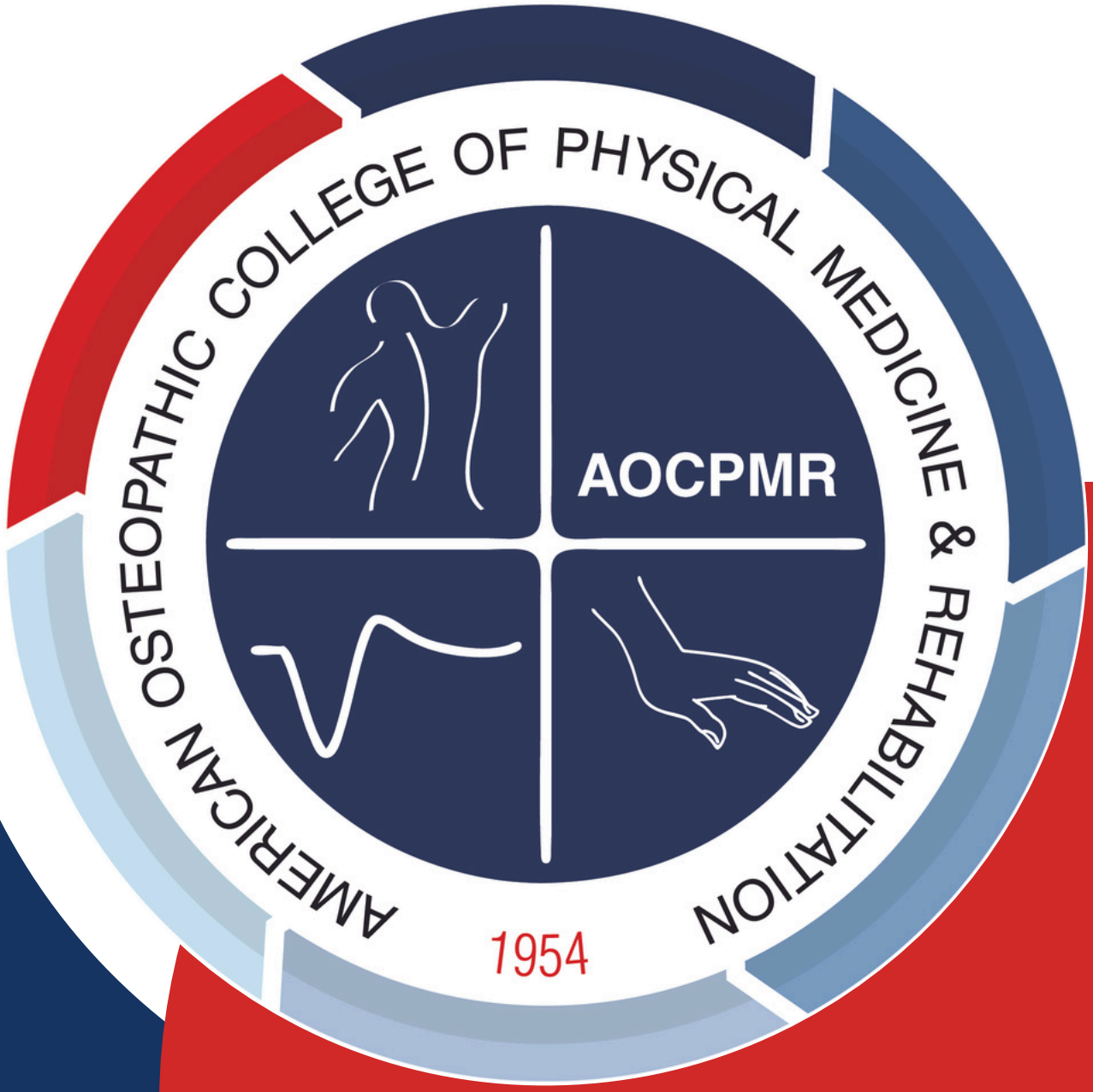

REHAB ROUNDUP

2025

SPRING

REHAB ROUNDUP
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AOCPMR Distinguished Fellow

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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

AOCPMR President's Report

AMIR MAHAJER, DO, FAOCPMR
AOCPMR PRESIDENT

Dear AOCPMR Members,

I am pleased to share updates on the latest initiatives, upcoming events, and key developments within the American Osteopathic College of Physical Medicine and Rehabilitation (AOCPMR). Our organization continues to grow, enhancing the benefits and opportunities available to our members.

The 2025 AOCPMR Annual Meeting (AOCPMR25) in Seattle, Washington, promises to be an outstanding event. Under the leadership of Dr. Dan Brzusek and Dr. Rob Billow, our program will feature high-quality lectures and educational sessions from leading experts. We are also pleased to offer a two-day pre-course presented by Dr. Angela Lim and the American Facial Distortion Model (FDM) Association, building on last year's successful FDM content with expanded hands-on learning.

