Physiatrist's Voice

NEWSLETTER SEPTEMBER 2013

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

In This Issue

President's Address

Rigoberto Puente-Guzman, MD

YEAR IN REVIEW

As president of the Florida Society of Physical Medicine & Rehabilitation, I want to thank the members and officers that have made this last year very successful. Looking back, much has been accomplished.

We had a well attended annual meeting in June. I want to thank Dr. Albert Ray (Past President of FAPM) for our partnership in the Orlando conference. Next year, we are looking forward to again having our annual meeting again in conjunction with FAPM, but also having a specific PM&R tract being developed by Dr. Jesse Lipnick and Dr. Andrew Sherman with the focus on inpatient rehabilitation. We also want to give our gratitude to Medtronic for sponsoring our dinner and scientific presentation on the latest technological developments in spinal cord stimulators. The new release of an MRI compatible spinal cord stimulator promises to be a great benefit to our patients.

With the efforts of Dr. Sherman and in-state PM&R residents, our goal of establishing Resident and Fellow participation has been successful. Presently, in our society, we have garnered 21 new Florida residents/fellows. We have also established a resident section in our newsletter. We continue our political and legislative involvement in the local, state and national arena. Our ties with multiple societies, including but not limited to FAN, FAPM, FSIPP, FSR, FSA, FMA, AAPMR, AMA and now Puerto Rico's PM&R Society has given us a stronger voice in issues that affect our specialty. We applaud physiatrists in Florida who are making a difference like Dr. Jeffrey Zipper, who is the current President of FAPM and Dr. Jesse Lipnick, the Vice President of FSIPP.

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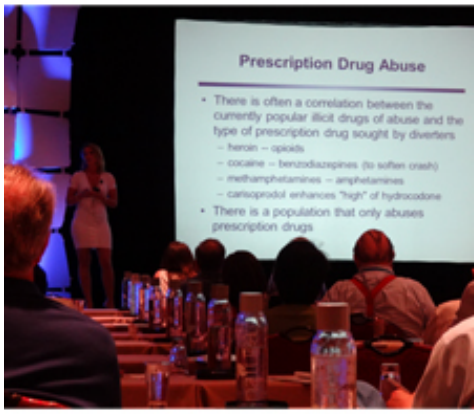

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YEAR IN REVIEW

(continued from previous page)

As part of our commitment of keeping our members up to date, you may have noted our regular electronic NEWS ALERTS. Our CAC representative, Dr. Zipper, has been tirelessly active with the latest issues, including that of Ultrasound LCD coverage by CMS. Thanks to recent productive conversations with Dr. Corcoran from FSCO (the Medicare administrative contractor for jurisdiction J 9 – Florida, Puerto Rico and the US Virgin Islands) with Florida PMR representatives and our sister societies (FAN, FRS, FISSP), FSCO has retracted its previous article titled "Ultrasound Guidance for Needle Placement in the Office Setting" which restricted the use of ultrasound for injection procedures.

We are starting our second year of our new and improved web site and newsletter which has allowed us to improve communication, education and networking to over 400 physiatrists in Florida. It has become a portal for information for in and out of state physicians, patients and groups. This has allowed us to recruit new sponsors and links with other organizations.

I want to give recognition to the physicians who volunteered their time at the WC Conference and manned the FSPMR booth (Dr. Oscar DePaz, Dr. Mitchel Freed, Dr. Matt Imfield, Dr. Jesse Lipnick, Dr.Wilda Murphy, and Dr. Mark Rubenstein). Our goal was to educate insurance carriers, case managers and others of the benefit of using physiatrists as the primary care physician for musculoskeletal injuries. We received positive feedback from most case managers which indicated a shift from initial surgical-ortho evaluations to a non-surgical physiatric approach.

We must continue planning and working for the future and especially mentoring future leaders and officers in our organization. With that in mind, I am sending out an invitation to all members to reflect where they are in their career and personal life and encourage them to be a part of an exciting group of physicians wanting their society to make a difference. If you are interested in joining the BOARD please contact Mrs. Lorry Davis (Executive Director) at lorry4@earthlink.net.

