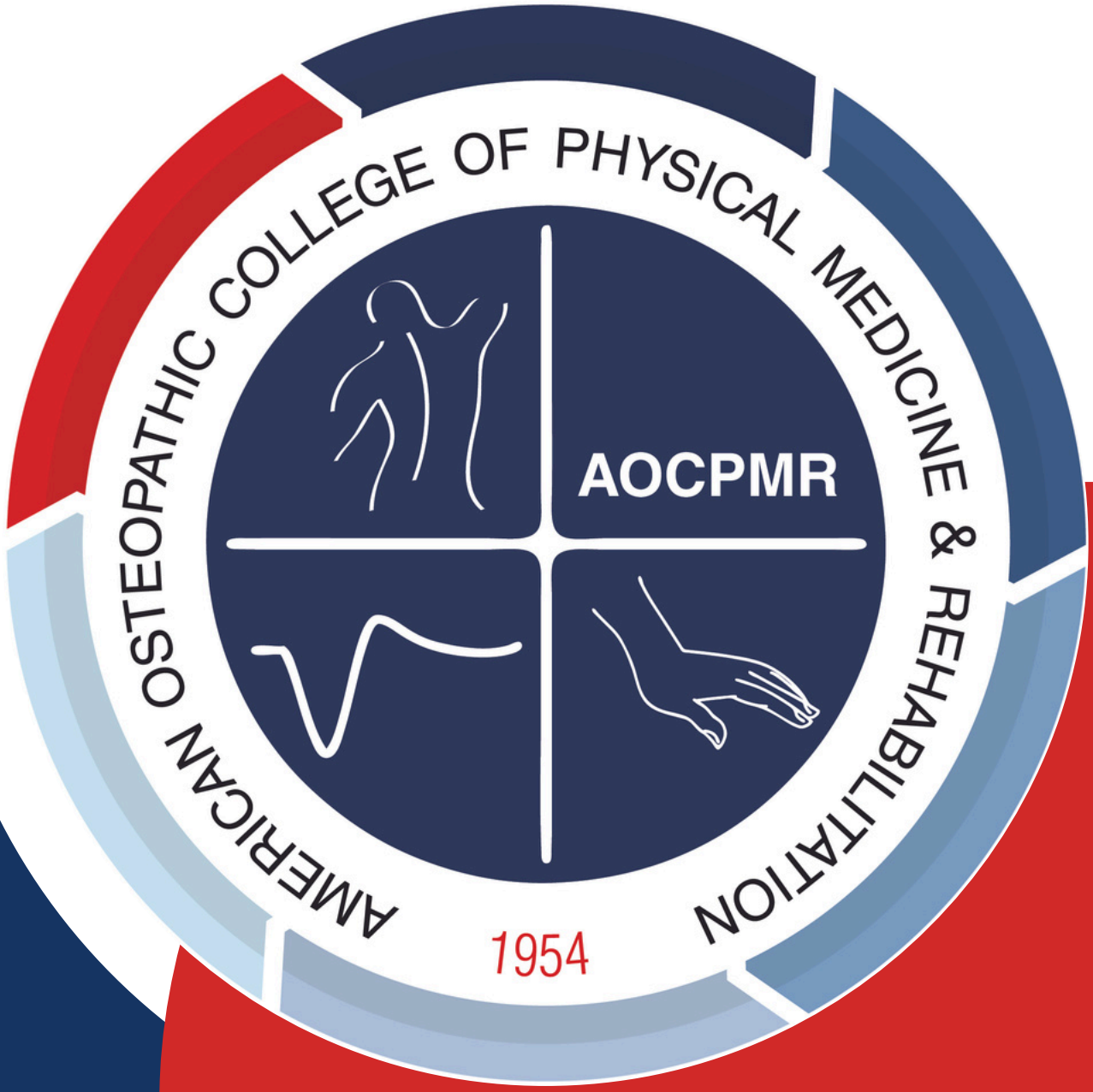

REHAB ROUNDUP

2025

SUMMER

REHAB ROUNDUP
EDITORIAL LEADERSHIP

Amir Mahajer, DO, FAOCPMR

AOCPMR President

Gillian Mathews, DO

AOCPMR Resident Council Education Committee Chair
Rehab Round Up Lead & Editor

Danyal Tahseen, OMS-IV

AOCPMR Medical Student
Council Education Committee Co-Chair

Betsy Hilt, CAE

AOCPMR Executive Director

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The vision of the American Osteopathic College of Physical Medicine and Rehabilitation is to provide a home to osteopathic PM&R practitioners.

