ATLANTA, GEORGIA

WELCOME TO PHYSIATRY ‘18
THE AAP’S ANNUAL MEETING

FEBRUARY 13-17, 2018
HYATT REGENCY ATLANTA
PHYSIATRY.ORG/AAP2018
FROM THE PROGRAM CHAIR

WELCOME HOME

The ATL - A town. The Big Peach. Whatever you want to call it, Atlanta is known for many things: its diverse musical heritage, its Southern hospitality, its food scene, its role in the civil rights movement; its up-and-coming film and tech industries. But did you know that it's also one of the top 10 US cities for innovation? I can't think of a more fitting backdrop for the big ideas we'll be sharing in our 2018 Annual Meeting.

Welcome to Physiatry ’18, the leading conference in academic physiatry! Just as the city of Atlanta, the field of physiatry never stops moving forward—and neither should in training and practicing physiatrists. That’s why the AAP brings together the best and brightest in the specialty. Physiatry ’18 will help you build strong collaborations and cutting-edge practices. Here’s what I am most excited about:

+ 70+ educational sessions spanning research to practice to administration to education
+ Plenary talks from internationally renowned scientists Lars Arendt-Nielsen, Prof., Dr. Med., PhD, Freda Lewis-Hall, MD, DFAPA, and Stefano Negrini, MD
+ This year’s learning pathway on pain management - with special workshops and sessions on the latest advances
+ More than 500 poster presentations that showcase the finest innovations and research
+ You!

As an attendee once shared, “It’s such a supportive and welcoming group - being a part of that is just fantastic!” This energy is at the heart of what makes the AAP unique. People from all different levels of physiatry come together to learn and grow as equals. Camaraderie aside, the AAP plays a vital role in shaping PM&R programs for the next generation of physiatrists, providing a platform and support for research, promoting leadership, creating educational opportunities for every career stage, and more. Thank you for being a part of our community at Physiatry ’18. I hope you find as much value as thousands of us have through the AAP.

Thank you to our Program Committee and presenters for helping the AAP advance the field of physiatry with your passion, expertise, and network. I'd also like to thank the sponsors and exhibitors for helping us put together an experience that will leave you anticipating next year.

Pull out your y’alls and southern drawls and get ready to innovate!

Christopher Viscio, MD
AAP Program Committee Chair
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<td>Resident / Fellow Forum: Challenging Spinal Cord Injury (SCI) Cases</td>
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<td>Teaching Musculoskeletal Ultrasound Education: Faculty Development</td>
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REGISTRATION
All attendees must pick up their name badge at the registration desk located in the Terrace Foyer, one level under the Hyatt Regency Lobby, during the designated hours prior to attending any Annual Meeting activities.

PRESENTATIONS & HANDOUTS
Additional information about a session or exhibitor, including handouts, slides, brochures, audio, and video files will be linked to appropriate sessions on the app and itinerary planner.

INTERNET ACCESS
Wireless internet access is available throughout the Physiatry ’18 meeting space free of charge to participants for personal online access.

RECORDING & CELL PHONE POLICY
Recording any presentation or session by any means is prohibited except by an authorized agent for official purposes or by first authors who want to photograph their own poster presentations. The recording of sessions by attendees with disabilities is considered to be a reasonable accommodation. For attendees who find it difficult to handwrite notes or make annotations in a computer, recording of oral or visual presentations is an allowable alternative. Cell phone use in sessions is prohibited - Please use the rear doors to exit a session if you must take or make a call.

PHOTOGRAPH / VIDEO POLICY
By participating in Physiatry ‘18, registrants grant AAP, its representatives, and employees the right to take photographs and videos of the attendee participating in the meeting. AAP may use such photographs of registrants with or without the registrant’s name and for any lawful purpose, including publicity, advertising, web content, etc.

EVALUATION AND EDUCATIONAL CERTIFICATES
Physiatry ’18 CME & Evaluations will be accepted online only. Visit Physiatry.org/CME2018 during or after the meeting to complete evaluations, claim education credit, and print your CME certificate. CME credits submitted from Physiatry ’18 by AAP members will be electronically submitted to the American Board of Physical Medicine and Rehabilitation (ABPMR) on June 29, 2018. There will be a $25 fee for participants who claim CME after June 29, 2018.

GET SOCIAL AT PHYSIATRY ’18
Use hashtag #Physiatry18 on Twitter, Facebook, and Instagram to get live coverage, share what you’ve learned, find like-minded physicians, and share photos. Searching by #Physiatry18 helps you stay connected to meeting updates and reminders.

“TWEET OF THE DAY” CONTEST
Each day, the top three tweets using #Physiatry18 will appear in the next day’s Annual Meeting eBriefing.

Visit BOOTH 102 & TAKE THE SPASTICITY INJECTION CHALLENGE
for a chance to receive the second edition of Spasticity: Diagnosis and Management, by Allison Brashear

Additional rules and restrictions apply
LARS ARENDT-NIELSEN
PROF., DR. MED., PHD
The Role of Pain Sensitization in Chronic Musculoskeletal Pain
Thursday – February 15, 2018
8:00am – 9:00am
Dr. Lars Arendt-Nielsen is Founder and Director of the International Center for Sensory-Motor Interaction, the world’s largest translational pain research center; and co-founder and head of research & development (R&D) for C4Pain, a research based organisation focusing exclusively on clinical trials in pain and inflammation. He has been engaged in pain research, pain education, and pain policy for more than 30 years and in 2007, was knighted by the Danish Queen. Dr. Arendt-Nielsen is the President-Elect of the International Association for the Study of Pain (IASP), Head of the IASP 2010 Global Year Against pain (focus on musculoskeletal pain), head of the IASP grant committee, and founder of the IASP Special Interest Group on Musculoskeletal Pain.

FREDA LEWIS-HALL
MD, DFAPA
NOT CME ELIGIBLE
Patient Centeredness
Friday – February 16, 2018
8:30am – 9:30am
Dr. Freda Lewis-Hall serves as Pfizer’s Chief Medical Officer and heads Pfizer Medical, a division responsible for the safe, effective and appropriate use of Pfizer medicines and vaccines around the world. Prior to joining the biopharmaceutical industry, she served as Vice Chairperson and Associate Professor in the Department of Psychiatry at Howard University College of Medicine and was an advisor to the National Institute of Mental Health. She launched her medical career as a practicing physician and focused her academic research on the effects of health care disparities and the impact of mental illness on families and communities. Dr. Lewis-Hall is a frequent speaker on (1) improving patient safety and outcomes and (2) reducing stigma and healthcare disparities. She appears regularly on health-related television programs in major global markets, including The Doctors and Dr. Phil. Dr. Freda Lewis-Hall is a frequent speaker on (1) improving patient safety and outcomes and (2) reducing stigma and healthcare disparities. She appears regularly on health-related television programs in major global markets, including The Doctors and Dr. Phil. Dr. Freda Lewis-Hall is a frequent speaker on (1) improving patient safety and outcomes and (2) reducing stigma and healthcare disparities. She appears regularly on health-related television programs in major global markets, including The Doctors and Dr. Phil. Dr. Freda Lewis-Hall is a frequent speaker on (1) improving patient safety and outcomes and (2) reducing stigma and healthcare disparities. She appears regularly on health-related television programs in major global markets, including The Doctors and Dr. Phil.

STEFANO NEGRINI
PROF., MD
DELSA LECTURE
Evidence in Physical and Rehabilitation Medicine: Between Facts and Prejudice
Saturday – February 17, 2018
9:00am – 10:00am
Dr. Stefano Negrini is an Associate Professor and Chair of Physical and Rehabilitation Medicine (PRM) at the University of Brescia. He is Chief-Editor of the European Journal of Pharmaceutical and Medical Research (EJPMR) and Scientific Director at Rovato Centre of the Care and Research Institute Fondazione Don Gnocchi and the Italian Scientific Spine Institute (ISICO). Dr. Negrini serves on the Editorial Board of Disability and Rehabilitation and actively works in PRM scientific societies including ESROM; International Society on Spinal Orthopaedic and Rehabilitation Treatment (SOSORT); Italian Study Group on Scoliosis and Spinal Diseases (IGS); and European Academy of Rehabilitation Medicine. Dr. Negrini is the author of 4 Cochrane Reviews and has started a Cochrane Corner in the EJPMR, with systematic publication of Cochrane reviews of PRM interest and reviews of existing PRM contents in Cochrane Database of Systematic Reviews.

The Johns Hopkins Rehabilitation Network, offering convenient locations across Maryland, strives to improve the quality of life for individuals disabled by injury or disease by generating new knowledge, using innovative technology, training leaders in patient care and research, shaping public policy and providing the finest medical care.

We offer many new advancements:
• Educational and training programs, including residencies and fellowships for medical students, resident physicians, psychologists and therapists to train future rehabilitation leaders in patient care and research
• Research in the areas of neurological rehabilitation and stroke recovery, gait and movement mechanics, swallowing disorders and outcomes improvement following injury
• Specialty rehabilitation programs in areas such as neuromuscular disease, multiple sclerosis, amputee, spinal cord injury, performing arts, stroke and brain injury, and swallowing

To learn more about the Johns Hopkins Rehabilitation Network, please visit hopkinsmedicine.org/PMR
Advancing the Physiatrists Role in Neuromodulation Workshop

Course Director: Michael Saulino, MD, PhD
Description: This practical workshop will introduce physiatrists to the concepts of neuromodulation including a review of neuromodulation history, mechanisms of action, technical aspects of device management, optimizing outcomes with neuromodulation technology, introducing trainees to neuromodulation concepts, and adding research activities to a neuromodulation service line. Participants will explore neuromodulation for acute and chronic pain, movement disorders, psychiatric indications, and emerging indications.

