Physiatrist's Voice

NEWSLETTER MARCH 2020

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

IN THIS ISSUE

PRESIDENT'S MESSAGE

President's Message

Craig Lichtblau MD

Can you believe it is 2020? Another decade!

Change will continue to challenge medicine over the next ten years. What clinical advances in PM&R might be coming? What will medicine look like? How might politics and government continue to shape the way we practice?

During my New Year's activities, reflecting on the year and the decade to come, I did not anticipate our current COVID-19 declared public health emergency in the State of Florida. This *change* will continue to affect our lives and practices for a while.

Moving past the coronavirus and into the year ahead.....to better accommodate *change*, FSPMR continues its integration of Florida's four PM&R Residency Programs into the Society. This is our future. Check out our Resident Liaisons from each of the four programs at http://www.fspmr.org/bod.html. We salute each Resident Liaison for their participation and for communicating FSPMR matters to their fellow residents. We thank all of Florida's PM&R residents, and especially each of their Program Directors.

In support of FSPMR Residents, our PM&R Pioneers have made themselves available for mentoring for clinical and/or practice management matters. There is a small article about the Pioneers, listing them with contact information, in this issue. At our Annual Meeting this coming July, we plan to do a speed-meet-the-mentors (like speed-dating), allowing Residents only 2 minutes with each Pioneer. Chaotic, fun, hopefully productive!

Speaking of the 2020 Annual Meeting, the Florida Society of Physical Medicine and Rehabilitation will meet again in conjunction with the Florida Society of Interventional Pain Physicians, July 16 – 19, at The Diplomat Beach Resort, Hollywood, Florida.

You are receiving email messages about this event asking you to Save the Date and Register Now!

The FSPMR Educational Breakout Session will be all day Saturday, July 18. The program schedule for that day is included in this issue. FSPMR's Annual Business Dinner Meeting will be that same evening and we are already looking forward to it, both for a reunion with existing friends as well as to welcome new friends. There is no additional charge to attend the dinner meeting.

By the time this edition is published, it will be Spring. Everyone stay well!

Tempus fugit!

Physiatrist's Voice
NEWSLETTER MARCH 2020

SUBDURAL VS. EPIDURAL HEMATOMA

Subdural Hematoma:

A subdural hematoma (SDH) is a type of bleeding which a collection of blood gathers between the inner layer of the dura mater and the arachnoid mater of the meninges surrounding the brain. Usually this results from tears in bridging veins that cross the subdural space.

Subdural hematomas may cause an increase in the pressure inside the skull which in turn can cause compression of and damage to delicate brain tissue. Acute subdural hematomas are often life-threatening. Chronic subdural hematomas have a better prognosis if managed appropriately.

In contrast, epidural hematomas are usually caused by tears in arteries resulting in a build-up of blood between the dura mater and the skull. The third type of brain hemorrhage known as a *subarachnoid hemorrhage* causes bleeding into the subarachnoid space between the arachnoid mater and the pia mater.

The symptoms of a subdural hematoma have a slower onset than those of epidural hematomas because the lower pressure veins involved bleed more slowly than arteries. Signs and symptoms of acute hematomas may appear in minutes, if not immediately, but can also be delayed as much as two weeks. Symptoms of chronic subdural hematomas are usually delayed 4-7 weeks. If the bleeds are large enough to put pressure on the brain, signs of increased intracranial pressure of brain damage will be present.

Other symptoms of subdural hematoma can include any combination of the following: Loss of consciousness or fluctuating levels of consciousness, irritability, seizures, pain, numbness, headaches (constant or intermittent), dizziness, disorientation, amnesia, weakness, lethargy, nausea, vomiting, loss of appetite, personality changes, inability to speak or slurred speech, ataxia or difficulty walking, loss of muscle control, altered breathing patterns, hearing loss or tinnitus, blurred vision and/or deviated gaze.

Etiology:

Subdural hematomas are most often caused by head injury in which rapidly changing velocities within the skull may stretch and tear small bridging veins. This is much more common in the epidural hematoma. Subdural hematomas generally result from shearing injuries due to various rotational or linear forces. There are claims that they can occur in cases of *shaking baby syndrome.* They are also commonly seen in elderly and in

Subdural vs Epidural Hematoma - Craig Lichtblau MD
continued

alcoholics who have evidence of cerebral atrophy. Cerebral atrophy increases the length of the bridging veins having to transverse between the two meningeal layers thus increasing the likelihood of shearing forces causing the tear. It is also more common in patients on anticoagulants or antiplatelet medications such as Warfarin and aspirin, respectively.
People on these medications can have a subdural hematoma after a relatively minor traumatic event. Another cause can be a reduction in cerebral spinal fluid pressure which can reduce pressure in the subarachnoid space pulling the arachnoid away from the dura mater and leading to rupture of the blood vessels.

Risk Factors:

Factors increasing the risk of a subdural hematoma include very young or very old age. As the brain shrinks with age, the subdural space enlarges and the veins that transverse the space must cover a wider distance making them more vulnerable to tears. The elderly also have more brittle veins making chronic subdural bleeds more common. Infants who have larger subdural spaces are more predisposed to subdural bleeds than are in young adults. In juveniles, an arachnoid cyst is a risk factor for subdural hematomas.

Other risk factors include:
Taking anticoagulants, long-term alcohol abuse, dementia and cerebral spinal fluid leak.

Acute Subdural Hematoma:

An acute subdural hematoma is usually caused by external trauma that creates tension in the wall of the bridging veins as it passes between the arachnoid and dural layers of the brainÕs lining (the subdural space). The circumferential arrangement of collagen surrounding the vein makes it susceptible to such tearing.

Intracerebral hemorrhage and ruptured cortical vessels can also cause a subdural hematoma. In these cases blood usually accumulates between the two layers of the dura mater. This can cause ischemic brain damage by two mechanisms:

- Pressure on the cortical blood vessels.
- Vaso-constriction due to the substances released from the hematoma which cause further ischemia by restricting blood flow to the brain.

When the brain is denied adequate blood flow the biochemical cascade known as the *ischemic cascade* is unleashed and may ultimately lead to brain cell death.

