



# PHYSIATRIST'S VOICE

## NEWSLETTER

APRIL 2018

*Enhancing Health And  
Function Through Education  
And Research In The Field Of  
Physical Medicine And  
Rehabilitation*

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## PRESIDENT'S MESSAGE

Matthew D. Imfeld, MD



Hello All,

I hope everyone had a great winter. I had the honor and privilege of celebrating my parents' 60th wedding anniversary on a cruise with my siblings in February. We had an excellent time and I want to thank Mom and Dad for setting such a fine example for Jane and me.

It is that time of year again. If you haven't already, please pay your annual dues, as they help in keeping us up-to-date on the latest happenings in PM&R.

We're one of the largest state organizations which gives us an advantage with the FMA and AAPM&R. We would like to continue to grow, as we only have about 20% of the PM&R physicians in Florida as members of our organization. So if you are aware of any PM&R docs who are not members, please feel free to recruit them. I am on the AAPM&R Presidents teleconferences, and believe me, there is no other state society that does as much as ours, especially when it comes to communication with its members. Please remember the yearly dues are less than the reimbursement for 1 initial admission to the rehabilitation unit, a one limb EMG, a one level epidural or 1 hour of medical testimony. So please, if you have not paid, click the link and pay so we can continue to keep you apprised.

<http://www.fspmr.org/join-renew-payment.html> and we now have an automatic renewal option.

We are looking forward to the FSPMR annual meeting with FSIPP on July 18-22 at the Breakers in Palm Beach. Please come down to South Florida and get some CME's and enjoy the camaraderie. Our own Jesse Lipnick, M.D., will be stepping up to be the president of FSIPP, so let's have a great turnout to give him some support. Please click on the link to sign up for the conference and view the schedule of presentations.

<http://fsipp-conference.com> scroll down and click on links for conference registration, hotel registration, and program agenda.

I want to thank the Board and Lorry Davis, our Executive Director, for their continued support and participation in the various organizations around the state. If you have any questions or concerns please contact me (MI@imfeldmd.com) or Lorry (Lorry4@earthlink.net). I look forward to seeing you all in July at The Breakers.

As always,  
Matt





## RESIDENTS SECTION



Morgan Pyne, DO  
Physical Medicine and  
Rehabilitation PGYIII  
University of South Florida  
Residency Program Liaison

### University of South Florida PM&R Residency Update

Everyone continues to stay busy here at the University of South Florida. 2nd year resident Dr. Amanda Hanekom is currently working on a case report about "Hyperkinetic Movement Disorder in a TBI patient," while fellow 2nd year resident Dr. Anabel Anon-Vila is currently working on a case series looking at hyperhidrosis management in amputees. Dr. Morgan Pyne and Dr. Brian Higdon have

submitted an abstract for the 2018 AAPMR conference titled, "Inpatient Rehabilitation for Distal Femoral Replacement Secondary to Multiple Myeloma: A Case Report." Dr. Pyne has also written an article for the PM&R Knowledge NOW website titled, "Neurological examination and classification of SCI." She is also currently putting the finishing touches on a paper discussing pain management options in neurofibromatosis type II and working on a case report for the upcoming FSPMR conference this July.

The residency continues to improve the education of our residents by continuing to have frequent lectures and demonstrations given by Sonosite along with monthly lectures by Dr. Braddom. And as always, the residents like to stay active in the community. Dr. Ben Dodsworth and Dr. Anon-Vila recently volunteered at Disney Half Marathon in January while Dr. Pyne is volunteering at the Wheelchair Games in Orlando this summer.



Dr. Anabel Anon-Vila and Dr. Ben Dodsworth  
at the Disney Half Marathon

And with the impending end of the year means we are getting ready to say goodbye to our chief residents! Our seniors are getting ready to graduate and are preparing to enter the real world! Dr. Aaron Martin will be entering his pain medicine fellowship here at USF while Dr. Nick Daley is looking to go into private practice. Dr. Anthony Urbisci will be sticking around as faculty here at the James A. Haley VA. We wish them all the best and know they will go on to do great things! And soon we will be able to update you on who the new incoming interns are as Match Day quickly approaches!



