistics.

Planning Ahead for AOCPMR Meetings in 2026, 2027, and 2028

Looking ahead, we're excited to announce that we've already selected locations for our future meetings.

We'll be heading to Atlanta in 2026, Philadelphia in 2027, and Scottsdale in 2028. In keeping with our mission of wellness and giving back, we're planning to partner with local charities in each of these cities. If you have recommendations for a charity in any of these locations, please forward them to our Executive Council for review—we'd love to support causes close to our members' hearts.

Together, we're continuing to build on the strong foundation of osteopathic physiatry. I look forward to seeing you all at our upcoming events and thank you for your continued commitment to advancing our profession.

COMPLEX PARITY

Advice for PM&R Applicants at the crossroads of taking STEP exams for matching into residency.

JENNY KENDALL, DO, FAOCPMR

AOCPMR IMMEDIATE PAST PRESIDENT

Dear future physiatrists,

I'm excited to be writing to you during a very busy time of the year. This is prime residency application time. One of the most common questions that comes up from students who are thinking about applying to PM&R the next cycle is "Should I take the USMLE?" My resounding answer is "ABSOLUTELY NOT." PM&R has always been a DO friendly field and even prior to the single accreditation system going into effect, it was not necessary for osteopathic applicants to take the USMLE exam. Last year, the three big PM&R groups (AOCPMR, AAPM&R, and AAP) came together in a joint statement to encourage all PM&R programs to clearly state their policy regarding the acceptability of COMLEX-USA and USMLE scores and recommend that programs accept COMLEX-USA when considering DO applicants to their training programs. Read the full statement at:

READ MORE



**AAPM&R, AAP and AOCPMR Position
Statement on Medical Training Bias**

Based on the most recent data, we know that the mean COMLEX score for successfully matching applicants on the LEVEL 2-CE is 550. The data also shows that applicants who score around 500 often do not match. Prioritizing doing well on the COMLEX LEVEL 2-CE is likely going to serve you better than trying to study for two exams. Osteopathic medical students are not trained to take the USMLE. The USMLE is a completely different test that requires you to study for it separately from the COMLEX. Studying for two tests is very time consuming, expensive and stressful. Even if you do well on the COMLEX but then do poorly on the USMLE, you may have significantly hurt your chances of receiving PM&R residency interviews.

I once saw a student applicant who had a 690 on their COMLEX LEVEL-2 (which at that time was in the 90th percentile) but who only got a 192 on the USMLE (which at that time was in about the 10th percentile – btw I know the current minimum passing score for the USMLE Step 2 is now 214 but back in 2010 the minimum passing score was 189). The PM&R residency program I was at immediately put her in the “no” pile. I argued that her 690 on the COMLEX was incredible (plus she had great letters of recommendation) and she should not be in the “no” pile just because of a test score that was not specific to her as an osteopathic medical student. Disparate scores between these tests that are not comparable can create uncertainty for program directors, as it raises the question as to which score most accurately reflects the examinee’s knowledge. This uncertainty should not be warranted since PM&R programs are urged to accept only COMLEX-USA scores for osteopathic applicants. But if a program director sees a low USMLE score, they may make a decision based on that score alone, despite a high COMLEX score.

Just this past year, I have been mentoring a reapplicant. I could not for the life of me figure out why he did not match last year. He was very well rounded in his extracurricular activities, had solid research experience, had a great personal statement and strong letters of recommendation. And then I asked him if he took the USMLE and he said yes. I asked him how he did and not surprisingly, he did not do well on the USMLE. And I had a likely answer for why he did not match.

As osteopathic medical students and future DOs, you bring a unique and distinct skill set to the table that can only be adequately tested by the COMLEX. PM&R programs have long accepted the COMLEX, especially as they value our osteopathic training and know that it lays the foundation for a strong physiatry resident. PM&R is incredibly competitive as it is, please do not hurt your chances by taking an exam that you do not need.

Osteopathically proud,
Jenny Kendall, DO
AOCPMR Immediate Past President



ARTICLES

The Transformative Impact of Adaptive Sports

Ashin Chadha, OMS-IV

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

AI Predictions and Socioeconomic Barriers: Navigating Traumatic Brain Injury Recovery

Rhoda Hijazi, OMS-III, Danyal Tahseen, OMS-III,

Sam Houston State University College of Osteopathic Medicine

Craig DiTommaso, MD

U.S. Psychiatry

PAM Rehabilitation Hospital of Humble

Exploring the Link Between Somatic Dysfunctions and Health Metrics in Underserved Populations: Insights from a Domestic Violence Pop-Up Clinic

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November

2024





The Transformative Impact of Adaptive Sports

Ashin Chadha, OMS-IV

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



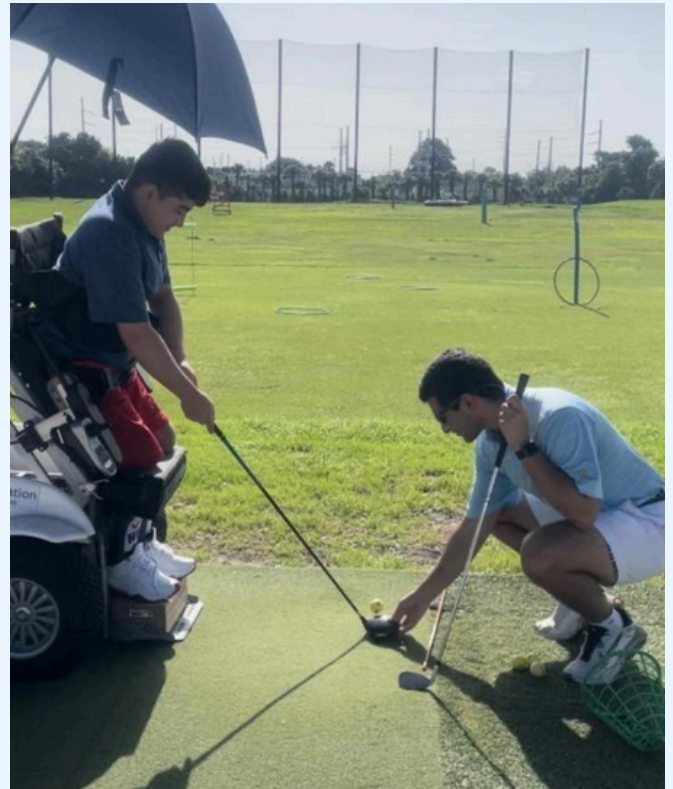
AOCPMR EDITORS:

