Congratulations to
the incoming class!

We are so excited to celebrate and support all of these Match recipients beginning their residency.
SPRING 2023: INSIDE THIS ISSUE

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ON THE COVER

Physiatry '23 was held from February 21-24 in Anaheim, CA with 1700+ registered attendees and sky-high energy. Thank you for making the event such a success! We look forward to Physiatry '24.

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 by June 9.
Save the Date
See you in Orlando, FL
February 20-24, 2024

MARK YOUR CALENDAR FOR UPCOMING DATES RELATED TO PHYSIATRY ’24

NOW OPEN: Award Nominations
Do you know someone in your physiatry community that deserves to be recognized nationally? Nominate yourself or a colleague for one of our prestigious honors including the Distinguished Academician Award and Outstanding AAP Mentor Award.

NOW OPEN: Call for Volunteers
Looking to join one of our various Committees, Subcommittees, or even Board of Trustees? This is a chance to get your name on the map and get more involved with the AAP. Come help make a difference in academic physiatry.

OPENING JUNE 6: Call for Abstracts
We look forward to sharing your cutting-edge case reports, research studies and scientific papers at Physiatry ’24 in Orlando, FL.

VISIT PHYSIATRY.ORG TODAY TO LEARN MORE!
My role as the newest AAP president has been a culmination of an interesting life journey. At a young age, I was quite academically driven and graduated from medical school at just 23 years old. After an outstanding residency educational experience at Thomas Jefferson, I joined the faculty at UT Southwestern for my first and sole place of employment to this very day. I became acting chair at age 35 and then department chair at 37. It was an interesting time as the only female chair in a very old school atmosphere. During this time, we went from just five people to over 50 faculty. I stepped down after 15 years to facilitate the infusion of money and new ideas for my department. My other leadership adventure was a 12-year term on ABPMR with three years as chair. I am very proud that during my tenure, we were able to establish Brain Injury Medicine as a subspecialty!

On a personal note, I have two sons, ages 21 and 23 both of whom are still in school. That will keep me working for at least another decade! We love to travel and spent last summer hiking in New Zealand. This summer in conjunction with the ISPRM World Congress in June, we will do two weeks of hiking, kayaking and bird watching in Ecuador.

It is a fabulous time to take over as President of the AAP. Under Gwen Sowa’s leadership, our committee structures were streamlined, strategic planning outlined a solid direction for the future, and we established a philanthropic fund to help meet educational needs of future leaders in physiatry. She also established the Big Ideas Task Force to help keep us looking at the future. We all owe her a big debt of gratitude. Dr. Sowa left very big shoes to fill. My main focus will be facilitating the implementation of our new Strategic Plan at the committee level and launching the Physiatry Foundation. Lucky for me, this organization has very strong support from all of you. Volunteer roles are available on committees, task forces and councils! Make sure you apply now. Our future is relying on each of you to stay energized and keep us moving forward.

Sincerely,

Karen Kowalske, MD, PhD
Professor of PM&R, UT Southwestern Medical Center
President of the Board, Association of Academic Physiatrists
As we are nearing the end of this academic year, our senior residents are preparing for graduation. Over the past 3 years, they have built a network of relationships among their fellow residents with whom they have shared intense training experiences, with medical students whom they have mentored, and attending physicians whom they have rotated with. As they embark on their professional journey, these relationships could potentially last their entire career.

According to Joseph Campbell, myths and legends often revolve around the following storyline: “A hero ventures forth from the world of common day into a region of supernatural wonder: fabulous forces are there encountered and a decisive victory is won: the hero comes back from this mysterious adventure with the power to bestow boons on his fellow man.”\(^1\) We see this archetypal journey in well-known stories, such as the classic Beowulf as well as Jason and the Golden Fleece. Even in modern fiction, a similar theme emerges in Captain Kirk and the crew of the starship Enterprise.

In the recent past, Presidents could accomplish the impossible with their cabinets and allies. For example, President Ronald Reagan brought down the Berlin Wall while President John F. Kennedy set Medicare as a legislative priority which Congress enacted after his death.

In our modern day, entrepreneurs such as Elon Musk and Jeff Bezos capture the imagination of our country by pioneering new industries. These industries include electric vehicles, online shopping, and space tourism, which were all considered fiction only a few decades ago.

These individuals are able to achieve great successes because of the team they are able to assemble around them. In ancient times, this team would be referred to as a comitatus. Wiktionary defines comitatus as “A group of warriors or nobles accompanying a king or other leader.”\(^2\)

It is well known that our national healthcare system is challenging and ever-changing. In our world of modern medicine, change is the new unknown or the new monster. To overcome and slay the monster, teams of dedicated individuals are needed to bring about new processes, diagnostic tools, procedures, and other treatments to improve health for all. Trusted teams or comitatus would often be required to effect meaningful changes in our healthcare system.

Therefore, senior residents who are about to graduate should consider the importance of forming their comitatus as they move forward in their career journeys by nurturing the relationships with their fellow residents, medical students, and attending physicians, that they have built during their years of training.

Sincerely,

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

Bryan J. O’Young, MD
Co-authored by Bryan J. O’Young, MD
Vice Chair for Education of the Department of PM&R at Temple University

References
Research opportunities for medical students can be a positive experience for students, mentors, and the overall field of PM&R as they help develop future physician researchers and educated consumers of medical literature. This was the basis for a session from the Research Committee at Physiatry ’23. It was presented by committee members W. David Arnold, MD, Daniel C. Herman, MD, PhD, Qing Mei Wang, MD, PhD, and Drew Redepenning, BBME, ATP. Topics covered included understanding the importance of medical student research involvement, facilitating mentor/mentee connections, developing an appropriate project, and tips to avoid pitfalls.

Finding a mentor/mentee can often pose a challenge for students and faculty alike. Mentees can be found through a variety of ways. Your institution may have an Office of Medical Student Research and/or formal medical student research program through which you can advertise your research opportunities. Sharing your opportunities with colleagues also often yields a good response via word-of-mouth. There are also opportunities available to students and faculty like the AAP’s Rehabilitation Research Experience for Medical Students, an 8-week funded summer externship that provides a structured research experience. The AAP Mentor Program allows students to connect with faculty or residents who can help with navigating research experiences in PM&R.

For students, starting your process early in medical school is crucial and multiple opportunities should be considered before deciding on a project. Find the option that fits best with your available schedule and interests, will teach you new skills, and help you meet your career goals. Keep in mind that joining a project just for poster or publication is not recommended; rather, it should help develop fundamental research skills which will be crucial for your continued growth and development.