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## RESIDENTS SECTION



Christopher Alexander, M.D.  
PGY-3 Resident  
Department of PM&R  
University of Miami Miller School  
of Medicine



Andrew Sherman, MD, MS  
Residency Program Director  
FSPMR Member-at-Large  
University of Miami Miller School  
of Medicine

### **University of Miami Miller School of Medicine/Jackson Memorial Hospital PM&R Residency Update**

The University of Miami Miller School of Medicine/Jackson Memorial Hospital PM&R Residency Program is happy to report another successful quarter.

We are proud to announce a strong showing in Atlanta for the 2018 AAP Annual Assembly in February. In addition to giving poster presentations, attending lectures, and learning more about advancements in regenerative medicine on the horizon, we enjoyed networking and connecting with residents, students, and leaders in PM&R from around the country.

Our commitment to the Miami-Dade community has remained strong. We have continued to participate in a number of community service initiatives including staffing the San Juan Bosco Center, a free clinic geared towards serving indigent patient populations with limited access to medical care. Additionally, under the leadership of Sports Medicine Chairs, Jesse Charnoff, M.D. and Aaron Cross, D.O., we have also participated in several sporting events including the Dolphin Cancer Challenge, and the Miami-Dade County Paralympic Experience.

This year, for the first time, our residency program provided medical coverage for Wodapalooza, one of the largest international crossfit competitions in the world. This year, the event boasted over 25,000 spectators and nearly 1,500 athletes from over 30 countries. We are very proud of PGY-3, Christopher Moriarty, D.O., for facilitating our participation, and look forward to continuing to cover Wodapalooza in the future.

Looking forward, our residency program will be well represented at the 2018 American Medical Society for Sports Medicine in February. We will be displaying the following poster presentations:

**Moriarty, C; Charnoff, J; Felix, E.** Injury Rate and Pattern Among Brazilian Jiu Jitsu Practitioners: A Survery Study.

**Lacerte, M; Charnoff, J; Khurana, S.** Unusual cause of right knee pain radiating to the hip of a young basketball player.

**Charnoff, J; Tokarz, T; Aviles, X.** The Effect of Amniotic Fluid Allograft Injection in Knee Osteoarthritis: A retrospective case series.

**Charnoff, J; Price, C.** Resident Education of Ultrasound Guided Procedures: A Homemade Practice Model.

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## RESIDENTS SECTION

### University of Miami Miller School of Medicine/Jackson Memorial Hospital PM&R Residency Update

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Perhaps most exciting of all, our rehab family gained another member! On February 24th, PGY-4 Diana Molinares, M.D. gave birth to a healthy baby girl. She and the baby are doing wonderfully. Welcome to the family, Rosalia!

Finally, we would like to again acknowledge our incredible program coordinator, Coretha Davis, whose continued hard work, dedication, and selfless support of our residents and faculty has been invaluable. We look forward to building on our previous accomplishments, and continuing to update the constituents of FSPMR about the upcoming exciting events occurring within the department of Physical Medicine and Rehabilitation at the University of Miami Miller School of Medicine.



## Join Us!



**FSIPP 2018 ANNUAL MEETING, CONFERENCE AND TRADE SHOW  
AND THE  
FLORIDA SOCIETY OF PHYSICAL MEDICINE AND REHABILITATION**



**JULY 19-22, 2018  
THE BREAKERS RESORT, PALM BEACH, FL**



[www.fsipp-conference.com](http://www.fsipp-conference.com)





## RESIDENTS SECTION



Patricia Goodwin, DO, PGY-3  
Larkin Community Hospital  
Department of PM&R  
AOCPMR Resident Council  
Secretary/Treasurer

### Larkin Community Hospital PM&R Residency Update

The Larkin Graduate Medical Education and PM&R Department received ACGME pre-accreditation status during the last academic year. The transition process continues to remain in full swing toward meeting the July 2020 implementation date. More updates coming soon!