Subdural vs Epidural Hematoma - Craig Lichtblau MD
continued

Subdural hematomas grow continually larger as a result of the pressure they place on the brain. As intracranial pressure rises, blood is squeezed into the dural venous sinuses raising the dural venous pressure and resulting in more bleeding from ruptured bridging veins. They stop growing only when the pressure of the hematoma equalizes with the intracranial pressure as the space for expansion shrinks.

Chronic Subdural Hematoma:

In chronic subdural hematoma blood accumulates in the dural space as a result of damage to the dural border cells. The resulting inflammation leads to a new membrane formation through fibrosis and produces fragile and leak blood vessels through angiogenesis permitting the leakage of red blood cells, white blood cells and plasma into the hematoma cavity.

Traumatic tearing of the arachnoid matter also causes leakage of cerebral spinal fluid into the hematoma cavity increasing the size of the hematoma over time. Excessive fibrinolysis also causes continuous bleeding.

Pro-inflammatory mediators active in the hematoma expansion process include interleukin (Alpha 1-A), interleukin 6 and interleukin 8. While the anti-inflammatory mediator is interleukin 10, mediators that promote angiogenesis or angiopoietin in vascular and arterial growth factor (VEGF), prostaglandin in E2 promotes expression of VEGF. Matrix metalloproteinases removes surrounding collagen providing space for new blood vessels to grow.

Craniotomy for unruptured intracranial aneurysm is another risk factor for development of chronic subdural hematoma. The incision in the arachnoid membrane during the operative causes cerebral spinal fluid to leak into the subdural space leading to inflammation. This complication usually resolves on its own.

Diagnosis:

It is important that a person receive medical assessment including a complete neurological examination after any head trauma. A CT scan or MRI scan will usually detect significant subdural hematomas.

Subdural hematomas occur most often around the tops and sides of the frontal and parietal lobes. They also occur in the posterior cranial fossa and near the falx cerebri and

Subdural vs Epidural Hematoma - Craig Lichtblau MD
continued

tentorium cerebelli. Unlike epidural hematomas which cannot expand past the sutures of the skull, subdural hematomas can expand along the inside of the skull creating a concave shape that follows the curve of the brain stopping only at a dural reflection like the tentorium cerebelli or falx cerebri.

On CT scan a subdural hematoma is classically crescent-shaped with a concave surface away from the skull; however, they can have convex appearance especially in early stages of bleeding. This may cause difficulty in distinguishing between subdural and epidural hemorrhages. A more reliable indicator of subdural hemorrhage is involvement of a larger portion of the cerebral hemisphere. Subdural blood can also be seen as a layering density along the tentorium cerebelli. This can be a chronic stable process since the feeding system is low pressure. In such cases subtle signs of bleeding such as effacement of sulci or medial displacement of the junction between gray matter and white matter may be present.

Fresh subdural bleeding is hyperdense, but becomes more hypodense over time due to dissolution of cellular elements. After 3 to 14 days the bleeding becomes isodense with brain tissue and may therefore be missed. Subsequently, it will become more hypodense than brain tissue, acute, subacute or chronic depending upon the speed of their onset.

Acute bleeds are often developed after high speed acceleration of deceleration injuries. They are most severe if associated with cerebral contusions. Though much faster than chronic subdural bleeds, acute subdural bleeding is usually venous and therefore, slower than arterial bleeding of an epidural hemorrhage.

Acute subdural hematomas due to trauma are most lethal of all head injuries and have a high mortality rate if they are not rapidly treated with surgical decompression. The mortality rate is higher than that of an epidural hematomas and diffuse brain injuries because the force required to cause subdural hematomas tend to cause other severe injuries as sell.

Chronic subdural bleeds develop over a period of days to weeks often after minor head trauma, although a cause is not identifiable in 50% of patients. They may not be discovered until they present clinically months or years after head injury. The bleeding from the chronic hematoma is slow and usually stops by itself. Because these hematomas progress slowly, they can more often be stopped before they cause significant damage, especially if they are less than 1cm wide.

Subdural vs Epidural Hematoma - Craig Lichtblau MD
continued

In one study, only 22% of patients with chronic subdural bleeds had outcomes worse than good or complete recovery. Chronic subdural hematomas are common in the elderly.

Treatment:

Treatment of subdural hematoma depends on the size and rate of growth. Some small subdural hematomas can be managed by careful monitoring as the blood clot is eventually resorbed naturally. Others can be treated by inserting a small catheter through a hole drilled through the skull and sucking out the hematoma. Large or symptomatic hematomas require a craniotomy. The surgeons open the skull and then the dura mater, removes the clot with suction or irrigation and then identifies and controls sites of bleeding. Injured vessels must be repaired.

Postoperative complications can include:
Increase in the intracranial pressure brain edema, new recurrent bleeding, infection and seizures.