Getting started as a mentor begins with a self-assessment of the goals for the project, your schedule availability for a potential mentee, and your motivation for being a mentor. It also helps to assess your past mentoring experience and what knowledge or skill areas you may be lacking; doing this can help you identify areas for personal development and the need to consider a co-mentor for the student.

Once a student has connected with a mentor, it is important to make sure it is a good fit. Begin by establishing expectations for the roles and responsibilities of both the mentor and mentee, the role of personnel involved in the project, and meeting schedules. It is also important to define criteria for success and evaluation, guidelines for aspects such as authorship, and means for conflict resolution. The primary role of the research mentor should be to help the student develop specific research competencies that will help them in their future medical careers.

Overall, there are several benefits to medical student research including the direct interaction with mentors and building of strong relationships between mentors and mentees. Medical student research also increases the visibility of PM&R, as well as the potential recruitment of talented medical students to the field and to rehabilitation research.
Bubbles float in the air, mixing with musical notes, as therapists dance and a toddler claps. A golden retriever waits nearby for the chance to play fetch while a teenager shoots hoops and a child paints. These are common scenes within the pediatric therapy gym, however there’s more to pediatric rehabilitation medicine (PRM) than meets the eye. Whether you are researching training options or mentoring students/residents, there’s a lot to explore in a field that mirrors our patients: small but mighty.

The pediatric physiatrist has an important impact on the growth and development of infants to young adults with a variety of chronic or acute disabilities. Each patient presents a unique opportunity to meld physiatric and pediatric skillsets to improve function and quality of life. From helping a toddler with hemiparetic cerebral palsy learn to walk to instilling confidence in a teenager with new spinal cord injury to attend prom, pediatric physiatrists grow with our patients, celebrating each milestone along the way. “We work with patients with cerebral palsy, pediatric strokes, traumatic brain injuries and spinal cord injuries, neuromuscular disorders, amputations, and other diagnoses,” notes Aimee Lambeth, DO resident, University of Kansas.

In addition to these common diagnoses, pediatric physiatrists are “nimble” and “able to say yes to new clinical opportunities,” according to Ashlee Jaffe, MD, MEd (faculty, Children’s Hospital of Philadelphia). These opportunities range from prescribing life changing gene therapy for children with spinal muscular atrophy or development of rehabilitation programs for children with pediatric cancers, amplified pain syndrome, or congenital heart disease. With a passion for children with disabilities, the potential is endless.
The Road(s) to Pediatric Rehabilitation Medicine

There are multiple roads that lead to PRM, each worthy of consideration and exploration. The main pathways include a PRM fellowship and a combined Pediatrics/PM&R residency. The two-year PRM fellowship follows a physiatry residency whereas the combined Pediatrics/Physiatry residency incorporates aspects of general pediatrics, physiatry, and PRM into five years of training.

Graduates are equally well-trained, so it is important to research each avenue to determine which might be the best fit. Some students have early exposure to and interest in PRM, which may make a combined training program appealing. “It was very important for me to be a pediatrician,” notes Phoebe Scott-Wyard, DO (faculty, Rady Children’s Hospital-San Diego) of the decision to choose a combined program. Others may need more exposure during residency or desire more physiatry experience prior to specializing. “Physiatry caught my eye and I’m glad it did. That [PRM] fellowship was the best two years of my career so far and I don’t think I’m the only one saying that,” endorses Nathan Rosenberg, MD (faculty, Nationwide Children’s Hospital).

<table>
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<tr>
<th>How long?</th>
<th>PEDIATRIC REHAB MEDICINE FELLOWSHIP</th>
<th>6 years [1 year internship + 3 years physiatry residency + 2 years PRM fellowship]</th>
<th>PEDIATRICS/PM&amp;R COMBINED RESIDENCY</th>
<th>5 years [1 year general pediatrics internship + 4 years physiatry, general pediatrics, PRM on a rotating basis]</th>
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<td>Board eligibility?</td>
<td>• Physiatry • PRM</td>
<td>• Pediatrics • Physiatry • PRM</td>
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<td>Why?</td>
<td>“I picked rehab medicine as a specialty because I appreciated the focus on the whole person, their quality of life, and helping people to get back to doing life activities after injury/disability. It wasn’t until I did my pediatric rehab rotation in residency that I realize my passion for working with children with disabilities. It was an easy decision to pursue fellowship so I could focus my rehab skills on... pediatric patients.”</td>
<td>“I knew I wanted to be a pediatrician going into medical school and when I found out about pediatric rehabilitation medicine, I knew it was exactly what I wanted to do. The combined program gave me the best of both worlds, both in terms of training and personal happiness.”</td>
<td>– ERIN SWANSON KIMANI, MD (faculty, Children’s of Alabama) – MARISSA OSORIO, DO (faculty, Seattle Children’s)</td>
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How can I get more pediatrics and still do physiatry?
Consider a pediatric transitional year in lieu of a traditional adult-based internship. “I chose a pediatric internship as I knew I wanted to do Pediatric Rehab prior to starting the process of applying for interviews,” states Mike Green, DO (faculty, Primary Children’s Hospital). Dr. Jaffe also opted for this route for a “robust foundation in pediatrics” to start her residency training.

I already started training in pediatrics, now what?
You’re not alone. A vast majority of pediatric specialties begin with a pediatric residency program. While this is not currently a direct pathway to PRM, several pediatric physiatrists have completed two separate residency programs: general pediatrics and physiatry. While appreciative of her training pathway, Dr. Lambeth believes “that more exposure to the various facets of physiatry earlier and the opportunity to rotate in pediatric rehab as a medical student” may help others find PRM before critical training and career decision points.
Students and residents may have several interests, which can lead off the beaten path but still end in a very fulfilling career within PRM. In 2019, subspecialty certification of ABPMR diplomats was highest for pain medicine followed by sports medicine. An increased interest in these areas within recent residency classes opens the door for unique opportunities within PRM. Pediatric physiatrists are posed to care for children with pain as well as pediatric athletes. Learners should be encouraged to look at the breadth of physiatry and how each subspecialty is applied across the lifespan.

**PRM and Sports Medicine**

“I recognized during residency that there were two separate fellowships to take care of pediatric patients with disabilities (PRM fellowship) and to take care of dancers/other athletes (sports medicine fellowship). I decided to pursue both fellowships. As a pediatric sports medicine doctor who is also trained in pediatric rehabilitation medicine, I have a unique background that is allowing me to develop an expertise in pediatric adaptive sports medicine.”