Beyond our Annual Meeting and OMED, we remain committed to expanding AOCPMR's educational programs. In February 2026, we will launch AOCPMR's Neuromusculoskeletal Ultrasound Course (NMUS26) in Fort Worth, Texas. Led by Dr. Lauren Chambers and in partnership with Expert Education, this course will focus on advanced techniques for head, neck, and shoulder pathology. Additionally, Dr. Yein Lee and the Education Committee are developing a Pelvic Pain Workshop, featuring a combination of lecture-based instruction and hands-on osteopathic manipulative treatment (OMT) sessions. Designed for both attending physicians and residents, this workshop will provide practical, hands-on training for managing pelvic pain.

The Annual Meeting is also available virtually, and eligible for all 20 CME credits, if you can't make the trip to Seattle. The programming will be live-streamed that weekend, and the recordings will be available for on-demand viewing for up to three months after the conference.

I am pleased to report that AOCPMR membership has grown by 13% from 2023 to 2024, a testament to the increasing value our organization provides. To further support our members, we are excited to introduce a new home exercise program (HEP) tool. As part of our new Exercise and Wellness Committee's efforts, all attending and resident members will receive free access to an AOCPMR Professional HEP-2-GO account. This physician guided exercise program will serve as a valuable tool for prescribing customized home exercise programs to patients, further enhancing the quality of care provided by our members.

Financially, AOCPMR remains strong and well-positioned for continued growth. Our investment portfolio is performing well, allowing us to reinvest in education, member benefits, and marketing initiatives. In 2025, we will invest $100,000 to support attending member and trainees by expanding in-person and virtual CME opportunities, enhancing brand visibility, and increasing professional development resources.

Additionally, we are excited to announce the approval of a three-year AOCPMR Membership Marketing Plan, designed to further increase awareness and engagement within our profession. We are also pleased to continue our partnership with Oak Ridge Association Management through 2027. A special thank you to Betsy Hilt for her unwavering dedication and exceptional work in supporting AOCPMR's mission and operations.

AOCPMR is experiencing a period of tremendous growth and innovation, and I am incredibly excited about the future. With expanded education, enhanced member benefits, and strong industry partnerships, we are committed to advancing our field and supporting our members at every stage of their careers.

Thank you for your continued engagement and support. I look forward to seeing you at AOCPMR25 in Seattle and to another year of growth, learning, and collaboration!

ARTICLES

Lorazepam Unlocked: A Case Report on Breaking the Chains of Catatonia on a Patient Living with TBI

Mohammad Shahbaz Khan, OMS-III
Liberty University College of Osteopathic Medicine
Natalie Brush, MD, Mark Hirsch, PhD, Nathan Darji, DO
Atrium Health Carolinas Rehabilitation, Wake Forest School of Medicine

My Experience with AOCPM&R Mentorship

Brandon Dao, DO
St. Elizabeth's Youngstown Hospital TY
Incoming Ohio State University PM&R Resident

LORAZEPAM UNLOCKED:

A Case Report on Breaking the Chains of Catatonia on a Patient Living with TBI

Mohammad Shahbaz Khan, OMS-III[1], Natalie Brush, MD[2,3], Mark Hirsch, PhD[2,3], Nathan Darji, DO[2,3]

1 Liberty University College of Osteopathic Medicine
2 Wake Forest University School of Medicine
3 Atrium Health Carolinas Rehabilitation

AOCPMR EDITORS:
(1) AUTUMN DACH, DO (2) JOSEPH BROOKS, DO, FAOCPMR

Case Diagnosis:

Catatonia Diagnosed and Treated with Lorazepam Trial in a Patient with Severe Traumatic Brain Injury (TBI)

Case Description:

A 40-year-old male without any significant medical or psychiatric history, was admitted to an acute hospital after sustaining a TBI and polytrauma secondary to a motor vehicle collision. He presented with unresponsiveness and decorticate posturing, scoring a Glasgow Coma Scale (GCS) of 7. Initial brain imaging revealed bilateral subdural and subarachnoid hemorrhages, right frontal hemorrhagic contusions, and a midline shift without herniation. During acute hospital management, the patient was sedated and underwent multiple procedures including tracheostomy, percutaneous endoscopic gastronomy (PEG) tube placement, and insertion of a bolt for intracranial pressure monitoring. After 56 days, he was deemed medically stable and discharged to rehabilitation with an improved GCS of 11 but was still nonverbal, unresponsive to commands and pain, with only spontaneous left-sided movement and no visual tracking. Updated CT head imaging showed ventricles within normal limits, no acute intracranial hemorrhage, hypodensity in the parasagittal right frontal lobe, and encephalomalacia related to prior hemorrhage.