Faculty: Michael Saulino, MD, PhD; Richard Wilson, MD, MI; Erin Shaw, DO; Salem Hayek, MD; PhD, Kimberly Saxheimer, DO; Steven Falowski, MD
Learning Objectives: (1) Explain neuromodulation principles and how they can be employed in a physiatry practice. (2) Incorporate neuromodulation into an educational portfolio. (3) Incorporate a research component into a clinical neuromodulation practice.
Room: Regency IV

Quality/Performance Improvement Workshop: Strategies for the Academic Physiatrist

TUESDAY / FEBRUARY 13, 2018 ............1:00PM – 5:00PM
1:00pm – 1:15pm
Introduction
1:15pm – 1:45pm
History of Neuromodulation & Neuromodulation Principles
1:45pm – 2:15pm
Intraarticular Drug Delivery for Pain and Spasticity
2:15pm – 2:45pm
Classic Spinal Cord Stimulation Approaches
3:30pm – 4:00pm
Emerging Concepts in Spinal Cord Stimulation Novel Targets, Waveforms, and Indications
4:00pm – 4:30pm
Peripheral Nerve Stimulation
4:30pm – 5:00pm
Deep Brain Stimulation: Indications, Targets, and Rehabilitation Considerations
In-kind support for this educational activity provided by Bioform, Claris, Medtronic, and SIR Therapeutics.

WEDNESDAY / FEBRUARY 14, 2018 ............8:00AM – 5:00PM
8:00am – 8:30am
Neuromodulation for Visceral Disorders
8:30am – 9:00am
Neuromodulation for Mood Disorders
9:00am – 9:30am
Teaching Residents and Fellows Neuromodulation
10:30am – 11:00am
Creating a Neuromodulation Research Program
11:00am – 11:30am
Financial Implications of Adding Neuromodulation to a PM&R Department
11:30am – 12:00pm
Future Directions in Neuromodulation
1:00pm – 5:00pm
Rotating Hands-On Stations

Teaching Musculoskeletal Ultrasound (MSK US) Education: Faculty Development

Course Director: Joanne Borg-Stein, MD, Moseyen Oh-Park, MD
Description: Ultrasound of musculoskeletal ultrasonography (MSK US) exponentially increased over the past two decades. However, there is a great variability in education of MSK US in Physical Medicine and Rehabilitation (PM&R) Residency programs across the country for the content of education, teaching methods, and evaluation of trainee competency. This workshop focuses on faculty development to improve the teaching skills, evaluation methods, knowledge of advanced MSK US applications, and troubleshooting ability through the technical pitfalls in MSK US education.
Faculty: Joanne Borg-Stein, MD, Moseyen Oh-Park, MD; Kentaro Onishi, DO; Kenneth Maunzer, MD, Jonathan Kirschner, MD; Christopher Visco, MD; Ameet Bhargava, MD; MS; Ashwin Babu, MD; Brandon Waltz, MD
Learning Objectives: (1) Discuss educational guidelines of MSK US and implement the information to the PM&R education systematically. (2) Provide an overview of various forms to assess trainee competency in MSK US. (3) Identify normal and abnormal structures where participants are not familiar with advanced training of MSK US. (4) Implement advanced MSK US skills into practice taking into account the clinical correlation. (5) Acquire knowledge in content and process of evaluation and feedback for further learning in MSK US education. (6) Implement the evaluation in participant’s teaching environment.
Room: Hanover FG
Partial support and in-kind support for this educational activity has been provided through educational grants from Kaneka Kinenzi and Fujifilm SonoSite.

SATURDAY / FEBRUARY 17, 2018 ............10:30AM – 3:30PM
10:30am – 11:15am
Clinical Evaluations: Spasticity & Facilitating Clinical Competence
Thomas Watanabe, MD, Fatma Gul, MD
11:15am – 12:00pm
Spasticity from Childhood to Adulthood
Heakyung Kim, MD, Tamara Zagustin, MD
12:00pm – 1:00pm
Lunch
1:00pm – 1:30pm
Developments and Controversies
Pretti Raghavan, MD
1:30pm – 2:00pm
Alternative Therapies in Pain Treatment in Spasticity Management
Sheng Li, MD
2:00pm – 3:30pm
Breakout Demonstration and Practice Labs
Nicholas Ketchum, MD
(1) Injection Station; (2) Ultrasound Station; (3) Fake Skins (ITB Station)
To register onsite, please visit the registration desk.
Course Director: Preeti Raghavan, MD
Faculty: Pretti Raghavan, MD; Thomas Watanabe, MD; Fatma Gul, MD; Heakyung Kim, MD; Tamara Zagustin, MD; Sheng Li, MD; PhD; Nicholas Ketchum, MD; Seema Khurana, DO
Learning Objectives: (1) Identify modalities of central and peripheral stimulation for spasticity. (2) Discuss the effectiveness and challenges encountered with commonly used clinical assessment tools to evaluate a patient with spasticity. (3) Discuss the mechanism of action and underlying neurobiology of ITB therapy. Present emerging new translational research findings in a preclinical model of spasticity and discuss the potential clinical applications and intervention strategies for the treatment of TBI induced spasticity. (4) Discuss the rationales and indications for emerging therapies to restore normal connective tissue architecture and tissue gliding mechanisms. (5) Develop a modality to assess spastic patients for hyaluronidase injection, design an appropriate treatment algorithm, and perform a demonstration of the Hyaluronidase Injection Technique.
Room: Hanover FG
Partial support and in-kind support for this educational activity has been provided through educational grants from Merz Pharma, Ipsen Biopharmaceuticals, Allergan, Inc., Medtronic, and SIR Therapeutics.

Teaching Spasticity Workshop: A Training for Trainers Series

WEDNESDAY / FEBRUARY 14, 2018 ............1:00PM – 5:00PM
1:00pm – 1:15pm
Welcome & Introduction of Faculty Joanne Borg-Stein, MD, Moseyen Oh-Park, MD
1:15pm – 1:45pm
Standardization of MSK US Curriculum Focusing on EPA Ashwin Babu, MD
1:45pm – 2:00pm
Evaluation of Competency for MSK US Jonathan Kirschner, MD
2:00pm – 2:20pm
Panel Discussion: Sharing Expertise of US Training
2:30pm – 3:45pm
Small Groups Training for US in Upper Limb
4:00pm – 5:15pm
Small Group Training for US in Lower Limb
5:15pm – 5:30pm
Q&A, Wrap-up
Course Director: Alex Moroz, MD

Description: All physiatry residencies and fellowships are challenged by an ever-changing culture, research, and technology. The RFPD Workshop brings together program directors, program coordinators, and academicians for education and networking around the hottest topics facing institutions.

Faculty: Alex Moroz, MD; Timothy Brigham, MDiv, PhD; Anthony Chiodo, MD; Michael Saulino, MD, PhD; Sara Cuccurullo, MD; Vishwa Raj, MD; Gregory Worsowicz, MD, MBA; David Pruitt, MD; Laura Edgar, EdD, CAE

Learning Objectives: (1) Define burnout and resilience. (2) Provide a negative impact of resident or faculty burnout and a positive impact of resident or faculty resilience. (3) Describe examples of curricular or operational design of a residency/fellowship program that can reduce resident and/or faculty burnout. (4) Raise awareness of collaborative work and heighten appreciation of importance of fatigue, burnout, and its impact on patient care outcomes.

Room: Regency VI

TUESDAY - FEBRUARY 13, 2018 ..................1:00PM - 5:45PM

1:00pm - 2:15pm
ACGME, Residency Review Committee (RRC), and Milestone Updates
Caroline Fischer, MBA; David Pruitt, MD; Laura Edgar, EdD, CAE

2:15pm - 3:00pm
American Board of Physical Medicine and Rehabilitation (ABPMR) Update
Anthony Chiodo, MD, MBA

3:15pm - 4:00pm
Resident Recruitment Update
Michael Saulino, MD, PhD

4:00pm - 4:45pm
The Business of Graduate Medical Education (GME)
Vishwa Raj, MD, Gregory Worsowicz, MD, MBA

4:45pm - 5:45pm
Council Business Meeting
Sara Cuccurullo, MD

6:00pm - 7:00pm
Program Director’s Networking Hour

WEDNESDAY - FEBRUARY 14, 2018 ...........8:00AM - 12:30PM

8:00am – 12:20pm
Physician Wellness & Resilience
Timothy Brigham, MDiv, PhD

12:20pm – 12:30pm
Wrap Up and Reflection
Alex Moroz, MD

After 65 years, we’ve learned a thing or two about being a leader.

In 1953, MetroHealth in Cleveland, Ohio, created one of the first facilities in the nation dedicated solely to rehabilitation. Today, that legacy of leadership continues. We are the only rehabilitation institute in the world led by two members of the National Academies. And, our doctors provide care for the most complex and disabling injuries and illnesses.