The AOCPMR leaadership is dedicated to advocacy, education and practice. Our committment to excellence thrugh commraderie is vital to the wellbeing of our global network of physician members.

VISION & MISSION

AOCPMR President's Report

AMIR MAHAJER, DO, FAOCPMR

AOCPMR PRESIDENT

Dear AOCPMR Members,

As we move through the year, I'm filled with a sense of pride and excitement for the continued growth and success of our organization. We are in an exciting time where our commitment to excellence in osteopathic physical medicine and rehabilitation is more important than ever, centered around the theme of Wellness. Our members are the heart of AOCPMR, and I want to take this opportunity to encourage each of you to take full advantage of all the benefits your membership provides.

Our ongoing efforts to enhance education, collaboration, and support within our community are clearly reflected in the many initiatives we have underway. From our revamped online educational programs and grand rounds to the new Lifestyle and Wellness resources now available on our website, there is no shortage of tools designed to help you thrive both personally and professionally. Please explore these resources, which focus on cardiovascular training, nutrition, mindfulness, and much more. These tools are here for you to integrate into your practice and daily life.

We are also making strides in improving mentorship and research opportunities. Whether you are in training or an early-career physician, the mentorship and research pathways we are building will allow you to develop new skills, connect with seasoned professionals, and make meaningful contributions to the field. Our Fellows play an essential role in shaping these efforts, and we invite you to engage with them as part of our network.

Don't forget that as part of your membership, you have access to a HEP2GO Pro account, which is a valuable resource for creating personalized home exercise programs for your patients or even developing your own Osteopathic Manipulative Treatment handouts. This tool allows you to enhance your patient care and education, with the added convenience of multilingual translations at the click of a button.

Looking ahead, we are excited to see the plans unfold for upcoming events like OMED25, AOCPMR26, and the new Neuromusculoskeletal Ultrasound Workshop in 2026. These events provide excellent opportunities for learning, networking, and sharing experiences with your peers. I encourage you to save the dates and participate actively.

The strength of our organization lies in the collective efforts of our members. Whether it's through expanding our online content, refining our membership experience, or deepening our connections, each of you plays an integral role in shaping the future of our profession. Together, we continue to move forward as a leading voice in osteopathic care.

Thank you for your ongoing support, and I look forward to seeing you at our events and throughout our continuing initiatives.

Best regards,
Amir Mahajer, DO, FAOCPMR
President, AOCPMR

ARTICLES

From the Sidelines to the Clinic: A Reflection on Resilience and the Power of Rehabilitation

Bridger Gunter, OMS-IV

Noorda College of Osteopathic Medicine

AOCPMR EDITORS: (1)Tiffany Wood, DO; (2) Gerardo Rivera, DO

Growing up in a sports-loving family, I spent countless weekends cheering them on at sporting events. Some of those included watching my uncle at collegiate track meets. One event stands out in my memory: I was in elementary school, watching him long jump indoors. He was blind, but I didn't yet understand what that meant. He jumped confidently, competing, and even winning against athletes without disabilities. During one jump, he went off course, crashed into the nearby wall, and fell. Confused, I asked my dad why this had happened. He explained how my uncle's blindness made it more difficult to stay on the runway. But what I remember most is that my uncle simply got up, brushed it off, and went on to win the entire meet in the next few jumps.

Years later, I watched him represent the United States in the Paralympic Games and World Championships, eventually earning silver medals among other accolades. Alongside him, I saw other incredible athletes: sprinting the 400-meter dash with prosthetic limbs and playing tennis in wheelchairs. These athletes weren't "less than"; they were elite competitors overcoming immense challenges. And yet, too often, society frames Paralympic athletes as merely inspirational rather than recognizing their status as world-class athletes. We need to change that narrative. These individuals deserve the same respect and recognition as any Olympic champion. Witnessing my uncle and other competitors helped shape how I view disability, not as a limitation, but as an opportunity to redefine potential and reshape expectations.