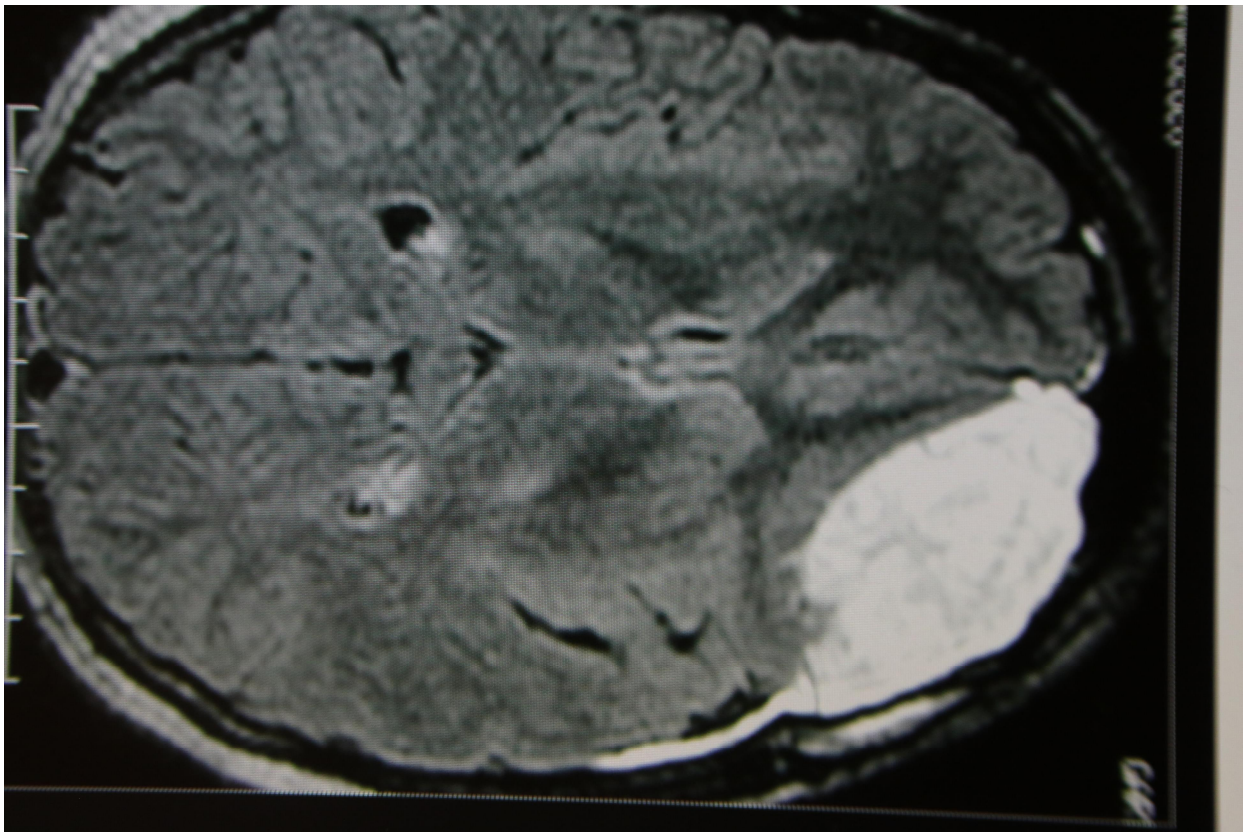
In patients with a chronic subdural hematoma, but no history of seizures, it is unclear whether anticonvulsives are harmful or beneficial.

Prognosis:

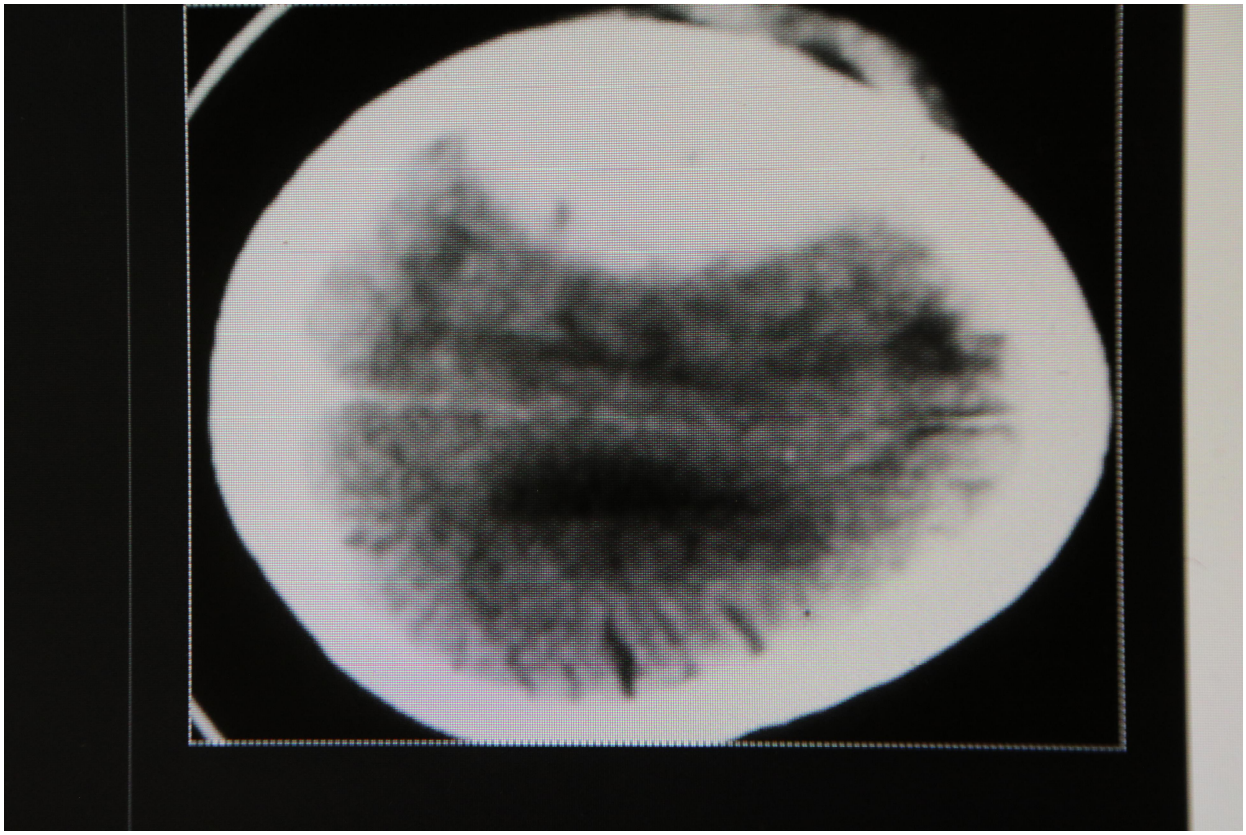
Acute subdural hematomas have one of the highest mortality rates of all head injuries with 50-90% of cases resulting in death. About 20-30% of patients recover brain function.