—MARY DUBON, MD (BOSTON CHILDREN’S HOSPITAL)

**PRM and Pain Medicine**

“I think physiatrists are uniquely positioned to make effective pediatric pain physicians. In pediatric pain, we evaluate the child, their family, and their environment to understand their pain and how it impacts their life. Then, treatment focuses on improving function with developmentally-appropriate interdisciplinary care with physical therapy, occupational therapy, and psychology, as well as medications or procedures when needed. This approach to evaluation and treatment is consistent with everything we do as physiatrists, particularly pediatric physiatrists.”

—ANDY COLLINS, MD (CINCINNATI CHILDREN’S HOSPITAL)

Within such a small field, research is critical and PRM clinician scientists are paving the way for the future of children with disabilities. Matthew McLaughlin, MD, MS (faculty, Children’s Mercy Kansas City) researches precision medicine or optimizing medications for patients to improve outcomes. “Since there are so few pediatric physiatrists, we have duty to do more, see more, research more. Our value in research goes beyond the... thank you that you receive when you see an individual patient. The thank you... is from every patient impacted by your research,” Dr. McLaughlin says.

**Contact:** Want to learn more? Please contact kchartman@cmh.edu

**Acknowledgements:** Many thanks to those who shared their story and those who share their passion for pediatric rehabilitation medicine and children with disabilities every day.
I believe that the primary goal in this field is to help our patients regain the ability to engage in fulfilling activities. Whether it’s fishing, hiking, or simply spending time with loved ones, these hobbies and passions are what make us who we are. Moments like this one pictured should remind us of why we do what we do. Our goal is not just to restore function, but to help our patients regain their sense of self and purpose.

In 2017, I captured this photo on the stunning Oregon coast. As I strolled down to the beach, my eyes were drawn to a group of fishermen eagerly waiting for a catch. Yet, amidst this group, it was the seated fisherman who caught my attention and spoke to me in a way that was impossible to ignore.

I discovered my love for photography during my first year of college. With some extra cash on hand after paying tuition, I stumbled upon an irresistible deal for my first camera. As a student in Flagstaff, Arizona, I found myself surrounded by breathtaking natural landscapes, and my camera became a powerful tool for capturing this beauty.

For the past nine years, I’ve honed my skills as a photographer, focusing primarily on landscapes while also exploring architecture, flowers, animals, and more. Photography has become an integral part of who I am as an individual, providing me with a sense of freedom, creativity, and respite.

In the context of PM&R, the connection between photography and rehabilitation is clear. As physiatrists, we strive to help our patients achieve their individual goals, and for some, that may mean being able to click the shutter on the camera and capture a stunning photograph or hold a fishing pole once again.

“As physiatrists, we strive to help our patients achieve their individual goals, and for some, that may mean being able to click the shutter on the camera and capture a stunning photograph or hold a fishing pole once again.”
Teaming Up with AAPM&R to Elevate Physiatry within the Medical Student Community

The AAP partnered with AAPM&R to represent the specialty of physiatry in the AAMC 2023 Virtual Specialty Forum on March 23, 2023. The virtual event connected representatives from both societies with medical students considering pursuing physical medicine and rehabilitation (PM&R). With 2,500 attendees registered for the event, exposure of Physiatry to the medical student community was immense!

AAP and AAPM&R acted as virtual booth representatives to discuss all things physiatry. We had 21 amazing volunteers utilize a digital chat function to meet with medical students, answer questions, and share experiences and backgrounds with the specialty. Below are the top 5 questions that medical student attendees asked our experts!

**TOP 5 TAKE-AWAYS**

1. **HOW CAN FIRST-YEAR MEDICAL STUDENTS PUT THEMSELVES AHEAD OUTSIDE OF COURSEWORK?**

   First and second-year medical students should gather as much experience and exposure as possible! Get out there and shadow, research, attend national conferences like Physiatry ’24, participate in poster presentations, and collaborate to make new connections. Most importantly, do things you’re passionate about and get involved in something you love and value.

2. **HOW CAN A MEDICAL STUDENT GAIN EXPOSURE TO PM&R? HOW MUCH EXPOSURE SHOULD A MEDICAL STUDENT HAVE?**

   A medical student can gain PM&R exposure by seeking opportunities offered by institutions and programs. Institutions often provide opportunities, such as PM&R away rotations, to spread awareness of the specialty. These opportunities are nationwide and provide early exposure to all the diverse factors of the specialty. It’s beneficial to look at what you’d be most interested in and find a program that offers away rotations that best align with your interests, values, and career development. Once you participate in the programs, connecting with PM&R faculty members is vital to receive one to two letters of recommendation.

3. **WHAT DOES PM&R FACULTY LOOK FOR FROM A STUDENT’S PM&R RESIDENCY APPLICATION? HOW MANY RESIDENCIES SHOULD WE APPLY FOR?**

   When reviewing PM&R residency applications, residency faculty look at several factors within an application. First, medical students applying for a residency should showcase their passion for PM&R. Performing well on medicine rotations and non-PM&R rotation evaluations is also essential. Applicants should show they have taken the time to acquaint themselves with the field differently. Medical students apply to around thirty programs. Be bold and show off out-of-the-box characteristics, like creativity or art! Ultimately, if your application aligns with the program or institution’s mission and demonstrates a good understanding of the specialty coupled with passion and desire to grow within the field, you will make a strong candidate.

4. **WHAT DOES A PM&R RESIDENCY LOOK LIKE? WHAT IS THE DIFFERENCE BETWEEN CATEGORICAL AND ADVANCED RESIDENCIES?**

   Residencies will be vastly different from student to student in PM&R. In general, you’ll spend four years in a residency PM&R program. Residencies are either categorical or advanced and affect the resident’s intern year within a PM&R program that is medicine focused. Categorical programs allow residents to spend all four years at the same institution. In contrast, advanced programs include one year, an intern year, at a separate program, and three years at another. The advantages of a categorical program allow students to stay in one place for all four years instead of moving twice and avoiding a second match. Ultimately, whether a student applies to a categorical or an advanced program, the choice will not make any difference in the overall outcome of one’s education.