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Sports are a fundamental part of childhood, offering excitement and joy. This was especially true for Jacob, an eight-year-old boy who had a profound love for basketball since he was five, dedicating countless hours to perfecting his game with hopes of one day making it to the NBA. Unfortunately, Jacob's dreams took an unexpected turn when he was involved in a car accident resulting in an incomplete paraplegia spinal cord injury.

The aftermath of the accident drastically altered Jacob's life. He spent a year and a half in the hospital, learning how to cope with a new paraplegic lifestyle. Instead of playing basketball with his teammates, Jacob's days were filled with various doctor's appointments, physical therapy sessions, and wheelchair adaptation. Coming out of the hospital, Jacob was immediately enrolled in Adaptive Sports, which served as an avenue to find some normalcy within his new identity. Adaptive Sports turned out to be a beacon of hope for Jacob, giving him a profound new outlook on life and restoring the competitive edge he thought he had lost.

Adaptive sports golf, in particular, allowed Jacob to reconnect with the joy of outdoor activities and sportsmanship. The sport provided a unique blend of physical challenge and mental relaxation, which was crucial for his rehabilitation and ability to regain his athletic prowess. For children like Jacob who are dependent on a wheelchair at a young age, it is imperative that they attain early mobility, and stay active during their developmental years. Activities like adaptive golf, wheelchair basketball, and swimming are tailored to accommodate their abilities, ensuring that they receive the physical benefits of exercise in a safe and supportive environment. These sports help improve coordination, flexibility, and endurance, contributing to the child's overall physical development.



Patient Consent and De-identification: Parental consent was provided for inclusion of photo and name in article.

Beyond physical health, adaptive sports have significant psychological and emotional benefits. They help develop a positive self-image and serve as a powerful confidence booster. For these children, participating in sports alongside peers helps reduce feelings of isolation and cultivates a sense of belonging. This inclusion is vital for their emotional well-being, as it fosters a positive mindset and encourages resilience in the face of challenges.

Adaptive sports can serve as an avenue to help patients with a disability regain a piece of their lives. For Jacob, it provided a path to reclaim his love for sport, offering resilience, emotional support, and a renewed sense of purpose. As a result of this experience, he now aspires to become a pediatric physiatrist and help other children like him who have spinal cord injuries. Through his newfound self-confidence, Jacob is a testament to the fact that Adaptive Sports is life-changing!

AI PREDICTIONS AND SOCIOECONOMIC BARRIERS: Navigating Traumatic Brain Injury Recovery

Rhoda Hijazi, OMS-III¹, Danyal Tahseen, OMS-III¹, Craig DiTommaso, MD^{2,3}

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² U.S. Psychiatry

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Case Diagnosis:

A 28-year-old female sustained a traumatic brain injury (TBI) in January 2020 following a motor vehicle accident, resulting in diffuse axonal injury (DAI) and left-sided spastic hemiplegia. The injury caused right hemisphere brain damage, resulting in post-traumatic amnesia lasting three months and significantly impacting her cognitive and physical functioning. Despite receiving rehabilitation services, her recovery has been hindered by socioeconomic limitations, further compounding her functional and mental health challenges, including depression and social isolation.

Case/Program Description:

The patient's recovery progress was monitored using the Section GG Self-Care (Activities of Daily Living) scale, where 6 indicates full independence and 1 indicates full dependence. Initial assessments in 2021 highlighted substantial dependence across self-care and mobility tasks:

- 2021: Oral hygiene: 1, Upper body dressing: 2, Lower body dressing: 2, Shoes: 1, Toilet hygiene: 2, Bathing: 2, Toilet transfer: 2, Eating: 6
- 2024: Oral hygiene: 5, Upper body dressing: 2, Lower body dressing: 1, Shoes: 1, Toilet hygiene: 2, Bathing: 2, Toilet transfer: 3, Eating: 6

While modest improvements in mobility were recorded, SES limitations continued to hinder significant gains. Physical therapy assessments revealed incremental improvements between 2021 and 2024; however, by 2024, she only managed to ambulate 15 feet with moderate assistance and still required maximal assistance for bed-to-chair transfers.

Impact of Socioeconomic Status (SES) on Recovery:

The patient's lower SES restricted access to vital resources essential for her TBI rehabilitation, limiting access to intensive physical therapy, adaptive equipment, and specialized home care. A study by Smith et al. demonstrated that TBI patients from higher SES backgrounds typically had faster recoveries due to increased access to intensive outpatient therapy and private rehabilitation.¹ Additionally, Johnson et al. found that limited insurance coverage in lower SES patients resulted in reduced therapy frequency and delayed recovery progress.² Depression and social isolation, prevalent among underserved patients, exacerbated her challenges, making it more difficult to regain independence.³

Artificial Intelligence (AI)-Driven Predictions:

ScholarAI, an advanced machine learning program, was used to forecast the patient's functional outcomes based on patterns from a comprehensive database of TBI cases with similar injury types, recovery timelines, and demographics. ScholarAI leverages a range of factors, including age, injury severity, and initial functional status, to predict possible recovery trajectories. While the exact number of cases in ScholarAI's dataset is proprietary, it is based on a large and varied dataset, primarily drawing from higher SES populations. This comprehensive dataset allows the AI to analyze broad patterns in TBI recovery; however, it may not fully adjust for socioeconomic variables that significantly impact real-world recovery, as noted in this case. We acknowledge that having access to specific numbers of comparable cases could enhance understanding of the model's predictions and are considering this data refinement for future analyses.