Subdural vs Epidural Hematoma - Craig Lichtblau MD

EPIDURAL 1

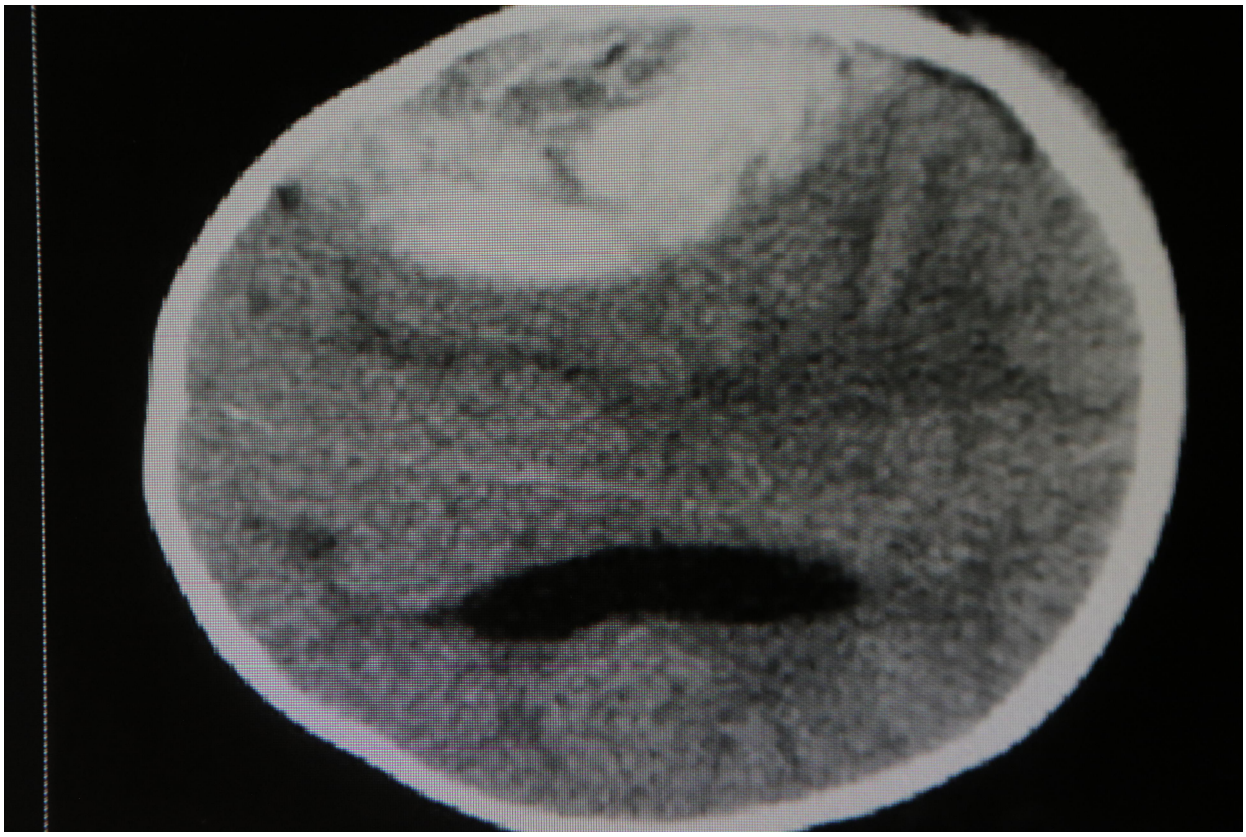


EPIDURAL 2



Subdural vs Epidural Hematoma - Craig Lichtblau MD

EPIDURAL 3



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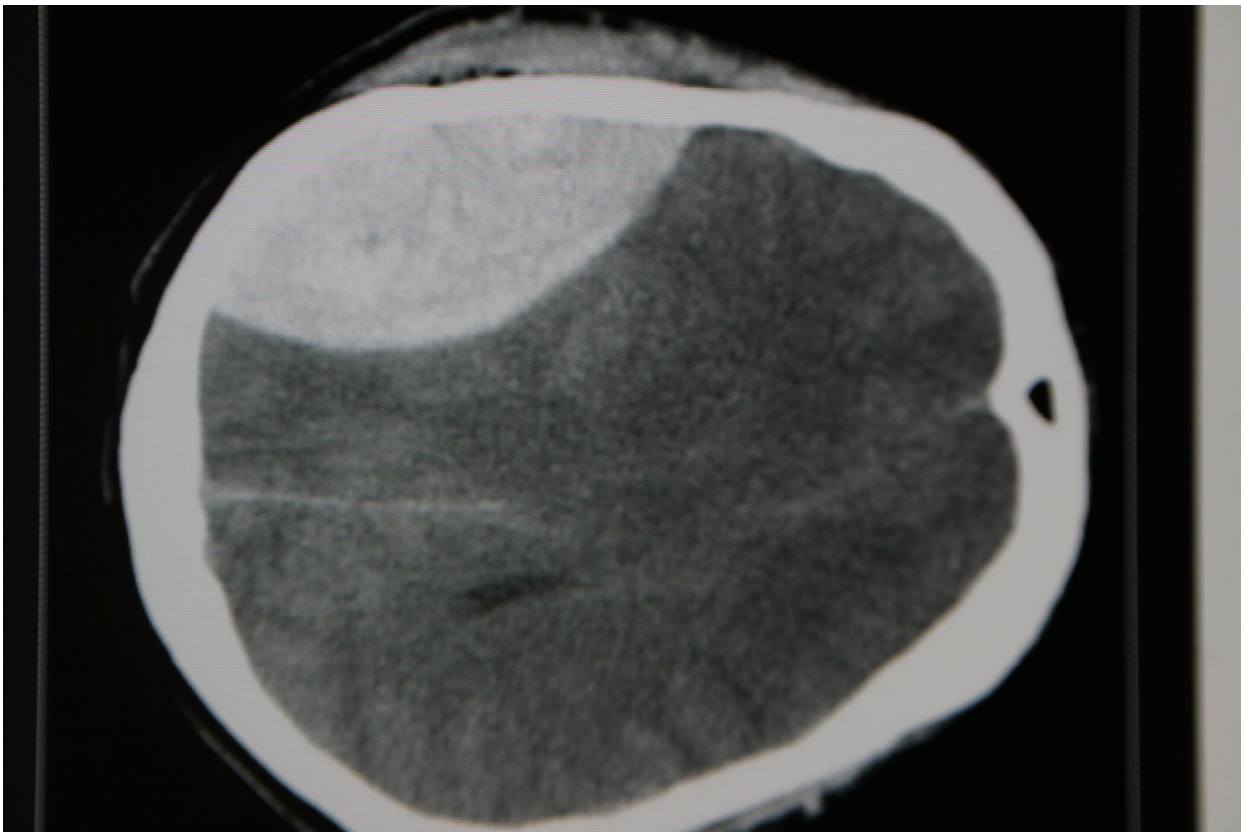