AOCPMR Mid-Year Meeting Nashville, TN  
April 12-15, 2018.  
Photo: P. Goodwin

This year's Mid-Year Meeting was in Nashville, TN on April 12-15. This year's theme was "Emerging Treatments in Musculoskeletal Medicine." Larkin PM&R had a table at the residency fair to share information about our program with medical students, other residents and attending physicians alike. Lecture topics at the conference include: "Medical Cannabis," "Practical PMR Practice," "Maximizing Safety During Spine Interventions," "The Olympic Experience: An Integrative Sports Medicine Model," and more.

Larkin PM&R hosted a MSK ultrasound workshop for residents in Fort Lauderdale, FL on January 8, 2018. The workshop was led by Dr. Francisco Romero, MD, from South Florida Spine and Sports Specialists and focused on shoulder anatomy and injury. Larkin PM&R Alumni served as table trainers.

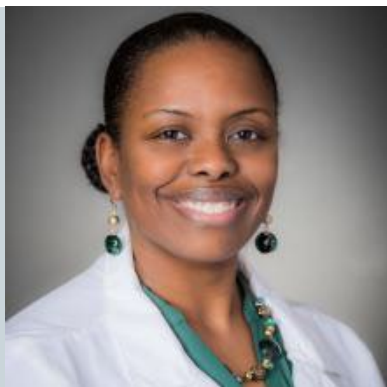
NSU/Larkin PM&R is seeking Florida physiatrists interested in clinical and didactic exposure. If you would like to learn more about opportunities to become an Assistant Clinical Faculty, Associate Professor, or present a lecture in your field of expertise, please contact the PM&R Program Director, Jose Diaz, DO ([josediaz@larkinhospital.com](mailto:josediaz@larkinhospital.com)) and Maikel Gonzalez ([mgonzalez@larkinhospital.com](mailto:mgonzalez@larkinhospital.com)) the Graduate Medical Education Program Coordinator.



Dr. Amir Mahajer, DO, teaches residents at the  
MSK Ultrasound Workshop in January 2018  
Photo: P. Goodwin



### ALLIED HEALTH UPDATE



LaMisa S. Rayside, MSN,  
ACNP-BC  
Doctor of Nursing  
Practice (DNP) Student  
University of Alabama at  
Birmingham (UAB)  
Central Florida Pain  
Relief Centers  
Orlando, Florida

January marked a year since prescriptive authority for Florida ARNPs and PAs went into effect. Prescribing authority allows ARNPs and PAs to practice with more autonomy ultimately improving patient outcomes and satisfaction. Since the implementation of e-scribing through SureScripts, patients vocalize appreciation in not having to make multiple trips to the pharmacy. The first trip to the pharmacy to drop off the prescription and the second trip to retrieve medication. Use of e-scribing has proven to be efficient. However, one issue with e-prescribing to the patient's pharmacy is if the CII

is not available, the prescription cannot be transferred to another location. At that point the patient must contact the office to have the script electronically sent elsewhere or they are forced to obtain a hard copy, which requires coming to the office. This causes frustration for the patient and time consuming yet, this is not a daily occurrence.

Now, take a moment to ask yourself the following question "how many times a day does a patient make an inquiry about medical marijuana?" I believe that I am asked about marijuana use for medicinal purposes at least two times a day. Clinical research regarding the medicinal purpose of cannabis ("marijuana") has become a topic of interest for the last decade. As you know, marijuana is a Schedule I drug and this class of substances have a potential for abuse, overdose, and lacks safety for use (Drug Enforcement Agency, [DEA], 2014). Management of chronic pain with marijuana is controversial. Currently, 29 states and D.C. have legalized marijuana use for medicinal purposes (ProCon.org, 2017). Florida legalized marijuana for medical purposes last year. Although marijuana use is legal at the state level, it remains illegal on the federal level, which limits conducting studies to further evaluate its efficacy in reducing pain. According to the National Institute on Drug Abuse (NIDA), marijuana is the most abused drug in the United States (NIDA, 2016). Marijuana's main compounds are THC and CBD. THC has been found to cause mind altering effects and CBD is being researched for containing properties that treat ailments such as anxiety, depression, schizophrenia, Huntington's disease, and Alzheimer's (Handwerk, 2015). Lynch and Ware (2015) evidence supports that CBD reduces pain from spasticity and chronic noncancer pain (CNCP). However, breeding more potent marijuana (higher levels of THC) results in undetectable CBD compound levels negating the suggested medical benefits (Handwerk, 2015).