- Neurorehabilitation – one of only 14 centers in the US designated as a Model System Center for spinal cord injury care
- Research – ranked number five in the nation and number one in Ohio for National Institutes for Health funding for rehabilitation research
- Innovation – new technology like an implantable system that allows spinal cord injury patients to use their arms and legs for functional tasks
- Education – residency training program and fellowships in brain injury and spinal cord injury medicine

John Chae, MD
Director, MetroHealth Rehabilitation Institute
President, Association of Academic Physiatrists
Member, National Academy of Medicine

P. Hunter Peckham, PhD
Co-Director, MetroHealth Rehabilitation Institute
Member, National Academy of Engineering

To learn more about the MetroHealth Rehabilitation Institute, visit metrohealth.org/rehab or call 216-778-3776.
Program Coordinators Program

Tuesday - February 13, 2018
Regency VI

1:00pm – 4:45pm (Ticketed event)
Residency & Fellowship Program Directors (RFPD) and Program Coordinators Workshop

Wednesday - February 14, 2018
Greenbriar

8:00am – 12:30pm (Ticketed event)
Residency & Fellowship Program Directors (RFPD) and Program Coordinators Workshop
Timothy Brigham, MDiv, PhD
Regency VI

1:30pm – 2:00pm
Welcome and Introductions of AAP Coordinator Council Members
Sue Abraths

2:30pm – 3:30pm
Coordinators Role in GME Part 1
Terri Isbell, Stacey Sneed-Peterson

3:00pm – 4:00pm
Coordinators Role in GME Part 2
Coretha Davis, Kimberly Garza

5:30pm – 7:00pm
Fellowship and Job Fair
Regency VII

Thursday - February 15, 2018
Dunwoody

9:30am – 10:00am
Welcome, Introductions, and Ice Breaker
Nicole Piokeau

10:00am – 11:00am
Professional Empowerment and Advancement
Beth Payne, MAEd

11:00am – 12:00pm
ACGME Self Study
Marxell Viruet

1:00pm – 2:00pm
Introduction to EPW's
Michael Mallon, MD, Heather Baier, MD

2:00pm – 3:00pm
ERAS Updates
Gary Lee

3:30pm – 4:15pm
Workplace Wellness
Marni Hillinger, MD

4:15pm – 5:00pm
Inside Edition: Training Young Minds
Rita Hamilton, DO; Christopher Garrison, MD, MBA

Friday - February 16, 2018
Dunwoody

10:00am – 11:00am
Quality and Safety Improvement Projects
Tyler Rooks, PhD

11:00am – 11:30am
ABPMR Updates
Carmen Pitzen

12:30pm – 1:15pm
Using Creativity to Aid Resident Emotional Health
Sara Brown, MEd

1:15pm – 2:00pm
ACGME Resident Wellness Requirements Update
Cindy Volack, MPA; Patti Hayden

2:00pm – 3:00pm
Organization for Residency Program Coordinators
Kara Dyer

3:30pm – 4:30pm
Health & Wellbeing for Program Coordinators
Loren Fishman, MD

4:30pm – 5:00pm
TAGME/AAP Updates/Wrap Up
Cindy Volack, MPA

Learn more about new stroke evidence at the Medtronic booth.

UC201807424 EN
Residents, Fellows, and Medical Students Workshop

Procedures in PM&R
Program Directors: Samuel Chu, MD, Daniel Cushman, MD
Description: This half day workshop will expose medical trainees to physiatric procedures in a predominantly hands-on fashion. Participants will rotate through four separate stations taught by PM&R faculty across the country.
Learning Objectives: (1) Perform basic procedural skills. (2) Identify common Physiatric procedures, namely electrodiagnostic testing, ultrasonography, fluoroscopic procedures, and spasticity management procedures.
Room: Hanover DE

WEDNESDAY · FEBRUARY 14, 2018 · 8:00AM - 12:00PM
8:00am - 8:10am
Welcome & Brief Didactic Lecture
Samuel Chu, MD; Daniel Cushman, MD
8:10am - 8:20am
Ultrasound Introduction
Samuel Chu, MD
8:20am - 8:30am
EMG Introduction
Daniel Cushman, MD
8:30am – 11:30am
Small Group Rotations
(1) Ultrasonography (2) Fluoroscopic Spine Procedures
(3) Spasticity Management (4) Electromyography
11:30am – 12:00pm
Faculty Q&A and Wrap Up
12:15pm – 1:15pm
Lunch & Spasticity Demonstration

SAOL THERAPEUTICS PROUDLY CALLS ATLANTA HOME

IT’S A CITY THAT INSPIRES US AS A COMPANY

ATLANTA IS BRAVE

At Saol, we provide therapies for the brave patients who have unmet or underserved needs, as well as those dealing with rare diseases.

ATLANTA HAS HAWK-LIKE VISION

We share the vision of the clinicians who see the possibility of more robust therapeutic options and we, at Saol, are dedicated to making them a reality.

ATLANTA HAS THE SPEED OF A FALCON

As Saol continues to rapidly grow, we are committed to being responsive to the needs of patients and the clinicians who treat them.

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Joint Chair Council & Administrative Directors Council (ADC) Program

For more than 15 years, growth and innovation have been constants at the UPMC Rehabilitation Institute and Department of Physical Medicine and Rehabilitation. From inpatient beds, faculty, and fellowships, to research funding, we are continuously strengthening and evolving to ensure that patients receive the best in rehabilitation medicine.

To learn more, visit UPMCPhysicianResources.com/Rehab.

It all adds up for our rehabilitation patients.

243 inpatient beds across 11 units
More than 60 faculty
13 outpatient locations

Ranked #11 in the nation by U.S. News & World Report
One of the largest residency programs in the nation
4 ACGME-accredited fellowships

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XEOMIN® Important Safety Information

CONTRAINDICATIONS

- Hypersensitivity reactions have been reported with botulinum toxin products (anaphylaxis, serum sickness, urticaria, soft tissue edema, and dyspnea). If serious and/or immediate hypersensitivity reactions occur, further injection of XEOMIN® should be discontinued and appropriate medical therapy immediately initiated. XEOMIN® is contraindicated in patients with a known hypersensitivity to the active substance botulinum toxin type A, or to any of the excipients (human albumin, sucrose) in the formulation.
- Use in patients with an infection at the injection site could lead to severe local or disseminated infection. XEOMIN® is contraindicated in the presence of infection at the proposed injection sites.

WARNINGS AND PRECAUTIONS

The potency units of XEOMIN® are specific to the preparation and assay method used and are not interchangeable with other botulinum toxin products. Therefore, Units of biological activity of XEOMIN® cannot be compared to or converted into Units of any other botulinum toxin product.
- Treatment with XEOMIN® and other botulinum toxin products can result in swallowing or breathing difficulties. Patients with pre-existing swallowing or breathing difficulties may be more susceptible to these complications. When distant effects occur, additional respiratory muscles may be involved. Patients may require immediate medical attention should they develop problems with swallowing, speech, or respiratory disorders. Dysphagia may persist for several months, which may require use of a feeding tube. Aspiration may result from severe dysphagia [see WARNINGS and PRECAUTIONS].
- Individuals with peripheral motor neuropathic diseases, amyotrophy, or neurogenic muscle disorders (e.g., myasthenia gravis or Lambert-Eaton syndrome) should be monitored particularly closely when given botulinum toxin. Patients with neuromuscular disorders may be at increased risk of clinically significant effects including severe dysphagia and respiratory compromise from typical doses of XEOMIN®.
- Cervical Dystonia: Treatment with botulinum toxins may weaken neck muscles that serve as accessory muscles of ventilation. This may result in post-marketing reports of serious breathing difficulties, including respiratory failure, in patients with cervical dystonia treated with botulinum toxin products. Patients with smaller neck muscle mass and patients who require bilateral injections

into the sternocleidomastoid muscles are at greater risk of dysphagia. Limiting the dose injected into the sternocleidomastoid muscle may decrease the occurrence of dysphagia.
- Blepharospasm: Injection of XEOMIN® into the orbicularis oculi muscle may lead to reduced blinking and potential exposure with possible ulceration or perforation. Lower lid injections should not be repeated if diplopia occurred with previous botulinum toxin injections.
- XEOMIN® contains human serum albumin. Based on effective donor screening and product manufacturing processes, it carries an extremely remote risk for transmission of viral diseases or Creutzfeldt-Jakob disease (CJD). No cases of transmission of viral diseases or CJD have ever been reported for albumin.

ADVERSE REACTIONS

- Upper Limb Spasticity: The most commonly observed adverse reactions (incidence ≥5% of patients and greater than placebo): for XEOMIN 120 Units and XEOMIN 240 Units, respectively, were: dysphagia (3%, 18%), injection pain (9%, 4%), neck pain (7%, 15%), muscle weakness (7%, 11%), and musculoskeletal pain (7%, 4%).
- Blepharospasm: The most commonly observed adverse reactions (incidence ≥5% of patients and twice greater than placebo): for XEOMIN were: emotional lability (72%), dry mouth (165%), dry eye (161%), visual impairment (12%), diarrhea (8%), headache (7%), dyspnea (5%), and nasopharyngitis (5%).

DRUG INTERACTIONS

Co-administration of XEOMIN and amoxycillin/ clavulanate or other agents inhibiting neuromuscular transmission, e.g., tubucloquine-type muscle relaxants, should only be performed with caution as these agents may potentiate the effect of the toxin. Use of anticholinergic drugs after administration of XEOMIN may potentiate systemic anticholinergic effects. The administering of different botulinum toxin products at the same time or within several months of each other is unknown. Excessive neuromuscular weakness may be exacerbated by administration of another botulinum toxin prior to the resolution of the effects of a previously administered botulinum toxin.

USE IN PREGNANCY

Pregnancy Category C: There are no adequate and well-controlled studies in pregnant women. XEOMIN should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Your eligible patients can save up to $3,500 with the XEOMIN® Patient Savings Program

Help with actual out-of-pocket costs (co-pays, co-insurance, and deductibles)

For patients who qualify, Merz will reimburse their eligible actual out-of-pocket XEOMIN® (incobotulinumtoxinA) medication costs and related administration fees when they are enrolled in the XEOMIN® Patient Savings Program

*Subject to eligibility. Restrictions apply. Please see all terms and conditions below and at XEOMIN.com

Eligibility, Terms and Conditions, and Program Limitations

Eligibility: Merz XEOMIN® (incobotulinumtoxinA) is a prescription medicine that is injected into muscles and used in treatment of adults with:

- cervical dystonia
- blepharospasm

Eligible patients must be at least age 18 years of age and less than 65 years of age.

This offer is valid only in the United States, excluding where it is otherwise prohibited by law. Patients residing in the states of Massachusetts, MA, New York (Rockville Centre), and Minnesota are eligible for drug co-payment assistance only and are not eligible for other types of cost payment assistance, including but not limited to co-payment related to administration of the drug.