Despite 28 days of treatment with donepezil, amantadine, and methylphenidate in rehabilitation, there was no significant progress in cognitive recovery. Catatonia was suspected when he scored 19 on the Bush-Francis Catatonia Scale. Lorazepam was administered leading to increased alertness, and he began communicating verbally for the first time, answering “yes” or “no” questions later that same day.

Increasing lorazepam to 2 mg TID enabled him to follow motor commands. Within a week, his GCS improved to 14, and he showed functional gains in attention, perception, verbalization, upper body dressing, toileting, and transferring.

Discussion:

Our case report highlights the importance of recognizing catatonia, a neuropsychiatric syndrome with motor and behavioral abnormalities, in TBI patients. Catatonia symptoms can mimic neurological deficits like global aphasia, leading to misdiagnosis. If a patient shows significant delays in neurological recovery after a TBI, catatonia should be considered. Benzodiazepines, such as lorazepam, can both diagnose and treat catatonia, as demonstrated by this patient’s significant improvement.[1] Catatonia diagnoses are frequently delayed in patients with TBI, likely due to a lack of recognition that catatonia can develop after a TBI. A review by Rasmussen et al.[2] noted the prevalence of catatonia among acute psychiatric patients ranges from 9-17%, but prevalence rates in TBI patients are not well established.

Research on catatonia in patients with TBI primarily consists of case reports. This suggests that catatonia may be an underrecognized complication of TBI.[3,4,5]

Conclusion:

Catatonia may be an underrecognized complication of TBI, often mistaken for other neurological conditions. Early recognition and treatment with benzodiazepines are crucial for optimizing functional improvements and quality of life in TBI patients, potentially transforming their rehabilitation outcomes.

References:

(1) Walther S, Stegmayer K, Wilson JE, Heckers S. Structure and neural mechanisms of catatonia. The Lancet Psychiatry. 2019;6(7):610-619. doi:10.1016/s2215-0366(18)30474-7

(2) Rasmussen SA, Mazurek MF, Rosebush PI. Catatonia: Our current understanding of its diagnosis, treatment and pathophysiology. World Journal of Psychiatry. 2016;6(4):391. doi:10.5498/wjp.v6.i4.391

(3) Groysman L, Nam K, Vo N, et al. Catatonia eight years after head injury. British Journal of Medicine and Medical Research. 2017;19(4):1-12. doi:10.9734/bjmmr/2017/30545

(4) Maguire L, Pinzon J, Bergeron B. Post-traumatic catatonia in a teenaged patient. The American Journal of Emergency Medicine. 2022;62. doi:10.1016/j.ajem.2022.08.057

(5) Berthelot J, Cambre J, Erwin M, Phan J. Catatonia as a result of a traumatic brain injury. Case Reports in Psychiatry. 2024;2024:1-3. doi:10.1155/2024/5184741

My Experience with AOCPM&R Mentorship

Brandon Dao, DO
St. Elizabeth's Youngstown Hospital TY | Incoming Ohio State University PM&R Resident

ARTICLE ENDORSED BY: JENNIFER KENDALL, DO, FAOCPMR

During my third year of medical school, I set out to pursue a career in Physical Medicine and Rehabilitation (PM&R), determined to match into a residency that would shape my future. However, my first attempt didn't go as I had hoped. The rejection was disappointing, but rather than letting it define me, I became even more determined to try again. Little did I know, one conversation at the American Osteopathic College of Physical Medicine and Rehabilitation (AOCPMR) Mid-Year Conference would change everything.

It all started in the lunch line, when I struck up a conversation with a friendly physician who would soon become a pivotal figure in my journey. Her name was Dr. Kendall. Though she didn't know much about me at the time, she took a genuine interest in my aspirations. Without hesitation, Dr. Kendall offered to help me navigate the next match cycle. That seemingly casual exchange turned into a valuable mentor-mentee relationship that would ultimately guide me through the application process. Dr. Kendall's first piece of advice was simple but transformative: *networking is key*. She explained that, in addition to improving my application, building connections within the PM&R community would play a crucial role in my professional development.

Following Dr. Kendall's guidance, I sought out additional mentors who could offer valuable feedback. These mentors helped me identify both my strengths and areas for growth, providing insight that I would never have considered on my own. One of the most significant lessons I learned was the importance of leadership—not only in the clinical setting but also in the broader medical community. They encouraged me to seek leadership roles in various PM&R-related activities, from organizing events to participating in research. Their advice showed me that PM&R isn't just about mastering clinical skills—it's about being an educator, a leader, and a mentor, too.

I took these lessons to heart and immersed myself more deeply into the PM&R community. I attended more conferences, joined interest groups, and sought opportunities to collaborate with faculty and residents. It was through these efforts that I met individuals who shared their own stories of setbacks and triumphs. Some had not matched in their first cycle but had continued to push forward, ultimately finding success. Their resilience served as a powerful reminder that setbacks are not the end of the road. Success in PM&R, I learned, requires not just academic excellence but also persistence and a commitment to growth.