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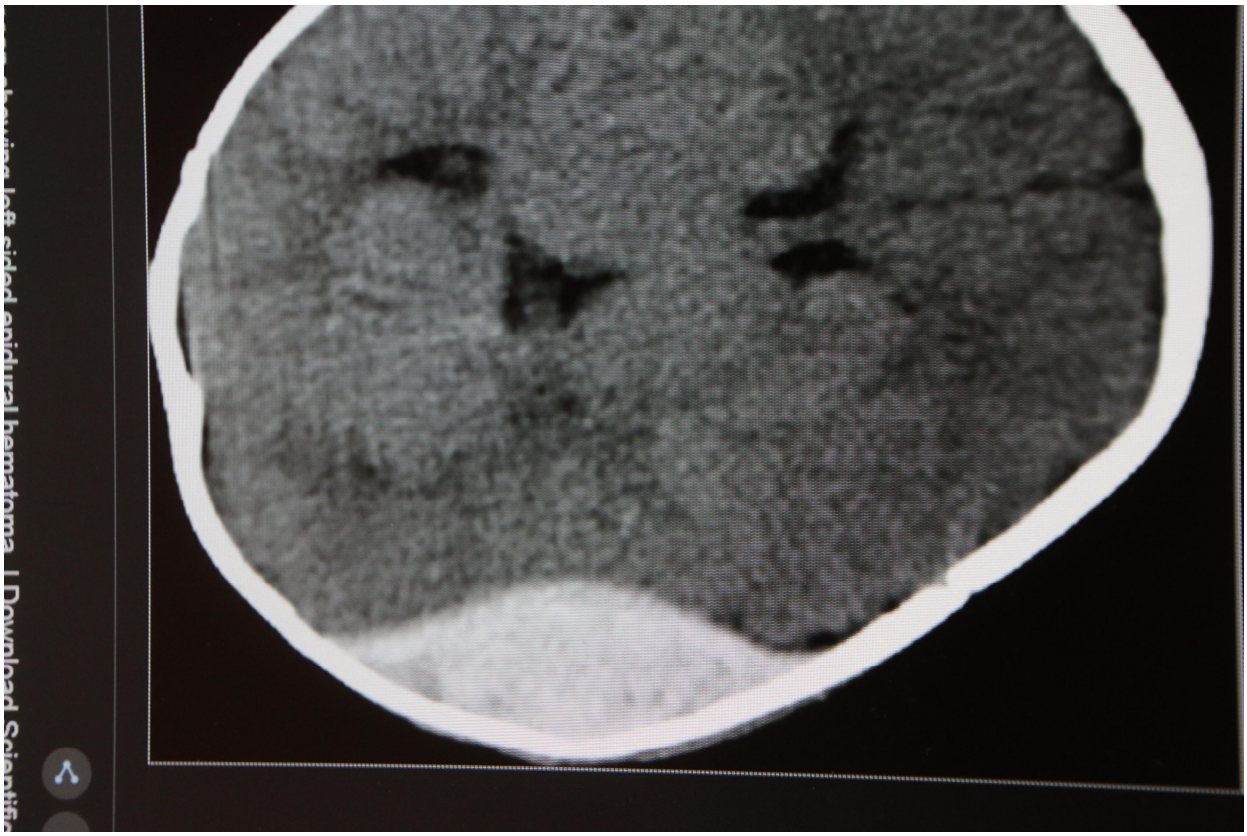