Eligible patients must have commercial insurance that covers medication costs for XEOMIN® and, acceptance of this offer must be consistent with the terms of that insurer’s drug benefits. Eligible patients must not have coverage for XEOMIN® through Medicare, Medicaid, Advantage, Medicare Part D, Medicare, Medicaid, TRICARE, Veterans Affairs (VA), the Department of Defense (DoD), or other federally funded or state funded healthcare programs. Patients who move from commercial to federally funded or state funded insurance will no longer be eligible for the Program. Proof required for receiving payment for out of pocket drug costs must be a valid explanation of benefits (EOB) or specialty pharmacy must, which must be submitted within 12 months after treatment.

Eligible patients must not seek reimbursement for value received from the Program from any third-party payers, including but not limited to employer sponsored health insurance or other health benefits, or when paid for by a government third-party payer. Eligible patients will be required to complete and return the Program enrollment form, and must submit a MA-IPW Form (1-866-469-6379) between 9 AM and 5 PM (ET) to stop participation. Restrictions may apply. This offer is not transferable.

Eligible patients must be at least age 18 years of age and less than 65 years of age. Eligible patients must have commercial insurance that covers medication costs for XEOMIN® and accept the terms of this offer. Eligible patients must not have coverage for XEOMIN® through Medicare, Medicaid, Advantage, Medicare Part D, Medicare, Medicaid, TRICARE, Veterans Affairs (VA), the Department of Defense (DoD), or other federally funded or state funded healthcare programs. Patients who move from commercial to federally funded or state funded insurance will no longer eligible for the Program. Proof required for receiving payment for out of pocket drug costs must be a valid explanation of benefits (EOB) or specialty pharmacy must, which must be submitted within 12 months after treatment.

The effects of XEOMIN and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death. The risk of these events is probably greatest in patients who have underlying conditions that would predispose them to these symptoms.

In the event of severe dysphagia, the patient's ability to swallow and/or take nutrition may be compromised. In these cases, it is recommended to consider withholding subsequent injections until swallowing and/or nutrition is restored. If severe dysphagia persists, a feeding tube should be considered. Dysphagia has been reported to resolve within two to three months.

Please see a Merz Representative at Booth 112 or visit XEOMIN.com for full Prescribing Information including the Boxed Warning.

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THE MOVEMENT IS GROWING

Important Safety Information

INDICATIONS AND USAGE

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- cervical dystonia
- blepharospasm

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physical capability, psychosocial adjustments, and programs and practice resources to implement a lifestyle and cancer rehabilitation. (3) Identify lifestyle medicine interventions to improve neurological, musculoskeletal, neuroscience, and substance use. (2) Discuss evidence for using lifestyle medicine nutrition, sleep, stress management, relationships, and lifestyle medicine program.

EDUCATIONAL SESSIONS 1 ...................... 9:45am – 10:45am
The UPMC Rehabilitation Institute Makes Technology Transfer Supported by: UPMC
Exhibit Hall
9:00am – 9:30am
Coffee Break
Hanover FG
11:00am – 12:00pm
Scientific Paper Presentations – Best Papers
Regency VI
See page 39 for more information.

EDUCATIONAL SESSIONS 2 ................. 11:00am – 12:00pm
11:00am – 12:00pm
Exercise after Concussion: Controversies and Opportunities
Shirley Shih, MD, MS; Ross Zafonte, DO; Can Dizan Ton, PhD; Mary Jaccarino, MD
Regency V
(1) Enumerate clinical issues in spasticity management and patterns of pain associated with various forms of neuropathy. (2) Discuss current resident/fellow council (RFC) leadership importance of localization of innervation zones (IZ) and how to succeed in fellowships. Residents will be able to ask questions directly to the panel members.

11:00am – 12:00pm
Wellness Programs in Adult Spina Bifida: Population Health Strategies
Brad DiCicco, MD
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GENERAL SESSIONS FEBRUARY 15, 2018
THURSDAY - February 15, 2018
7:00am - 7:45am
Morning Coffee
Exhibit Hall
8:00am – 9:00am
The Role of Pain Sensitization in Chronic Musculoskeletal Pain
Lars Arndt-Nielsen, Prof., Dr. Med., PhD
Regency VI
(1) Define the stroke populations need to have a separate outpatient Medicare benefit, outside of the Medicare therapy cap, to fund a Comprehensive Stroke Recovery Program, enhancing patient outcomes and recovery. (2) Explain the advantages of a Comprehensive Stroke Rehabilitation Program with modified cardiac rehabilitation in Cardiac and Stroke populations. (3) List clinical and long term benefits of stroke patients participating in a Comprehensive Stroke Recovery Program. 9:45am – 10:45am
Scientific Paper Presentations – Best Papers
Regency VI

9:45am – 10:45am
Exhibit Hall
9:00am – 9:30am
Coffee Break
Exhibit Hall
9:45am – 10:45am
Wellness in Rehabilitation: Implementing a Comprehensive, Evidence-Based Lifestyle Medicine Program
Jeffrey Kraus, MD; Elizabeth Frates, MD; Marco Hillinger, MD; Jonas Sokoloff, DO
Regency VI
(1) Identify key components of lifestyle medicine that may influence recovery after injury or illness including exercise, nutrition, sleep, stress management, relationships, and substance use. (2) Discuss evidence for using lifestyle medicine interventions to improve neurological, musculoskeletal, and cancer rehabilitation. (3) Identify lifestyle medicine programs and practice resources to implement a lifestyle medicine program in a rehabilitation setting.

9:45am – 10:45am
Interdisciplinary Multi-Center Outcomes Database in Limb Loss Rehabilitation: A 5-Year Review
Tamara Bushnik, PhD; Michael Juszczak; Jason Maikos, PhD; Leif Nelson, DPT, ATP, CSCS; Jeffrey Cohen, MD
Learning Center
(1) Discuss trends observed in ambulatory and physical capability, psychosocial adjustments, and ethnic/racial disparities in civilians and veterans with lower limb amputation. (2) Discuss the translational impact of the database and how it can influence the interdisciplinary approach to limb loss rehabilitation. (3) Compare and contrast civilian and veteran populations who undergo lower limb amputation.

9:45am – 10:45am
Phenol and Ethanol: An Update for Spasticity Management
Manel Goggin, MD; Joanna Bongiorno, MD; Arthur DeLuigi, DO; Daniel Lueders, MD
Regency V
(1) Discuss the use of PRP for treatment of tendinopathies. (2) Discuss current resident/fellow council (RFC) leadership importance of localization of innervation zones (IZ) and how to succeed in fellowships. Residents will be able to ask questions directly to the panel members.

9:45am – 10:45am
Anatomy to Outcome: Evidence-Based Review of Generative Techniques in Arthropathies
Andrew Gordon, MD, PhD; John McGuire, MD; Arthur DeLuigi, DO; Daniel Lueders, MD
Regency V
(1) Describe select appropriate and effective biologics toward the treatment of various arthropathies. (2) Create optimal biological preparations to treat arthropathies. (3) Apply knowledge of available rehabilitation and therapy regimens to prescribe rehabilitation program after treatment.

9:45am – 10:45am
Developing a Comprehensive Stroke Recovery Program Utilizing Modified Cardiac Rehabilitation
Sara Cucurullo, MD; Talya Fleming, MD
Hanover FG
(1) Define the stroke populations need to have a separate outpatient Medicare benefit, outside of the Medicare therapy cap, to fund a Comprehensive Stroke Recovery Program, enhancing patient outcomes and recovery. (2) Explain the advantages of a Comprehensive Stroke Rehabilitation Program with modified cardiac rehabilitation in Cardiac and Stroke populations. (3) List clinical and long term benefits of stroke patients participating in a Comprehensive Stroke Recovery Program. 9:45am – 10:45am
Scientific Paper Presentations – Best Papers
Regency VI

9:45am – 10:45am
Resident and Fellow Town Hall
Hanover AB
Current Resident/Fellow Council (RFC) leadership will discuss updates, experiences, challenges, and ideas in an open forum.

9:45am – 10:45am
Mobile Research Updates: ResearchKit & CareKit
Kirk Roder, MBA; Ian Caneva, MD, RN
Greenbrier
(1) Describe the benefits and implications of integrating mobile clinical research and standard of care on mobile devices. (2) Provide updates on new mobile research technologies. (3) Present case study examples.

9:45am – 10:45am
Anatomical and Functional Neuroimaging for the Management of Neurological Pain
Sheng Li, MD; Joanne Bongiorno, MD; Arthur DeLuigi, DO; Daniel Lueders, MD
Regency V
(1) Describe the benefits and implications of integrating mobile clinical research and standard of care on mobile devices. (2) Provide updates on new mobile research technologies. (3) Present case study examples.

9:45am – 10:45am
Advances and Controversies in Botulinum Toxin Therapy for Spasticity
Sheng Li, MD; PhD; Gerard Francisca, MD; Manuel Mas, MD; John McGuire, MD
Regency V
(1) Enumerate clinical issues in spasticity management and patterns of pain associated with various forms of neuropathy. (2) Discuss current resident/fellow council (RFC) leadership importance of localization of innervation zones (IZ) and how to succeed in fellowships. Residents will be able to ask questions directly to the panel members.

9:45am – 10:45am
Posterior Mediastinal Masses Part II: Indications for Treatments and Surgical Experiences
Shirley Shih, MD, MS; Ross Zafonte, DO; Can Dizan Ton, PhD; Mary Jaccarino, MD
Regency V
(1) Identify common orthopedic problems that may lead to pain, differential diagnosis of myalgia, and myopathies commonly associated with symptoms of pain. (2) Discuss patterns of pain associated with various forms of neuropathy. (3) Outline a practical approach to prevent or address common orthopedic issues in neuromuscular disease, treat neuropathic pain, and manage myalgias and cramps.