5. **WHAT OTHER ASPECTS OF PHYSIATRY THAT YOU FEEL ARE LESSER KNOWN TO MEDICAL STUDENTS?**

   “Physiatrists are the best at managing multidisciplinary groups. We are the specialty that brings everyone together and builds effective teams.” - Allison Bean, MD, PhD

   “The opportunity to connect with patients and their families during a challenging time in their lives, as you walk with them to help them reach their goals.” - Samuel Lee, MD

   “I saw mostly MSK/pain as a medical student because that’s what my home program had, and I didn’t realize how extensive and gratifying Neuro Rehab was.” - Sean Dreyer, MD

**THANK YOU TO OUR AAP VOLUNTEERS!**

Kim Barker, MD
Allison Bean, MD, PhD
Cheryl Benjamin, DO
Sean Dreyer, MD
Rochele Dy, MD
Clinton Faulk, MD
Susan Garstang, MD
Adam Given, MD
Joseph Herrera, DO
Jessica Hupe, MD
Ashlee Jaffe, MD, Med
Mariam Keramati, DO
Shanterian (Shan) King, DO
Samuel Lee, MD
Laura Maimut, MD
R. Samuel Meyer, MD
Robert Pagan-Rosado, MD
Stephanie Rand, DO
Leslie Rydberg, MD
Maya Therattil, MD
Dorothy W. Tolchin, MD, EdM
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.

**FEATURED RECIPE**

Eggplant Pizza Boats

**CHEF: LOUIS NIKOLIS, MD**

Extremely quick, easy, and healthy recipe for a worknight.

**SERVING SIZE:** 4

**PREP TIME:** 2 minutes

**COOK TIME:** 30 minutes

**INGREDIENTS**

- 2 large eggplants
- 1 jar tomato sauce (choose your favorite!)
- 1 packet of shredded mozzarella cheese
- Olive oil
- Salt
- Pepper

**DIRECTIONS**

1. Preheat oven to 350 degrees F.
2. Wash the eggplants, cut off the stems, and cut them down the middle horizontally.
3. Place the eggplants on a baking pan.
4. Brush the top of your eggplants with olive oil and season with salt and pepper to your liking.
5. Place in oven for 20 minutes or until the center of the eggplant is no longer firm.
6. Take eggplants out of the oven.
7. Use a fork to make a slight indent in the middle of the eggplant.
8. Place 2 tablespoons of tomato sauce on top of the eggplant.
9. Liberally sprinkle mozzarella cheese on top.
10. Place back in the oven for 10 minutes.
11. Remove from the oven and enjoy!

**TED-TALK / BOOK / PODCAST REVIEW**

**Book: Tomorrow and Tomorrow and Tomorrow**

**BY GABRIELLE ZEVIN**

**REVIEWER: HARMANDEEP GREWAL, DO**

This fiction novel takes readers on a literary gaming adventure. It is a book about the intersections of love and friendship and work and hobbies. It follows three main characters through their childhoods, college years, and adulthood as video game designers. This book is a great immersive read, even for non-gamers!
FEATURED WORKOUT

Arm Circuit Workout

BY: ANDREA WAKIM, MD

Spring Into Action! Even with more hours of daylight, it can be challenging to make time for a workout. Try this 5-minute arm circuit that you can add to your fitness routine or do as an exercise on its own.

Five exercises for 30 second intervals each. Repeat twice for a total of five minutes.

Equipment needed: Dumbbells

ARM CIRCUIT:
1. Bicep curls
2. Tricep curls
3. Shoulder press
4. Lateral raise
5. Push-ups

WELLNESS EVENT

Growing Closer as a Resident Family

AUTHOR: DR. STACEY ISIDRO, MD

On April 7, 2023, Baylor College of Medicine PM&R residents had a half-day of wellness events sponsored by the PM&R Department. We started off our “didactics” with more advanced rock climbers teaching beginners how to climb with proper hand and foot placement and coordination. After a few practice sessions we were let loose on the rocks. Who knew rock climbing is a great workout?

Some of us cheered and some of us made it to the top! It wasn't easy and most of us fell. The important thing is that all of us got back up!

After washing off the chalk from our hands, we got ready for friendly competition at Cidercade, a huge venue full of arcade games. There were classics like Pac-Man, and many of us were filled with nostalgia. We took breaks from getting high scores by replenishing with breakfast tacos. Then back to the arcade we went!

We had a wonderful time rock-climbing, playing arcade, and growing closer as a resident family. Kudos to the BCM Wellness Committee for organizing this event!
In today's society, persons with disabilities are often stigmatized and/or excluded from society due to a lack of understanding. Just from personal experience, I have heard variations of:

“\text{If someone has a disability, they can’t live a ‘normal’ life.}”

“\text{Those with disabilities always need help from abled individuals.}”

“\text{Individuals with disabilities are more comfortable with others who have disabilities.}”

There is minimal implementation of disability education in grade to graduate schools, and students grow up reinforcing common misconceptions regarding this community, how to best support them, and where to find resources regarding care/lifestyle/treatment.

\textbf{Misconceptions About Persons with Disabilities}

There is a common misconception that individuals with disabilities are limited to those who use wheelchairs, and/or have physical disabilities. Disabilities can be physical, intellectual, or emotional, and it is vital to recognize the varying abilities and challenges that one may have. Without a basic understanding of different types of disability, individuals with disabilities are subject to discrimination and exclusion from many aspects of society; whether this be in basic building/transportation access, economic opportunities, healthcare services, social inclusion, and more.

\textbf{The Importance of Disability Education}

Disability education has been a long-standing issue in schools with minimal implementation and inadequate representation, perpetuating misconceptions about the disabled community. Without sufficient
education, stereotypes can persist, and may translate to any sort of the aforementioned discrimination.

There are several ways to implement programs from grade school to graduate school in order to expand disability education, no matter how big or small.

**The Pennsylvania Pilot Program**

The recent Pennsylvania Department of Education’s (PDE) pilot program aims to “instruct K-12 students on the political, economic, and social contributions of individuals with disabilities. Under the program, schools can now apply for up to $30,000 in grant funding to implement disability inclusive curriculum.”¹ The funding is provided to successful applicants over a three year term, and is intended to help schools promote subject matter regarding disability being an aspect of the normal human condition, notable contributions from those with disability, and create tolerant attitudes regarding disability care. This program is a significant step forward in addressing the gap in education and will hopefully serve as a catalyst for other state educational departments and organizations to fund a disability inclusive curriculum.