Dronabinol (Marinol), the oral synthetic form of THC has been reassigned Schedule II and Schedule III, which are less controlled categories (Mathre & Krumm, 2016). CBD oil is used to manage nausea in cancer patients, anorexia in HIV/AIDS patients, and seizures in patients known to suffer from epilepsy. Lastly, there is limited evidence that smoking marijuana is effective in managing chronic noncancer pain (CNCP) (Deshpande, Mailis-Gagnon, Zoheiry, & Shehnaz, 2015; Whiting et al., 2015; Wilkinson et al., 2016). Therefore, in our clinic, if a patient decides to utilize marijuana to manage pain, anxiety, insomnia, nausea, and so forth, we simply discontinue prescribing opioid therapy. Moreover, evidence is lacking to determine if concurrent use of marijuana and opioids result in adverse effects such as respiratory and/or cardiac complications.

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## ALLIED HEALTH UPDATE

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FSPMR/FSIPP 2018 annual conference will be held in beautiful Palm Beach, Florida July 19-22. The conference is an opportunity to network with colleague to share new ideas and increase knowledge advocating for patients.

Finally, I would like to encourage my colleagues to join the Florida Society of Physical Medicine and Rehabilitation. The opportunities to learn more about the specialty of physical medicine and rehabilitation are endless. For more information on how to become a member and register for upcoming conferences, please visit

<http://www.fspmr.org>.

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## JOIN FSPMR

BENEFITS OF MEMBERSHIP INCLUDE:

MEETINGS WITH CONTINUING  
MEDICAL EDUCATION

OPPORTUNITY FOR NETWORKING IN  
THE STATE

EMAIL BROADCASTS KEEPING YOU "IN  
THE LOOP," AND MORE FREQUENT  
EMAIL BROADCASTS DURING  
FLORIDA'S LEGISLATURE

A LINK TO ORGANIZED MEDICINE VIA  
REPRESENTATION ON THE FLORIDA  
MEDICAL ASSOCIATION'S SPECIALTY  
SOCIETY SECTION

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# PHYSIATRIST'S VOICE

## NEWSLETTER

APRIL 2018



# FSIPP

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## FLORIDA SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS

February 18, 2018

In 2018, for the first time, the Florida Society of Interventional Pain Physicians (FSIPP) and the Florida Society of Physical Medicine & Rehabilitation (FSPMR) will be coming together to provide excellent education to their memberships in a combined meeting. Orlando Florete, MD, FSIPP President, and Jesse Lipnick, MD, FSIPP President--Elect and FSPMR Secretary, are thrilled to present the 2018 conference, Interventional Pain Management, 2018. This conference will take place July 19--22, 2018, at The Breakers in Palm Beach, Florida.

The Florida Society of Interventional Pain Physicians (FSIPP) represents over three hundred physicians devoted to promoting the development and practice of safe, high quality, cost--effective interventional pain management techniques for the diagnosis and treatment of pain and related disorders, and to ensure patient access to interventional pain medicine (or management) doctors and these treatments in the State of Florida. FSIPP has been a leader in promoting fair legislation, access to care and promotes well developed research and continues to expand our mission in the public and political arena.

This conference will include an FSPMR specific breakout on Saturday, Safe Opiate Prescribing, Business and Legal Sessions as well as interventional topics.

We strongly encourage both of our memberships to attend this incredible meeting and we look forward to working with all of you to improve treatment outcomes and access to care.

Best Regards,

Orlando Florete, MD President  
Florida Society of Interventional Pain Physicians

Jesse Lipnick, MD President--Elect  
Florida Society of Interventional Pain Physicians Secretary  
Florida Society of Physical Medicine and Rehabilitation



## FLORIDA PHYSIATRY CARING FOR DANCERS AND PERFORMING ARTISTS

Kathleen L. Davenport, M.D.

Physiatrists are at the forefront of diagnosis and treatment of performing artists at the local, national, and international levels. Our state of Florida has likewise expanded its reach and services to these impressive patients. Physiatrists are uniquely qualified to care for these patients given our training in managing functional goals, working in a team environment, and meeting each patient to address their unique needs.