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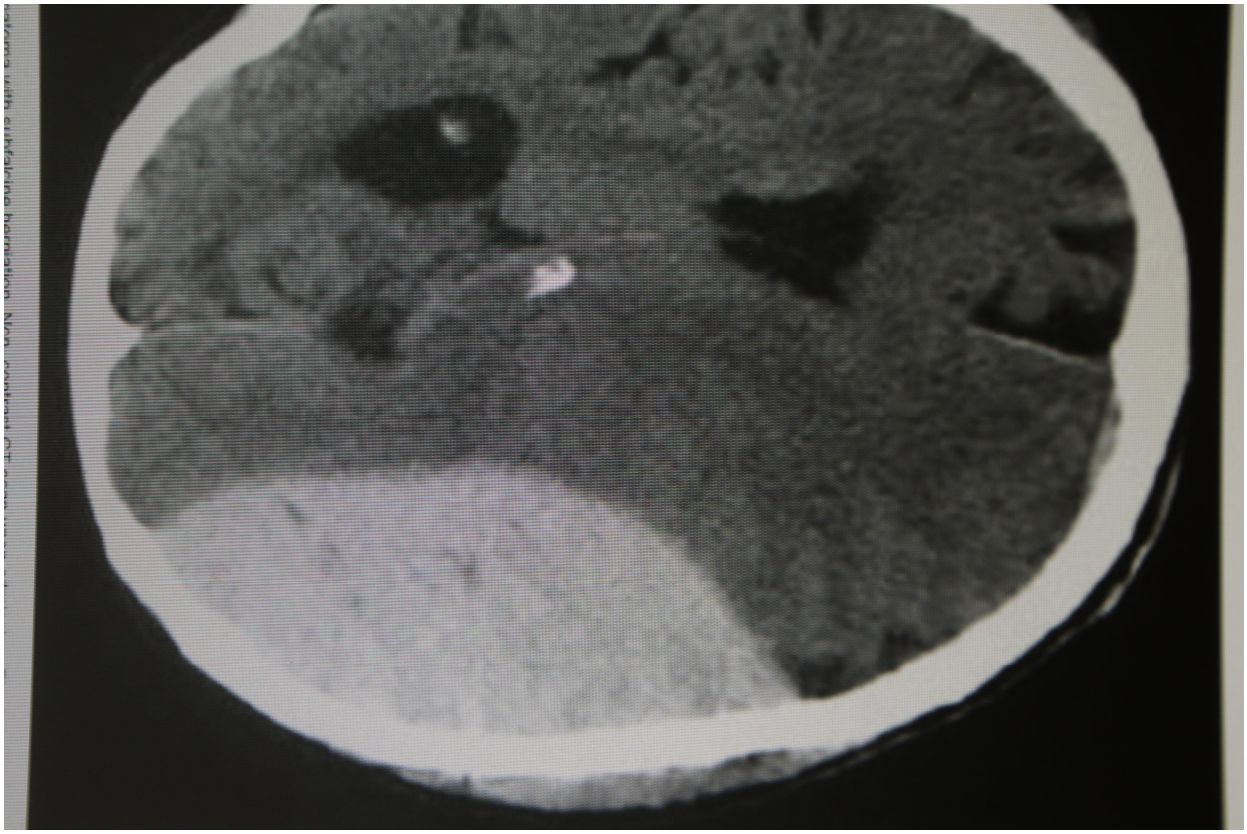
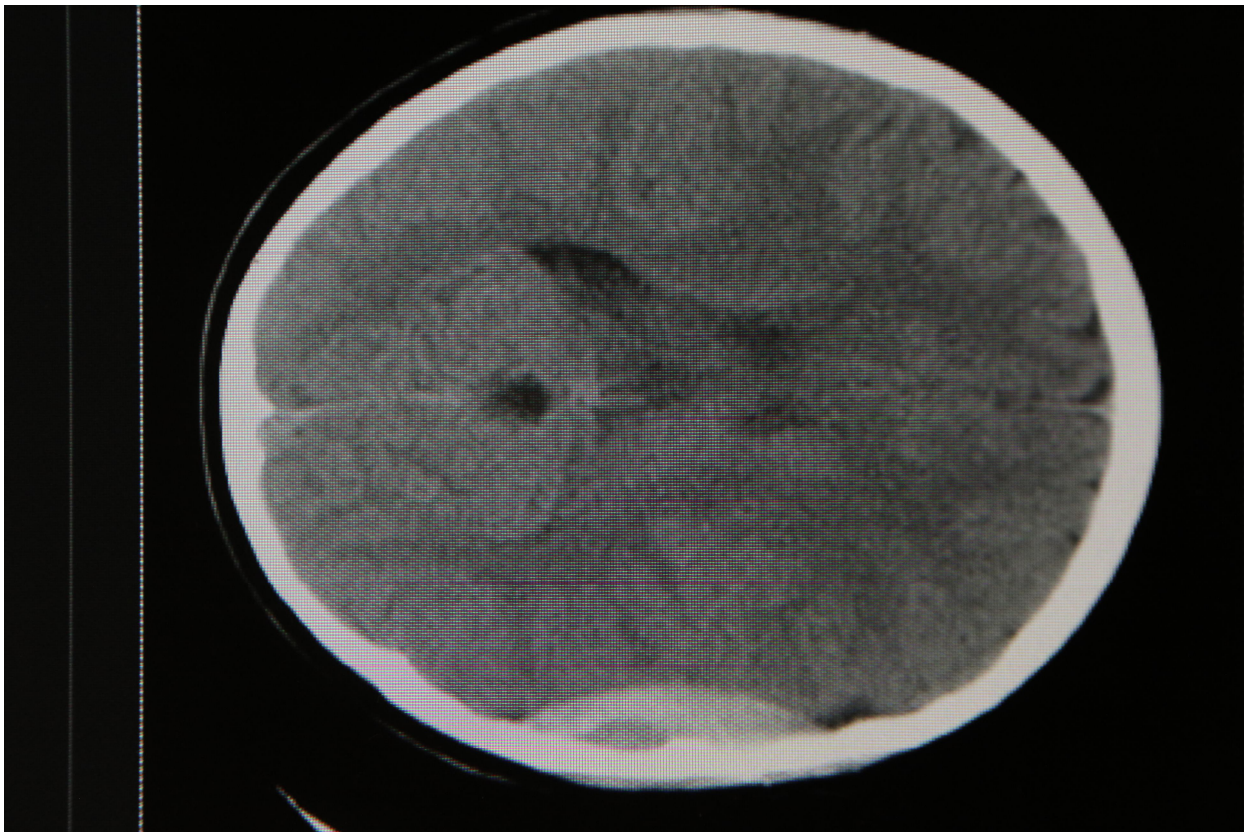