During a PM&R rotation, I met a man recovering from a significant stroke. My preceptor shared his extensive history: severe motor deficits and profound dysarthria coupled with months of physical and speech therapy. Due to the severity, I expected to meet someone still early in recovery. But instead, he walked into the room on his own and asked where I was in my training and what field I hoped to pursue. I was stunned by his progress. In that moment, I realized how powerful rehabilitation medicine can be, and I was proud to tell him I hoped to become a physiatrist, to be part of journeys like his.

My path to PM&R began on a track, watching my uncle succeed despite immense challenges. It has continued through clinical experiences that reaffirm what I've always known deep down: that people are far more than their diagnoses. As a future physiatrist, I hope to be part of a broader cultural shift that changes disability from a deficit into a different and unique way of moving through the world demanding creativity, resilience, and support. We must challenge the way that society communicates about disability and stop underestimating what people with impairments can accomplish. Their stories aren't exceptions but rather examples of human potential when empowered by belief, opportunity, and rehabilitation.

Reflection: The Need for Evaluating Natural Repositioning Patterns to Inform Pressure Injury Prevention Strategies in Hospitalized Patients

Eden Peykar, BS; Ariel Cohen, BS; Tamara Gelfman, BS; Iris Shim, BS; Jason Ly, BS, MBS; Akhila Swarna, BS; Eric Chang, DO; Paulina Stanley, BS; David Parvizi, BS; Ryan Afrahim, BS; Suyeon Kim, BS; Ali Khosravi, BS; Gillian Mathews, DO

AOCPMR EDITORS:
(1) Tiffany Wood, DO (2) Robert Valencia, DO

Background and Significance

Pressure injuries remain a persistent and costly complication in hospitalized patients, particularly those with limited mobility, extended immobility, or decreased sensation in the sacral or gluteal region due to underlying neurological dysfunction or disease process. These injuries contribute to patient discomfort, increased risk of infection, prolonged hospital stays, and diminished quality of life (Lyder & Ayello, 2008). While repositioning is a widely endorsed preventive strategy, existing guidance for turning is supported by low-certainty evidence (Gillespie et al., 2020). The National Pressure Injury Advisory Panel (NPIAP) guidelines on repositioning patients do not define a set timed frequency to reposition patients, instead leaving the specifics of repositioning frequency up to the healthcare staff and each patient's co-morbidities and illnesses (The National Pressure Injury Advisory Panel, 2025).

According to the NPIAP, a pressure injury is localized damage to the skin and underlying soft tissue, usually over a bony prominence or related to a medical or other device (Gillespie et al., 2020b). This injury can present as intact skin or an open ulcer. Contributing factors include mechanical shearing, skin integrity and elasticity, underlying patient disease, and prolonged immobility without proper repositioning (Edsberg et al., 2016). Once developed, pressure injuries serve as a nidus for systemic infection, leading to complications, adverse outcomes, and increased length of stay.

Pressure injuries continue to be a serious, yet largely preventable, complication in inpatient care, particularly among patients with prolonged immobility. Their impact on recovery is profound, prolonging hospital stays, increasing infection risk, and diminishing patients' quality of life.

According to Padula et al., it is estimated that hospital-acquired pressure injuries cost patients a combined total of approximately $26.8 billion each year in the United States (Padula & Delarmente, 2019). Additionally, hospital stays averaged 13.7 days for patients with pressure injuries compared to 7.1 days for those who do not develop pressure injuries (Padula & Delarmente, 2019).

Call to Action and Future Aims

Given the effect on our patient population physically, emotionally, and financially, there is a pressing need to elevate pressure injury prevention as a clinical and research priority. We advocate for the investment in research that generates high-quality, evidence-based strategies of care and work toward establishing standardized, effective prevention protocols. By integrating these protocols into everyday inpatient care, we can significantly reduce the incidence of pressure injuries, enhancing patient mobility, preserving independence, and accelerating recovery.