Through my mentors, I also came to understand that being a successful applicant isn't just about ticking boxes on a checklist. It's about becoming a well-rounded physician who contributes to the field in meaningful ways—whether through patient care, research, education, or community involvement. By staying active in the PM&R community, I built not just a stronger application but also a deeper understanding of what it means to be a physician in this field. It's about more than just securing a residency; it's about making lasting contributions to the profession and constantly learning from those around you.

With these insights in mind, I re-entered the match process with a new sense of confidence and direction. My application was not just an account of my clinical abilities but a reflection of my leadership experiences, my commitment to the field, and my passion for continuous learning. Armed with the support and guidance of Dr. Kendall and my other mentors, I was prepared to put my best foot forward. This time, I am proud to announce that I was able to match into my desired residency program.

Reflecting on my journey, I realize that mentorship played a crucial role in my success. Without Dr. Kendall's initial offer of help—and the ongoing support from my mentors—I might never have fully grasped the importance of networking, leadership, and staying active in the community. That one conversation in the lunch line at the AOCPMR set in motion a chain of events that changed the trajectory of my career. It was a turning point that provided the support, insight, and motivation I needed to move forward.

I'm incredibly grateful to all the mentors who helped me along the way. Their advice not only helped me secure a residency position but also shaped the physician I aspire to be. As I look ahead to my residency and the rest of my career in PM&R, I know that mentorship will continue to be a guiding force. The journey doesn't end with matching—it's a lifelong process of learning, growing, and giving back to the community. I'm excited to pay forward the support I received, knowing that the next generation of PM&R physicians will be strengthened by mentorship, just as I was.

PM&R RESIDENTS

Spring
2025

REHAB ROUNDUP ISSUE

Alyssa Goldenhart DO

AOCPMR RESIDENT COUNCIL PRESIDENT | 2025-2026

President's Message RESIDENT COUNCIL

Dear AOCPMR Residents,

It is an honor and a privilege to serve as the President of AOCPMR Resident Council. I am excited to embark on this journey with all of you as we work together to make this organization even more impactful for our residents in the upcoming year.

As we move forward, I am committed to fostering a collaborative environment where each of you feels supported, engaged, and inspired. My goal is to create more opportunities for growth, education, and connection, both within our organization and the broader field of osteopathic physical medicine and rehabilitation. Together, we can help shape the future of our profession and provide each other with valuable experiences and resources.

In the coming months, I will be working closely with our team to create opportunities that cater to the needs and aspirations of all residents. Your input and ideas are essential, so I encourage you to share any thoughts or suggestions you may have on how we can improve and elevate the experience of residents within AOCPMR.

Thank you for the opportunity to serve as your president. I look forward to working alongside all of you and making this year one of growth, collaboration, and achievement.

Alyssa Goldenhart DO

AOCPMR Resident Council President '25-'26

AOCPMR RESIDENT COUNCIL

GRAND ROUNDS SERIES

UTILIZING AN INTERPROFESSIONAL TEAM TO SUPPORT HOLISTIC CARE

Justin Weppner, DO

January 29 2025

AOCPMR EDUCATION COMMITTEE

BILLING AND CODING

Brian Kahan, DO

February 10 2025

AOCPMR EDUCATION COMMITTEE

TBI FELLOWSHIP OVERVIEW

Michael Kasprzak, DO

March 11 2025

AOCPMR EDUCATION COMMITTEE

Research Reels

is an 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!

AOCPMR RESIDENT COUNCIL

Fellowship Insights: Advice from Recently Matched Residents

PAIN, SPORTS, SPINE

Ben Kopecky DO
(Mayo CLinic -MN)
Iowa Sports Medicine Fellowship

Loc Lam DO
(BCM)
MD Anderson Pain Medicine Fellowship

Andre Asperti MD
(U of Minnesota)
MD Anderson Pain Medicine Fellowship

Ragav Sharma DO
(MCW)
Desert Sports and Spine ISMM/ NASS Fellowship

APR09
8PMEST

REGISTER HERE

Virtual | 60-90 minutes | The Zoom link will be made closer to the event.

Attention **Resident Physicians**:

We are seeking volunteers to educate medical students at

APRIL 4-6

AOCPMR25

ANNUAL MEETING **SEATTLE**

Participate in Resident & Medical Student Networking

Teach Hands on PM&R Workshops

Speak on a Resident Panel

Showcase your program in the Residency Exhibition

EMAIL TO VOLUNTEER:

Justin.Yeung@kansascity.edu

APRIL 4-6

AOCPMR25 ANNUAL MEETING SEATTLE

REGISTER HERE

The AOCPMR Annual Meeting *Resident Track* Presents:

Dr. Brian Kahan D.O.

Resident track lecture:
PM&R Billing and Coding

Dr. Tricia Prince D.O.