Subdural vs Epidural Hematoma - Craig Lichtblau MD

EPIDURAL 7



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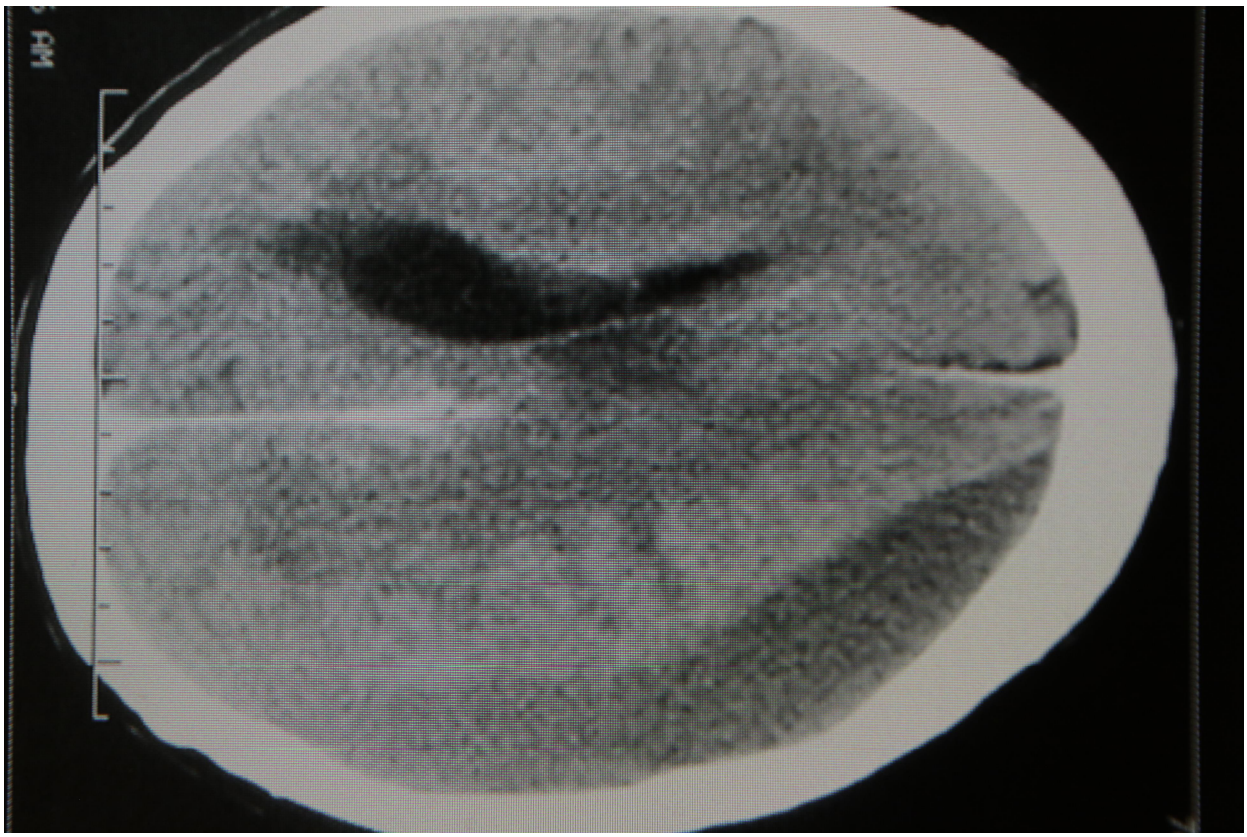

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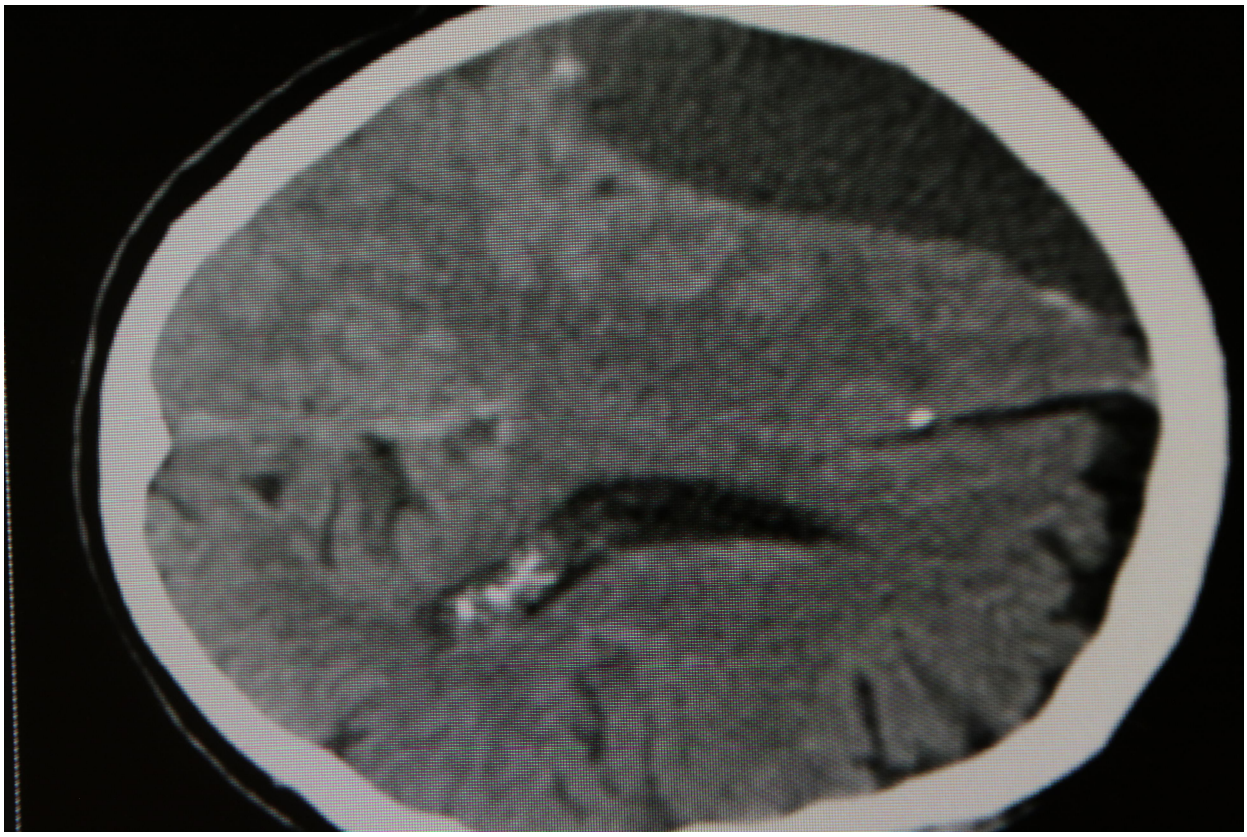
SUBDURAL 2