In our endeavor to address this issue, our research team is working on an observational study to quantify the frequency and duration of patient-initiated repositioning in hospital beds. By establishing data on natural repositioning behavior, this study will provide foundational evidence that can inform the development of tailored pressure relief protocols combining active and passive strategies. Ultimately, our goal is to contribute to the creation of standardized repositioning guidelines that better reflect patient behavior, thereby improving the efficacy of pressure injury prevention in the hospital setting.

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From Checklists to Chopsticks: What Living With Someone With A Disability Has Taught Me

Daniel Ma, B.S.
Albany Medical College

AOCPMR EDITORS:(1) Tiffany Wood, DO (2) Gillian Mathews, DO

Before living with someone with a disability, I thought I had a general understanding of what it meant to create a safe and accessible home. In medical school, we were taught to educate patients to follow a checklist of recommendations like “remove fall risks” and “clear walkways,” which sounded straightforward. But it wasn’t until I started living with someone who had a disability that I realized the challenges to adapting the household to allow for one to adequately and safely do their activities of daily living.

For three years I have been living with my significant other and her brother, who sustained a traumatic brain injury that left him intellectually disabled and blind in one eye as well as less than 30% vision in the other. Living with him gave me a new mindset, one that not only considers his safety, but what would make his life happier, easier, and more autonomous. For instance, he loves video games; it is a big part of how he connects with others. But for months, he would get frustrated because his Wi-Fi kept dropping mid-game. To fix this, I decided to run an Ethernet cable from the living room to his room; however, I realized that this would create a loose cable trailing across the floor that would be a major tripping hazard considering his limited vision. Therefore, I rerouted the cable up the wall, across the ceiling, and around doorframes to keep the path completely clear. A small but important detail like this now stands out in every part of my life when considering accessibility.

There are other important considerations that I have learned from him as well. For example, his room is the closest to the bathroom, with a clear, minimal-turn path he has memorized. When we travel, we try to book hotel rooms with a similar layout with minimal obstructions and turns. In addition, since he navigates by touch and memory, I learned to never rearrange items on the counters or leave new objects in unfamiliar spots. Even an empty cup left out of place could become an obstacle. Another instance of adaptability I learned is when we get him a new technological device. For his gaming system and phone, I make sure to enlarge the text size and teach him how to use the zoom-in function so he can navigate menus and send messages. These changes may seem minor, but they are impactful on his ability to use technology independently.

One of my favorite memories, however, is teaching him how to use chopsticks. He’s always wanted to visit Hong Kong, and we are finally going next year. He was frustrated trying to learn the conventional way to use chopsticks. His vision and coordination made the standard chopstick grip difficult. So, we found an alternative; a special set of training chopsticks with loops for his fingers. While it is unconventional as it requires him to stab certain foods when needed, it works, and most importantly he’s proud of it. He’s excited to travel and show off his new skill.

Living with him has reshaped how I think about disability. It is not just a checklist of hazards to avoid, but one of constant awareness, empathy, and creative problem solving. It’s about making life not only safer but richer and more empowering for him.

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

Resident Spotlight

Alyssa Goldenhart, DO

AlyssaGoldenH

PGY-3, Mayo Clinic Rochester

What makes you love AOCPMR?

I love AOCPMR because it provided me with incredible opportunities for professional growth and development during medical school. It's a small college where you can really make connections with others and have a tight network of people to guide you through each stage of your career. Through the organization, I built meaningful connections with fellow students, residents, and attendings who inspired and supported my journey into PM&R.

Hidden talents or hobbies outside of medicine?

I love playing both beach and indoor volleyball; it's my favorite way to stay active and unwind. I also try my hand at gardening, though with limited success. So far, I've only managed to grow enough tomatoes for half a salad 😂.

Advice for those going into the field of PM&R

My advice for those entering PM&R is to join AOCPMR early on, it's a great way to get involved and learn more about the field. Take the time to connect with people at all levels, from students to seasoned attendings. Building those relationships can open doors to places all over the country!