**The Role of Medical Education**

Medical education plays a critical role in promoting awareness and understanding of those with disabilities. At our medical school, the Assistant Dean for Preclinical Education and his team initiated a pilot program, “Come Roll With Me,” that brings in persons using wheelchairs and physical therapy students to educate medical students on:

1) transportation barriers
2) the reality of wheelchair usage in "ADA Compliant" buildings
3) how to perform transfers²

Additionally, he incorporated a Q&A panel for medical students to learn more about various lifestyle adaptations, and how to better provide for those with disabilities.

For two years now, this program has attempted to create more understanding and aware providers. After the experience, medical students acknowledge the numerous misconceptions they held regarding wheelchair users and are more aware of the difficulties that wheelchair users face. Whether this includes the strength needed and associated injuries of manually operating a wheelchair, wheelchair compliant transportation, expenses of the wheelchair and adaptations to everyday objects, or even how to engage with those using a wheelchair, medical students have become significantly more comfortable and knowledgeable.

**Conclusion**

Disability education is crucial for promoting inclusivity and diversity, and the lack of comprehensive teaching perpetuates misconceptions and stereotypes. Both the Pennsylvania Department of Education’s program, and “Come Roll With Me” provide significant steps forward in addressing the gap in education, from grade to graduate school levels. Small steps to make curriculums more inclusive and comprehensive play a critical role in promoting awareness and understanding to better provide for and advocate for a more representative population.

**References**

The Medical Student Educators Council (MSEC) in partnership with the Resident/Fellow Council (RFC) and Medical Student Council (MSC) has created the “Road to Residency” Program. This program is a series of seminars that gives timely insight, updates, and advice to medical students who are in the process of applying for residency. The speakers for the event include recently matched Residents, Medical Student Advisors, and Residency Program Directors.

Our inaugural “Road to Residency” event focused on the VLSO application process and how to make the best impression on your Audition Elective. The program dove into how students should evaluate residency programs, how to prepare for Audition Electives, and the Do’s / Don’ts while on an Audition Elective. This specific program was curated with the inclusion of specific details based upon questions the MSC asked the PM&R Medical Student Twitter community prior to the event.

The Road to Residency Program will continue with quarterly events. In the future, the program will cover:

- How to write a Personal Statement
- How to pick & highlight your "Meaningful Experiences" on your ERAS application
- What is Program Signaling and Geographical Experiences
- Do’s / Don’ts on Residency Interviews
- How to assess a program post-interview to create a rank list

Before each event, we plan to have the MSC ask the PM&R Medical Student Twitterverse for questions they would like answered during the event. So please be on the lookout for the information for the next event and the call for questions so we can make this the best event possible for our future Physiatrists. We recommend attending the live sessions to have the chance to ask questions in real time, however, the webinars are being recorded and will be available on the AAP YouTube channel if students can’t attend. We’ll see you virtually at the next “Road to Residency” webinar happening in late June!
Tri-Organizational Effort Into Understanding Physician Burnout

Over the past decade, several published national research studies have identified PM&R to be in the top tier of U.S. medical specialties with the highest levels of physicians’ burnout. In 2021, the three major physiatric organizations in the United States — AAPM&R, ABPMR, and AAP — announced a joint research collaboration in partnership with Stanford WellMD Center, to examine this concerning state with a more focused lens. One of the novel goals of these leading physiatric organizations was to identify potential actionable steps from a societal level that may facilitate physiatric wellness.

In 2021 and 2022, Stanford conducted a mixed methods research approach with the following distinct aims:

• Define the variability in the experience of occupational burnout among physiatrists and how the factors that contribute to it vary by practice setting and sub-discipline.
• Identify actionable domains at the individual, practice, and professional society level to reduce burnout and improve professional fulfillment among physiatrists.
• Identify the modifiable individual characteristics and behaviors of physiatrists who have high professional fulfillment.

Members were contacted to provide perspective on some of the unique virtues and challenges of working in the PM&R specialty. Qualitative and quantitative data was gathered, analyzed, and an initial report is now in distribution. AAPM&R, ABPMR, and AAP are pleased to announce the publication of our collaborative research paper, Occupational Characteristics Associated with Professional Fulfillment and Burnout Among U.S. Physiatrists, that is critical to the understanding of burnout in PM&R and to the advancement of physiatrist wellness. This paper is currently published in the May 2023 editions of AAPM&R’s PM&R Journal and AAP’s American Journal of Physical Medicine and Rehabilitation.

This tri-organizational partnership, with ongoing guidance from the research group at Stanford WellMD, will continue to analyze data to further inform collaborative commitments to address physiatrist burnout and wellness. We look forward to sharing our collective insights in future publications.
Thank you to all who attended the recent AAP Annual Meeting. We had a wonderful Chair and Administrative Director session, followed by a business meeting and reception. The topic of our session was “Compensation Models- Recruitment and Retention.” This is a subject that continues to perplex even the most seasoned chairs. To help find solutions, the executive council sent a survey to all the PM&R chairs, which resulted in a 68% response rate (60 chairs responded). The data was reviewed and discussed. We had a robust discussion about current best practices and learned from each other. We plan to continue this discussion at next year’s meeting.

We also discussed ways to mentor and support new chairs. The chairs listserv is already being utilized to discuss relevant problems and find solutions. We decided that we would share the cell phone numbers of those chairs who were willing, with the goal of improving communication and collaboration.

As we are all aware, Physical Medicine and Rehabilitation physicians have a high rate of burnout. This led the Association of Academic Physiatrists Chair Council to convene a workgroup to address burnout among academic PM&R physicians. Thanks to Drs. David Steinberg, Jim Sliwa and others, our paper entitled “Burnout and Wellness Strategies Utilized by Academic Physiatry Programs: An Analysis and Perspective from the AAP Chairs Council” was accepted for publication by the American Journal of PM&R. This paper was the culmination of research and discussion among PM&R chairs to determine best practices to mitigate burnout. We hope this paper helps our colleagues reduce burnout and return to the joys of practicing medicine.

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It was a joy to see and meet so many of you at Physiatry ‘23 in Anaheim in February! During the RFPD workshop, we received key updates from the ABPMT and ACGME. Dr. Christopher Garrison and Dr. Ashlee Jaffe’s presentation gave us a fantastic new framework to perform team-based quality improvement. The afternoon’s recruitment seminar led by Dr. Jeffrey Jenkins provided a whirlwind of high yield topics including social media, interviewing for diversity, technology resources, holistic application review, as well as preference signaling and the supplemental application. The last topic was a springboard for a very active discussion amongst program directors to help frame the future of application review. The wide diversity of opinions will only help to improve the recruitment process going forward.