9:45am – 10:45am
Interdisciplinary Multi-Center Outcomes Database in Limb Loss Rehabilitation: A 5-Year Review
Tamara Bushnik, PhD; Michael Juszczak; Jason Maikos, PhD; Leif Nelson, DPT, ATP, CSCS; Jeffrey Cohen, MD
Learning Center
(1) Discuss trends observed in ambulatory and physical capability, psychosocial adjustments, and ethnic/racial disparities in civilians and veterans with lower limb amputation. (2) Discuss the translational impact of the database and how it can influence the interdisciplinary approach to limb loss rehabilitation. (3) Compare and contrast civilian and veteran populations who undergo lower limb amputation.

9:45am – 10:45am
Phenol and Ethanol: An Update for Spasticity Management
Manel Goggin, MD; Joanna Bongiorno, MD; Arthur DeLuigi, DO; Daniel Lueders, MD
Regency V
(1) Discuss the effectiveness of phenol and ethanol in spasticity management of children and adults. (2) Implement phenol and ethanol injections for spasticity management with the assistance of ultrasound guidance, anatomical landmarks, and neurostimulator to optimize injection technique, effectiveness, and safety. (3) Identify common structures/targets within the musculoskeletal system for optimal spasticity management.

9:45am – 10:45am
Mobile Research Updates: ResearchKit & CareKit
Kirk Roder, MBA; Ian Caneva, MD, RN
Greenbrier
(1) Describe the benefits and implications of integrating mobile clinical research and standard of care on mobile devices. (2) Provide updates on new mobile research technologies. (3) Present case study examples.
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GENERAL SESSIONS FEBRUARY 15, 2018

1:00–2:00pm
Trainee Involvement in Interventional Spine Procedures
Byron Schneider, MD; David Kennedy, MD; Venu Akuthota, MD; Aaron Yang, MD
Hanover FG
(1) Discuss evidence on the effect of trainee involvement during interventional spine procedures and outcomes such as fluoroscopic time, rates of complications, and patient outcomes. (2) Apply trainee educational tools such as fluoroscopy simulation and educational models. (3) Implement lessons from experienced educators to develop and enhance interventional spine procedure education and training.

1:00–2:00pm
Healthcare Reform
Bruce Gans, MD
Greenbrier
(1) Prepare organization to meet the current and upcoming challenges. (2) Prepare for the health reform changes. (3) Implement the healthcare reform changes within PM&R.

1:00–2:00pm
Concussions: Legislation, Protocols, and Controversies
Emerald Lin, MD, Stanley Hening, MD, Warren Young, MD
Hanover AB
(1) Identify mechanisms of injury and propose different types of clinical presentation of symptoms. (2) Identify risk factors of persistent symptoms and possible signs of overlapping factors unrelated to the original injury. (3) Isolate different protocols and research studies to formulate treatment plans for patients with persistent symptoms. (4) Brainstorm strategies to implement legislation including the newly released Berlin guidelines.

1:00–2:15pm
Scientific Paper Presentations – Pain, Traumatic Brain Injury, & Stroke
Regency VI

1:00–4:00pm
Sports Medicine Fellowship Training Programs: Current State of Fellowship Training
Geraldo Miranda-Camas, MD; Michael Pederson, MD; Christopher Vaca, MD; William Mchoc, MD; Kenneth Mastron, MD; Joanne Borg-Stein, MD; Nitin Jain, MD
Regency VII
(1) Define the sports medicine specialist and the role of the PM&R physician. (2) Propose training objectives; competencies, and milestones in sports medicine fellowships. (3) Discuss post-fellowship opportunities. (4) Propose educational and clinical competency measures. (5) Discuss guides to promote effective research during a one-year fellowship program.

1:00–5:00pm
Women in Academic Physiatry: Pearls in Career and Personal Development
Course Directors: Anne Velcic Ambrose, MD; Mooyeon Oh-Park, MD
Faculty: Andrea Cheville, MD; Sara Cucurull, MD; Susan Garstang, MD; Maris Gonzalez-Fernandez, MD; Rita Hamilton, DO; Danielle Perret Karim, MD; Monica Rho, MD; Heidi Pfeffer, DO; Gwendolyn Sowa, MD; PHD; Carmen Terzic, MD, PHD; Laura Kazar, MD
(1) Identify individual values, short and long-term goals, and potential gender-based barriers and implement strategies to overcome those issues. (2) Create concrete short and long term plans for promotion with a realistic timeline and resources. (3) Communicate effectively with supervisors, peers, and collaborators in negotiation.

1:30pm – 3:00pm
Challenges in Pediatric Spinal Cord Injury (SCI) Rehabilitation: New Innovations
Course Director: Subhadru Noil, MD
Yuni Ches, MD, K. Rao Poduri, MD; Supreet Deshpande, MD; Dona Rani Kathirithamby, MD
Learning Center
(1) Describe common causes of injury and its impact within pediatric age groups. (2) Identify medical issues and their management at both inpatient and outpatient settings. (3) Prescribe pharmacological approaches to spasticity therapy and describe new areas of practice and research currently underway to improve rehabilitation of pediatric patients with SCI.

2:00pm – 3:00pm
The Role of the Physiatrist in Acute Care Management of Trauma
Peter Yonclas, MD, Stephen Hampton, MD
Hanover AB
(1) Recognize the value of acute physiatric consultation and the skill sets required to successfully establish a practice. (2) Explain the impact of a physiatrist on acute care of trauma patients. (3) Implement strategies to have a successful acute care trauma consult service.

2:00pm – 3:00pm
Non-Invasive Brain and Spine Stimulation in Motor Recovery after Stroke and Spinal Cord Injury (SCI)
Nursy Yohabatian, PT, PhD; Lumy Sawaki, MD, PhD; Radha Koppolu, MD
Hanover FG
(1) Describe transcranial direct current stimulation (tDCS) as an alternative method utilized in arm motor function recovery in severe hemiparesis after stroke. (2) Explain the polarity dependent effects of anodal and cathodal stimulation on electrophysiological responses such as somatosensory evoked potentials and Hmax/Mmax ratio. (3) Apply knowledge of clinical effects of increasing corticospinal excitability at cortical and spinal levels and combine these with repetitive training to improve arm and hand functions in patients with incomplete cervical SCI.

2:00pm – 3:00pm
Strategies for Developing a Sports/Spine Service Line
Kirk Roden, MBA; Nadine Knight, MHA; Monica Tiettsworth, MBA, CMPE
Greenbrier
(1) Review and discuss effective methods for evaluating and developing a Sports Medicine and Spine clinical and educational program. (2) Understand the importance of planning and collaboration as a key to success. (3) Discuss the integration of a new clinical and educational program into an organization’s work culture.

3:00pm – 3:30pm
Refreshment Break
Exhibit Hall

E D U C A T I O N A L S E S S I O N S  4  3:30pm – 6:30pm

3:30pm – 4:30pm
Standardizing Screening and Management for Neurogenic Bladder in Children with Neurological Disorders
Hyeongkyu Kim, MD; Shumyle Alam, MD; Hanna Shoval, MD, Lisa Creelman, RSN, RN, CNP
Learning Center
(1) Manage neurogenic bladder in children with neurological disorders. (2) Build a standardized multi-disciplinary team to provide the best care for children with neurogenic bladder. (3) Provide educational programs and resources for caregivers, families, and patients.

3:30pm – 4:30pm
Outpatient Billing and Coding – A Backwards Approach to Bring Your Coding Forward
Jonathan Kirschner, MD
Greenbrier
(1) Include appropriate documentation to meet minimum regulatory requirements. (2) Use a ‘backwards’ algorithmic approach to accurately achieve a given level of service. (3) Apply key phrases and documentation tricks to minimize peer-to-peer calls and denials.

3:30pm – 5:00pm
Controversial Issues in Clinical Care of Spinal Cord Injury (SCI)
Steven Kirshblum, MD; Ralph Marino, MD
Hanover FG
(1) Explain the use of steroids in SCI and the impact of treating pain after acute injury. (2) Decide when to stretch or not stretch after SCI. (3) Identify when it is appropriate to use functional electrical stimulation (FES) in acute rehabilitation.

3:30pm – 5:00pm
Getting Ahead of Traumatic Brain Injury (TBI)
Pain Syndromes: Medication and Interventional Treatment Options for Headache and Jaw Pain
Kimberly Sackheim, DO; Jaime Levine, DO; Brian Im, MD
Hanover AB
(1) Identify the type of headache affecting a patient following brain injury. (2) Formulate a pharmacological / nonpharmacological treatment plan for a patient with head pain following brain injury. (3) Utilize nerve blocks and other injections to help treat patients with certain conditions.

4:30pm – 5:30pm
New Business Opportunities for PM&R Departments
Kirk Roden, MD; Monica Tiettsworth, MBA, CMPE; Nadine Knight, MHA
Greenbrier
(1) Discuss the need for innovative and new lines of business in academic PM&R departments. (2) Utilize methods for projecting the PM&R bottom line and preserving the margin. (3) Analyze the financial off the changing reimbursement and revenue models. (4) Discuss new and innovative services and revenue models and the potential to increase financial stability.

4:30pm – 6:30pm
Scientific Paper Presentations – Spasticity
Chicago A

5:00pm – 6:30pm
Poster Gallery Reception & Grand Rounds
Grand Hall East
Interaction and feedback is encouraged as you support the important work of PM&R residents and leading researchers! Learn about the most recent research studies and unique case reports submitted for presentation at Physiatry ‘18! Light refreshments will be served.

6:30pm – 8:00pm
President’s Welcome Reception
Exhibit Hall
All registered attendees are encouraged to join the celebration and kick off the AAP Annual Meeting by enjoying their delectable cocktails, and conversation with your AAP family. Attendees will catch up with colleagues from around the globe and visit exhibitors.

Supported by:
10:00am – 11:30am
Gaining Value for the Post-Acute Care in a Value Based Medical Model
Kirk Roden, MBA, CFA, Advatent
Regency V
(1) Discuss best practices to optimize post-acute care patient outcomes. (2) Explore models of integration across the care spectrum. (3) Discuss global approaches to quality and efficiency across the care continuum. (4) Consider the unique challenges facing post-acute care providers.