For this case, ScholarAI predicted that by 2024, the patient would achieve setup assistance (score of 5) for dressing, hygiene, and transfers, and be able to ambulate 50 feet with minimal assistance. However, her actual outcomes fell short, highlighting the limitations of using AI-based predictions without adjustments for socioeconomic barriers.

Implications for Insurance and Service Availability:

ScholarAI's insights carry significant potential to shape insurance coverage and resource distribution in TBI rehabilitation. By incorporating SES-related variables into AI models, insurers and healthcare providers could more accurately identify patients who face financial and social challenges in their recovery journey, prompting adjustments in therapy frequency, access to specialized equipment, and mental health support. Such an adaptation would improve the equity of healthcare resources, helping ensure that predictive models like ScholarAI can offer personalized, needs-based interventions for underserved populations, thereby supporting a more balanced approach to resource allocation across socioeconomic backgrounds.

Discussion:

This case illustrates a gap between AI-driven predictions and the socioeconomic realities that impact TBI patient recovery. While ScholarAI anticipated functional gains based on the patient's injury and rehabilitation protocols, her outcomes were significantly lower, highlighting the need for predictive models to incorporate social determinants of health. A paired t-test revealed a significant 2-level gap on the Section GG scale for dressing and transfers ($p < 0.05$), which demonstrates how limited therapy access and lack of mental health support impacted her recovery.⁷ Other studies highlight similar disparities in TBI recovery based on SES. Jones et al. found that high-SES patients accessed multidisciplinary rehabilitation more frequently, yielding better cognitive and physical outcomes.⁸ Baker's 2023 study similarly showed that depression and social isolation in low-income TBI patients exacerbated functional deficits and increased recovery delays.⁹

Integrating AI-driven adjustments that factor in SES variables could enhance predictive accuracy and help address disparities, offering personalized care recommendations and early interventions for underserved patients, prompting insurers and providers toward more equitable resource allocation.^{2 4 10}

Conclusions:

This case underscores how depression, social isolation, and SES-related limitations profoundly impact TBI recovery. While AI's predictions offered an optimistic forecast, real-world limitations—such as restricted access to resources and therapy—ultimately slowed her progress. Findings suggest that AI could evolve to identify patients at higher risk of delayed recovery due to socioeconomic barriers and adjust treatment plans dynamically. Future rehabilitation models should prioritize integrating AI innovations with socioeconomic-focused strategies to promote equitable outcomes for all TBI patients.^{4 5 8}

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Exploring the Link Between Somatic Dysfunctions and Health Metrics in Underserved Populations: Insights from a Domestic Violence Pop-Up Clinic

Rhoda Hijazi, OMS-III¹, Danyal Tahseen, OMS-III¹, Jackson Wahman, OMS-III¹,
Dominica Moussoki, OMS-III¹, Molly Anthony, OMS-III¹, Swetha Prakash, OMS-III¹,
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Introduction

This study investigates the relationship between osteopathic manipulative medicine (OMM) somatic dysfunctions and critical health metrics within a population residing in a domestic violence shelter. Existing research highlights health disparities among underserved populations, who often face barriers to preventive care and are at higher risk for chronic conditions like obesity and hypertension. By exploring somatic dysfunction as an early, practical, low-cost diagnostic tool in under-resourced settings, this study aims to support Physical Medicine & Rehabilitation (PM&R)'s goal of reducing long-term health burdens through proactive care. With evidence-based correlations between biometric indicators and OMM findings, our results offer potential for early intervention strategies that may enhance preventive care, improve functional health, and ultimately provide relevant insights to lessen the impact of chronic diseases in both underserved and general populations.

Study Design

This cross-sectional study, approved by the IRB at Sam Houston State University – College of Osteopathic Medicine (SHSU-COM), involved 20 participants. OMM techniques—including palpation of tissue texture changes, evaluation of range of motion, and identification of tenderness—were used to identify somatic dysfunctions. Biometric data collected included blood pressure, heart rate, respiratory rate, oxygen saturation, blood sugar, cholesterol levels, BMI, and circumferences of the neck and abdomen. Pearson correlation and multivariate regression models were used for statistical analysis, with significance defined at $p < 0.05$.

Results

The analysis revealed significant correlations between specific somatic dysfunctions and biometric markers:

- **Thoracic and cervical spine dysfunctions** showed a positive correlation with elevated BMI ($r = 0.64$, $p < 0.05$) and increased neck circumference ($r = 0.58$, $p < 0.05$), consistent with findings from Schultz et al.,¹ who observed similar correlations in general populations.
- **Lumbar spine dysfunctions** were associated with larger abdominal circumference ($r = 0.49$, $p < 0.05$) and increased respiratory rate ($r = 0.52$, $p < 0.05$), in line with Green et al.,² who found BMI-related lumbar dysfunctions among veterans due to weight distribution and mechanical stress.
- **Rib dysfunctions** exhibited slight increases in blood pressure and heart rate, though these were not statistically significant ($p > 0.05$).