On that topic, the AAMC has again recommended virtual interviews for the next recruitment cycle. The topic of in person second looks is being discussed and updates will be provided when available. We have also discussed what is the appropriate number of program signals for PM&R and whether students should signal their home programs and away rotations. Again, we will update all program directors when these critical areas are announced.

RFPD leadership still plans to continue checking in more frequently with our program directors in this upcoming year. We are planning interim meetings that will take place periodically throughout the year in between Annual Meetings. These meetings will provide updates on key topics but will more importantly be opportunities to discuss hot topics in GME. The more engagement that takes place, the more confidently we can ensure we are making the right decisions for our training programs.

We are already at work on planning the RFPD session for Physiatry ‘24 in Orlando! Certainly, let us know if you have ideas for future session topics. We are looking forward to continuing engaging with you all. We are stronger together and we couldn’t imagine working with a more amazing group of program directors than those of PM&R!

The Medical Student Educators Council has been busy these last several months. Many members attended the Annual Meeting in Anaheim and Dr. Bolger, Dr. Kasi, Dr Rydberg, and Dr. Sauter presented a MSEC sponsored session titled “A Medical Student Asked Me for Advice, Now What? Medical Student Advising for those matching PM&R.” This was an interactive session designed to provide advisors with the tools they need to successfully advise applicants. Overall, the session was well attended and provided advisors an opportunity to network with colleagues and learn from each other. We have also continued our collaboration with the Medical Student Council to support a series of webinars related to student advising which will occur approximately quarterly. We also continue to be involved with continued expansion of the Disability Integration Toolkit. We are looking forward to another busy and successful year!
Welcome back from sunny (oops—really rainy) California! Who said it never rains southern California?! Despite the dismal weather, we hope you have a sunny disposition from all the fantastic presentations and networking opportunities at Physiatry ’23. The Annual Meeting is always a good time! Thanks to all of you who attended to make it great.

A special thanks to Leslie Justice for all of her hard work in putting together such a very engaging and informative meeting. We appreciate you, Leslie! Congratulations to Aimee Brough (brougha@iu.edu), the new Vice Chair, and Delilah Kowalke (Kowalke@rehab.wisc.edu), the new PD/Secretary, on the AAP Coordinator Council.

WELL-BEING MOMENT

In the spirit of Spring/Summer Cleaning, please take a few minutes to listen to the 21-minute podcast below about different methods for decluttering your space.

Maximized Minimalist Podcast: Which Declutter Method is Right for Me?

AAP COORDINATOR’S SESSION RECAP FROM PHYSIATRY ’23:

AAP Working for You by Tiffany Knowlton, JD, MBA, CAE

Tiffany provided a comprehensive presentation about several high-level topics, but a few highlights are as follows:

Legal Stuff – When communicating through our Listserv, there are a few things to avoid talking about due to anti-trust laws, such as: Salaries. Benefits, Where you purchase various supplies, Who you do business with, Prices (although – Medicare is fair game), Boycotting companies, Information exchange, Standard setting. If you want to know any of this information, please reach out to Tiffany at tknowlton@physiatry.org and she or someone on AAP staff will develop the survey, collect the results, and provide the results for us.

Academic Partnership – There are many benefits to being an Academic Partner of the AAP. The main one for us is that the Partnership include free membership to the annual meeting.

Physiatry Online Directory – https://pod.physiatry.org/. The AAP has created an online directory specifically for PMR Programs across the country. Visit the site to ensure the information for your Program is listed and accurate. Contact Taylor Gleason at tgleason@physiatry.org to learn more.

Mentorship in Graduate Medical Education: Utilizing Mentor Groups as the Foundation for PM&R Training by Rani Haley Lindberg, MD, BIM

Dr. Lindberg provided an innovative presentation about the structure and process of their Mentor Groups. Highlights included:

Changes were made to the didactic schedule to provide protected time for the Mentor Groups on the first Tuesday of each month from 7:00 to 8:00 am. The groups can choose where they want to meet.
Responsibilities of the groups:
1) Discuss opportunities and ideas for scholarly activities/research projects/QI projects.
2) Submit meeting notes on project progress to faculty mentors, program director and resident coordinator.
3) Residents within the group meet with one of the two faculty mentors yearly to discuss issues pertinent to that resident’s academic performance, scholarly activity, and career planning. Meetings can be scheduled at your convenience and can be scheduled after hours if you so choose.

After several rounds of improving the Mentor Group Structure, what seems to work best is:

* Two hours of protected time!!!
  - Monthly meetings
  - First hour is residents only
  - Second hour faculty join
* Topics: Scholarly activity and/or QI project, Wellness, Career Prep/Rotation guidance, Upcoming didactic responsibilities (M&M, Grand Rounds, Case Presentations, Seminars)
* PGY4 resident leads session and submits meeting minutes to PD/PC
  - Minutes structured as follows:
    • Resident: name PGY level
    • Rotation/feedback:
    • Wellness
    • Scholarly activity

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**NEWS FOR EARLY CAREER MEMBERS**

www.physiatry.org/EarlyCareer

By: Alethea Appavu, DO, Assistant Professor, Ruch University Medical Center

The Early Career Council enjoyed meeting you all and interacting with you at Physiatry ’23! Giselle Aerni, MD led a great session on mission, vision, and values in our careers as physicians and how to be mindful of these when training, looking for jobs, or deciding if our current role provides us with purpose. We had a fun “Speed Networking” event, thank you to all who participated and all of the faculty members who contributed to the success of this event. We have already started planning for Physiatry ’24 and are excited to bring more programming specifically for early career faculty to the meeting!

In addition, we are working on a mentorship program where early career faculty members will be paired with more senior faculty to provide guidance in different areas such as research, leadership roles, academic promotion, or clinical teaching.

As a reminder, we have a listerv for early career faculty to communicate and support each other. If you have any questions for your fellow colleagues this is a great tool to discuss various topics, both clinical and non-clinical.

If you have any suggestions, comments, or feedback, please email us at aapearlycareercouncil@gmail.com or connect with us on Twitter @AAPEarlyCareer.

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**NEWS FOR RESIDENTS & FELLOWS**

www.physiatry.org/ResidentsFellows

By: Zainab Shirazi, MD, Resident Physician, NewYork-Presbyterian Columbia and Cornell, Chair of the AAP’s Resident/ Fellow Council [RFC]

I am very excited to share updates on behalf of the AAP’s Resident Fellow Council. We are delighted to bring on an excellent group of innovative, diverse, and enthusiastic group of residents and fellows as our AAP Resident and Fellow Council for 2023-2024!