With best regards,
Rigoberto Puente-Guzman, MD
FSPMR President

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RESIDENTS SECTION

Jessica Gomes, D.O.
Physical Medicine & Rehabilitation, PGY-2
University of South Florida Program

The University of South Florida PM&R residency program has started another exciting academic year by recent approval from the ACGME to increase the program of eight residents to a program of twelve residents. Thus, after a very successful match we had the privilege of welcoming a new PGY-2 resident and three new PGY-1 residents (two from the University of South Florida & two from Philadelphia College of Osteopathic Medicine) into our four-year categorical program on July 1, 2013.

Our recently graduated seniors have successfully started their new careers in PM&R and all have stayed in our sunny state of Florida. Robert Kent, DO, MPH started a pain management fellowship in Miami, Bella Chokshi, DO is a General Rehab physician practicing in West Palm Beach, and Joseph Standley, DO has joined on staff at the James A Haley Veterans' Hospital (JAHVA) in Tampa, FL as an Attending of General Rehab where he will be teaching our residents.

For the first time ever, Tampa hosted the 33rd National Veteran's Wheelchair Games alongside the Paralyzed Veterans of America gulf coast partners July 13-18, 2013. Quadriplegics and paraplegics competed in many events including swimming, weight lifting, basketball, and slalom just to name a few. Many of our residents had the honor of volunteering at the games as medical staff while learning first-hand how much our career helps individuals develop functional adaptations. Many of the Veterans that competed in the games were previous patients of JAHVA where our residents spend most of their training.

The JAHVA has always been recognized as one of only five Polytrauma Rehabilitation Centers in the United States. PRCs provide acute, comprehensive, inpatient rehabilitation to patients with dedicated rehab professionals and consultants from other specialties related to polytrauma including, but not limited to: Physiatrist, Certified Prosthetist/Orthotist, Blind Rehab specialist, Active Duty Military Liasion, Vocational Rehab Counselor, and Neuropsychologist along with Social Work, PT, OT, SLP, and Rehab Nursing. Currently, a state-of-the-art Polytrauma Center is finishing construction as a new addition to the JAHVA. Some exciting amenities include a therapy pool with treadmills and a rock climbing wall!

As part of our residency program requirements, residents must complete a scholarly activity. However, most of our residents are very active in research and have presented posters at AAPMR, ACRM, AAP and the Pain Society of the Carolinas. One resident is currently involved in a Phase II trial for the FES glove. We also had the opportunity to fit one of our paraplegic patients with the Exoskeleton. This recent advancement is also lending to new promising and innovative research for the next generation four extremity exoskeleton in the quadriplegic population.

In addition to serving the Veteran patient population at JAHVA, our residents also complete training at Tampa General Hospital, Moffitt Cancer Center, and various outpatient centers for training in General Rehab and specialized PM&R areas such as inpatient and outpatient chronic pain programs, sports medicine, prosthetics and orthotics, and cancer rehabilitation. Our residency program is always interested in expanding our opportunities for rotating at different elective programs and in lectures from experienced Physiatrists. If any FSPMR member would like to speak to our residents about a topic of interest in their field or would like to support our program in any other way, please contact our program director Gail Latlief, DO at gail.latlief@va.gov.

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FSPMR REMINDERS

- **Next Meeting – 75th AAPM&R Annual Assembly & Technical Exhibition**
  October 3 - 6, 2013
  Gaylord National Hotel and Convention Center
  National Harbor, Maryland

- **FSPMR Fall Meeting on Thursday**
  October 3, 2013
  7pm - 9pm in Room: National Harbor 9

- **2013 AANEM Annual Meeting**
  Oct 16-19
  JW Marriot San Antonio Hill County
  San Antonio, Texas
  http://www.aanem.org/Meeting.aspx

- **FSPMR's own Dr.Mark Rubenstein will be part of the REMS Opioid Education Project in conjunction with FAPM, FISSIP and FMA to be held on Friday, Oct. 25 from 3 p.m. to 6 p.m., Renaissance Orlando Airport Hotel. The module is also available as a webcast for those unable to travel to Orlando. This REMS module is free of charge.**
  http://mail.aol.com/38023-111/aol-6/en-us/mail/DisplayMessage.aspx?ws_popup=true

- **ACRM (American Congress of Rehabilitation Medicine)**
  90th Annual Meeting
  Nov 12-16, 2013
  Disney Contemporary Resort
  visit: http://www.acrm.org/meetings/2013-annual-conference

- **4th Annual Walk-n-Roll-a-Thon for Project Walk**
  September 28
  8:00 am - 12:00 pm
  At Cranes Roost Park located in Altamonte Springs.
  If you are interested in participating in a non profit fund raising event for spinal cord injury (SCI) recovery, consider this fun event.