Resident track lecture:
Efficiency in Medicine

Dr. Yein Lee D.O.

Resident track lecture:
Early Career Development

Seattle, WA 4.4.25

AOCPMR
RESIDENT COUNCIL

EVENTS & ANNOUNCEMENTS

View previous lecture recordings here:

AOCPMR Youtube

MEDIA DIRECTORY

STAY UPDATED:

@aocpmr

PODCAST

MENTORSHIP MATTERS!

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

HTTPS://AOCPMR.ORG/ABOUT/RESIDENT-MENTORSHIP-PROGRAM/

Next up:

Board Review Questions!

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

BOARD REVIEW QUESTIONS

1 **Three weeks after a severe traumatic brain injury (TBI) with basilar skull fracture, a 23-year-old patient in a rehabilitation unit develops new-onset ocular pain, unilateral proptosis, and unilateral orbital vascular congestion. What is the most likely diagnosis?**

A. Detached retina
B. Acute narrow-angle glaucoma
C. Carotid cavernous fistula
D. Retrobulbar hematoma

2 **What is the preferred imaging technique to rule out Osgood-Schlatter disease?**

A. X-Ray
B. CT
C. Ultrasound
D. Magnetic resonance imaging

3 **A 43-year-old runner presents with right-sided hip pain. On examination, you note tenderness to palpation over the greater trochanter on the affected side. No focal neurologic deficits are noted and no other areas of tenderness are elicited. A key part of your treatment plan should include strengthening of the hip**

A. internal rotators
B. extensors
C. abductors
D. adductors

BOARD REVIEW ANSWERS

1

C. Carotid cavernous fistula

Explanation: A carotid cavernous fistula typically presents with ocular pain, proptosis, and orbital vascular congestion following trauma, such as a basilar skull fracture.

2

A. X-Ray

Explanation: X-rays are typically used to diagnose Osgood-Schlatter disease, revealing tibial tuberosity fragmentation or ossicle formation.

3

A. Abductors

Explanation: Strengthening the hip abductors is crucial for managing greater trochanteric pain syndrome, as these muscles help stabilize the hip and reduce stress on the greater trochanter.

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

DISPARITIES IN REHABILITATION

AFFECTING BLACK PATIENTS

IN COLLABORATION WITH AAP MSC AND PATHWAYS IN PM&R FOR BLACK HISTORY MONTH

Increased Risk of Strokes

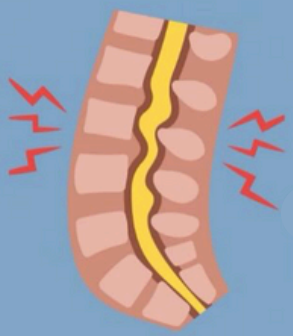
The rate of strokes have declined in White populations but have remained the same in Black Individuals.[1]

Black patients are less likely to receive stroke-prevention medications.

Black patients experience greater post-stroke disability relative to white patients.[2]

Spinal Cord Injury

24% of Spinal Cord Injuries occur in non-Hispanic Black Patients. This is almost double the percentage of the Black Population in the US.[3]



Black patients are less likely to receive early surgical decompression and are less likely to be referred to inpatient rehab.[3]

DISPARITIES IN REHABILITATION

AFFECTING BLACK PATIENTS

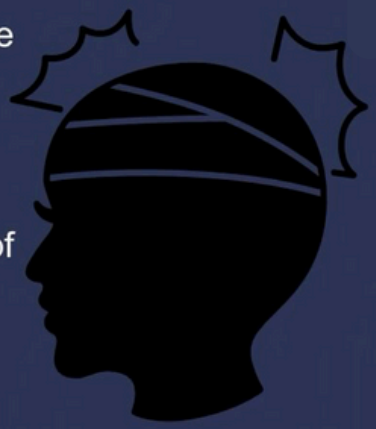
IN COLLABORATION WITH AAP MSC AND PATHWAYS IN PM&R FOR BLACK HISTORY MONTH

Traumatic Brain Injury

Black patients are more likely to sustain a traumatic brain injury and a brain injury that results in death.

Minorities are 15% less likely to be discharged to acute rehab after a TBI.

Black patients have higher rates of mood disorders and lower life satisfaction after TBI.[4]



Take Action

Increased awareness and culturally competent care can improve patient outcomes.[5]

Implicit bias interventions can reduce discrimination in healthcare.[6]

Reducing barriers to allow earlier exposure to PM&R can increase the diversity in the field.[7]

Intentional programming can increase diversity in future PM&R leadership.[8]

References

PM&R MEDICAL STUDENTS

Spring
2025

REHAB ROUNDUP ISSUE

Congratulations!