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 **Which orthotic device is typically recommended for managing foot drop in patients with Charcot-Marie-Tooth disease?**

A. Custom arch supports
B. Ankle-foot orthosis (AFO)
C. Knee cage brace
D. Wrist splint with extension

2 **What is the most likely cause of persistent muscle weakness that continues for more than two months following a single nerve compression injury?**

A.Isolated paranodal demyelination without conduction block
B. Multifocal demyelination with conduction block
C. Demyelination with secondary Wallerian degeneration
D. Axonal stenosis

3 **A middle-aged woman has chronic back pain and grade 2 spondylolisthesis at L4–L5. Without signs of instability, what is the most effective conservative treatment?**

A. Two weeks of bed rest
B. Core muscle strengthening
C. Isokinetic extension exercises
D. Use of a rigid spinal orthosis

BOARD REVIEW ANSWERS

1

Ankle-foot orthosis (AFO)

Explanation: AFOs provide support for distal muscle weakness, especially foot drop, commonly seen in CMT. They enhance gait and safety.

2

Demyelination with secondary Wallerian degeneration

Explanation: Sustained weakness suggests axonal damage, and Wallerian degeneration reflects more serious injury beyond simple demyelination. This is more consistent with prolonged deficits.

3

Core muscle strengthening

Explanation: Strengthening the abdominal muscles supports the spine and reduces pain in stable spondylolisthesis. Bed rest and bracing are less effective long-term.

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

AOCPMR Presents Inaugural

Virtual Student & Resident Research Symposium

What to expect:

- Live poster presentations
- Engaging educational talks featuring expert speakers in the field
- Residency program director panel
- Virtual poster hall

20 SEPT 2025
10:00 AM-2:15 PM

SUBMIT ABSTRACT HERE!

MORE INFORMATION
https://linktr.ee/aocpmr

DISPARITIES IN REHABILITATION

AFFECTING BLACK PATIENTS

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

Increased Risk of Strokes

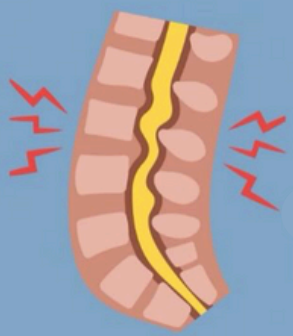
The rate of strokes have declined in White populations but have remained the same in Black Individuals.[1]

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]

6 Critical Health Disparities in Rehabilitation Medicine

Racial & Ethnic Disparities

Black and Hispanic patients face poorer functional outcomes after certain injuries such as strokes, SCI, and TBI. PM&R physicians can advocate for equitable post-acute care.

LGBTQIA+ Barriers

LGBTQIA+ patients may avoid care due to fear of discrimination or past negative healthcare experiences. Creating inclusive rehab environments and training staff in LGBTQIA+ care promotes trust and adherence.

Language Inequities

Non-English speaking patients or those with limited health literacy may receive lower-quality rehab due to inadequate interpretation services or miscommunication. Ensuring access to trained medical interpreters and translated materials is critical for safety, engagement, and outcomes.

Rural Disparities

Rural patients often lack access to specialized brain injury centers. Tele-rehabilitation, transportation services, and referral networks can help reduce these gaps.

Socioeconomic Disparities

In addition to racial and ethnic differences in the experience of pain, there are racial and ethnic disparities in the assessment and treatment of pain. Personalized medicine, Implicit bias, and racial bias training can improve pain management and outcomes.

Disability & Accessibility Barriers

Patients with low income or no insurance may not be able to obtain mobility aids, orthotics, or home modifications essential for independence. PM&R professionals can work with social workers, nonprofits, and state waiver programs to bridge this gap.

Health Disparities in Rehabilitation and Medicine

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PM&R MEDICAL STUDENTS

Spring
2025

REHAB ROUNDUP ISSUE

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"

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

STAY UPDATED:

@aocpmr

MENTORSHIP MATTERS!

