Seeing Ourselves in the CT

A Sense of Belongings:
Alethea Appavu, DO

The Role of Emotions in Patient Care

Seeing Ourselves in the CT

A Sense of Belongings: Alethea Appavu, DO
MATCH DAY 2022

Congratulations to our AAP members who recently matched into Physiatry. The future of PM&R is bright!
ON THE COVER
The photo on our cover was submitted by Burke Rehabilitation Hospital and depicts an event called the “Robie Pierce Regatta,” which is a sailing regatta for disabled sailors. It was held at the Larchmont Yacht Club in Larchmont, NY. Burke Adaptive Sports personnel and other Burke volunteers always turn out in number to help disabled sailors head to sea to compete in this event. The sailboats are small, but mighty! The next Robie Pierce Regatta is right around the corner, scheduled to happen in June.

Cover Photo Credit: Eugene Leykin

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Cover Photo Credit: Eugene Leykin

Contribute to our Summer issue of Physiatry Forward! Submit your day-in-the-life photo to be considered for our front cover. Send this content and more to Taylor Gleason at tgleason@physiatry.org.

See you in Anaheim, California!

UPCOMING PHYSIATRY ’23 DEADLINES:
• Our call for volunteers wraps up soon! Get involved with the Annual Meeting by submitting your volunteer application by June 7.
• In addition, our call for abstracts OPENS on June 7! Get that cutting edge research ready to present to your PM&R colleagues.
• Award nominations are underway right now. Know someone worth uplifting in our physiatry community? Submit nominations by June 21.

INFORMATION ABOUT PHYSIATRY ’23 WILL BE UPDATED REGULARLY AT PHYSIATRY.ORG/ANNUAL-MEETING

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See you in Anaheim, California!
Greetings Friends,

With spring upon us, we celebrate and look forward to our students and residents taking the next steps in their career paths. Did you know that residents make up the largest portion of the AAP membership? Our Resident/Fellow Council has been such an active and important contributor to our organization, providing personal and professional opportunities for our members. In addition to the popular webinars, our RFC has launched new Orthobiologics and Regenerative Medicine podcasts. The RFC is also looking forward to roundtable discussions and Q&As in NOLA at our annual meeting, to continue to collaborate and connect. Our resident and fellow members remain engaged after graduation, now making up our AAP Early Career Council, which provides resources to members who have graduated from a Resident or Fellow program within the past seven years.

Our medical student category is also an important and growing segment of our membership. The new Medical Student Council’s Big Buddy Program will be launching soon. This is a new mentoring program where MS 1-2’s will be matched with MS 3-4’s. The Big Buddy Program will create meaningful opportunities for medical students to explore the field of physiatry by coordinating mentorship connections and fostering an international PM&R community.

Our members in training are the lifeblood of our organization, and the future of our field. They bring a fresh perspective and innovative ideas, with the energy to ensure the success of these initiatives. Our future is in good hands! With our Annual Meeting nearly upon us, I look forward to networking with our ambitious trainee members to continue to leverage the important impact that they have on our organization. We value their tireless volunteerism, and we all benefit from their contributions. More than 500 department chairs, program directors, administrators, coordinators, residents, fellows and medical students currently volunteer as the AAP. If you are not already involved, be sure to respond to our Call for Volunteers; we need the continued influence of our members at all stages of their careers to ensure that we remain engaged after graduation, now making up our AAP Early Career Council, which provides resources to members who have graduated from a Resident or Fellow program within the past seven years.

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Until we meet soon in NOLA, stay well and stay engaged!

Sincerely,

Gwendolyn Sowa, MD, PhD
Department Chair, University of Pittsburgh Medical Center
Director, UPMC Rehabilitation Institute
President of the Board, Association of Academic Physiatrists

FROM THE EDITOR

Rise of Ultrasound: Current Trends and Future Directions

Over the past half-century, the use of ultrasound in medical settings has emerged from research laboratories to become routine medical care. We all now expect to have diagnostic ultrasound evaluations for conditions such as pregnancy, deep venous thrombosis, and cardiac disease. Usually, these evaluations take place in testing centers with bulky and expensive equipment. However, in the past few years, the use of ultralightweight and inexpensive handheld ultrasound devices has become available not only to clinical practices but also to trainees.

In 2006, the University of South Carolina School of Medicine implemented an ultrasound curriculum for all of its students—technology at that time made it cost prohibitive to provide devices to individuals. However, that changed in August 2019, when the University of California at Irvine Medical School surprised its incoming class of medical students with gift of hand-held ultrasound devices. In 2021, the Temple University Lewis Katz School of Medicine provided its Class of 2025 with the gift of these devices and became the first east coast medical school to provide an entire incoming class of medical students with individual ultrasound devices. This trend matters because it enables trainees to become familiar with ultrasound technology early in their career and because it engages trainees in the further development of this technology in areas of medicine where it has not traditionally been used.

The physiatry community uses ultrasound most often in the diagnosis of neuro-musculoskeletal disorders involving tendon, muscle, peripheral nerve, and other soft tissue abnormalities. It is unique among imaging modalities in its ability to dynamically image structures in motion. Furthermore, the importance of ultrasound in therapeutic interventions is becoming apparent. Point-of-care ultrasound devices can guide needles for injections, aspirations, and biopsies. In some cases, software packages can help improve the accuracy of these interventions. In addition, physiatrists often provide these interventional treatments on the same day as the initial diagnostic evaluation resulting in superior patient satisfaction compared to traditional imaging studies such as computed tomography (CT) and magnetic resonance imaging (MRI) which have lag times of up to days just for results to be available.

Formal curricula in the diagnostic and therapeutic applications of ultrasound devices have been incorporated into many PM&R residency programs. For example, Temple University has bi-monthly ultrasound courses utilizing standardized patients inside the medical school’s Simulation Center. Medical students attend these training courses alongside residents at Temple University.