MATCH 2025

March 21, 2025

Dear Future PM&R Resident,

Congratulations on matching into Physical Medicine and Rehabilitation! We are excited to welcome you to our growing community and look forward to supporting you on your journey. For over 70 years AOCPMR has been the home for osteopathic physiatrists, providing a strong foundation in education, leadership, and community.

Why Join AOCPMR Resident Membership?

Education & Training – Access mock interviews, hands-on workshops, and our resident focused conferences to enhance your skills and career readiness.
Leadership Opportunities – Build your leadership skills through resident committees, mentorship programs, and professional development initiatives.
Community & Networking – Connect with peers, mentors, and industry leaders who will support and guide you throughout your career.
Scholarships & Grants – From Resident Poster Awards to the Rob Gotlin Community Leadership Grant, AOCPMR supports your academic excellence and community impact.

Stay Engaged & Enjoy Exclusive Benefits!

Your Membership Has Been Upgraded – You are now officially a Resident PGY-1 Member.

Volunteer & Earn Free Membership – Mentor AOCPMR Student Members or participate in Mock Interviews to receive free annual membership.

As you embark on your journey in PM&R, we encourage you to take full advantage of all that AOCPMR has to offer. Join as a resident now and stay connected with a community dedicated to your growth and success. Please reach out to me or Betsy Hilt with any questions.

We are excited to have you on board and look forward to supporting you every step of the way!

Best wishes for a successful future!

Sincerely,

Amir Mahajer, DO, FAOCPMR
AOCPMR President

5133 Harding Pike, B-10 #380, Nashville, TN 37205-2891
(615) 345-9550 Phone ~ (615) 709-3129 Fax

Congratulations!

MATCH 2025

MEDICAL STUDENT COUNCIL LEADERSHIP

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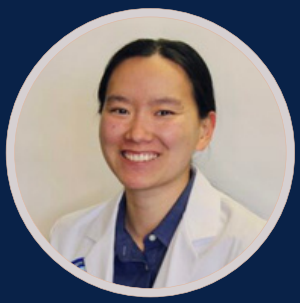

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GARET DUNIVIN
VCU PM&R

JUSTIN KAI-MING YEUNG
GOOD SAMARITAN
UNIV - NY PM&R

President's Message
MEDICAL STUDENT COUNCIL

AKINCHITA KUMAR, OMS-III
AOCPMR MEDICAL STUDENT COUNCIL
PRESIDENT | 2025-2026

Welcome to AOCPMR!

It is an honor to serve as President of AOCPMR, and I am beyond excited to welcome you to our community! AOCPMR is more than just an organization—it is a network of passionate, driven individuals dedicated to advancing the field of PM&R and supporting one another along the way.

As a member, you'll have access to invaluable opportunities, from mentorship and networking with leaders in the field to educational resources, research collaborations, and advocacy efforts that shape the future of rehabilitation medicine. Most importantly, you'll be part of a supportive community that is committed to making a difference in patients' lives.

I encourage you to get involved, connect with your peers, and take full advantage of everything AOCPMR has to offer. We're thrilled to have you with us and can't wait to see all that we will accomplish together this year!

Akinchita Kumar OMS3
AOCPMR Medical Student Council President '25-'26

CONGRATS TO OUR RESEARCH SPOTLIGHT WINNERS!

Seth J Spicer, OMS III

Rowan-Virtua SOM

1st place:

"Effects of a Medial Tibial Stress Syndrome Prevention Program on Lower Leg Musculature and Observed Physiological Differences in Symptomatic Collegiate Runners: A Pilot Study"

Zarif Ladak,OMS II

Rowan-Virtua SOM

Runner up:

"Platelet-Rich Plasma versus Surgical Repair or Reconstruction in Athletes with Ulnar Collateral Ligament Sprain: A Systematic Review and Meta-Analysis"

AOCPMR
MEDICAL STUDENT COUNCIL
EVENTS & ANNOUNCEMENTS

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

RECENT LECTURES

BROUGHT TO YOU BY THE AOCPMR MEDICAL STUDENT COUNCIL

STAY TUNED FOR UPCOMING EVENTS!

MARCH JOURNAL CLUB

Dr. Brian Fricke, MD

Pravacur Phase 2 Clinical Trial

AOCPMR Research Committee

DAY IN THE LIFE Q&A

Dr. Marla Petriello, DO

Recent Spinal Cord Injury Medicine Fellow at Stanford

PRE-ANNUAL MEETING PATIENT PERSPECTIVE SESSION

Featuring Casey Followay, USA Track Para-Athlete, and Lisa Falloway, Founder of Adaptive Sports Ohio

AOCPMR Conference Committee

PRE-ANNUAL MEETING SUBSPECIALTY PANEL

Featuring Brain Injury Medicine, Pediatric Rehab, and Palliative Care/Rehab

AOCPMR Conference Committee

THE AOCPMR PODCAST

ADVANCING SPINAL CORD INJURY CARE: GLOBAL PERSPECTIVES ON INNOVATION AND DIVERSITY

NOW ON SPOTIFY

DIGITAL MULTIMEDIA COMMITTEE

AOCPMR
MEDICAL STUDENT COUNCIL
EVENTS & ANNOUNCEMENTS

Research Reels

is an exciting 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!