NOTICE TO ALL PM&R PHYSICIANS IN FLORIDA:

NEUROREHABANA 2014

There will be a wonderful PM&R conference in Cuba and all of you are invited to participate. The conference is called Neurorehabana. It will take place in Havana March 10 - 14, 2014. The theme of the conference is The Art of Loving Life. I went to the last Neurorehabana conference in 2011 and it was a blast. The exposure to Cuba, the people of Cuba and the connection with PM&R physicians from all over the world were wonderful. I have fantastic memories of the last conference and I am sure that the next one will be exhilarating. You simply need to write a short presentation about any aspect of rehabilitation medicine that you wish to present and submit the main idea to me, Jesse Lipnick email: docrehab@aol.com. If you are interested, please contact me and I will respond with information about the meeting, it's location, travel visas, and any other information you need. I am including links below to the conference. Don't worry. English links are coming soon.

Jesse Lipnick, MD
docrehab@aol.com

http://neurorehabana2014.sld.cu
http://www.neurorehabana.com

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Post-Stroke Depression

Nadeem Hussain, MD, MPH
Southeastern Integrated Medical

Depression is serious though often overlooked sequelae of stroke. This post-stroke depression (PSD) has been estimated to affect at least 30-40% of stroke survivors. PSD may represent a reactive mood disorder to the realization of unexpected and persistent functional deficits. However, it may also be related to the functional and / or anatomic disruption of serotonin, dopamine and norepinephrine mediated pathways in the brain. PSD has been associated with an up to 300% increase in 10 year mortality, decreased quality of life for survivors and care givers, decreased functional recovery, increased caregiver burden, and decreased cognitive function.

The use of routine screening for signs and symptoms of PSD such as decreased energy and appetite, weight changes, psychomotor agitation or retardation, cognitive deficits and poor sleep among others can be useful in the diagnosis. However, it is clear that acute illness with a CVA itself can result in many of the similar findings with no associated mood disorder. Given this complexity it is often useful to utilize neuropsychologic testing to help in sorting through the identification. With the diagnosis in hand, treatment options can be explored to help maximize functional recovery.

Treament of PSD follows the same principles of depression not associated with stroke. The inpatient rehabilitation setting is conducive to a comprehensive approach including psychotherapy, pharmacotherapy (SSRI, SNRI, TCA), group therapy and social services. While maintaining long term follow up on patients with PSD, it is worth while to note that the natural history has been fairly well described by Robert Robinson in the 1980's. One critical observation was that spontaneous remission of PSD tended to occur in a significant percentage of people at 12-24 months. Therefore it may be appropriate to consider a trial off of medications in people who are doing well at the 1-2 year mark, especially when polypharmacy becomes an issue.

It is clear to see that PSD is a fairly common complication of an unfortunately common disease. As such, active identification and treatment of this problem is paramount to rehabilitation efforts and functional recovery.

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CALENDAR EVENTS

September is Pain Awareness Month.

September is also National Spinal Cord Injury Awareness Month according to the National Spinal Cord Injury Association "There are approximately 200,000 people living with spinal cord injuries (SCI) in the United States. Every 48 seconds in our country, a person becomes paralyzed. A majority of injuries occur from motor vehicle accidents, falls, work-related accidents, and sports injuries."

September 15- Oct 15: Hispanic Heritage Month celebrating the histories, cultures and contributions of American citizens whose ancestors came from Spain, Mexico, the Caribbean and Central and South America. started in 1968 as Hispanic Heritage Week under President Lyndon Johnson and was expanded by President Ronald Reagan in 1988 to cover a 30-day period starting on September 15 and ending on October 15. It was enacted into law on August 17, 1988. The day of September 15 is significant because it is the anniversary of independence for Latin American countries Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua. In addition, Mexico and Chile celebrate their independence days on September 16 and September18, respectively. Also, Columbus Day or Día de la Raza, which is October 12, falls within this 30 day period.