As ultrasound use has grown clinically, there is a parallel growth in the need for physiatrists to engage in research to validate its use in new clinical areas as well as improve its clinical outcomes for neuro-musculoskeletal disorders. Moreover, we must continue to refine existing clinical guidelines as well as develop new ones to improve diagnostic and treatment decision-making. By doing so, physiatrists will be exercising our strength which is improving the function of our patients.

Sincerely,

Behnum A. Habibi, MD
Co-authored by Behnum A. Habibi, MD
Chair of the Research Committee in the Department of PM&R at Temple University

Sam Wu, MD, MA, MPH, MBA
Department Chair at Temple University
Editor-in-Chief of Physiatry Forward

References
Making Their Days Happen: Paid Personal Assistance Services Supporting People with Disability Living in Their Homes and Communities

Making Their Days Happen explores disability, health, and civil rights, along with relevant federal and state labor policies related to personal assistance services (PAS). The book dives into the complexities of the interpersonal dynamics and policy implications affecting personal assistance service consumers and providers. It is written by Lisa Iezzoni, a professor of medicine at Harvard. Iezzoni addresses the legal context of paid PAS as well as financing mechanisms for obtaining home-based personal assistance.

Review by: Colette Piasecki-Masters, a MD Candidate at Upstate Medical University

At 15 years old, Charlie Carr entered the residential Massachusetts Hospital School after sustaining a significant spinal cord injury. Institutions supported his basic ADLs and educational needs, enabling him to complete high school and undergraduate schooling within facilities. After seven years and extensive coordination of services, Carr finally moved into his own home. Integral to this transition were the services of a personal assistant.

Carr’s desire to live at home is shared by a growing number of Americans, says Dr. Lisa Iezzoni, author of Making Their Days Happen, a new book on personal assistance services and supporting people with disability living in their homes and communities. PAs assist individuals with myriad ADLs, such as getting dressed, eating, and toileting, or with such IADLs as cooking or taking medications. “Without basic ADLs supports, people with significant disability cannot live safely, comfortably, and with dignity in their homes.”

Iezzoni’s book offers perspectives from both recipients and providers of this vital role. She describes the policy and social context behind the development and utilization of PAS and the barriers to obtaining them. A Professor of Medicine at Harvard Medical School, Iezzoni discloses that she has multiple sclerosis.

Iezzoni describes this unmet demand as an “impending crisis” in home-based PAS, illustrating her point with striking statistics: “By 2028 the projected home health aide workforce must grow to 1.136,600 workers, a 37% increase.” Although demand for PAS is apparent today, the concept of people with significant disability living at home was not always accepted or supported. In the early 19th century, a medical model of disability was dominant, with disability viewed as a “problem of the person.” Hundreds of thousands of Americans were institutionalized as a result. This influx was reversed in the 1960s, when advocacy groups exposed terrible living conditions and abuse within many facilities. A disability rights movement blossomed, giving rise to a social model of disability which emphasized that the “problems lie not within persons with disabilities but in the environment that fails to accommodate.”

The Americans with Disabilities Act of 1990 and its subsequent amendments were a natural outgrowth of the movement and of evolving public awareness. The author distills a dense topic into a rich discussion, interweaving personal stories of individuals, like Mr. Carr, that illustrate exactly how policies impact their lives. As Iezzoni notes, “policy is personal.”

Making Their Days Happen is a must-read for healthcare professionals. Most people will experience disability in life to some degree. It’s part of the human experience. An expert researcher in health policy, Iezzoni found the vast majority of practicing U.S. physicians (82% in a 2019-2020 national survey) believe that the quality of life of people with significant disability is worse than that of nondisabled people. This assumption is harmful, as demonstrated by actions taken during the COVID-19 pandemic. Individuals with disabilities were deprioritized for limited resources, like hospital beds or ventilators, owing to a perceived lesser quality of life and despite the illegality of this discrimination. The implications of this bias on other health policy decisions are frightening.

Additionally, physicians have historically been given power to influence the placement of individuals with disability, citing safety concerns when withdrawing the freedom to live at home. However, those with decision-making capacity have the undeniable right to make their own life choices, even if others perceive those decisions as risky. By reminding us of this principal, termed the “dignity of risk,” Iezzoni empowers those who have been distanced or excluded from the freedom to make their own decisions—and sets the framework for successfully treating and respecting the wishes of patients with disabilities.

The author’s PAS narratives offer insight and serve as strikingly effective demonstrations of why these services are important to our populations’ health and quality of life. Failing to assist millions of people needing ADL supports to continue living in their homes will lead, inevitably, to human suffering.” Iezzoni elevates the voices of her subjects and provides tangible solutions for improving the system, while acknowledging there is much to be done. Ultimately, Iezzoni’s book challenges us to imagine a world in which individuals with disabilities, strengthened by PAS, can thrive at home and contribute within their community.

MetroHealth Rehabilitation Institute Ranked #1 in Ohio

Every day at the MetroHealth Rehabilitation Institute, we’re restoring function for those with severe impairments and disabilities. We use a transdisciplinary approach that provides outstanding rehabilitation care—we’re not only pioneering advances in the field, but, more importantly, we’re helping patients find hope.

That’s why U.S. News and World Report ranked MetroHealth Rehabilitation Institute No. 1 in Ohio and No. 24 in the nation for patient care of complex conditions such as stroke, traumatic brain injury and traumatic spinal cord injury.

MetroHealth.org/Rehab
The Role of EMOTIONS in Patient Care

By: Lauren Topor, MS3, University of Minnesota Medical School, AAP Medical Student Council Representative

I realize that I am not the only person grappling with complicated feelings surrounding vaccination. As medical professionals, we pride ourselves on promoting patient autonomy and guiding patients to their own decisions, which can make these current emotions even more difficult to face. As we each work to process our own range of feelings, how do we reconcile this emotional baggage with our duty to serve?