As I reflect on my time with the AAP RFC as Vice-Chair this past year, I am proud of the past council’s accomplishments and growth. Through creativity and teamwork, we have had marked growth in our social media presence, educational content through lectures and podcasts, nationwide wellness events, and much more!

Here are the latest updates from each of our subcommittees:

**Wellbeing Subcommittee:**
The wellbeing subcommittee has been continuing to create wellness podcasts, sharing “Wellness Wednesdays” featuring residency programs across the nation, and spearheading the “Words of Wellness” column in Physiatry Forward by providing nutritional recipes, wellness routines, and exercise suggestions. Last Fall, we also hosted our first ever national fitness challenge, which turned out to be a huge success with participation from over 26 PM&R programs across the country.
Social Media Subcommittee:
The social media subcommittee has been focusing on building a strong social media community and network of trainees with the overarching goal of sharing accessible educational material and career development content. These efforts have revolved around highlighting the release of new podcasts, journal clubs, program director features, medical student tech videos, and more. Don’t forget to follow us on Instagram @aaphysiatrists and Twitter @AAPhysiatry_RFC!

Digital Outreach Subcommittee:
The digital outreach committee has been working to generate and publish podcasts on a wide variety of interesting topics. Over the past year, we have published 28 new podcasts including educational episodes for the AAP Board Review Series and Orthobiologics & Regenerative Medicine lecture series. Other new releases include episodes on Advocacy and the Versatility of a Career in Physiatry for the Pocket Mentor and Physiatry Perspectives podcast series. Don’t forget to check out the newly released “AAP Campus” mobile app!

Research & QI Subcommittee:
The research committee is finalizing research-related podcasts and short YouTube video content including resident-led discussions on tips for research involvement during training, as well as a step-by-step guide to preparing case reports. They have also been working hard to develop a mentoring platform for research, so stay tuned for the official launch!

We are accepting applicants to join our subcommittees now through June 1. We look forward to expanding our educational and networking sessions for medical students, residents, and fellows in Orlando, FL for Physiatry ‘24! Hope to see you all there!

NEWS FOR MEDICAL STUDENTS

www.physiatry.org/MedicalStudents

By: Andrew Nowak, MD, Central Michigan University College of Medicine, Chair, Association of Academic Physiatrists

The AAP Medical Student Council (MSC) would like to congratulate everyone who matched into Physiatry this year! The future of physiatry is looking bright. We would also like to welcome the new AAP MSC members of the 2023-2024 term. We have some exciting plans in store for this upcoming year!

In February, the Conference Companions Program was successfully introduced by the MSC at Physiatry ’23 in Anaheim, CA. This program allowed medical student conference attendees to connect with fellow aspiring physiatrists. To further meet the increasing interests of medical students pursuing careers in physiatry, the 2023-2024 AAP MSC is already hard at work growing and creating opportunities for medical students, including:

Virtual Journal Club:
Medical students are invited to join the MSC and our spectacular physician moderators to discuss primary research and other popular topics within the field of PM&R. To access the full schedule, Zoom links, and previously recorded sessions, please visit www.physiatry.org/webinars. If you or someone you know is interested in presenting, or if you are a resident, fellow, or attending who would like to lead one of our discussions, please let us know! Keep an eye out for Twitter posts from @AAPhysiatry_MSC for more information.

Big Buddy Mentorship Program:
First- and second-year medical students are invited to take part in the AAP MSC’s “Big Buddy Program.” This initiative offers an informal and safe space for students to be paired with an experienced third- or fourth-year medical student mentor who can guide earlier trainees as they progress on their path in PM&R. Look to sign up at www.physiatry.org/MedicalStudents.

Social Media:
Make sure to follow us on Twitter at @AAPhysiatry_MSC and on Instagram at @AAPhysiatrists for up-to-date news and opportunities in the world of physiatry!

To access the full list of resources and open opportunities, as well as our monthly newsletter, MSC Resource Guide, PM&R Pocket Mentor Podcast, or to register for the Introduction to PM&R Summer Program (Free!), please visit our website at www.physiatry.org/MedicalStudents.
According to the World Health Organization, an estimated 2.4 billion people globally are living with a health condition that could benefit from rehab.\textsuperscript{1} It is estimated that this number will continue to increase given the aging population and prevalence of chronic disability. In addition, the need for rehab in low-income countries continues to be unmet, with more than 50\% of people not receiving the rehab services needed.\textsuperscript{2} Everyone should have the opportunity to live the highest quality of life and have the resources to do so, so it is hard to imagine what developing countries do for patients who sustain traumatic injuries or require the needs of physiatry. I think of countries where I have family, like Nigeria, and the lack of medical resources to care for the needs of this community.

I remember when I was younger and first visited Nigeria, I was just in awe of how different the healthcare system was compared to the United States. Little things that we take for granted here like a pair of eyeglasses, a knee brace, or being able to see a physician are unfortunately luxuries to many people there. I saw my parents give some of these health items to their siblings and just the smiles on their faces were enough for me to decide that one day I would go back as a physician to help serve these people. Though young, I remember hearing about family members who suffered debilitating injuries and were unable to seek placement in acute rehab or receive essentials like physical therapy. Seeing people who were confined to their homes because they did not have the appropriate equipment to move around, I felt helpless but motivated to find ways to address this because these people deserve to have the rehab services needed for live a quality life. As a future physiatrist I look forward to addressing these disparities.

Unfortunately, it’s not just Nigeria facing these issues. One study found that multiple sub-Saharan countries have a lack of rehab specialists, in addition to the fact that there are a limited number of physiatry organizations and training programs in Africa.\textsuperscript{3} People are living with disabilities in Africa, which means there is a need for rehab services. It is not enough for people to be taking care of themselves, nor do they have the fund of medical knowledge to do so which is why more physiatrists are needed. We need for people to serve under resourced communities, not just in the United States but globally.

Organizations like the International Society of Physical and Rehabilitation Medicine (ISPRM) are working to shed light on these issues, and we should encourage collaborations with them to figure out ways to provide care to populations globally. Once we acknowledge that there is a lack of rehab services in some of these countries, the goal should be working towards a solution. We know funding is an issue as many of these individuals requiring rehab are poor, the least educated, and reside in areas that are under resourced, so efforts can be made to target fundraising efforts in the states.\textsuperscript{3} More research should be done on the availability of rehab centers, providers, and people requiring rehab in these countries. For now, physiatrists and future physiatrists can use their position to advocate for change abroad.