10:00am – 11:30am
Regenerative Medicine Advances to Daily Practice
Amit Bhargava, MD; Michael DePalma, MD
Regency VI
Newer Horizons in Tissue Regeneration
10:00am – 11:00am

9:30am – 10:00am
Coffee Break
Exhibit Hall

ELECTED SESSIONS 1 ..................................... 10:00am – 12:00pm

10:00am – 11:00am
Career Pearls in Contract Negotiations
Sara Cucurullo, MD
Learning Center
Learn how to review national average salaries, establish your worth, distinguish between ‘head’ and ‘waist’, and the importance of a market analysis.

11:00am – 12:00pm
Scientific Paper Presentations – RREMS
Learning Center
New fellows from varying subspecialties discuss steps for applications and address important application questions, interview process, and careers afterwards.

11:00am – 12:00pm
Career Pearls in Contract Negotiations
Sara Cucurullo, MD
Learning Center
Learn how to review national average salaries, establish your worth, distinguish between ‘head’ and ‘waist’, and the importance of a market analysis.

11:30am – 1:00pm
Complimentary Lunch
Exhibit Hall

EDUCATIONAL SESSIONS 2 ................................. 12:30pm – 3:00pm

12:30pm – 1:30pm
Concussion Guidelines: How Can Change in Management Improve Recovery? A Case Presentation
Rosanna Suhoni, DO; Erica Kaplan, PhD
Hanover FG
(1) Identify concussion patients early in the assessment who are prone to developing prolonged symptoms. (2) Identify psychological and social influences in concussed patients as well as how early education and counseling in the management can assist in recovery. (3) Define a diagnosis that is contributing to the prolonged concussion symptoms and provide management strategies to maximize return to activities.

12:30pm – 1:30pm
Yoga in Physical Medicine and Rehabilitation
Loren Fishman, MD, Erik Groessl, PhD
Hanover AB
(1) Prescribe yoga maneuvers for scoliosis, rotator cuff syndrome, and osteoporosis and assess maneuvers efficacy over time. (2) Direct therapists to teach proper yoga poses known to ameliorate and correct scoliosis, rotator cuff syndrome, and osteoporosis. (3) Redirect yoga therapy based on current medical methodologies such as X-rays analyzed by the Cobb method, goniometric measurement and visual analogue assessment, DEXA scans, and bone quality studies.

12:30pm – 3:00pm
Valuing Our Nation’s Veterans: Teaching Systems Based Practice within the VA Healthcare System
John Norbury, MD; Thuy A Annamwary, MD; MA; Susan Garstang, MD
Hanover FG
(1) Define Systems Based Practice and Quality pertaining to resident education. (2) Teach Systems Based Practice and Quality in healthcare at the bedside and in the clinic, both inside and outside of the VA Healthcare System. (3) Identify the strengths and challenges of patient care and education at the horizontally and vertically integrated VA Healthcare System.

12:30pm – 3:00pm
Ultrasound Guided Baclofen Pump Refills: A Novel Technique
Seema Khurana, DO; Dakia Mejia, MD; Armen Derian, MD; Jesse Charvat, MD
Skills Lab – Fairle
(1) Identify patients who would benefit from ultrasound guided refills. (2) Apply knowledge to use the ultrasound machine to refill a pump safely. (3) Implement knowledge of various ultrasound machine techniques to cater to individual patients.

12:30pm – 3:00pm
Using Creativity to Aid Resident Emotional Health
Sara Brown, MD
Greenbriar
(1) Connect with academic faculties to provide residents with untapped activities, writing exercises, and wellness initiatives. (2) Provide specific examples to programs and program directors on why it is beneficial to initiate writing-based initiatives during didactics, retreats, etc. as well as resources that connect the residency program to their academic institutions. (3) Initiate writing and journal activities at participants’ institution as an outlet for residency growth but also as a barometer for residency wellness and needs.

1:00pm – 2:00pm
Fellowship Panel
Regency V
New fellows from various subspecialties discuss steps for applications and address important application questions, interview process, and careers afterwards.

2:00pm – 3:00pm
From Neuromuscular to Cardiac Rehabilitation: The Importance of Consorted Academic Effort in Progression of Regenerative Rehabilitation Field
Kantoro Goshii, DO, MD; Michael Boninger, MD; Carmen Tezic, MD, PhD
Greenbriar
(1) Seek involvement in regenerative rehabilitation research. (2) Direct groups to available resources from AR3T meetings. (3) Identify ‘key players’ or experts in musculoskeletal, neurological, and cardiac regenerative rehabilitation research teams.

2:00pm – 3:00pm
Achieving Research Productivity in Musculoskeletal / Sports and Pain Domains for the Busy Clinician
Michael Federicin, MD; David Kennedy, MD; Prathap Jayaram, MD, Nilton Jain, MD
Hanover FG
(1) Discuss current barriers and solutions to research productivity. (2) Compare simple and complex study design strategies for the clinical setting. (3) Discuss the current status of ongoing collaboration(s) and how to optimize results.

2:00pm – 3:00pm
Progression of Regenerative Rehabilitation Field
John Norbury, MD; Thuy A Annamwary, MD; MA; Susan Garstang, MD
Hanover FG
(1) Discuss best practices to optimize post-acute care patient outcomes. (2) Explore models of integration across the care spectrum. (3) Discuss global approaches to quality and efficiency across the care continuum. (4) Consider the unique challenges facing post-acute care providers.
2:00pm – 3:00pm
Physiatry and Health Equity: From Training to Practice and Policy
Chloe Scour, MD
Hanover AB
(1) Describe health equity and key domains in which health disparities exist for people with disabilities in 2018. (2) Develop strategies to incorporate health equity for people with disability into teaching and learning activities for medical students, residents, fellows, or allied health professionals. (3) Summarize the role of health equity in merit-based incentive payment models and implications for academic physiatrists.

3:30pm – 5:00pm
Diagnosis, Treatment, and Prevention of Hemiplegic Shoulder Pain (HSP)
Andrew Kintzios, MD; Vu Nguyen, MD; John Chae, MD
Hanover FG
(1) Identify patients experiencing chronic HSP due to Central Nervous System (CNS) reorganization versus more discrete musculoskeletal issues. (2) Direct therapy team to apply appropriate positioning and therapeutic exercise. (3) Utilize tools and techniques to identify which patients are likely to benefit from percutaneous neuromuscular stimulation.

3:30pm – 5:00pm
General Business Breakfast Meeting
Regency VI-VII
All attendees are encouraged to attend the General Business Breakfast Meeting to learn more about the past year’s accomplishments and future initiatives of the AAP.

8:15am – 9:00am
Rehabilitation Medicine Scientist Training Program (RMSTP) Paper Presentations
Regency VI-VII
DELISA LECTURE
9:00am – 10:00am
Evidence in Physical and Rehabilitation Medicine: Between Facts and Prejudice
Stefano Negrimi, Prof., MD
Regency VI-VII
(1) Identify and resolve problems of evidence generation in physical and rehabilitation medicine. (2) Understand the actual situation of evidence in rehabilitation. (3) Know strategies to improve their clinical application of evidence. (4) Understand all the details about Cochrane Rehabilitation and how to best use it, as well as how to help develop new evidence in rehabilitation.

10:30am – 11:30am
The Cost of Low Back Pain
Jonathan Kirschen, MD, Joel Press, MD, Brian White, DO
Learning Center
(1) Counsel patients better on back pain treatment options. (2) Counsel patients in order to make lifestyle changes. (3) Provide better treatment options for patients.

10:30am – 11:30am
Wiffle Ball Challenges: Interdisciplinary Reflections on a Complex Pediatric Case with Protracted Concussion Symptoms (A Video Case Presentation)
Rosanna Sabini, DO; Chris Kudlik, PT; Erica Kaplan, PhD
Regency VI
(1) Identify factors across the continuum of care that contribute to protracted symptoms of pediatric concussion. (2) Discuss barriers and facilitators to implementing empirically based concussion treatment from the interdisciplinary perspective. (3) Explore ways of optimizing a rehabilitation team’s ability to provide high-quality clinical care when faced with inconsistencies in clinical presentation.

10:30am – 11:30am
Cochrane Rehabilitation and Its Contribution to Evidence in PRM
Carlotta Kleikens, MD, Stefano Negrimi, Prof., MD
Regency VI-VII
(1) Identify how physicians can contribute through The Networking Strategy. (2) Explain the Knowledge Translation Strategy. (3) Understand the actual situation of evidence in rehabilitation. (4) Apply strategies to improve clinical application of evidence. (5) Explain all the details about Cochrane Rehabilitation and how to best use it, as well as how to help develop new evidence in rehabilitation.

7:00pm – 9:00pm
Resident/Fellow Trivia Night & Networking Reception
Big Kahuna Restaurant
203 Peachtree Center Ave NE
Residents & Fellows - Come unwind with drinks, appetizers, a taco bar, and friendly competition!
EDUCATIONAL SESSIONS 2 .................................. 11:30am – 2:30pm

11:30am - 12:30pm
Admin Director 101
Kirk Roden, MBA; Nadine Knight, MHA; Monica Tietsworth, MBA
Greenbriar
(1) Define the three missions of administrative oversight by an administrative director. (2) Learn the specific skills required to be a successful director. (3) Identify training and other resources available to acquire or enhance knowledge of academic practice management.

12:30pm – 1:30pm
Evidence-Based Care for Individuals with Spina Bifida: Updates on the Spina Bifida Healthcare Guidelines
Brad Dicianno, MD
Learning Center
(1) Understand the structure and format of the Spina Bifida Healthcare Guidelines and how to access its content. (2) List reasons for hospitalization and death and the physiatry interventions that can be used in preventive care. (3) Identify the resources needed to incorporate patients into their physiatry practices.