These findings suggest that individuals with higher BMI, larger neck and abdominal circumferences, and altered respiratory rates are more likely to present with somatic dysfunctions in specific spinal regions. The observed associations reinforce existing evidence of these trends across populations,³ suggesting that similar correlations exist in both underserved and non-underserved groups, with heightened relevance in vulnerable populations.

Discussion

While this study was conducted in a shelter population, the correlations between somatic dysfunction and biometric indicators appear consistent with studies in general populations, suggesting broader applicability. Findings from previous studies^{1,3} indicate that correlations between BMI, neck circumference, and somatic dysfunctions may be universally relevant. However, underserved populations may experience a higher prevalence of these dysfunctions due to limited access to preventive care.³

It is important to acknowledge that while our study demonstrates correlations that are relevant across populations, additional data are required to establish specific risk levels in vulnerable groups compared to the general population. Therefore, although we conducted this study within a shelter population, the results suggest that the observed correlations may reflect trends present more broadly rather than being unique to this population alone.

The diagnostic use of somatic dysfunctions holds utility for PM&R, where preventive care and functional health optimization are priorities. Similar to research on OMM's role in predicting chronic conditions,⁴ our study supports the use of OMM for early identification of at-risk individuals. This preventive approach aligns with PM&R's objective to reduce the long-term burden of chronic disease, underscoring the specialty's unique contribution to proactive care in both vulnerable and general populations.

Furthermore, previous studies highlight the prevalence of chronic conditions like obesity and hypertension in underserved populations,⁵ emphasizing the need for early detection and intervention. By establishing predictive trends between somatic dysfunctions and biometric indicators, our study reinforces the feasibility of OMM as an early diagnostic tool within PM&R and other preventive care specialties. In underserved populations, where healthcare access is limited, identifying somatic dysfunctions early offers an opportunity to initiate proactive care and reduce chronic disease risks associated with delayed treatment.

Future Research Directions

Future studies should replicate this research in both underserved and general populations to determine whether these correlations are consistent across demographics, building on comparative studies like those by Borges et al.³ and Martinez et al.⁵ Longitudinal studies tracking outcomes for individuals with identified somatic dysfunctions, as suggested by Licciardone et al.⁴ could help establish the long-term benefits of early intervention. Additionally, exploring systematic integration of OMM as a diagnostic tool within PM&R could reveal new applications for preventive care, potentially enhancing health outcomes in both underserved and general populations.

Conclusions

This study presents preliminary evidence that somatic dysfunctions correlate with biometric indicators, suggesting diagnostic value beyond their established role in treatment. By emphasizing early detection, OMM could enhance preventive strategies in PM&R, particularly for underserved populations that might otherwise face delayed care. Future research should focus on validating these findings across diverse populations to confirm whether the early detection of somatic dysfunctions could reduce chronic health burdens. Expanding access to OMM in resource-limited environments could thus offer a proactive approach, improving health outcomes for both vulnerable and general populations alike.

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PM&R RESIDENTS

November

2024

REHAB ROUNDUP ISSUE



AOCPMR RESIDENT COUNCIL

EVENTS & ANNOUNCEMENTS



THE MOCK INTERVIEW SEASON HAS CONCLUDED.

This year, we had 160 slots available for students! Thank you to our resident interviewers for making this effort a success. We hope to continue this program in future years. If you haven't yet, kindly remind your interviewees to [fill out the post-interview survey here](#).

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

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Led by Dr. Roshan Santhosh,
Resident Council Education Committee Co-Chair

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Stay tuned for upcoming reels, publishing soon!

AOCPMR RESIDENT COUNCIL

EVENTS & ANNOUNCEMENTS



World Cerebral Palsy Day: October 6th

What is Cerebral Palsy?

Cerebral Palsy (CP) refers to cerebrum which is the part of brain that is affected and palsy refers to brain injury resulting in disorder of movement control and posture. It is also associated with cognitive and sensory associated problems. It is the leading cause of childhood physical disability in the United States and world.

EARLY SIGNS OF CEREBRAL PALSY



MOTOR TYPES

SPASTIC: 70-80%. Most common form. Muscles appear stiff and tight. Arises from Motor Cortex damage.



DYSKINETIC: 6%. Characterised by involuntary movements. Arises from Basal Ganglia damage.

MIXED TYPES: Combination damage.

ATAXIC: 6%. Characterised by shaky movements. Affects balance and sense of positioning in space. Arises from Cerebellum damage.

The spastic type of CP can be further broken down into:

- Hemiplegic
- Diplegic
- Tetraplegic

Causes of Cerebral Palsy

- Leading cause = brain damage that occurs in a developing fetus or during birth.
- Complications of prematurity, gestational toxins, infections, difficulty delivery of infant



Treatment and Support

- **Physical/Occupational Therapy:** Helps with mobility, strength and flexibility
- **Bracing:** Variety of ankle-foot orthoses (AFOs) can help correct any equinus deformity and help with gait ambulation. Knee ankle-foot orthoses (KAFOs) add direct control over knee flexion and extension as well.
- **Medications:** Baclofen, Artane, and muscle relaxants can be used to manage spasticity.
- **Botox:** can be administered to reduce muscle tone and control spasticity.
- **Surgical procedures:** Surgeries can vary from tendon lengthening, joint rotations, scoliosis corrections and many other orthopedic and neurosurgical interventions.

Diagnosis

- Diagnosing cerebral palsy is often complicated. There is no single test that can confirm a diagnosis of cerebral palsy.
- Physicians use a combination of observations, physical examination, developmental screenings and monitoring, growth measurements, brain imaging, and tests over the first months to years of life to make a diagnosis and to rule out other conditions.