Performers are both athletes and artists with unique medical needs. Dancers are athletes and have strength, endurance, and intensive training similar to other sports. Classical ballet technique trains the body in an anaerobic rather than aerobic capacity and current dance science is propelling dance medicine to encourage cross training in aerobic disciplines for our dancer athletes. Given the high amount of impact with jump training, non-impact cardio is emphasized.

Musicians are athletes of the fine muscles. The number and speed of repetitions required for high-level piano playing, for example, can place the performing artist at risk for overuse injury.

In addition to being athletes, they are also artists. When caring for these patients, it is important to recognize that the functional goal of their strength and mobility is creating an artistic vision. This includes aesthetic appearance, attire, and movement. It is not only important what movement is being done, but also how it is done. This can add an additional layer to any treatment of these patients, but there are also advantages. For example, an advantage of ballet jump training is that dancers are not only taught how to do a specific jump, but how to land gracefully. Therefore, dancers have been shown to have a lower rate of ACL injuries compared to athletes in other sports.

Performing artists are more likely to have overuse injuries compared to acute injuries. In addition to overuse injuries, performing artists are at risk for hearing injury due to exposure to loud music. This is more common in musicians compared to dancers, and can also vary depending on the instrument played or the location of performance. Ability to treat these artists depends on understanding their unique functional goals. Treating a dancer in a classroom setting is different than pianist ready to walk on stage. Physiatrists are uniquely qualified to discuss functional goals and are well trained in treating overuse injuries, such as tendinopathies.

In Florida, Performing Arts Medicine continues to expand as we have increasing numbers of artists joining our communities. The University of South Florida hosts a regional PAMA (Performing Arts Medicine Association) meeting in the spring, and Memorial Rehabilitation Institute hosts Performing Artists Health Screenings and a monthly Dance Medicine Journal Club. Performing artists benefit from a multidisciplinary approach and physiatrists are uniquely qualified as a team leader to guide artists toward optimizing their best self in mind, body, and movement.



The Memorial Rehabilitation Institute at the Professional Freelance Dancer Health Screen

Kathleen L. Davenport, M.D. is board certified in PM&R and Sports Medicine and specializes in Sports, Performing Arts and Dance Medicine. She works at the Memorial Rehabilitation Institute in Hollywood, FL and is currently the Company Physician for Miami City Ballet, is on the Board of Directors for the International Association for Dance Medicine and Science (IADMS), and is on the Executive Committee of the Dance/USA Task Force on Dancer Health.



### FLORIDA CARRIER ADVISORY COMMITTEE

MITCHELL J FREED MD - FSPMR CAC REPRESENTATIVE

I WILL OUTLINE THE MEETING OF WHICH IMPORTANT TOPICS INCLUDED:

- 1) LCD DRAFT FOR AMBULANCE COVERAGE
- 2) NEW MEDICARE CARDS PROJECT
- 3) **\*\*NEW TARGETED PROBE AND EDUCATE (TPE) PROCESS**
- 4) **EMPHASIS ON PHYSICIANS KNOWING THEIR COMPARTATIVE BILLING REPORT (CBR)**

**One.** The report from First coast focused initially on The Local Coverage Determination Draft of Ambulance Coverage for emergent and non-emergent ground ambulance coverage (DL76697). Comment period ends 3/22/2018."The LCD has been created to outline the Coverage indications, limitations, and/or Medical Necessity, HCPCS and ICD-10 codes". It was stated this was really not new coverage determination but consolidation from various other areas with clarifications into one policy.