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

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

THE AOCPMR PODCAST

Advancing Spinal Cord Injury Care: Global Perspectives on Innovation and Diversity

NOW ON SPOTIFY

Digital Multimedia Committee

FELLOWSHIP SPOTLIGHTS

Spring
2025
REHAB ROUNDUP ISSUE

AOCPMR

Fellowship Spotlight

The University of Kansas Medical Center

ACGME Anesthesia Pain Fellowship

Fellowship Highlights

The University of Kansas Medical Center (KUMC) Multidisciplinary Pain Medicine Fellowship is an ACGME-accredited program housed within the Department of Anesthesiology. The program aims to offer the most advanced training in interventional pain medicine in the country. During the 12-month program, fellows receive multidisciplinary training with rotations in Anesthesiology, Physical Medicine & Rehabilitation, Neurology, and Psychiatry. The fellowship accepts two fellows each year from American Board of Medical Specialties-accredited residency programs.

The fellowship's core faculty consists of Board-Certified pain physicians specializing in interventional treatments for a wide range of painful conditions. Fellows will gain proficiency in using fluoroscopy and ultrasound to deliver precise and effective treatments. Fellows are encouraged to participate in research and are provided ample opportunities to attend national pain meetings during the fellowship year.

Rotation Sites

Fellows in this program rotate primarily at the medical campus of the University of Kansas in Kansas City, KS. Additionally, rotations occur at affiliated facilities such as the Indian Creek Ambulatory Surgical Center and KU Med West Ambulatory Surgical Center in the Kansas City metro. These diverse settings provide comprehensive exposure to various clinical environments and patient demographics.

https://www.kumc.edu/school-of-medicine/academics/departments/anesthesiology/academics/fellowships/pain-medicine-fellowship.html

University of Kansas Medical Center
Department of Anesthesiology
3901 Rainbow Boulevard
Mailstop 1034
Kansas City, KS 66160
913-588-6670

Fellowship Spotlight

The University of Kansas Medical Center

ACGME Anesthesia Pain Fellowship

Procedures

One of the standout features of the fellowship program is the extensive range of interventional pain procedures covered. Fellows gain expertise in traditional interventions such as epidural steroid injections, nerve blocks, neurotomy, joint injections, to advanced therapies, such as neuromodulation (Spinal Cord, Dorsal Root Ganglion and Peripheral Nerve Stimulation), kyphoplasty, intrathecal pumps, basivertebral nerve ablation, minimally invasive lumbar decompression, percutaneous decompression with interspinous spacers, tenotomy, sacroiliac joint fusion, etc.

Application Information

For prospective applicants, the application process is conducted through the ERAS system part of the National Resident Matching Program (NRMP). The start date for submitting applications to the fellowship program varies annually according to the NRMP guidelines. For those considering an ACGME pain fellowship, the American Society of Regional Anesthesia and Pain Medicine (ASRA), which has a direct relationship with the Association of Pain Program Directors (APPD) is key for networking and professional development. Additionally, the American Society of Pain and Neuroscience (ASPN) is a premier society to establish mentorship opportunities and to stay up to date with the latest advancements in the field. To be a competitive applicant for an ACGME pain fellowship program, candidates should demonstrate a strong commitment and early interest in pain medicine. A thorough understanding of the specialty, including the longitudinal commitment to the patient population and the biopsychosocial aspects of pain is essential. Candidates must possess strong clinical acumen and a foundational knowledge of multidisciplinary pain treatments. Participation in research and involvement with pain-related societies further strengthens an applicant's profile, showcasing their dedication to the field. Generally speaking, most ACGME pain fellowship programs will not accept outside rotators, however, reaching out to the program and expressing an interest is always encouraged.

https://www.kumc.edu/school-of-medicine/academics/departments/anesthesiology/academics/fellowships/pain-medicine-fellowship.html

University of Kansas Medical Center
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Fellowship Spotlight

Stanford University

ACGME Spinal Cord Injury Medicine Fellowship

Fellowship Highlights

Comprehensive Training Excellence
Stanford's ACGME-accredited Spinal Cord Injury Medicine Fellowship offers a selective 12-month program with only two positions annually. Fellows gain exposure to the complete SCI care continuum from acute trauma to community reintegration. The curriculum includes four months of tailored elective rotations, allowing individualized training in specialized areas while ensuring comprehensive competency development.