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AOCPMR RESIDENT COUNCIL

EVENTS & ANNOUNCEMENTS



GROSS MOTOR FUNCTION CLASSIFICATION SYSTEM



GMFCS – E & R Gross Motor Function Classification System

Expanded and Revised

LEVEL I - Walks without Limitations

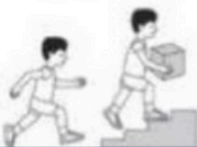
LEVEL II - Walks with Limitations

LEVEL III - Walks Using a Hand-Held Mobility Device

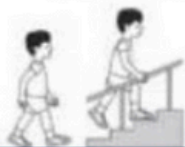
LEVEL IV - Self-Mobility with Limitations; May Use Powered Mobility

LEVEL V - Transported in a Manual Wheelchair

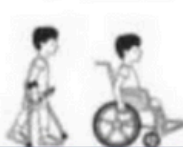
GMFCS I



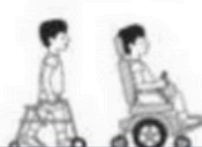
GMFCS II



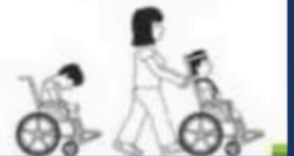
GMFCS III



GMFCS IV



GMFCS V



HOW TO GRADE SPASTICITY

Score	Modified Ashworth Scale
0	No increase in muscle tone
1	Slight increase in muscle tone, manifested by a catch and release or by minimal resistance at the end of the range of motion when the affected part(s) is moved in flexion or extension
1+	Slight increase in muscle tone, manifested by a catch, followed by minimal resistance throughout the remainder (less than half) of the range of movement (ROM)
2	More marked increase in muscle tone through most of the ROM, but affected part(s) easily moved
3	Considerable increase in muscle tone, passive movement difficult
4	Affected part(s) rigid in flexion or extension



**A SPOTLIGHT SERIES
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AOCPMR JEDI COUNCIL**

AOCPMR RESIDENT COUNCIL

EVENTS & ANNOUNCEMENTS



World Cerebral Palsy Day: October 6th

EPIDEMIOLOGY

- **Prevalence:** CP is the most common lifelong physical disability in the world, affecting 1 million children and adults living in the United States and 18 million people worldwide.
- CP affects approximately 2.3-3.6 out of every 1000 individuals in the US.
- 1 in 345 children is diagnosed with CP each year; average lifetime costs exceed \$1.2 million per person.
- CP is higher in children born preterm or at low birthweight.
- **Incidence Rates:** The incidence of CP is about 8,000-10,000 babies born each year. The condition is more frequently observed in boys than in girls.
- **Race and Ethnicity:** Studies indicate CP was significantly more common among Black children than white children. Hispanic children and white children were about equally likely to have CP.

References:

- McIntyre S, Goldsmith S, Webb A, et al. Global prevalence of cerebral palsy: A systematic analysis. *Dev Med Child Neurol*. 2022;64(12):1494-1506. doi:10.1111/dmcn.15346
- Durkin MS, Benedict RE, Christensen D, et al (2016). Prevalence of Cerebral Palsy among 8-Year-Old Children in 2010 and Preliminary Evidence of Trends in Its Relationship to Low Birthweight. *Paediatric and Perinatal Epidemiology*, 30(5):496-510.
- Van Naarden Braun K, Doernberg N, Schieve L, Christensen D, Goodman A, Yeargin-Allsopp M. Birth Prevalence of Cerebral Palsy: A Population-Based Study. *Pediatrics*. 2016;137(1):1-9. doi:10.1542/peds.2015-2872

Ways to get involved!

- **Raise Awareness:** Share information about CP to educate others.
- **Support Research:** Donate to organizations funding CP research.
- **Advocate:** Join campaigns to advocate for better care and treatment options for those with CP
- Learn more at: **** <https://www.cerebralpalsyguidance.com/>, <https://www.cerebralpalsyguide.com/>.



**A SPOTLIGHT SERIES
BROUGHT TO YOU BY THE
AOCPMR JEDI COUNCIL**



World Cerebral Palsy Day: *October 6th*

ACTOR: RJ MITTE



RJ Mitte, widely recognized for his portrayal of Walter White Jr. in *Breaking Bad*, has become a significant advocate for individuals with **cerebral palsy (CP)**, a neurological condition he shares. Mitte leverages his public platform to address the unique challenges faced by those with CP and other disabilities, emphasizing the need for greater inclusivity in healthcare, media, and society. He advocates for enhanced accessibility and accurate representation, while promoting the importance of early intervention and comprehensive care for individuals with CP. Through his efforts, Mitte aims to challenge misconceptions, reduce stigma, and support initiatives that improve quality of life for those living with disabilities.



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LEARN MORE

[/cerebralspasyguidance.com](https://cerebralspasyguidance.com)



AOCPMR RESIDENT COUNCIL

EVENTS & ANNOUNCEMENTS



A DAY IN THE LIFE:

Neuromuscular
Medicine
Fellowship at UCLA

Speaker: Dr. Daniel Jin, DO



The Neurorehab/ Medically Complex
Fellowship Committee kickstarted their
fellowship series on October 16th, featuring
Dr. Daniel Jin, who shared his insights on his
Neuromuscular Medicine Fellowship at UCLA.

On November 14th, we partnered with
Representation in Rehab to host a
Panel exploring diversity, equity,
inclusion, and advocacy in PM&R
residency programs.

IN PARTNERSHIP WITH
REPRESENTATION IN
REHAB, AOCPMR JEDI
COUNCIL PRESENTS:

DEIA Resident Panel

Join us to explore diversity, equity, inclusion, and
advocacy in PM&R residency programs. Learn
directly from residents and engage in a Q&A!