References
Get Global with GAPS

One of the main goals in the AAP’s Strategic Plan includes fostering community within academic physiatry on an international level. Our Global Academic Physiatry Subcommittee (GAPS) is addressing the global needs of physical medicine and rehabilitation training; especially with respect to developing nations. This action allows us to partner with ISPRM and other national physiatry groups in expanding education, research, and leadership opportunities. This subcommittee formulates specific methods that AAP implements to advance worldwide growth of physical medicine and rehabilitation.

SO HOW CAN YOU GET INVOLVED?

We are searching for reputable physiatry experts to help expand PM&R programs and opportunities in other countries. We are recruiting speakers that are interested in traveling and giving presentations in-person. Countries of interest include the Dominican Republic, Honduras, Mexico and many more!

INTERESTED SPEAKERS SHOULD HAVE THE FOLLOWING QUALIFICATIONS:

• Prior presentation experience in an educational event setting such as a symposium or workshop
• Proven subject expertise such as authorship in a peer-reviewed publication or recognized as a clinical expert at their local institution
• Proficiency in Spanish or another language is highly sought
• Must be comfortable speaking in front of an audience and be a current AAP member

If you’re interested, visit our GAPS webpage to fill out our Speakers Bureau Volunteer Application now:
It’s been an exciting year at University of Colorado with Dr. Scott Laker, Associate Professor of PM&R, taking on the role of Senior Medical Director of CU Medicine and Associate Dean of Clinical Affairs for CU School of Medicine. In this new role, Dr. Laker will oversee community practice in clinics off the CU Anschutz Medical Campus, including Highlands Ranch Hospital, Steadman Hawkins, Cherry Creek Medical Center, and other practices opening elsewhere in Colorado.

Dr. Laker was Medical Director at the Highlands Ranch Hospital when his predecessor, Dr. Tina Finlayson, stepped down from the role as Associate Dean. After an exhaustive multi-month interview process with leadership across the departments, UCHealth, and CU Medicine, he was selected. “The Department was supportive in helping me through the role, and Dr. Akuthota was a good advocate and mentor as I considered this position,” says Dr. Laker.

As Associate Dean, Dr. Laker regularly connects with departmental, divisional, and hospital leadership about how they can integrate into community practice, including to help them make their first moves into non-campus clinics. Often, these practices need to be built from the ground up, including billing, patient scheduling, flow, and follow up, as well as outreach to the communities served. Getting academic practice out into the community means engaging existing CU Anschutz patients, as well as new patients that would not normally come to see CU Medicine doctors in Aurora. He also chairs the Office of Advanced Practice, which represents over 1,100 APPs at Children’s Hospital Colorado and CU Medicine, including a revamp of their organizational structure. In addition, Dr. Laker also oversees charity care for underserved patients, ensuring that there is wise stewardship of that care.

Dr. Laker’s primary goal is to continue the level of quality that the community expects from CU Medicine into these community practices. He also wants to ensure that the departments that want to be involved in community practice have a good experience, and that providers are happy, and patients are getting their needs met. He is excited to utilize his skills to bring out the talents of CU Medicine providers, and that practices are well-run so that providers can focus on patient care. “Physician leadership roles are critical to giving good care. It is good for patients and the organization and helps us to stay aligned with our mission to provide care for Coloradans,” he remarked. He is invigorated by the novel and complex environment, and the teamwork required to make them go well, as details are important when it comes to patient care.

Dr. Laker credits his mentors throughout his education and career for the impact they have had on him and aspires to give that back to other physicians by helping lay the infrastructure so they can focus on their clinical practice. He believes, “physiatrists are uniquely able to sit in physician leadership roles by nature, training, and temperament. We lead teams and we can see both the patient side and the provider side. I feel strongly that physiatrists are well suited for this, and if they are interested, they should pursue this, as it is very rewarding and necessary.”

Within CU PM&R, Dr. Laker’s role has shifted. He now spends 60% of his time as Associate Dean. Prior to accepting this role, Dr. Laker was Clinical Director of Outpatient Adult PM&R, and this role is now held by Dr. Rachel Brakke Holman. He has also consolidated his clinical practice to the Steadman Hawkins Clinic. Dr. Laker was serving at Lone Tree and Highlands Ranch Hospital before this consolidation. He continues his work with the Executive Committee of PM&R.
A Sense of Belongings: Sean Dreyer, MD

Sean Dreyer is an active AAP member currently at Stanford Health Care, Department of Orthopaedics. Sean previously served as the Social Media Representative on the AAP’s Resident / Fellow Council. When he’s not working, you may spot him eating spicy chicken wings while hosting reputable physiatrists on his YouTube series, “Reflux & Reflexes.”

1. **The Legend of Zelda: Breath of the Wild** — Over 900 hours poured into this. Escapism and catharsis at its finest. Got me through many residency interview flights and post-call days.

2. **Rachmaninoff tank top** — This tank features sheet music of the 9 opening measures of Rachmaninoff’s 2nd Concerto… IMO the most beautiful piece of music ever written. It also makes me look swoll.

3. **Rainbow sandals** — Even in the Chicago winter, I’d wear my Rainbows to run to the store across the street, because Californians just love their Rainbow sandals.

4. **Two pairs of custom Nike shoes** — When working out, I like to represent my main characters in Super Smash Bros: Fox & Falco.

5. **Piano pin** — I started playing classical piano in 3rd grade and stuck with it. One of the greatest gifts my mom gave me was these piano lessons, and I intend to teach my future kids.

6. **Da Bomb hot sauce** — I like to roll the dice with peptic ulcers. I’ll gladly punish myself with this if it means I can share it with a friend and laugh at their pain too.

7. **Exercise band** — If PM&R has taught me anything, do NOT neglect your gluteus medius. I wear this when squatting so I practice what I preach.

8. **Gamecube controller** — 10/10 Smash Bros aficionados agree that an original Gamecube controller is the only way to truly enjoy Super Smash Bros Melee.

9. **PB&J** — Eating PB&J ≥ 3 days a week is how I intend to survive my future mortgage and costs of children.
Our 2024 Call for Abstracts opens June 6, 2023.

We look forward to seeing you and your work soon...

It’s time! Come present in our biggest Annual Meeting poster hall yet. We look forward to sharing your cutting-edge case reports, research studies and scientific papers at Physiatry ’24 in Orlando, Florida.

VISIT PHYSIATRY.ORG/PAGE/SUBMITABSTRACT FOR DETAILS