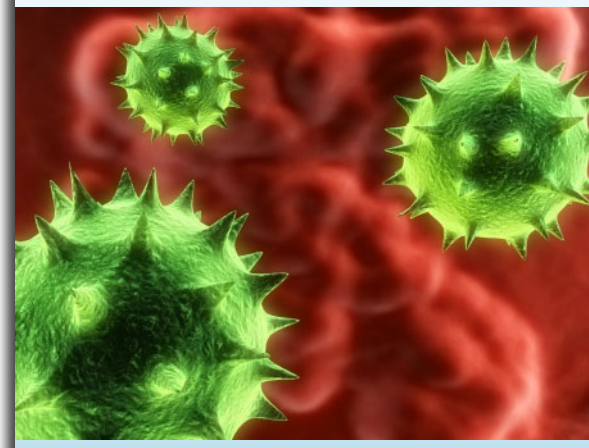
Patriot Day 11 or 911 Remembrance Day: Most refer to this day as 9/11 or September 11th. On December 18, 2001, President George W. Bush signed into law this discretionary day of remembrance. The American flag should be flown at half-staff at home and at all U.S. government buildings. Most Americans observe a moment of silence beginning at 8:46am EST - the time of the first plane crash in a tower on September 11, 2001.

September 13: "Yom Kippur" means "Day of Atonement". Appropriately, people set aside this day to atone for sins they have committed. It is a day of prayer, fasting, and a time to attend the synagogue. Jewish people will also not work on this day, one of the most important days in the Jewish calendar. During Yom Kippur, people seek forgiveness from God, and seek to give and receive forgiveness and reconciliation with others. Yom Kippur always occurs ten days after Rosh Hashanah, the Jewish New Year.

September 17: US Constitution Day and Week. Officially enacted on August 2, 1956 by President Dwight D. Eisenhower from a congressional resolution petitioned by the Daughters of the American Revolution. The purpose of the observance week was to promote study and education about the constitution which was originally adopted by the American Congress of the Confederation on September 17, 1787.

September 22 Autumn Equinox Day signals the beginning of Fall. It is the point where there is exactly 12 hours of daylight and 12 hours of darkness at the equator. The daylight hours will continue decrease until we reach the Winter Solstice, the shortest day of the year and the start of winter.

HEALTH REMINDER



Flu Season Is Around the Corner

According to CDC, "the 'flu season' in the United States can begin as early as October and last as late as May" and the "estimated flu-associated deaths in the United States range from a low of about 3,000 to a high of about 49,000 people. During a regular flu season, about 90 percent of deaths occur in people 65 years and older." This task does not lie solely on health clinics and primary care specialists. Patients encountered in rehab hospitals, clinics and the outpatient office setting should be questioned and asked if they have received and/or want to receive the vaccination.

The flu vaccine is recommended for all persons age 6 months and older every year. It provides the highest chance of protection against influenza. Since the flu viruses are constantly changing, new vaccines are formulated each year. There some exceptions of whom should get vaccinated. For a complete list of all people recommended for flu vaccination, as well as those who are not recommended for flu vaccination, click here.

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Innovations In Topical Pain Management

by Prince Hinson, RPh

With the national attention on prescription drug abuse, the practice of pain management has become a professional and legal minefield. To meet this challenge, today's practitioners must balance the treatment of their patients with the traditional therapies available, while monitoring for the possibility of the abuse of the very therapy the patient is receiving.

The practice of pain management involves challenges that can significantly affect therapeutic outcomes, such as sub-optimal response, systemic side effects, and cognitive impairment of drugs due to CNS effects. By simplifying treatment, reducing the number of tablets the patient must consume, and having the patient develop a realistic expectation of the therapeutic outcome, we may be able to increase patient compliance.

In the pharmacy industry, new innovative methods of drug delivery are continuing to be developed which provide custom treatments without decreasing the efficacy of the specific medication. One such delivery system utilizes a topical approach to drug delivery. Topical formulations can deliver medications such as NSAIDs (Non Steroidal Anti-inflammatory Agents), topical anesthetics, neuropathic agents, and muscle relaxants. Although peripheral use of topical agents has some limitations, increasing evidence supports the efficacy of these preparations in addressing both nociceptive and neuropathic pain.
Chronic pain can involve both peripheral and central components. By utilizing a multi-drug topical combination, the practitioner may be able to address the central as well as the peripheral symptoms the patient is experiencing. Topical pain treatments work to block pain at peripheral sites, with maximum active drug bioavailability and minimal systemic effects. This approach utilizes the application of the medication to a designated site, even if it is a referred pain. Studies have suggested that topically applied medications can be almost as effective as oral medications.