Medical necessity for Non-emergent ambulance coverage is established when the patient's condition is such that the use of any other method of transportation to/from hospital or SNF (not covered to physician office unless just stopover on way) is contraindicated. The transport must be to obtain a Medicare covered service. One part of medical necessity that is taken into account is **Bed confinement** and is defined as unable to get up from bed without assistance **and** unable to ambulate **and** unable to sit in a chair or wheelchair. The requirement for physicians order for repetitive scheduled ambulance is no earlier than 60 days before the date of service. For non-repetitive transport an order from the attending physician certifying medical necessity must be obtained within 48 hours after transport. (If unable to get Attending physician, then NPs, PAs, CNS, RN and Discharge planners who knows details are acceptable)

The Emergency transport diagnoses necessity is for acute conditions is that in the absence of immediate medical attention could be expected to result in the patient's health being in serious jeopardy, cause serious impairment to bodily functions or cause serious dysfunction of any body organ or part. Covered indications, limitations, destinations and provider qualifications are outlined. Of note, is that if medical necessity is not established then the Recipient is liable for the charges of transportation. (others who may have called the ambulance are not)

**Two.** MACRA 2015 required removal of Social Security Numbers which is currently the Health insurance claim number, (HICN) for all Medicare recipients by April 2019. HICN will be replaced by Medicare Beneficiary Identifier (MBI) on all new members starting April 2018 and transition period with run though December 31, 2019. **Your Systems must be ready to accept the new Medicare number, MBI by April 2018** **The systems will accept/process both HICN and MBI through Dec 2019.** After January 2020, HICNs will no longer exchange with beneficiaries, Providers, Plans and other third parties with limited exceptions.

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### **FLORIDA CARRIER ADVISORY COMMITTEE**

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**Three.** \*\*New Targeted Probe and Educate (TPE) will replace all complex Medical Review. (Does not apply to automated reviews or prior authorizations) Strategy will be that the Medicare administrative contractor (MAC) can identify providers most likely to be submitting non-compliant claims rather than reviewing 100% of providers based on review of existing data analysis procedures. A letter will be sent to providers identified for review. MAC will limit sample size from 20-40 claims. Letters will be sent to provider at the conclusion of each round detailing review results and offer one-on-one education. A Gap of 45-56 days will allow provider time to make improvements between each educational intervention and next round. MAC will discontinue the process working with providers if/when provider becomes compliant. MAC will refer to CMS for additional actions those who continue non-compliant with high denial rates after three rounds. WEBCASTS (learning on Demand) is AVAILABLE ON TPE FROM FIRST COAST on Medical review and Education Webpage.

**Four.** Know your Comparative Billing Report (CBR)! A detailed examination of comparative data that determines your provider billing pattern and compares with our peers is available through First Coast. This can be obtained through First Coast Secure Provider Online Tool (SPOT) or with written request. THIS IS THE DATA used to determine which providers get Targeted Probe. OF NOTE, it is felt to be positive when review is requested and not an alert when a CBR is made. It will be important to know your % of uses of higher codes compared to your peers.

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## Why Fall Prevention Is So Important

Jaqueline Osborne, PT, DPT, GCS, CEEAA

Since January 1, 2011, and each and every day for the next 20 years, roughly 10,000 Americans will celebrate their 65th birthdays. This means that by 2030, when the last Baby Boomer turns 65, the demographic landscape of our nation will have changed significantly. One of every five Americans or about 72 million people will be an older adult.<sup>1</sup> Furthermore, as many as 1/3<sup>rd</sup> of older adults will experience at least one fall over the course of a year<sup>2</sup> simply because they are an older adult. This means that 24 million Americans will experience at least one fall in 2017.



Approximately 19.4% of Florida residents are at least 65 years old<sup>3</sup> which means that nearly 3.2 million older adult Floridians will fall at least once in 2017.<sup>4</sup> In 2014, 2,445 older Floridians died as a result of a fall and an additional 50,730 were hospitalized costing over \$46,000 per hospitalization.<sup>5</sup>

Unfortunately, many older adults who are hospitalized do not recover previous activity levels and are often re-hospitalized within 30 days of discharge from an acute facility or an emergency department.<sup>6</sup> This is why physical therapists and physical therapists assistants are so important. As movement experts, physical therapists have a skill set that when utilized will prevent falls, visits to the emergency department and hospitalizations. Unfortunately, physical therapy services are often not utilized until an injury occurs. In this way the profession is reactive to the needs of the community. Although physical therapists and physical therapist assistants are essential members of rehabilitation care teams, these clinicians are also injury and functional decline prevention experts.

Preventing falls and specifically falls that result in injuries is a multifactorial endeavor. Older adults are susceptible to falls because many of the factors responsible for a fall affect older adults.