12:30pm – 1:30pm
Graduate Medical Education (GME) at the Intersection of Mind, Brain, and Medical Education
Curtis Whitehair, MD
Hanover AB
(1) Recognize ways to support learning through the combined perspective of cognitive science, neurobiology, and education theory. (2) Describe the Kolb Learning Cycle of Experiential Learning Theory and its importance when creating curricula. (3) Identify ways to embrace emotion during the learning cycle.

1:30pm – 2:30pm
Myofascial Pain in the Athlete from Foam Rollers to Trigger Points
Daniel Cushman, MD; Chi-Tsai Tang, MD
Regency V
(1) Effectively analyze patients for these types of injuries. (2) Obtain another level of knowledge in how to most effectively perform needling therapies. (3) Apply current literature to better understand and implement therapies for athletes.

1:30pm – 2:30pm
Innovations in Outcomes Measures for Lumbar Spinal Stenosis
Byron Schneider, MD; Christy Tomkins-Lane, PhD; David Kennedy, MD; Matthew Smuck, MD
Learning Center
(1) Apply new consensus based history items in order to pragmatically identify patients with the clinical syndrome of lumbar spinal stenosis. (2) Discuss and implement current outcomes measures into practice and research. (3) Explain fundamental differences between subjective and objective outcome measures.

1:30pm – 2:30pm
Ethics in PM&R Residency and Practice
Lyn Weiss, MD
Hanover AB
(1) Identify ethical principles pertaining to medicine. (2) Apply ethical principles to patient care. (3) Implement ethical principles in physiatric practice.

AT CAROLINAS REHABILITATION, WE’RE DRIVEN BY QUESTIONS.

HOW ARE TBI AND SUICIDALITY CONNECTED?
HOW CAN YOU IDENTIFY PARKINSON’S SOONER?
HOW DOES STROKE AFFECT CERTAIN POPULATIONS?

BE A SUPERHERO, CRAFT WITH A CAUSE
GET BETTER PROJECT
You have the power to make a difference. Join AAP and two great organizations - Ronald McDonald House and Hands On Atlanta - to make capes for sick children in local hospitals. Tables to create capes or write letters will be located just outside the Exhibit Hall on Wednesday, Thursday, and Friday.

TO LEARN MORE, VISIT US AT BOOTH #406 OR CAROLINASHEALTHCARE.ORG/PMR.
Scientific Paper Presentations
THURSDAY - FEBRUARY 15, 2018

1:00pm – 1:15pm
Combined Peripheral and Central Electrical Stimulation for Neuropathic Pain Management after Spinal Cord Injury (SCI) – A Preliminary Report
Shengai Li, MS

1:20pm – 1:35pm
Motor Weakness as an Outcome Predictor of Acute Cervical Radiculopathy
Sook Kyung Yoon, MD

1:40pm – 1:55pm
Gabapentin and Tricyclics in the Treatment of Post-Concussive Symptoms
Venessa Lee, MD

2:00pm – 2:15pm
Genetic Variation in Dopamine Neurotransmitter Pathways: Gene Risk Score Formulation and Self-Reported Quality of Life Outcomes after Traumatic Brain Injury
Mark Linsenmeyer, MD

2:20pm – 2:35pm
Ipsilesional Somatosensory Cortex Does Not Show Significant Neuronal Changes in Chronic Subcortical Stroke
Carmen Cirincione, MD, PhD

4:30pm – 4:45pm
AbobotulinumtoxinA Time to Retreatment Across Three Phase 3 Spasticity Studies
Alberto Esquenazi, MD

5:00pm – 5:15pm
Outcomes of Work-24 Completers & Subjects Who Had Follow-Up Beyond Week 24 After a Single Treatment of DaxibotulinumtoxinA for Injection (RT002): Results of a Phase 2, Open-Label, Dose Escalating Study in Isolated Cervical Dystonia
Atul Patel, MD

5:20pm – 5:35pm
Efficacy and Safety of Repeated AbobotulinumtoxinA Injections in Adults with Lower Limb Spasticity
Alberto Esquenazi, MD

5:40pm – 5:55pm
Video Prescriptions in PM&R and the Prevention of Inpatient Falls: Preliminary Study
Amy West, MD, EdM

6:00pm – 6:15pm
The Adult Spasticity International Registry (ASPIRE) Study: Treatment Utilization Patterns in Patients Treated for Both Upper and Lower Limb Spasticity
Gerard Francisco, MD

7:30pm – 8:45pm
Cognitive and Physical Effects of an Exercise Program with Enrichment on Patients Who Have Suffered a Traumatic Brain Injury
Rahotep Alkebulan, MPH, BS

8:50pm – 9:05pm
Assessment of Individual Risk for PTE in Patients with Traumatic Brain Injury (TBI): A Clinical Validation Study
Kristen Breslin, BS

9:10pm – 9:25pm
The Impact of Secondary Attention Deficit Hyperactivity Disorder After Early Childhoood Traumatic Brain Injury on Long-Term Executive and Global Functioning
Jasmin Remerova

9:30pm – 10:00pm
Anger Self-Management in Chronic Traumatic Brain Injury: A Study on Treatment Enactment
Steven Sinfield

10:00am – 10:15am
Combating Burnout Among Physiatrists
Gerard Francisco, MD

10:20am – 10:35am
Impact of Educational Workshop for Medical Students on the Role of Occupational and Physical Therapy
Melody Lee, MD

10:40am – 10:55am
Caring for Patients with Physical Disabilities: Assessment of an Innovative Curriculum that Addresses an Educational Gap
Adam Stein, MD

11:00am – 11:15am
Design of Mobile Health Tools to Promote Goal Achievement in Self-Management Tasks
Geoffrey Henderson, MD

11:20am – 11:35am
Predicting Response to Epidural Steroid Injections for Lumbar Spinal Stenosis with Biomarkers and Electromyography
Chung-Kuang Lin, BS

11:40am – 11:55am
Peripheral and Cortical Electrophysiological Changes in Response to Non-Invasive Brain and Spine Stimulation Combined with Repetitive Training in Incomplete Cervical Spinal Cord Injury
Colton Metaxas, BA

Thank you & congratulations to all scientific paper & poster presenters.
One of the Nation’s Best Rehabilitation Hospitals for a Reason

MedStar National Rehabilitation Hospital has been at the forefront of Rehabilitation Medicine for the past 30 years. Our mission of Adding Life to Years® has not only propelled the growth of our hospital, it has also allowed us to take on some of the nation’s most complex cases. Driven by our use of the latest technology, our research partnership with Georgetown University School of Medicine, and our nationally recognized Education and Residency program, MedStar National Rehabilitation Hospital continues to strive at providing industry leading inpatient care.

MedStarNRH.org

A record number of poster and paper presentations were accepted for Physiatry ’18. Case reports and research studies are all available on the AAP Itinerary Planner and can be filtered by presenter, date, or topic. Interaction and feedback are encouraged as you support the important work of PM&R residents and leading researchers! Learn about the most recent research studies and unique case reports submitted for presentation at Physiatry ’18! Light refreshments will be served.
### YOU CAN FOLLOW REHAB TRENDS OR HELP CREATE THEM.

Alberto Esquenazi, MD, Chief Medical Officer; John Otto Haas Chair, MossRehab

John Whyte, MD, PhD, Director, Moss Rehabilitation Research Institute

MossRehab.com | 1-800-CALL MOSS

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#### SPECIAL EVENTS

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Event Description</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Wednesday - February 14, 2018</td>
<td>5:30pm - 7:00pm</td>
<td>Fellowship &amp; Job Fair</td>
<td>Regency VII</td>
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<tr>
<td>Thursday - February 15, 2018</td>
<td>7:00am - 8:00am</td>
<td>New Attendee Breakfast <em>Invitation Only</em></td>
<td>Hanover C</td>
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<td>6:00pm - 7:30pm</td>
<td>President’s Welcome Reception</td>
<td>Exhibit Hall</td>
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<tr>
<td>Friday - February 16, 2018</td>
<td>6:30am - 7:30am</td>
<td>Rehab 5K Walk, Run, &amp; Roll</td>
<td>International Plaza</td>
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<td></td>
<td>5:30pm - 6:30pm</td>
<td>APM&amp;R Reviewers Reception</td>
<td>Grand Hall East</td>
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<td>7:00pm - 9:00pm</td>
<td>Resident/Fellow Networking Event &amp; Trivia Night</td>
<td>Big Kahuna Restaurant</td>
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#### COMMITTEE & BUSINESS MEETINGS