Topical NSAIDs have been shown to produce high concentration of drug in the dermis and muscles (equivalent to that obtained with oral administration), with less GI effects. Plasma concentrations are 5%-15% of those attained by systemic administration.
N-methyl-aspartate (NMDA) receptor antagonist Ketamine has demonstrated benefit in the management of pain. Its analgesic effects utilize glutamine receptor activity, voltage-sensitive calcium channel blockage, interference with opioid receptors, and cholinergic functions.

Topical clonidine has proven beneficial in addressing nociceptive pain. Clonidine produces its central and peripheral analgesic effects by blocking the emerging signals at the peripheral terminals via alpha-2 adrenoceptors without producing the undesirable systemic side effects.

Additionally, muscle relaxants incorporated into topical pain preparations provide relief for muscular pain without the associated side effect experienced with systemic administration.

The practitioner can utilize an intuitive approach to individualized patient care. The therapy can be designed to address the specific nature and source of the patient's pain, prepared with the desired pharmaceutical agents (whether single or multiple), and directed to a peripheral or central site based on the pain signal blockage sought.

When choosing a pharmacy to provide topical formulations for their patients, providers may want to learn the answers to a couple of basic questions. What is the expected turnaround time for receiving topical treatments, and are there pharmacists on staff willing and able to take the time to consult with patients before and during treatment, to assist the practitioners in achieving positive outcomes?

References

1. Topical preparations for pain relief: efficacy and patient adherence; J. Pain Res. 2011; 4:11-24

2. Hrobjartsson A, Gotzsche PC. Placebo interventions for all clinical conditions. Cochrane Database Syst. Rev. 2010:1:CD003974

3. Massey T, Derry S, Moore RA, McQuay HJ. Topical NSAIDs for acute pain in adults. Cochrane Database Syst Rev. 2010;6:CD007402

4. Ushids T, Tani T, Kanbara T, Zincchuk VS, Kawasaki M, Yamamoto H. Analgesic effects of Ketamine ointments in patients with complex regional pain syndrome type 1. Reg Anesth Pain Med 2002; 27(5): 524-528

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FOUNDATION FOR PM&R

Advancing health. Enhancing life.

Join us for the

Rehab 5K Run/ Walk & Roll

Saturday, October 5, 7:00 AM

Gaylord Convention Center National Harbor

This is a fundraising event for physiatric research with a special focus on outcomes.

Join us at 7:00 AM on Saturday, October 5 for the Foundation for PM&R Rehab 5K Run/ Walk & Roll. We will start at the Pineapple Fountain outside the Maryland Ballroom.

Registration fee is $25, $15 for residents; all participants are encouraged to raise additional funds by soliciting pledges from colleagues, family and friends. Sign up onsite the morning of the event, or download and mail in the form from the Foundation website at www.foundationforpmr.org.

New Technology for Chronic Pain Patients: Full-Body MRI-Compatible Neurostimulation Systems

Patients who receive neurostimulation (also called spinal cord stimulation, or SCS) therapy for chronic, intractable back and/or limb pain are now able to access the benefits of body Magnetic Resonance Imaging (MRI) scans thanks to the latest innovation from Medtronic.

Medtronic now offers RestoreSensor® SureScan® MRI with Vectris® SureScan® MRI leads, one of four full-body MRI-compatible Medtronic neurostimulation systems approved by the U.S. Food and Drug Administration for compatibility with full-body MRI scans under specific conditions of use. Other systems enhanced with this technology with the use of Vectris SureScan MRI leads include: PrimeAdvanced® SureScan MRI, RestoreAdvanced® SureScan MRI, and RestoreUltra® SureScan MRI.

Until now, patients receiving neurostimulation therapy for chronic pain were forced to have their systems removed or denied a body MRI scan because of concerns about the system being affected by the powerful magnetic fields and radio frequency (RF) energy generated by MRI machines.

MRI on the Rise
MRI scans allow physicians to make a wide range of health diagnoses by viewing highly detailed images of internal organs, blood vessels, muscle, joints, tumors, areas of infection and more. MRI uses strong magnetic fields and radio frequency pulses to create images of structures inside the body. While CT scans are used for imaging hard materials in the body, like bones, MRI scans are used to image soft tissue1, which is why MRI has become a standard of care in enabling the detection and treatment of serious medical conditions, including cancer, stroke and a variety of orthopedic conditions and neurologic conditions, such as chronic pain.