As an aspiring future physiatrist, I recognize that this is not the only time difficult emotions can invade our patient encounters. Whether we are treating a COVID patient who declines vaccination, an athlete with a serious brain injury who continues to play sports after multiple concussions, or a quadriplegic patient injured while drunk driving, our emotions will always be present in that hospital room with us. At times I think it would be easier to just leave them at the door, but I believe it is important to recognize the inherent value our emotions hold in our care. They help drive our passion for and better connect with our patients, while at the same time drawing us to better understand their perspectives more fully. Emotions can become a problem, however, when we let them weigh us down and close us off from compassionate care and therapeutic alliances. In the end, I’ve learned the emotional aspect of patient care is not as clear as black or white, good or bad, or in the words of Mr. H, “yes or no.”

I’ve also learned that allowing myself to fully feel and reflect on my emotions is okay and can even strengthen my capacity to better care for patients.

Mr. H is a jovial, light-hearted elderly man who delights in conversation and any opportunity for sarcasm. I greet him and engage our usual small talk, then quickly jump into my string of questions… “Mr. H, I’m going to list a number of symptoms that you may be having. You can just say yes or no if you are experiencing any of them. Alright, any shortness of breath?” Mr. H rolls up to me from his wheelchair with a sly smile and says, “Yes or no? It takes me a few seconds to register what he means, as I am caught up in the usual repetition of my routine. He quips back, “I’m just joking with you. I’m only short of breath with exercise.” I laugh with him, appreciating the sarcasm. Mr. H adds to the often-serious tone of my day.

As we continue talking, the conversation slowly shifts to discussion about COVID and the vaccine. Mr. H himself knows a great deal about the complications of COVID. He has been in the hospital for the past 5 months battling and recovering from the illness. He was intubated for over two months and has lost all kidney function after it ravaged his internal organs. He now goes to the dialysis unit every Tuesday, Thursday, and Saturday for life-sustaining treatments. Despite all of this, Mr. H continues to refuse the vaccine, saying to me, “I’ve done my own research and I’m not getting vaccinated.” At first, this response doesn’t faze me much. I give my usual spiel about the effectiveness and safety of the vaccine, despite knowing that my pleading is likely to have little effect. I go on with my day, trying to remain atleast with the pile of patient notes that grow larger.

However, as my rotation drew to a close and I had more time to reflect and be with my own thoughts, this situation began replaying over and over again in my mind, consuming me in a way that medicine had not reached me before. There were so many emotions racing in my mind, it was hard to center on one for any significant amount of time.

ANGER. How could this patient not want the vaccine? He has been in the hospital for 4 months because of how COVID ravaged his body. His kidneys are non-functional because of this virus. How can he continue to endanger himself, his family that he loves so dearly, his fellow volunteers at the food bank, and the people who are fighting to save his life?

FRUSTRATION. How could this patient trust us to save his life from COVID, but not trust our well-informed medical opinion on the vaccine? He sought care at the hospital because he has some degree of trust in our profession. Why does it stop here?

CONFUSION. How could a highly educated man with a degree in mathematics be refusing something with such resoundingly positive data behind it?

EMPATHY. This man’s life was significantly changed forever because of COVID. He has had to grapple with so many decisions during his admission. He has likely lived with intense fear for lack of recovery.

LOVE. Mr. H was by far my favorite patient throughout the entire rotation. His jokes never failed to put a smile on my face. He made the people taking care of him feel valued and respected. I want ed him to remain healthy. I wanted him to have protection against this virus.

FEAR. What will happen if Mr. H remains unvaccinated? Will he be infected again in his state of worsened health? Will he infect someone else, like one of the immunocompromised people at the dialysis clinic?

As an aspiring future physiatrist, I recognize that this is not the only time difficult emotions can invade our patient encounters. Whether we are treating a COVID patient who declines vaccination, an athlete with a serious brain injury who continues to play sports after multiple concussions, or a quadriplegic patient injured while drunk driving, our emotions will always be present in that hospital room with us. At times I think it would be easier to just leave them at the door, but I believe it is important to recognize the inherent value our emotions hold in our care. They help drive our passion for and better connect with our patients, while at the same time drawing us to better understand their perspectives more fully. Emotions can become a problem, however, when we let them weigh us down and close us off from compassionate care and therapeutic alliances. In the end, I’ve learned the emotional aspect of patient care is not as clear as black or white, good or bad, or in the words of Mr. H, “yes or no.” Nevertheless, I’ve also learned that allowing myself to fully feel and reflect on my emotions is okay and can even strengthen my capacity to better care for patients.

And so, I move onward — inspired as ever — patient list and pen in hand.

PHYSICIANS FORWARD SPRING 2022

PHYSICIANS FORWARD SPRING 2022
The UPMC Rehabilitation Institute is one of the largest rehabilitation networks in the United States, with our flagship location at UPMC Mercy.

Advancing the Science and Practice of Rehabilitation Medicine

For more information about our residency/fellowship programs, please visit rehabmedicine.pitt.edu.

Conducting Cutting-edge Research: As one of the top recipients of NIH funding, our team of clinicians and scientists produce cutting-edge research that includes, but is not limited to:

• Neuro-prosthetics, brain computer interface, and assistive technology
• Biologic indicators of pain, injury, and recovery in brain and musculoskeletal injury
• Regenerative rehabilitation research
• Advanced phenotyping for spine care

Excelling in Patient Care: Every UPMC Rehabilitation Institute inpatient locations is within a full-service hospital, ensuring that all the medical care a patient might need is readily available. Our team also increases engagement and results for patients by integrating robotics and gaming technology into the rehabilitation plan, available exclusively at our facilities.

Training the Next Generation: Ranked number four in the country by Doximity, our residency program provides cutting-edge research that includes, but is not limited to:

• Neuro-prosthetics, brain computer interface, and assistive technology
• Biologic indicators of pain, injury, and recovery in brain and musculoskeletal injury
• Regenerative rehabilitation research
• Advanced phenotyping for spine care

Recent Research Highlights

• In the study “Regulation of aged skeletal muscle regeneration by circulating extracellular vesicles,” senior author Fabrizia Ambrosio, PhD, director of rehabilitation for UPMC International and associate professor of physical medicine, and colleagues pinpoint an important mediator of youthfulness in mouse muscle, a discovery that could advance muscle regeneration therapies for older people. The study published in Nature Aging (December 6, 2021).