STAY UPDATED:
@aocpmr

MENTORSHIP MATTERS!

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

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

FELLOWSHIP SPOTLIGHTS

Spring
2025
REHAB ROUNDUP ISSUE

AOCPMR

Fellowship Spotlight

Baylor College of Medicine

Spinal Cord Injury Medicine Program

Fellowship Highlights

The Baylor College of Medicine Spinal Cord Injury Medicine Program, which offers one fellowship position yearly, is located within the Texas Medical Center, the largest medical center in the world, and is funded by a grant from the Craig H Nielson Foundation.

The SCI fellowship partners with local hospitals and fellowship programs to provide a collaborative environment that bridges boundaries across institutions and specialties and is committed to providing the highest possible quality of interdisciplinary postgraduate fellowship training.

As part of the training, the Spinal Cord Injury Medicine fellows gain hands-on experience in the clinical management of a wide range of spinal cord injury cases, including acute trauma and neurosurgical management and acute rehabilitation and long-term care.

The fellow also has the chance to engage in research related to SCI. Training time is split between the Michael E. DeBakey VA Medical Center and Memorial Hermann TIRR SCI units.

Training Sites

Time is split between the Michael E. DeBakey VA Medical Center, Memorial Hermann TIRR and Texas Children's Hospital.

Living in Houston Texas

Houston, TX, is a vibrant and diverse city known for its rich cultural tapestry and dynamic economy. As the fourth largest city in the United States, Houston is home to the renowned Texas Medical Center, the largest medical complex in the world, providing an exceptional environment for medical training and innovation. The city boasts a thriving arts scene, with institutions like the Houston Museum District and the Houston Symphony offering a wealth of cultural experiences. Additionally, Houston's culinary landscape is a melting pot of flavors, reflecting its diverse population. With its warm climate residents can enjoy outdoor activities year-round. Known as "Space City," Houston is also the site of NASA's Johnson Space Center, underscoring its role in space exploration and research.

https://www.bcm.edu/departments/physical-medicine-and-rehabilitation/education/spinal-cord-injury-medicine-fellowship

Baylor College of Medicine
7200 Cambridge Street
Houston, TX 77030

AOCPMR

Fellowship Spotlight

Baylor College of Medicine

Spinal Cord Injury Medicine Program

Application Information

What is the method for applying (NRMP, site specific, etc.)?

The Academy of Spinal Cord Injury Professionals' Common Application

What is the start date/deadline for applications?

June 1 - August 15

What would make an applicant competitive for your program?

Strong work ethic, committed to care of persons with spinal cord injuries and disorders, is kind, and an effective communicator.

Program Contacts

Felicia Skelton, MD, MS

- SCI Fellowship Program Director
- Felicia.skelton2@va.gov

Sally A, Holmes, MD

- SCI Fellowship Assistant Program Director
- SallyA.Holmes@va.gov

Diversity Equity and Inclusion

Can you provide examples of how your program addresses healthcare disparities and culturally competent care in neuro-rehabilitation?

We pride ourselves on being a diverse group, very representative of the community we serve. We participate in holistic reviews during our recruitment process, and there are multiple other ways a fellow can be involved

What future plans or goals does your program have to further enhance justice, equity, diversity, and inclusion in neuro-rehabilitation training?

The Baylor College of Medicine Spinal Cord Injury Medicine Fellowship is committed to addressing health disparities by providing comprehensive training that emphasizes equitable care for diverse patient populations. The fellowship integrates a multidisciplinary approach, ensuring fellows gain a deep understanding of the social determinants of health that impact individuals with spinal cord injuries. By collaborating with the Texas Medical Center's extensive network of hospitals and clinics, fellows are exposed to a wide range of patient demographics, enhancing their ability to identify and address unique healthcare needs. The program fosters an environment of cultural competence and advocacy, encouraging fellows to develop innovative solutions and community outreach initiatives that improve access to care and outcomes for underserved populations. Through research and clinical practice, the fellowship aims to prepare physicians who are not only skilled in the latest medical advancements but are also dedicated to reducing disparities and promoting health equity in spinal cord injury medicine.

https://www.bcm.edu/departments/physical-medicine-and-rehabilitation/education/spinal-cord-injury-medicine-fellowship

Baylor College of Medicine
7200 Cambridge Street
Houston, TX 77030

OPPORTUNITIES, CONFERENCES, & FUTURE EVENTS

Spring
2025

REHAB ROUNDUP ISSUE

AOCPMR JOB BOARD

Sign into your AOCPMR account to access multiple opportunities below:

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

Are you

ABMS CERTIFIED?