Age $\geq$ 65	Sedentary lifestyle	Urinary Incontinence
History of falls in the last year	Leg weakness	Vision changes
Self-reported difficulty with walking	Slowed walking speed	Hearing loss
Self-reported difficulty with balance	Fear of falling	Footwear
Chronic health conditions	Taking four or more medications	Environmental obstacles

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### Why Fall Prevention Is So Important

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- **Advancing age** independently increases fall risk, specifically for those between the ages of 75 and 84.<sup>7</sup>
- A clinical guidance statement from the Academy of Geriatric Physical Therapy of the American Physical Therapy Association published in 2015 indicates that physical therapists should routinely ask older adults if they have **fallen in the previous 12 months**. In addition, at least one question about an older adult's **perception of difficulty with balance and walking** should be included in a falls screen.<sup>8</sup> If an older adult has fallen, a more in depth falls assessment should be done by a physical therapist. If an older adult has not fallen but reports walking and balance difficulty, a comprehensive falls assessment from a physical therapist is still recommended to determine an older adult's needs for preventing any fall from happening in the first place.
- It has been shown that older adults with at least one **chronic health condition** such as arthritis, high blood pressure, or diabetes are at a high risk of falls. Physical therapists possess the skill set needed to identify suboptimal movements and devise strategies to mitigate or eliminate disabilities due to the presence of comorbidity.
- Older adults with **low levels of physical activity** are also at high risk for falls. The National Institute of Health's National Institute on Aging (NIA) recommends that older adults "practice healthy aging." According to a recent healthy aging campaign launched by the NIA, this includes being physically active, making smart food choices, getting regular health screenings, and participating in enjoyable activities.<sup>9</sup> Physical therapists can help an older adult create a physical activity plan that considers their unique needs and is tailored specifically for them with the goal of improving **walking, balance, leg weakness, and fear of falling** while preventing decline in muscle strength, power, and cardiovascular fitness. A physical therapist can also facilitate communication with other members of an older adult's health care team regarding nutritional and health screening needs. The end result is fall prevention.
- **Taking multiple medications** has been linked to falls through a side effect profile that includes **dizziness, weakness, and fatigue**.<sup>10</sup> Physical therapists can help relay these unwanted medication effects to other members of the health care team while working towards a plan that keeps an older adult physically active.
- **Urinary incontinence** contributes to falls in older adults due to associated limitations in upper and lower body strength.<sup>11</sup> For example, lower body weakness and poor balance may limit the ability to get to a bathroom in time. Upper body weakness can affect the ability to use needed assistive devices such as walkers and grab bars. A physical therapist can help determine how urinary incontinence contributes to falls for an older adult as well as provide assessments and interventions that may reduce or eliminate urinary incontinence altogether.
- **Vision changes** that affect the ability to see in the dark, to accommodate to different types of lighting, to see contrasting colors and surfaces, and to judge depth affect an older adult's mobility and therefore poses a high fall risk.<sup>12</sup> Physical therapists can help an older adult identify if they rely on their vision for mobility and balance and communicate with the necessary members of the older adult's health care team to address any concerns.

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## Why Fall Prevention Is So Important

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- **Hearing loss** not only affects the ability to communicate but has been linked to a decline in social interaction, quality of life, mental decline and physical activity decline.<sup>13</sup> A physical therapist can help identify areas within an older adult's balance system that can be strengthened to help to compensate for hearing loss. Physical therapists can also facilitate communication to other members of the health care team to ensure hearing needs are met.
- **Improper footwear** has been linked to falls in older adults.<sup>14</sup> Physical therapists can help an older adult determine the features of a shoe that will optimize balance such as a firm, slip-resistant sole and a low heel.
- **Environmental obstacles** should be considered as fall risk factors that can be immediately changed. For example, throw rugs can be removed and lighting can be added to dark places such as hallways and bathrooms. Floor surfaces can be removed of clutter and furniture can be spaced so that it does not pose a threat to walking. Physical therapists can identify the obstacles that an older adult might encounter inside and outside the home and recommend adjustments to bed and chair heights based on an older adult specific characteristics. Physical therapists can also communicate with other members of the health care team to obtain services such as a home evaluation or obtaining services for needed equipment within the home such as improved flooring, lighting and grab bars.
- **Fall screening**, assessment, intervention and prevention are part of the important professional services provided by a physical therapists and physical therapist assistants. An older adult should not wait for a fall episode to seek the skilled services of a physical therapist to address their fall risk. Physical therapists not only restore health and alleviate pain, but they also:
  - Examine, evaluate, diagnose and manage movement dysfunction
  - Identify and address impairments in body structures and function, activity limitations, participation restrictions and changes in health status
  - Determine risk factors that may impede optimal functioning
  - Prevent the onset and progression of identified issues that may result from diseases, disorders, conditions or injuries
  - Determine intervention, prevention, fitness and wellness needs