• Amy Houtrow, MD, PhD, MPM, received three grants to help health care professionals understand ableism. Renewed for $1.3 million from the Maternal and Child Health Bureau, Dr. Houtrow will lead the training of hundreds of students to become leaders in childhood disability. She was also awarded a grant from FSU Foundation to create a course on disability equity, and received a contract with the Association of State and Territorial Health Officials to conduct disability health equity training for emergency preparedness specialists.

• In the paper “A brain-computer interface that evokes tactile sensations improves robotic arm control,” which appeared in Science, co-senior authors, Jennifer Collinger, PhD, and Robert Gaunt, PhD, both associate professors, described how adding brain stimulation that evokes tactile sensations makes it easier for an operator to manipulate a brain-controlled robotic arm. The study can be viewed on PubMed (PMID: 34016775).

• Amy K. Wagner, MD, professor, and director of the Brain Injury Fellowship at the University of Pittsburgh, worked with physiatrists from respected universities and medical centers in the U.S. to research patterns of suicidal ideation in those who experience moderate-to-severe traumatic brain injury. The study, “Identifying group-based patterns of suicidal ideation over the first 10 years after moderate-to-severe TBI” can be viewed on PubMed (PMID: 34825373).

• Jennifer Collinger, PhD, and Territorial Health Officials to conduct disability health equity training for emergency preparedness specialists.

• A soothing environment. Art can inspire and engage its viewers, and the pavilion will create a new standard for how it can be incorporated in a facility. Unique and commissioned works will bring to life all the senses – seeing, hearing, touching, smelling – engaging patients and visitors in a memorable journey through the building.

UPMC Mercy Pavilion features expanded rehabilitation rooms, a rehabilitation gym, and private treatment rooms. Additionally, there is 87,000 square feet of research space.

In 2023, we will expand our outpatient capabilities at UPMC Mercy, as well as create dedicated research space at a first-of-its-kind facility — the UPMC Mercy Pavilion. The pavilion will offer:

• An innovative model of care and service. Expertise of a multidisciplinary team of physicians, therapists, scientists, and engineers – all under one roof – will be utilized to revolutionize the treatment experience and improve quality of life for patients with visual, mobility, and cognitive impairments.

• A bench-to bedside setting. Outpatient rehabilitation will be centered around the rapid translation of innovative research to the clinical setting, enabling physicians, nurses, and rehab therapists to provide comprehensive care that truly addresses the critical needs of our patients.

• A soothing environment. Art can inspire and engage its viewers, and the pavilion will create a new standard for how it can be incorporated in a facility. Unique and commissioned works will bring to life all the senses – seeing, hearing, touching, smelling – engaging patients and visitors in a memorable journey through the building.

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Seeing Ourselves in the CT

By: Roxana Garcia, MD, MPH, PGY2 at Stanford University

I felt that my patient was not progressing as expected and that we were missing something. He was a young black father who had been found down on the street. He was treated for a new onset seizure with benzodiazepines on the field. Our working diagnosis was seizure, but none of our tests for seizures had returned positive. We also could not explain his persistent confusion every day after admission. My team attributed his prolonged confusion to withdrawing from chronic drug or alcohol use. However, his family repeatedly told me he did not use drugs or alcohol. I was concerned the positive urine drug screen on admission was because of the medications he received to treat seizure on the field and not because of personal use. When it became more difficult to wake him during rounds, my team thought it was volitional because he had been “uncompliant” since his admission. He had periods of restlessness where he did not respond to verbal redirections from staff. I attributed this to confusion, but others saw it as discomfort. Flashpoints such as the one we encountered were not uncomfortable conversations was not enough. This is unfortunate because this type of self-reflection is the first step in dismantling racism. The team dismissed my concerns and discussion was lost simply because it was uncomfortable to acknowledge our own feelings in relation to race and other sensitive topics. This is unfortunate because type of self-reflection is the first step in dismantling racism.

I believe the CT did more than just uncover the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. I believe the CT did more than just uncover the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. I believe the CT did more than just uncover the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. I believe the CT did more than just uncover the cause of our patient’s decline. It uncovered an ugly truth we did not reveal the cause of our patient’s decline. I believe the CT did more than just uncover the cause of our patient’s decline.

The fruits of my labor seem heavy in my hands; I touch the smoothness of the dark skin

Feel the flesh beneath, heavy with sugars

Smell the flowers of spring in the sticky sap

Taste the sweetness of sunlight shared.

The fruits of my labor seem heavy in my hands; I touch the rough kernels as I push them into the earth

Feel the crumbling of clogs between my fingers

Smell the sourness of compost thickening the vine

Taste the dust that my efforts and the chill wind chum into the air.

The fruits of my labor seem heavy in my hands; But this season is a moment

This bouquet a breath

This harvest a debt

This feast a morsel, some to spread and some to share.

The fruits of my labor seem heavy in my hands, But they are the seeds of next year’s harvest threatened in this delicate fruit

Taste bitter drought and despair.

This harvest a debt

This feast a morsel, some to spread and some to share.

The fruits of my labor seem heavy in my hands, But they are the seeds of next year’s harvest

And they are the lands that will nourish and shelter next year’s crop.

They are the young who will as I once did, They are the generations in these fields yet to gather, yet to prepare.

The fruits of my labor are ever heavy in my heart.
Volunteer with AAP

WHAT’S IN IT FOR YOU?

Volunteers for Committee and Board of Trustees positions must be active AAP members and remain a member for the duration of their term of service.

More than 500 physiatrists volunteer at the AAP. We need YOU to join our passionate volunteers as we continue to build a stronger workforce and specialty.

THE BENEFITS OF VOLUNTEERING WITH THE AAP CAN BE ENORMOUS.

Impact our society and specialty
Give your career a positive boost
Build new connections with great minds in the field
Be plugged in to the greater physiatry community
Learn new skills and advance your career

The benefits of volunteering with the AAP can be enormous.