THURSDAY
NOV 14



7:00 PM
CST



REPRESENTATION IN REHAB
Promoting diversity, equity and inclusion in
physical medicine & rehabilitation

FEATURED SPEAKERS



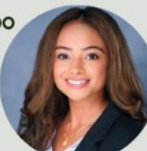
Dr. Luis Valdez, MD



Dr. Raquel Johnson, MD



Dr. Chandan Saini, DO



Dr. Sameerah Shaik, DO



Dr. Tiffany Wood, DO

AOCPMR RESIDENT COUNCIL

EVENTS & ANNOUNCEMENTS



We're excited to feature incredible Hispanic physicians in PM&R as they share their journeys, challenges, and triumphs in the field!

WATCH VIDEO



Celebrating Hispanic Voices in PM&R

HISPANIC
HERITAGE
MONTH 2024



A SPOTLIGHT SERIES
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AOCPMR JEDI COUNCIL

ARE YOU A PM&R RESIDENT LOOKING TO EXPAND YOUR CV?

Resident Opportunities:

**ABSTRACT SUBMISSION
FOR POSTER
PRESENTATION**

**RESIDENT LECTURE TO
MEDICAL STUDENTS**



REGISTER HERE



**SUBMIT YOUR
ABSTRACT**



APRIL 4-6

AOCPPMR25
ANNUAL MEETING SEATTLE

**VOLUNTEER TO TEACH AT
MEDICAL STUDENT HANDS-
ON WORKSHOP**

**NETWORK WITH
PHYSIATRISTS ACROSS
THE NATION**

ABSTRACT SUBMISSIONS

DUE JAN 31 2025 @ 5 PM CST

NOTIFICATION OF ACCEPTANCE/ NON-ACCEPTANCE: FEBRUARY 13, 2025

Brought to you by the AOCPPMR Resident Council's Annual Meeting Committee

AOCPMR RESIDENT COUNCIL

EVENTS & ANNOUNCEMENTS



View previous lecture recordings here:



AOCPMR Youtube



MEDIA DIRECTORY

STAY UPDATED:

@aocpmr



PODCAST

Next up:

Board Review Questions!

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

BOARD REVIEW QUESTIONS



1

Considering safety and comfort, what is the preferred location for needle electrode insertion when studying the diaphragm?

- A. The fourth or fifth interspace, at the anterior axillary line
- B. The fourth or fifth interspace, at the posterior axillary line
- C. The eighth or ninth interspace, at the anterior axillary line
- D. Overlying the subscapularis, directed tangential to the skin

2

Which cardiorespiratory outcome would you expect from an elderly person participating in an aerobic program?

- A. A decrease in VO_{2max} but an increase in walking speed
- B. No change in tolerance during activities of daily living
- C. Improvement in VO_{2max}
- D. No change in stroke volume and a reduction in systemic vascular resistance

3

A 45-year-old construction worker has a complete laceration of the ulnar nerve at the wrist but retains grade 3 strength of finger abduction. Needle electromyography of the interossei muscles shows abundant fibrillation potentials and reduced normal voluntary motor units. The most likely explanation is anomalous innervation of the ulnar nerve innervated muscles via:

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

BOARD REVIEW ANSWERS



1

A. The fourth or fifth interspace, at the anterior axillary line

Explanation: The fourth or fifth interspace at the anterior axillary line is preferred for diaphragm EMG due to safety and comfort, providing good access to the diaphragm muscle.

2

C. Improvement in VO₂max

Explanation: Regular aerobic exercise can improve VO₂max in elderly individuals, enhancing their cardiovascular fitness and overall physical capacity.

3

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.

November
2024



PM&R MEDICAL STUDENTS

November

2024

REHAB ROUNDUP ISSUE





AOCPMR MEDICAL STUDENT COUNCIL

EVENTS & ANNOUNCEMENTS

SPRING 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



Applications
Coming Soon!



Led by Dr. Roshan Santhosh,
Resident Council Education Committee Co-Chair

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



AOCPMR PROJECT ASK!

[REGISTER HERE](#)

Project ASK! is a program designed by AOCPMR to connect medical students with residency programs that align with their career aspirations in PM&R. We created this initiative to provide medical students with the opportunity to connect with residency program representatives (residents, coordinators, faculty) to answer any questions regarding their program.

The program representative's role would involve being available to answer questions and share insights about the residency experience at their program. This would provide invaluable guidance to medical students who are eager to learn more about what makes a program unique and learn more about Physical Medicine and Rehabilitation. If you are interested in connecting with a program representative, sign up above!



AOCPMR MEDICAL STUDENT COUNCIL

EVENTS & ANNOUNCEMENTS

NOVEMBER LECTURES

BROUGHT TO YOU BY THE AOCPMR MEDICAL STUDENT COUNCIL

STAY UPDATED:

@aocpmr



PODCAST

COMING
SOON



NOVEMBER JOURNAL CLUB

Dr. Andy Hiett, DO

11.21.24 @ 9:15pm EST

AOCPMR Research Committee

RECENT EVENTS



BRIDGING THE RETURN TO PLAY GAP AND PERFORMANCE OPTIMIZATION

Dr. Altamash Raja, DO

11.11.24 @ 6pm CST

AOCPMR Education Committee



DEIA Resident Panel x RIR

A residency diversity panel discussion in collaboration with Representation in Rehab