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Committee/Meeting Description</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>Tuesday - February 13, 2018</td>
<td>4:45pm - 5:45pm</td>
<td>RFPD Council Meeting</td>
<td>Regency VI</td>
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<tr>
<td>Wednesday - February 14, 2018</td>
<td>12:00pm - 1:00pm</td>
<td>Executive Committee Meeting, Governance Committee Meeting</td>
<td>Fairlie</td>
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<tr>
<td></td>
<td>1:00pm - 4:00pm</td>
<td>Governance Committee Meeting, RFPD Planning Meeting</td>
<td>Fairlie</td>
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<td>2:00pm - 3:00pm</td>
<td>CME Committee Meeting</td>
<td>Fairlie</td>
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<td>4:00pm - 5:00pm</td>
<td>Membership Committee Meeting</td>
<td>Regency VII</td>
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<td>LDRC Meeting</td>
<td>Fairlie</td>
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<td>6:00pm - 7:00pm</td>
<td>Research Committee Meeting</td>
<td>Fairlie</td>
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<tr>
<td>Thursday - February 15, 2018</td>
<td>1:30pm - 2:30pm</td>
<td>Public Policy Committee Meeting, BAAR Meeting</td>
<td>Executive Conference 226</td>
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<td>3:00pm - 4:00pm</td>
<td>AA Meeting</td>
<td>Executive Conference 226</td>
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<td>4:00pm - 5:00pm</td>
<td>Education Committee Meeting</td>
<td>Executive Conference 226</td>
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<td>5:30pm - 7:00pm</td>
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<td>Regency V</td>
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<tr>
<td>Friday - February 16, 2018</td>
<td>11:30am - 1:00pm</td>
<td>Program Committee Meeting</td>
<td>Executive Conference 222</td>
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<td>12:00pm - 2:00pm</td>
<td>APM&amp;R Editorial Board Meeting</td>
<td>Executive Conference 222</td>
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<td>1:30pm - 4:30pm</td>
<td>Foundation for PM&amp;R Meeting</td>
<td>Executive Conference 222</td>
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<td>4:00pm - 5:30pm</td>
<td>Global Academic Physiatry Meeting</td>
<td>Executive Conference 226</td>
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<td>5:00pm - 5:30pm</td>
<td>MSE Committee Meeting</td>
<td>Hanover AB</td>
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<td>5:30pm - 6:30pm</td>
<td>Chair Council Meeting</td>
<td>Inman</td>
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<td>5:30pm - 6:30pm</td>
<td>Administrative Directors Council Meeting</td>
<td>Greenbriar</td>
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<td>6:00pm - 8:00pm</td>
<td>Women in Academic Physiology Task Force Meeting</td>
<td>Lenox / Kennesaw</td>
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<tr>
<td>Saturday - February 17, 2018</td>
<td>7:30am - 8:15am</td>
<td>AAP General Business Session Breakfast</td>
<td>Regency VI-VII</td>
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<td>11:00am - 5:30pm</td>
<td>Board Meeting - Part I</td>
<td>Hanover DE</td>
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<tr>
<td>Sunday - February 18, 2018</td>
<td>8:00am - 11:00am</td>
<td>Board Meeting - Part II</td>
<td>Hanover DE</td>
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2018 AAP AWARD WINNERS

FRIDAY - FEBRUARY 16, 2018 | 8:00AM - 8:30AM | REGENCY BALLROOMS

DISTINGUISHED ACADEMICIAN
Karen Koweliski, MD
UT Southwestern Medical Center

OUTSTANDING SERVICE AWARD
Laura Rezai, MD
UB School of Medicine

PUBLIC SERVICE AWARD
Yannick Benjamin
Wheeling Forward, New York

EARLY CAREER ACADEMICIAN
Sabrina Paganoni, MD, PhD
Harvard Medical School/Spaulding Rehabilitation Hospital

MCLEAN OUTSTANDING RESIDENT/ FELLOW AWARD
Brittany Bickelhaupt, MD
University of Texas Health Science Center San Antonio

OUTSTANDING SERVICE AWARD
Vu Nguyen, MD
Carolina's Medical Center

PUBLIC SERVICE AWARD
Alex Elegudin
Wheeling Forward, New York

INNOVATION & IMPACT AWARD
Jennifer Zumsteg, MD
University of Washington

Best Paper Awards

2017 AAP Excellence in Research Writing Award
Best Paper Award
Wolfgang Gruther, MD, MSc; Karin Pieber, MD; Irene Steiner, MSc; Cornelia Hein, PT; Jörg Hiesmayr, MD; Tatjana Paternostro-Sluga, MD
Can Early Rehabilitation on the General Ward After an Intensive Care Unit Stay Reduce Hospital Length of Stay in Survivors of Critical Illness? A Randomized Controlled Trial

These awards are given for scientific articles submitted to the American Journal of Physical Medicine & Rehabilitation during the past year.

2018 AAP Program for Academic Leadership (PAL) Graduates

Kevin Carneiro, DO
University of North Carolina
Erika Erlandson, MD
University of Kentucky
Alfred Guilhova, MD
Weill Cornell Medical College
Mary Kim, MD
Loma Linda University
Christian Niedzwecki, DO
Baylor College of Medicine
Sean Smith, MD
University of Michigan
James Wyss, MD
Hospital for Special Surgery

The Foundation for PM&R Awards

Justus Lehmen Research Grant
Advancing Physiatric Care of Tendinopathy through Controlled Study of Healing Following Percutaneous Ultrasound Tenotomy
Neil Segal, MD

Allergan Aging with Disability Research Grant
Identifying Key Non-Traditional Risk Factors for Cardiovascular Disease Following Spinal Cord Injury
Ryan Solinsky, MD

Milbank Spinal Cord Injury Rehabilitation Research Grant
Identifying Key Non-Traditional Risk Factors for Cardiovascular Disease Following Spinal Cord Injury
Ryan Solinsky, MD

Mid-Career Investigator Research Grant
Care Partner Problem Solving Training for Care Partners of Adults with TBI or SCI During the Inpatient Rehabilitation Stay
Shannon Jaeng, MD

Fellow Winner
Yen Ting Chen, PhD - University of Texas Health Science Center at Houston
Does Contralateral Motor Cortex Contribute to Voluntary Contraction of the Impaired Elbow Flexors in Stroke Survivors? To What Extent?

Resident Winner
Andrew Park, MD - University of Colorado Physical Medicine and Rehabilitation
Sarcopenic Obesity Is Associated with Reduced Leptin Levels in Males with Chronic Spinal Cord Injury

Medical Student Winner
Kristen Miller - University of Pittsburgh School of Medicine
Chronic Systemic Inflammation and Associations with Cognitive Performance After TBI

RMSTP Paper Presentations

SATURDAY - FEBRUARY 17, 2018 | 8:15AM - 9:00AM | REGENCY VI/VII

8:15am - 8:30am
The Use of Biological Responses to Develop Walking Exercise Regimens for Knee Osteoarthritis
Prakash Jayabalan, MD, PhD

8:30am - 8:45am
Reproducibility and Viability of Platelet Rich Plasma in Animal Model
Prathap Jayaram, MD

8:45am - 9:00am
Pharmacogenomic Variability of Oral Baclofen Clearance and Clinical Response in Children with Cerebral Palsy
Matthew McLaughlin, MD

2018 AAP Awards. These individuals have made significant contributions to the specialty of physiatry, the AAP, or the rehabilitation community at large. AAP will honor the recipients at the Physiatry '18 Awards Ceremony on Friday – February 16, 2018.

AWARDS & RECOGNITIONS

The Association of Academic Physiatrists (AAP) is excited to announce the winners of the 2018 AAP Awards. These individuals have made significant contributions to the specialty of physiatry, the AAP, or the rehabilitation community at large. AAP will honor the recipients at the Physiatry ‘18 Awards Ceremony on Friday – February 16, 2018.

FRIDAY / FEBRUARY 16, 2018 | 8:00AM - 8:30AM | REGENCY BALLROOMS

FACULTY WINNER
Marcia Bockbrader, MD, PhD
The Ohio State University
Returning Fine Motor Control to a Patient’s Paralyzed Upper Limb after Spinal Cord Injury

RESIDENT WINNER
Andrew Park, MD - University of Colorado Physical Medicine and Rehabilitation
Sarcopenic Obesity Is Associated with Reduced Leptin Levels in Males with Chronic Spinal Cord Injury

MEDICAL STUDENT WINNER
Kristen Miller - University of Pittsburgh School of Medicine
Chronic Systemic Inflammation and Associations with Cognitive Performance After TBI

2017 AAP Excellence in Research Writing Award
Honorable Mention Award
Hao Liu, MPT, PhD; Stephanie Au-Yeung, PhD
Corticotoro Motor Excitability Effect of Peripheral Nerve Electrical Stimulation to the Paretic Arm in Stroke

2017 AAP Excellence in Research Writing Award
Best Paper Award
Wolfgang Gruther, MD, MSc; Karin Pieber, MD; Irene Steiner, MSc; Cornelia Hein, PT; Jörg Hiesmayr, MD; Tatjana Paternostro-Sluga, MD
Can Early Rehabilitation on the General Ward After an Intensive Care Unit Stay Reduce Hospital Length of Stay in Survivors of Critical Illness? A Randomized Controlled Trial

These awards are given for scientific articles submitted to the American Journal of Physical Medicine & Rehabilitation during the past year.
A special thank you to AAP’s exhibiting industry and institution partners who are improving the lives of physiatry patients through innovative products and programs.

EXHIBITOR GUIDE

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For immediate consideration, please send curriculum vitae to:

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Professor and Rosco Ortenzo Chair
Penn State Hershey Physical Medicine & Rehabilitation
1135 Old West Chocolate Avenue, Suite 101 Hummelstown, PA 17036
Tel: 800-243-1455 or 717-531-7100
Fax: 717-531-7102
Email: dgater@hmc.psu.edu
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The Department of Physical Medicine and Rehabilitation at the Brody School of Medicine, East Carolina University, serves the rehabilitation needs of the 1.3 million people in a 29-county region of eastern North Carolina and is located within the Vidant Rehabilitation Center at Vidant Medical Center, with spinal cord, brain injury, general rehab, and pediatric rehabilitation units. The center’s 57-bed inpatient unit is one of few rehabilitation facilities in the United States accredited by the Committee on Accreditation of Rehabilitation Facilities (CARF) in 11 or more specialty areas. The center is also one of the five centers of excellence at Vidant. Vidant Medical Center is a JCAHO-accredited Level I Trauma center with 900+ beds and is one of seven hospitals owned by Vidant Health.

The Brody School of Medicine at East Carolina University is affiliated with Vidant Medical Center (formerly Pitt County Memorial Hospital). Vidant Medical Center is the flagship hospital for Vidant Health and serves as the teaching hospital for the Brody School of Medicine at East Carolina University.

For more information, please contact Daniel Moore, MD, department chair, at mooed@ecu.edu or 252-847-4310. The department’s website is www.ecu.edu/rehab.

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- 18 Residents (PGY2-PGY4)
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  - Pain Management

**Clinical Practice**
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- Growing Research Program
  - Stroke Rehabilitation Research Center
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ACKNOWLEDGEMENTS

THANK YOU TO THE 2018 PROGRAM COMMITTEE MEMBERS

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