2023 VOLUNTEER POSITIONS

- **BOARD OF TRUSTEES**
  - Secretary Treasurer
  - Member at Large (3)

- **COMMITTEE LEADERSHIP**
  - Diversity Committee Chair
  - Education Committee Chair
  - Global Academic Physiatry Subcommittee Chair
  - Membership Subcommittee Chair
  - Program Subcommittee Vice Chair

- **OTHER**
  - AAMC Rep
  - AMA House of Delegates

- **COMMITTEE AND SUBCOMMITTEE MEMBERS**

2023 Volunteer Positions

More than 500 physiatrists volunteer at the AAP. We need YOU to join our passionate volunteers as we continue to build a stronger workforce and specialty.

TIME COMMITMENTS & EXPECTATIONS

**COMMITTEE MEMBERS**
- 2-year term
- Renewable one time
- Meet 6-12 times per year via conference call
- Meet in person at the AAP’s Annual Meeting
- Occasional project work outside of the committee meetings

**BOARD MEMBERS**
- 2-year term
- Most are renewable for one additional term
- Secretary/Treasurer moves automatically into line to become President and serves 2-year terms at each position
- Meet monthly by conference call and twice a year in person
- Board member volunteers should previously have been a member of an AAP Committee, Council or Task Force
- Service as a Chair or leadership role is preferred, but not required.

**SHORT-TERM VOLUNTEER PROJECTS**
- Abstract Reviewers, Mentors, PM&R Career Advisors, Speakers Bureau and more
- Take place throughout the year
- Length varies from one day to several weeks
- Openings announced as needed

AAP COMMITTEES

Not sure which committee is right for you? Find out more about each of them here.

- Diversity & Community Engagement Committee – advances diversity, inclusion and equality in academic physiatry
- Membership Subcommittee – supports retention and acquisition of AAP members
- Education Committee – develops educational content and professional development material for AAP members and the physiatry community at large
- Program Subcommittee – develops and plans educational sessions for the AAP’s Annual Meeting
- Global Academic Physiatry Subcommittee – expands education, research and leadership opportunities in academic physiatry on an international level
- Governance Committee – weights in on association policies and financial reports
- Leadership Development & Recognition Committee (LDRC) – reviews volunteer applications, fills committee openings and selects annual award recipients
- Public Policy Committee – identifies and advocates for the public policy interests of the AAP and its members
- Research Committee – supports individuals and organizations interested in research through education, resources and outreach

TO LEARN MORE OR DISCUSS VOLUNTEER OPPORTUNITIES WITH AAP, CONTACT:
Amy Schnappinger, Member Services Manager at aschnappinger@physiatry.org or 410-654-1000 or visit www.physiatry.org

Volunteers for Committee and Board of Trustees positions must be active AAP members and remain a member for the duration of their term of service.
MEET YOUR MEMBERSHIP MANAGER – Amanda Gaster

Amanda joined the AAP team as Membership Manager in February 2022. She works closely with our membership, committees and councils to help facilitate their ideas and projects. Amanda also monitors our membership numbers and data to strategize ways the AAP can grow. If you’re a member of one of our councils or subcommittee, you probably know her name (and email address) pretty well!

Prior to joining AAP, she spent most of her career working in the archaeological field as an Assistant Laboratory Director within the Middle-Atlantic region specializing in precontact and historic cultural material. She brings 8+ years of research, customer service, public outreach, technical writing, and project management experience to AAP.

If you ever have any membership, committee, subcommittee questions or just want to reach out to Amanda, get a hold of her at agaster@physiatry.org. She’ll see you soon in NOLA.

1. I’m an experienced middle-Atlantic Precontact and Historic archaeologist. My experience includes acting as an assistant lab director, identifying, photographing, and writing about material culture. My favorite artifacts are pre-contact ceramics and projectile points.

2. I run a fun pet Instagram account for my Pitbull puppy, Luffy! His Instagram handle is @luffyroot if you want to give him a follow!

3. I enjoy photography and sometimes help with professional shoots and developed a technique for photographing archaeological artifacts for reports.

4. I spend time baking vegan desserts. Currently, my favorite item to bake is banana walnut bread. If I’m not baking, I’m likely playing video games with my pals.

5. I love and advocate for animals, especially dogs that fall under breed-specific legislation. I have two dogs. In addition to Luffy, my other pup is a Pitbull/Australian shepherd mix named Blue. I also have two chinchillas named Frankie and Winston. Next is a frog or bird!
Enhancing Medical School Disability Education

A Medical Students’ Perspective

By: Dylan Banks, M4, Creighton University School of Medicine and Tyler Bendrick, M3, Creighton University School of Medicine

It is estimated that nearly a quarter of US adults live with a disability, many of whom face inequalities in receiving optimal healthcare. Amongst the commonly cited issues leading to improper healthcare include healthcare providers overlooking a patient’s chief complaint and instead focusing on their disability, not recognizing the impact a disability has on a patient’s activities of daily living, or improperly equating a patient’s disability with a poorer quality of life. While this poses a significant issue, a 2016 survey of US allopathic and osteopathic medical schools reported that roughly only half had specific disability awareness curriculums. While physiatrists are often considered leaders in care for individuals with disabilities, it is important to recognize that all physicians will treat patients with varying disabilities. In this light, learning to appropriately understand the biopsychosocial aspects of a patient’s disability is an important skill for all future physicians.

Many third-year medical students have noted the lack of a disability specific education in our current curriculum. We have learned through experience that a specific education before encountering patients with disabilities would be extremely beneficial in allowing us to approach these patients with more confidence, knowledge, and preparedness. For example, a physical exam and overall care for a patient with quadriplegia must include a different understanding of patient care, including alternative lines of questioning, bed-bound prophylaxis as well as therapy for prevention of bed sores, appropriate bowel and bladder care, and home-health/mobility access after discharge from the hospital.

Likewise, approaching patients with vision, hearing, or language disabilities poses significant challenges in both daily rounding and safe discharge. These difficulties are not usually addressed in the pre-clinical years, leaving senior medical students and young doctors lacking confidence or preparedness in the biological, psychological, and social care for patients with disabilities.