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### **Why Fall Prevention Is So Important**

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For more information, please visit the Balance & Fall page of the Florida Physical Therapy Association website under the Resources tab at [www.fpta.org](http://www.fpta.org) or contact us at [info@fpta.org](mailto:info@fpta.org) or 850.222.1243.

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**Jaqueline Osborne, PT, DPT, GCS, CEEAA:** Is a licensed Florida Physical Therapist practicing at Brooks Rehabilitation, Jacksonville, specializing in mobile therapy. She is Chair of the Florida Physical Therapy Association's Fall Prevention Special Interest Group, and a member of the Florida Injury and Violence Prevention Advisory Council, Florida Department of Health. She is Board Certified in Geriatric Physical Therapy. Jacqueline is an author and researcher on aging, balance, fall assessments, and prevention.

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## The Florida Academy of **PAIN MEDICINE** Integration & Innovation

### **FMA President to Deliver Keynote Address at Opioid Summit**

FMA President, John N. Katopodis, MD has accepted the invitation from the Florida Academy of Pain Medicine to be the "Keynote Speaker" at the Opioid Summit on Saturday, April 28th at the Hyatt Regency Hotel on Clearwater Beach.

In a recent special report from Dr. Katopodis he noted that a deadly opioid epidemic has engulfed our state and the country as a whole. According to CDC, more than 500,000 people have died from drug overdoses between 2000 and 2015. Ninety-one Americans die every day from an opioid overdose.

He further noted that, "our profession is uniquely positioned to proactively confront this grim reality". At the Opioid Summit, Dr. Katopodis plans to share information about the current state of the opioid crisis, potential solutions, and what the FMA is doing.

Other Summit topics include pharmacology updates, prescription limits, legal aspects, alternative treatments, interventional pain management and much more.

Online registration is available at [www.fapmmed.net](http://www.fapmmed.net)

### **NOTICE OF OPIOID SUMMIT**

Hyatt-Clearwater Beach, FL  
301 South Gulfview Blvd.  
Clearwater Beach, FL 33767

Our opioid summit that will be held on April 28th.  
The FMA President will deliver the keynote address at this meeting.

Registration is now open for this event on our website at [www.fapmmed.net](http://www.fapmmed.net)

#### **SAVE THE DATE**

The Annual Meeting of the Florida Academy of Pain Medicine will be held July 27-29, 2018 at the Hyatt Regency Grand Cypress in Orlando, Florida.





## JOB OPS/OTHER OPS

January 15, 2018

### Florida Practice Opportunities

**Daytona:** Inpatient/outpatient. Stable, solid system with an amazing reputation. Collegial environment with many inpatient physiatrists.

**Jacksonville:** Outpatient. Develop and lead an outpatient program with your own design. Stimulating, supportive environment.

**Ocala:** Interventional or outpatient. Multidisciplinary practice. A vast referral network is already in place.

**Largo:** Mostly inpatient. Affiliate with a large national rehab provider. Independent contractor affiliation.

Linda Farr  
Farr Healthcare, Inc.  
888-362-7200  
717-395-2711 cell/text  
<http://www.farrhealthcare.com>



### Other Opportunities

Looking for Job Ops, Practices for Sale, Office Space for Lease, Equipment for Sale, other appropriate medically-related items, etc.,

To place such an ad, please go to <http://www.fspmr.org/opportunities.html>.

Placement cost is \$150.00 and is posted for a 3 month period.