11.14.24 @ 8:00 PM EST

AOCPMR JEDI Committee

AOCPMR PODCAST

HOW TO ACE YOUR RESIDENCY INTERVIEW
WITH DR. NICK ELWERT



DIGITAL MULTIMEDIA COMMITTEE



AOCPMR MEDICAL STUDENT COUNCIL

EVENTS & ANNOUNCEMENTS

DECEMBER & JANUARY FUTURE EVENTS & LECTURES

BROUGHT TO YOU BY THE AOCPMR MEDICAL STUDENT COUNCIL



DECEMBER EDUCATION EVENT

Dr. Akin Beckley, MD | Stay Tuned!
December 2024

AOCPMR Education Committee



DECEMBER JOURNAL CLUB

Speaker TBD | Stay tuned!
December 2024

AOCPMR Research Committee



FUNDAMENTALS & THE FUTURE OF WOUND CARE

Dr. Mark Melin, MD | Stay Tuned!
January 2025

AOCPMR Education Committee



JANUARY JOURNAL CLUB

Speaker TBD | Stay tuned!
January 2025

AOCPMR Research Committee



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SUBMIT YOUR
ABSTRACT



ABSTRACT SUBMISSIONS

DUE **JAN 31 2025** @ 5 PM CST

NOTIFICATION OF ACCEPTANCE/ NON-ACCEPTANCE: FEBRUARY 13



**MENTORSHIP
MATTERS!**

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

[HTTPS://AOCPMR.ORG/STUDENTS/STUDENT-MENTORSHIP-PROGRAM/](https://aocpmr.org/students/student-mentorship-program/)



FELLOWSHIP SPOTLIGHTS

November

2024

REHAB ROUNDUP ISSUE



Fellowship Spotlight

**Edward Via College of Osteopathic Medicine (VCOM)/LewisGale Hospital
Montgomery (LGHM)**

Neuromusculoskeletal (ONMM) Residency Program

This one-year specialty certification in Osteopathic Neuromusculoskeletal Medicine can be completed after graduation from any ACGME residency. The mission of this program is to provide residents with training in the development of Osteopathic clinical competencies to practice in both inpatient and outpatient settings as competent, proficient and professional ONMM specialist physicians.



Program Highlights

- Emphasis on teaching traditional Osteopathy and history
- Emphasis in palpatory skill development and Osteopathic principles of diagnosis first
- Emphasis in developing core skills in all OMT modalities
- Emphasis on understanding biomechanics, motor control and gait
- Longitudinal infant and pediatrics experience with pediatric OMM specialist (core faculty)
- Hands-on medical acupuncture exposure
- Extensive hands-on US-guided regenerative medicine procedure experience available
- Hands-on functional rehabilitation experience
- Exposure to developing skills in teaching and research
- 120+ hours of hands-on musculoskeletal (MSK) ultrasound curriculum
- Supplemental ONMM resident focused OMM courses from outside faculty
- Optional sport coverage and/or collegiate athlete assessment and treatment



AOCPMR

Fellowship Spotlight

**Edward Via College of Osteopathic Medicine (VCOM)/LewisGale Hospital
Montgomery (LGHM)**

Neuromusculoskeletal (ONMM) Residency Program

Core Faculty

Albert Kozar, DO, FAOASM, R-MSK

Program Director

NMMOMM, Sports Medicine & FP

- 13 years of MSK private specialty practice experience before joining VCOM in 2015
- A leading national expert in MSK sonography
- Clinical interests: Osteopathy, biomechanics, motor control, rehab and regenerative medicine

David Harden, DO, FAAFP

Discipline Chair. OMM, VCOM

NMMOMM, FP & Geriatrics

- 8+ years in clinical Family Medicine/Geriatrics experience prior to joining VCOM in 2004
- Clinical interests include Osteopathy, geriatrics and OMM

Hope Tobey, DO, FAAP, FACOP, FAAPO

NMMOMM & Pediatrics

- 7 years of inpatient and outpatient general pediatrics experience prior to focusing her clinical work on Peds OMM in 2016
- Clinical interests include pediatric and cranial OMT

Luke Robinson, DO, DABMA

Associate Program Director

NMMOMM, FP & Medical Acupuncture

- 10+ years of clinical experience
- Clinical interests include OMM and acupuncture for all ages

Harriet Shaw, DO

NMMOMM

- 44 years of clinical experience and more than 30 years of OMM faculty experience at Oklahoma before semi-retiring in Virginia



Program Contacts

Melissa Simpkins

Program Administrator

email: msimpkins@vcom.edu

Phone: 540-231-9673

Dr. Albert Kozar

Program Director

Email: akozar@vcom.edu

Phone: 860-466-0809



Fellowship Spotlight

Wake Forest University School of Medicine

Neuromuscular Medicine Fellowship

The Neuromuscular Medicine Fellowship at the Wake Forest University School of Medicine is a 1-year, ACGME-accredited fellowship based in Winston-Salem, North Carolina. It provides fellows with advanced training in neuromuscular disorders and prepares them for a career in private practice or academic medicine. Two fellows matriculate each year.



Program Highlights

- The tailored program ensures fellows receive the most comprehensive hands-on educational, research, and clinical learning experiences.
- Full breadth of adult and pediatric neuromuscular conditions, including disorders of the muscle, neuromuscular junction, peripheral nerve, plexus, nerve root, dorsal root ganglia, and anterior horn cells.
- Balanced curriculum with training for fellows to become leaders within their field of study.
- Fellows are trained in basic and advanced electrodiagnostic studies (nerve conduction studies and needle EMG), neuromuscular ultrasound (NMUS), epidermal nerve fiber skin biopsies, chemodenervation, autonomic testing, and single-fiber EMG.
- National leader in NMUS, and training in this area is incorporated into lecture series, research, and all EMG lab sessions.
- NMUS is employed as a diagnostic complement to EMG in the evaluation of mononeuropathies, demyelinating polyneuropathies, traumatic nerve injuries, brachial plexopathies, myopathies, motor neuron diseases, etc.
- Each fellow will have the opportunity to teach diagnostic NMUS at the Francis O. Walker NMUS Course.