It is with this motivation that myself and a few similarly passionate medical students have formed the ‘Medical Student Advocates for Disability Rights’ group at our medical school. Our goal is simple: to increase medical student exposure to working with individuals with disabilities. As a group, we are able to promote disability awareness through a few different avenues, all of which are easily replicable by future medical students and their programs.

Firstly, one avenue is promoting volunteer opportunities with the Special Olympics, adaptive sports organizations, and other local disability advocacy groups. By fostering interactive environments for students to work with individuals with a variety of disabilities, students inherently feel more comfortable when approaching patients with disabilities in a clinical setting. Additionally, this is a great way to highlight the local organizations and aid that is available to our patients.

Secondly, we organized a myriad of guest lecturers, often physicians or community advocates, to discuss the lessons they have learned in providing care for individuals with disabilities. Hearing a variety of perspectives helps to demonstrate the value and necessity for a focus on interdisciplinary care within healthcare. One such lecturer was a psychiatrist who focused on the importance of approaching patients as individuals first, before their physiologic diagnoses.

Thirdly, we worked with the curriculum director of our school’s case-based learning scenarios to incorporate aspects of caring for individuals with disabilities. Implementing simple changes, such as having a patient present in a wheelchair, helped reinforce the importance of recognizing some of the unique challenges certain disabilities may pose for our patients.

In summary, there is room to improve upon medical school education regarding providing care for individuals with disabilities of all types. There are numerous easily implementable strategies to improve our medical education and to provide a foundation for allowing medical students to ultimately provide better care for patients with disabilities, in all areas of medicine.

References

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Welcome to your quarterly Words of Wellness, a column dedicated to giving you resources and inspiration to intentionally practice wellness and encourage your peers. These features are brought to you by the AAP’s Resident/ Fellow Council Well-being Subcommittee. If you would like to contribute to this column, contact our new Subcommittee Chair, Jina Libby, DO at Jina.Libby@maryfreebed.com.

RESIDENCY WELLNESS INITIATIVE
BY THEA L. SWENSON AND JINA LIBBY
Wellness is multi-dimensional, and one aspect of wellness includes social connectedness. Being able to meaningfully connect and engage with others and our communities is an important aspect of maintaining social wellness. This month, PM&R residents, fellows, attendings, and medical students from different institutions met and connected in Austin. Various activities included bonding over good food, live music, daily exercise sessions, and site-seeing adventures.

We remain vigilant about the changing situation and hope to be able to continue in-person meetings. We are looking forward to connecting with you all again at Physiatry ’22 in New Orleans!

FEATURED RECIPE
Rosemary Olive Oil Cake
BY THEA L. SWENSON
If you are looking to start an herb garden, why not start with rosemary? Rosemary is one of the best herbs to grow in the summer, and this subtly sweet and simple recipe will perfectly spotlight your new plant friend.

INGREDIENTS
• 2 1/2 cups blanched almond flour
• 1/4 coconut flour
• 1/4 tsp coarse salt
• 1 1/2 tsp baking soda
• 3 large eggs lightly beaten
• 2 tbsp unsweetened almond milk
• 1/4 cup maple syrup
• 1/2 cup unsweetened applesauce
• 1/4 cup extra virgin olive oil
• 1 cup fresh lemon juice
• 1 tsp vanilla extract
• zest of 2 large lemons
• 1 tsp chopped rosemary

INSTRUCTIONS
• Preheat the oven to 350 degrees fahrenheit.
• In a large mixing bowl, combine the dry ingredients: almond flour, coconut flour, salt, and baking soda and set aside.

FEATURED WORKOUT
Looking for an easy workout to do before, during or at the end of the work day? Try this!
BY JINA LIBBY
1. 5 minute walk. Inside or outside. If you don’t have a space to walk, you can march in place. Get your heart pumping!
2. 30 lunges, alternating legs
3. 2 minute walk
4. Arm circles for 3 minutes
5. 2 minute walk
6. 30 cross over knee lifts
7. 2 minute walk. Cool down and congratulate yourself for being active!

Whether you have a hallway, a call room or space in your home, this workout gives you the opportunity to get your body moving! We can better care for our patients when we care for ourselves. Make time to be active today!

BOOK REVIEW
REVIEW BY HARMAN GREWAL
Make Time by Jake Knapp and John Zeratsky
Estimated reading time: 10 hours
Medical education and training can leave many of us feeling like we’re living “Groundhog’s Day.” We may feel our time is not within our control. The days, weeks, and months can start to blend together.

Make Time is a refreshing, easy to read book that proposes the idea of selecting one daily priority, your “highlight.” The authors describe this simple system to determine what is most important to you and ensure you spend time dedicated to this highlight. Example highlights can be working on a side project, reading a book you’ve been putting off, baking a new recipe, a workout, or even hanging out with friends. The authors’ website offers a glimpse into what the book has to offer, so you can try before you buy!
The AAP is dedicated to advancing physiatry through mentorship, leadership and discovery in the US and across the globe. From Australia to Venezuela, AAP members now hail from over 40 countries. As a proud member society of the International Society of Physical & Rehabilitation Medicine (ISPRM) we are crossing geographic boundaries to create one academic physiatry community.

AAP’s Global Academic Physiatry Subcommittee (GAPS) was formed in 2017 as a special task force to enhance leadership and education within physiatry at the international level. Our joint 2020 meeting with the ISPRM was a big step forward in building partnerships with societies, institutions and physiatrists around the world.

GAPS is keeping the momentum moving forward by creating premier events, programs and opportunities for every physiatry professional. That’s why we’re creating a Speakers Bureau of AAP members to spread physiatry education to countries such as the Dominican Republic, Honduras, Mexico, and more!

GAPS is currently searching for physiatry experts to join AAP’s International Speakers Bureau. We are looking for speakers who are passionate about traveling and presenting physiatry education in different countries.

Interested speakers should have the following qualifications:
1) Prior presentation experience in an educational event setting such as a symposium or workshop
2) Proven subject expertise such as authorship in a peer-reviewed publication or recognized as a clinical expert at their local institution
3) Proficiency in Spanish or another language is highly sought
4) Must be comfortable speaking in front of an audience and be a current AAP member

We hope the expansion of this subcommittee will assist international members and provide the tools needed to help other countries establish and expand physiatry education. Interested in speaking? Please email Candace Street at cstreet@physiatry.org and visit www.physiatry.org to learn more.