Research and Professional Development
The fellowship emphasizes scholarly advancement with protected weekly research time and mentorship for quality improvement projects. Fellows present at conferences like ASIA and ASCIP while producing at least one scientific publication or presentation by year's end. Located in Silicon Valley with year-round outdoor recreation and cultural opportunities, the program creates an optimal environment for professional growth and exceptional quality of life during this transformative training experience.

Rotation Sites

Rotation sides include (i) VA Palo Alto, one of the nation's premier VA SCI/D Centers with dedicated inpatient and outpatient facilities, offering cutting-edge clinical research and comprehensive veteran-focused spinal cord care, (ii) Santa Clara Valley Medical Center (SCVMC), one of only 16 federally-designated Model System facilities for spinal cord injury care, featuring a specialized 32-bed unit that treats approximately 150 SCI patients annually, and (iii) Stanford, home to subspecialty consultation services and advanced research opportunities within one of the nation's leading university hospital systems

https://pmr.stanford.edu/education/fellowship/spinalcordinjury.html

University of Kansas Medical Center
Department of Anesthesiology
3901 Rainbow Boulevard
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Kansas City, KS 66160
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Program contacts
Doug Ota, MD
Fellowship Program Director

Julienne Sagu
Fellowship Program Coordinator
Email: julienne-grace.sagun@va.gov

Fellowship Spotlight

Stanford University

ACGME Spinal Cord Injury Medicine Fellowship

Specialized Clinical Expertise and Innovation

Fellows develop expertise in sophisticated SCI-specific procedures including intrathecal pump refills, chemodenervation, ultrasound-guided interventions and botulinum injections under neuro-urologists dedicated to serving the SCI population. The program features integrated plastic surgery collaboration for advanced wound care and nerve/tendon transfers to restore hand function, comprehensive ventilator management and weaning protocols, and a robust adaptive sports program through recreation therapy.

Supported by Craig H. Neilsen Foundation fellowship funding, trainees engage with specialized clinics spanning sexuality, psychology, advanced seating, and spina bifida care while participating diversity initiatives including the Annual Conference on Disability in Healthcare and Leadership Education in Advancing Diversity (LEAD) Program.

Application Information

- Applicants should send an application form with the requisite supporting documents to the Program Coordinator. Positions are filled through NRMP.
- Applications are accepted starting April through September.
- IInterviews are conducted from August to October.
- Ideal candidates for the Stanford SCIM Fellowship program are those who have the goal to be a skilled clinician and a leader in the SCI/D community.

https://pmr.stanford.edu/education/fellowship/spinalcordinjury.html

University of Kansas Medical Center
Department of Anesthesiology
3901 Rainbow Boulevard
Mailstop 1034
Kansas City, KS 66160
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Program contacts
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OPPORTUNITIES, CONFERENCES, & FUTURE EVENTS

AOCPMR JOB BOARD

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AOCPMR26
MARCH 26-29
ANNUAL MEETING
ATLANTA

CRYONEUROLYSIS FOR CHRONIC PAIN & SPASTICITY

The AOCPMR26 Pre-course features **five hours of expert-led lectures** and hands-on demos on using **cryoneurolysis to treat chronic pain and spasticity.**

THURSDAY, MARCH 26

12-12:30 PM	**Clay Guynn, DO** Intro to Cryoneurolysis Procedures/Physiology
12:30-1:15 PM	**Clay Guynn, DO** Chronic Pain
1:15-2 PM	**Paul Winston, MD** Spasticity
2-5 PM	Hands-On Experience with the Iovera Cryoneurolysis device on the knee, shoulder, ribs, ankle, and occipital nerve.

FACULTY MEMBERS:

Clay Guynn, DO, Joshua Vova, MD, Chris Varacallo, DO, Paul Winston, MD, Enoch Leung, MD

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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See you at the next issue!

AMERICAN OSTEOPATHIC COLLEGE OF PHYSICAL MEDICINE AND REHABILITATION

Summer

2025

REHAB ROUNDUP ISSUE