MRI use has gone up dramatically in recent years, as advancements in technology have increased MRI accuracy, effectiveness and patient comfort. It is estimated that 60 million MRI procedures are performed worldwide each year.2 In the United States, the number of scans has nearly doubled in the past decade, with 32 million scans – more than one MRI per second – performed in 2011.3 MRI scans are performed in the spinal region more than any other part of the body,2 so chronic pain patients treated with neurostimulation, or spinal cord stimulation, have a high probability of requiring an MRI scan. In fact, within the commercially-insured U.S. population, three times more MRI scans are performed on SCS-indicated patients than the average U.S. population.

How Neurostimulation Works
Medtronic neurostimulation therapy for chronic pain uses a medical device placed under a patient's skin to deliver mild electrical impulses to the spinal cord, which block pain signals from reaching the brain.

Medtronic's neurostimulation systems with SureScan MRI technology and Vectris SureScan MRI percutaneous leads are specially designed to reduce or eliminate the hazards produced by the MRI environment. In addition, a proprietary SureScan programming feature sets the device into an appropriate mode for the MRI environment.

IMPORTANT SAFETY INFORMATION

Indication for Use: Chronic, intractable pain of the trunk and/or limbs-including unilateral or bilateral pain.

Contraindications: Diathermy.

Warnings: Defibrillation, diathermy, electrocautery, MRI, RF ablation, & therapeutic ultrasound can result in unexpected changes in stimulation, serious patient injury or death. Rupture/piercing of neurostimulator can result in severe burns. Electrical pulses from the neurostimulator may result in an inappropriate response of the cardiac device.

Precautions: The safety and effectiveness of this therapy has not been established for: pediatric use, pregnancy, unborn fetus, or delivery. Follow programming guidelines & precautions in product manuals. Avoid activities that stress the implanted neurostimulation system. EMI, postural changes, & other activities may cause shocking/jolting. Patients using a rechargeable neurostimulator should check for skin irritation or redness near the neurostimulator during or after recharging.

Adverse Events: Undesirable change in stimulation; hematoma, epidural hemorrhage, paralysis, seroma, CSF leakage, infection, erosion, allergic response, hardware malfunction or migration, pain at implant site, loss of pain relief, chest wall stimulation, & surgical risks.

For further information, please call Medtronic at 1-800-328-0810 and/or consult Medtronic's website at www.medtronic.com.

References:
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3 IMV Benchmark Report 2012. IMV Medical Information Division. Des Plaines, Illinois. Page 1.
4 Desai MJ, et al. Disparities in magnetic resonance imaging (MRI) utilization in the United States (US) general population, spinal cord stimulator-indicated and –implanted patients. Presented at INS 11th World Congress, Berlin, 2013.

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In Memoriam - Dr. Dorothea "Thea" Glass

From Justine Vaughen, MD:

FSPMR Founding Member and Former President
Recipient of an FSPMR Lifetime Achievement Award

Thea was always such an inspiration, to me and to the many colleagues whom she taught, mentored, and loved. We had few role models of her stature. Wisdom, humor, bravery, stamina were all natural parts of her leadership. I will continue to revere her memory.

From Lorry Davis, MEd, FSPMR Executive Director:

Thea Glass was a mentor to me as well, and genuinely interested in everyone she met. I loved her stories about her mother being an MD also, and back in those days in New York City, all her mother was allowed to do was to ride in the back of an ambulance! Thea was also a recipient of an FSPMR Lifetime Achievement Award, and when she received it, she said, "I like receiving awards!"

from WCI Conference....

Congratulations to Mrs. Pamela Shaw, LPN, Provider Relations Coordinator for AmeriSys for being the lucky winner of our raffle gift at the Workers Compensation Booth in Orlando.

Entertainment provided by STYX

JOIN FSPMR

BENEFITS OF MEMBERSHIP INCLUDE:

MEETINGS WITH CONTINUING MEDICAL EDUCATION

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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

CLICK HERE TO JOIN ONLINE

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CLICK HERE TO DOWNLOAD THE MAIL-IN APPLICATION.