Our GAPS subcommittee also invites you to its Physiatry ‘22 educational session happening on Friday, May 27 at 11:15 in-person in NOLA. “Build resources for physiatrists around the world: Introduction of AAP Global Academic Physiatrists Subcommittee” will be directed by Mooyeon Oh-Park, MD, MS. This session intends to introduce the activities and vision of the subcommittee and engage the AAP members to support to address the global needs of rehabilitation and physiatry.

Mooyeon Oh-Park, MD, MS - Chair

Your current GAPS leadership:
- Mooyeon Oh-Park, MD, MS - Chair
- Alexandra Arickx, MD
- David Berbrayer, MD
- Rochelle Dy, MD
- Christine Groves, MD
- Andrew Haig, MD
- Heather Ma, MD
- Salvador Martinez, MD
- Eric Morrison, MD
- Christopher Parnell, DO
- Raul Rosario-Concepcion, MD
- Wali Sabuhi (Medical Student Representative)
- Melanie Stearns, MD
- Carol Vandenakker Albanese, MD
In short, Department Chairs and Administrators will learn from peers and expert paneilists regarding philanthropy and other creative funding strategies. The entire Chair Council executive leadership hope that you can join us for this valuable course. Thanks to all of you that participated in The Burnout and Wellness Survey 2020. Presently the Chair Executive council and the members of the Burnout and Wellness Committee are in the process of writing up a synopsis of the results of this National survey. David Steinberg and Josh Alexander are leading this initiative along with the following members of the Wellness and Burnout Committee: Diana Brazo, Sara Cuccurullo, Lynn Weiss, Jim Slavin, Joe Herrera, Kim Faurot, Carla Thompson and Lauren Collins.

In addition, in the past, the American Board of Physical Medicine and Rehabilitation (ABPMR) requested the AAP executive members of the Chair Council to develop a Performance Improvement Project on Wellness. This was submitted to the ABPMR. We were grateful to collaborate with the ABPMR on this important initiative.

Other activities include expanding the collection of the Webinars for the Chair Council. These podcasts are on the AAP website. The more recent Chair Council Podcasts include:

• Leveraging Electronic Health Records for Research Purposes - Lynn Weiss, MD interviewed Andrea Chevills, MD

• Managing People: The Most Difficult Part of Your Job - Diane Brazo, MD interviewed James McDevitt, MD

• Show me the Money - David Steinberg, MD interviewed Greg Worsowicz, MD

• US History of PM&R - Sara Cuccurullo, MD interviewed Betsy Sandel, MD

Finally, ‘The Chair Council Email Chain’ initiated a national department ‘Lecture List’ which started the end of November 2020. Each department was asked to list out lecturers from their department that would be available for Virtual Lectures (Grand Rounds) at the national level. This list has generated significant interest by Physical Medicine and Rehabilitation Program Director’s nationwide to help them enhance their academic curriculum. We would like to thank Constance Street for help with the organization and dissemination of this resource.

The Executive Council is wishing you all Safety and Health,
Thank you,
Sara Cuccurullo

AAP Executive Council Members;
Diane Brazo - Past President
Sara Cuccurullo - President
Lyn Weiss - Vice president
David Steinberg - Secretary

I hope to have the opportunity to see and meet many of you at Physiatry ‘22 in New Orleans shortly! It will be a long overdue time to connect and learn. Program directors will have an opportunity to gain new knowledge and skills including diversity, equity, and inclusion (DEI) curricula for residencies and a workshop on assessment led by Eric Holmboe from the ACGME.

The RFPD now has a task force looking at the rapidly changing world of residency recruitment. This task force will solicit input from medical students and residents on important topics such as virtual vs in-person recruitment and the new supplemental application which will be part of this upcoming recruitment session. Residency programs have the option to opt-in to participate in the supplemental application and preference signaling. ERAS recommends that programs register with their preference to opt-in to the supplemental application by Tuesday, May 31st.

For applicants, the supplemental application will give students the opportunity to highlight key aspects of their application and specific geographic preferences. Preference signaling will allow applicants to select a small number of programs that they want to express strong interest in as applications are being reviewed.

Lastly, we wanted to highlight the ABPMR’s recently updated temporary leave policy for this academic year. This policy allows for four additional weeks of protected time for personal or family life events that will not necessarily result in an extension of training. These four weeks can be used over two distinct periods of time rather than just one. This means, for example, that a resident could use two 2-week periods, instead of only one 4-week period if needed due to personal or family life events.

There’s so much going on in the GME world! The past few years have resulted in new changes and upcoming changes yet to come. Change can be scary, but it also presents an exciting opportunity for innovation. I’m personally looking forward to seeing where things will go! I hope to see many of you at Physiatry ‘22!
RESILIENCE AND INNOVATION:

In the world of physiatry, despite the barriers of busy schedules, miles of separation (true “social distancing”) and unprecedented disruptions to global health and peace, you and our AAP allies have demonstrated the grit to carry on. We look forward to hosting our next VA Council meeting on Thursday, May 26, 2022, 5:00pm-6:00pm (CDT) in the 3rd floor Durham conference room. We will have interactive discussions on concerns, priorities, common strengths, opportunities for improvement, and possible collaborations and mentorship.

Non-VA AAP members interested in veteran rehab issues are welcome! We’re seeking the next VA Council Secretary to join the leadership team. Hope to see you there!

Your VA Council Leadership,

Dixie Aragaki, MD - VA Council Chair 2020-2022
Greater Los Angeles VA Healthcare System

Rondatta Keale, MD - VA Council Chair-Elect 2020-2022
Phoenix VA Healthcare System

Alice Hon, MD - VA Council Secretary 2020-2022
Long Beach VA Healthcare System

Visit the AAP on Twitter and Instagram! 

https://twitter.com/AAPPhysiatrists

https://www.instagram.com/aapphysiatrists/
Hospital Administration Part Two: Why Should Physiatrists Consider Going Into Administration?