Apply for AOA certification with ABMS Reciprocity!

Physicians with a current, valid certification from an American Board of Medical Specialties (ABMS) member board may qualify for American Osteopathic Association (AOA) initial board certification without sitting for the initial AOAboard examination(s) and be eligible to enter the AOA's Osteopathic Continuous Certification (OCC) process in the specialty and/or subspecialty for which they have ABMS certification.

APPLY HERE

STARTS NEXT WEEK

VIRTUAL REGISTRATION AVAILABLE

APRIL 4-6

AOCPMR25 ANNUAL MEETING SEATTLE

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**.

AOCPMR

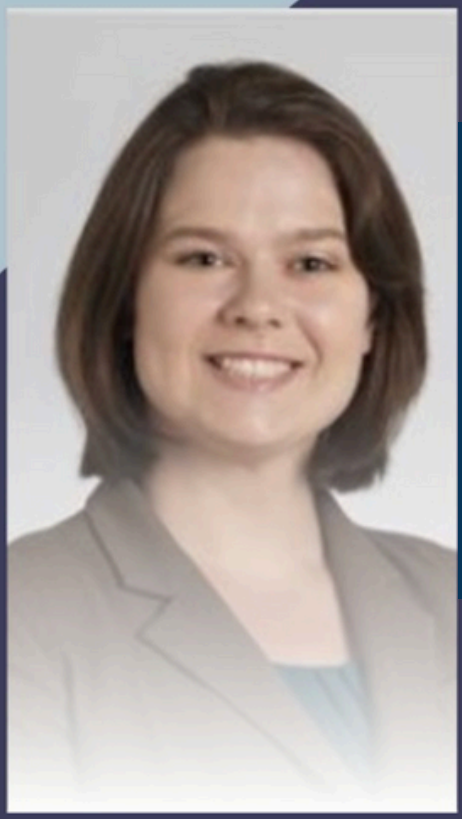
Pre-Annual Meeting Sub-Specialty Panel

Dr. Lauren Fulks, MD

Pediatric Rehab

Dr. Michael Kasprzak, DO

Brain Injury Medicine



Dr. Allison Early, MD

Palliative Care/Rehab

WEDNESDAY | 3/05/25 | 8 PM CST

REGISTER HERE

AOCPMR

Pre-Annual Meeting Patient Perspective Session

Casey Followay

USA Track Para-Athlete

Lisa Followay

Founder
Adaptive Sports Ohio

WEDNESDAY | 3/12/25 | 8 PM CST

REGISTER HERE

AOCPMR25
SEATTLE ANNUAL MEETING APRIL 4-6

FRIDAY, APRIL 4

MORNING FOCUS: SPINE

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SEATTLE ANNUAL MEETING APRIL 4-6

FRIDAY, APRIL 4

AFTERNOON FOCUS: TRAUMA

EILEEN SLAVIN, DO

1:35 PM

Physical Activity and Bone Marrow Transplantation: Where Do We Stand Now?

ADRIANA NATALI, DO

2:30 PM

Acute Injuries and Chronic Pain in the Equestrian Athlete

SHANNON GARRISON, DO

3:45 PM

Chronic Pelvic Dysfunction

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SEATTLE ANNUAL MEETING APRIL 4-6

SATURDAY, APRIL 5

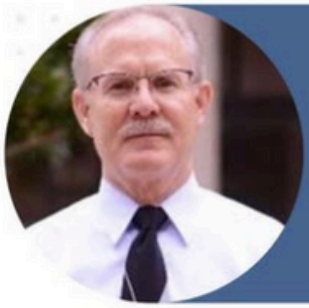
MORNING FOCUS: JOINTS

ADAM POURCHO, DO

8:15 AM Advanced In-Office Ultrasound Guided Procedures

JOSEPH SCHOLZ, DO

9:00 AM Ultrasound Guided Scar Hydro-Dissection as a Pain Treatment for Entrapped Nerves



NELSON HAGER, DO

10:15 AM Update on Novel & Existing Ultrasound Capabilities and How they Impact Your MSK Practice

Afternoon Focus: Artificial Intelligence in Medicine

APRIL 4-6

AOCPMR25 ANNUAL MEETING SEATTLE

SUNDAY, APRIL 6

Residency Fair

8:00 to 10:00 AM

REGISTER HERE

AND MUCH MORE!

STAY TUNED FOR THE FULL PROGRAM COMING SOON.

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 **Summer 2025** issue are due by **May 30, 2025 at 11:59 PM EST.**

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are now available!
Email AOCPMR above for more details.

REHAB ROUNDUP

See you at the next issue!

AMERICAN OSTEOPATHIC COLLEGE OF PHYSICAL MEDICINE AND REHABILITATION

Spring
2025

REHAB ROUNDUP ISSUE