<https://school.wakehealth.edu/>

Fellowship Spotlight

Wake Forest University School of Medicine **Neuromuscular Medicine Fellowship**

Faculty & Didactics



- The faculty teach didactics throughout the year on a comprehensive overview of neuromuscular and electrodiagnostic topics, including a clinical neurophysiology, NMUS, neuromuscular pathology, and autonomic testing.
- Faculty and fellows conduct a biweekly EMG case conference.
- Fellows teach this EMG case conference roughly 4-5 times during their fellowship year.
- Fellows are encouraged to teach the neurology residents and medical students in the EMG lab and neuromuscular clinics.

Training Sites

The fellows rotate across a few sites within the Wake Forest system. All EMG and NMUS examinations take place at the Main Campus hospital, Atrium Health Wake Forest Baptist Medical Center. There is no daily inpatient coverage expected of the fellows, though there are inpatient EMGs and inpatients who are followed along with their primary inpatient team. Outpatient clinics are comprised of general neuromuscular clinics, in addition to multi-disciplinary ALS, adult MDA, and pediatric MDA clinics. Elective rotations may be pursued. Elective time can also be used for research projects that are overseen by neuromuscular faculty members.

Living in Winston-Salem, NC

The city of Winston-Salem is located in the foothills of the Appalachian Mountains. There are abundant outdoor activities, including hiking, climbing, and camping. The beautiful North Carolina beaches are about a 3-hour drive from Winston-Salem, which make for a great weekend getaway. There are 5 universities located in Winston-Salem, which creates vibrant art and cultural opportunities

<https://school.wakehealth.edu/>

Fellowship Spotlight

Wake Forest University School of Medicine **Neuromuscular Medicine Fellowship**

Application Information

Eligibility:

Prospective fellows must have completed an ACGME-accredited residency program in Neurology, Child Neurology, or PM&R.

How to apply:

- Fellowship applications are accepted through the American Association of Neuromuscular and Electrodiagnostic Medicine (AANEM) Fellowship Match Portal.
- Prospective PM&R fellows apply during their PGY-3 year of training.

Timeline:

- The fellowship portal opens for applicants early January each year.
- Interviews are conducted March through May. Rank lists are submitted at the end of May. Match day occurs during the first week of June.

What makes a competitive applicant for the Wake Forest Neuromuscular Medicine Fellowship?:

Competitive fellowship applicants are those on track to successfully complete their residency in the United States or Canada and pass their certifying exams (Step or COMLEX). Application review includes assessment of the personal statement, curriculum vitae, certifying exam scores, and letters of recommendation. Competitive applicants are invited to a virtual interview day with the faculty.

Program Contacts

Program Director:

Michael S. Cartwright, M.D., M.S.

Program Coordinator:

April Edwards

apedward@wakehealth.edu

336-716-7548

Board Certification

At the completion of the fellowship, each PM&R fellow will be eligible for the Neuromuscular Medicine subspecialty board certification examination through the American Board of Physical Medicine and Rehabilitation (ABPMR). At the completion of the fellowship, each fellow will have performed enough diagnostic NMUS examinations to be eligible for the NMUS Certificate of Added Qualification through the ABEM.

<https://school.wakehealth.edu/>



OPPORTUNITIES, CONFERENCES, & FUTURE EVENTS

November

2024

REHAB ROUNDUP ISSUE



FELLOWSHIP APPLICATIONS ARE OPEN

FASPE is an intensive, two-week study program in professional ethics and ethical leadership.

FASPE seeks Fellows at a **formative stage of their professional lives**, who are open-minded and self-reflective, demonstrate leadership capabilities, and possess the potential of having influence in their fields.

FASPE selects its Fellows on the basis of their **academic background, personal and professional experiences, capacity for leadership**, and ability to contribute to the Fellowship program and the alumni community.

FASPE values and seeks to create inclusive environments, and **welcomes applicants of all religious, political, and socioeconomic backgrounds as well as gender identities**.

FASPE seeks Fellows who are interested in engaging in discussions with their co-Fellows and faculty, and who have the intellectual and emotional maturity to discuss difficult and controversial issues responsibly and respectfully in small group settings.

All applications are welcome and reviewed.

[APPLY NOW](#)

DUE 01.02.2025

Eligibility

FASPE Medical applicants must fit into one of following categories:

- 1) Be enrolled in an MD or DO program (or equivalent) at the time of their application and anticipate completion of at least one clinical year prior to the start of the fellowship; OR
- 2) Be enrolled in a residency program.

“It may sound cliché, but the FASPE Fellowship was truly a life-changing experience where I created deep and meaningful connections. This immersive experience not only strengthened my commitment to ethical integrity within my own profession, but also highlighted the power of collaborative learning between physicians, journalists, and seminarians.”



AOCPMR JOB BOARD

Sign into your AOCPMR account to access
multiple opportunities below:

ACCESS HERE



Note: An “Access Denied” Message will
be displayed if not signed into AOCPMR.

BREAKING NEWS!

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



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

Renaissance Seattle Hotel-Marriott

515 Madison St, Seattle, WA 98104

REGISTER 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.](#)





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 **Spring 2025** issue are due by **January 15, 2025 at 11:59 PM EST.**

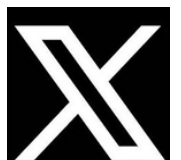
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(615) 345 - 9550

Email
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Address
**5133 Harding Pike, B-10 #380
Nashville, TN 37205**



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are now available!
Contact Betsy Hilt above for more details.



REHAB ROUNDUP

See you at the next issue!

AMERICAN OSTEOPATHIC COLLEGE OF PHYSICAL MEDICINE AND REHABILITATION

November

2024

REHAB ROUNDUP ISSUE