We are bringing you excerpts from popular podcasts in each issue of Physiatry Forward! This Physiatry Perspectives episode is the second part of a series looking into Hospital Administration. In this episode, Dr. Agha and Dr. Whitehair dive into why a physiatrist would want to pursue hospital administration and the skills you gain in an administrative role.

Excerpt of content from Hospital Administration Part Two: Why Should Physiatrists Consider Going Into Administration?

DR. WHITEHAIR: While we’ve both chosen to have a role in hospital administration, it looks really different for both of us. For myself, I choose to have more of a clinical administrative role. For Mohammed, he’s thinking bigger. He’s thinking “C Suite.” So it might look different, what your breakdown of duties looks like, on a daily basis for those…

Mohammed, what do you like about having an administrative role?

DR. AGHA: I agree with you on the flexibility part. I think another part is personal development. You know, do you have good people skills? Do you know how to work with different stakeholders in different groups of people? You really develop that in administration. To be able to really implement significant change, you have to work with a wide group of people. It’s really being able to develop your skill set.

Aligning with that is being really good at change management. Right? In administration, you’re implementing change management with processes. So the changing the way people work… even if it’s a very inefficient process, people have just gotten used to it. You need to be able to really get people to buy in and implement change is extremely important. From there, you can really have good leadership skills that will lead to a whole host of benefits for your clinicians and your patients.

DR. WHITEHAIR: Some of those things came naturally to me and many others did not. There are courses out there that you can take to learn different management skills. You can look at your local institution if you’re interested in some of these. For us here at Case Western, there’s a whole program that actually supports people to learn business or person management skills.

I’ve really enjoyed learning some of those skills. It reminds me a little bit sometimes of medical school. We had to do this sort of awkward fake patient encounters, right? Where you go into a room, and you have to have a really really difficult conversation with somebody, and you hate it at the time. But it’s great. With experience, you get better at it. Just stick with it and work on your skills.

DR. AGHA: That’s one of the cool things I’ve seen with administrative work is, it’s not like you just put the skill set down at work, and then you go home the way you would with, you know, doing ultrasound guided injections. If you’re a good listener work, you take that home with you.

When you go home, you’re not as stressed out. Your family notices that too. When you go home, you’re not like you just put the skill set down at work, and then you go home the way you would with, you know, doing ultrasound guided injections. If you’re a good listener work, you take that home with you.

You have to be really good at change management with processes. So the changing the way people work… even if it’s a very inefficient process, people have just gotten used to it. You need to be able to really get people to buy in and implement change is extremely important. From there, you can really have good leadership skills that will lead to a whole host of benefits for your clinicians and your patients.

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You have to be really good at change management with processes. So the changing the way people work… even if it’s a very inefficient process, people have just gotten used to it. You need to be able to really get people to buy in and implement change is extremely important. From there, you can really have good leadership skills that will lead to a whole host of benefits for your clinicians and your patients. Because somebody isn’t going to make the decisions that you’re sitting at the table listening to, right? Somebody or some group is going to be making these decisions. It could be you. Or it could be somebody else who may or may not be as passionate about a particular topic as you are or as knowledgeable about a topic. I always advocate for physicians to go into leadership, especially the good ones. It’s an old school mentality to think “Oh, only the physicians who aren’t good at practice or don’t enjoy it, or who are burnt out, go into administration.” That’s a very 1980s way to look at it. You need to be a good physician to go into administration because no one’s going to listen to you if you’re not good at what you do. We need the good clinicians to also be involved in administration because they understand the clinical side and the understand the non-clinical side.

DR. WHITEHAIR: For you women out there, it’s also really important to have that female voice at the table. So we bring a diverse opinions. Sometimes we think the same as the male, sometimes we think different from the males. Just like any other background, you could plug in anything in here. If you are different in any way, shape, or form, then you bring a different background. You bring a different voice, a different viewpoint, a different physician perspective. I would encourage everybody who has that interest, you know, to step up and say what you have to say. Get yourself in one of these roles. Be the voice. Be the role model for other people.

Visit the AAP’s account at www.soundcloud.com to listen to the full episode.

A Sense of Belongings: Alethea, Appavu, DO

A behind-the-scenes look at the treasured belongings of one featured member.

1. Books: I love reading. I am currently making my way through The Goldfinch. Reading is my way of escaping my world and experiencing another.
2. Cross necklace: This was given to me by my grandmother and my faith is very important to me. It is part of my personal side.
3. Family picture: This was given to me by my grandmother and my faith is very important to me. It is part of my personal side.
4. Minion Plushy: This was given to me by my grandmother and my faith is very important to me. It is part of my personal side.
5. Passport: This was given to me by my grandmother and my faith is very important to me. It is part of my personal side.
6. Cheese board: This was given to me by my grandmother and my faith is very important to me. It is part of my personal side.
7. Cast Iron Pan: Cooking is one of my creative spaces. In addition to traveling the world for culture, I like to explore various cuisines (Italian has been my recent favorite).
8. Stethoscope and Reflex Hammer: Even if I do use these every day, they are my symbols of being a physician and all the hard work it has taken to get to this accomplishment.
9. Scuba Mask: I recently became certified in scuba diving. So not only can I travel the land, but I can now explore the oceans — and it has been pretty cool!
10. DSLR Camera: Photography is another form of expression and creativity. I take it with me on every trip and take pictures of everything that catches my eye.
11. Minion Plushy: I won this at Six Flags in Chicago when I was in medical school and it signifies the part of my personality that is fun, active, and pretty silly!
MEET US IN ANAHEIM, CA
... AND NOMINATE YOUR DEPARTMENT STARS FOR 2023!

The AAP is now now accepting nominations for 2023 AAP Awards.

This is a tremendous opportunity to elevate diverse and inspiring trainees, faculty and leaders within your department. Learn more and nominate someone you know at www.physiatry.org/AAP_Awards by June 21. Winners will be celebrated in Anaheim, California in February 2023.