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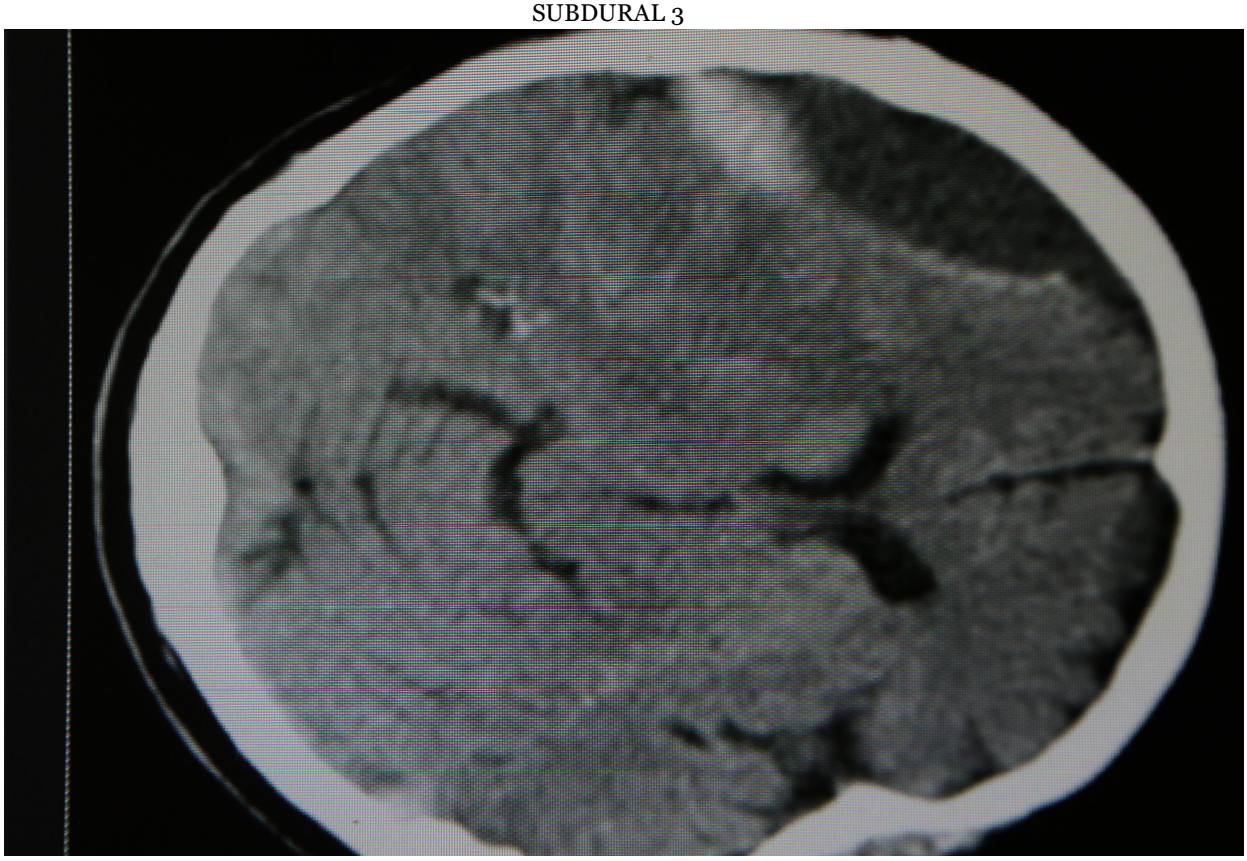
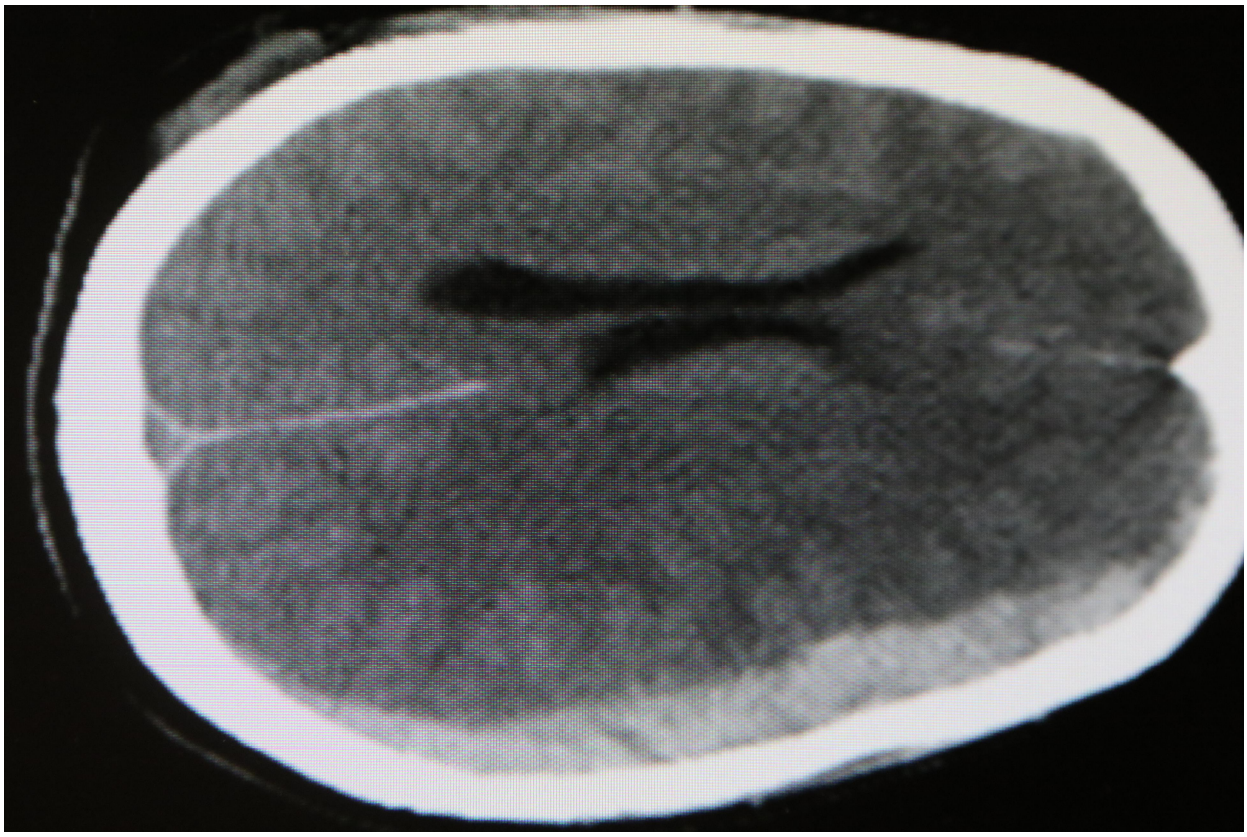


Subdural vs Epidural Hematoma - Craig Lichtblau MD

SUBDURAL 4



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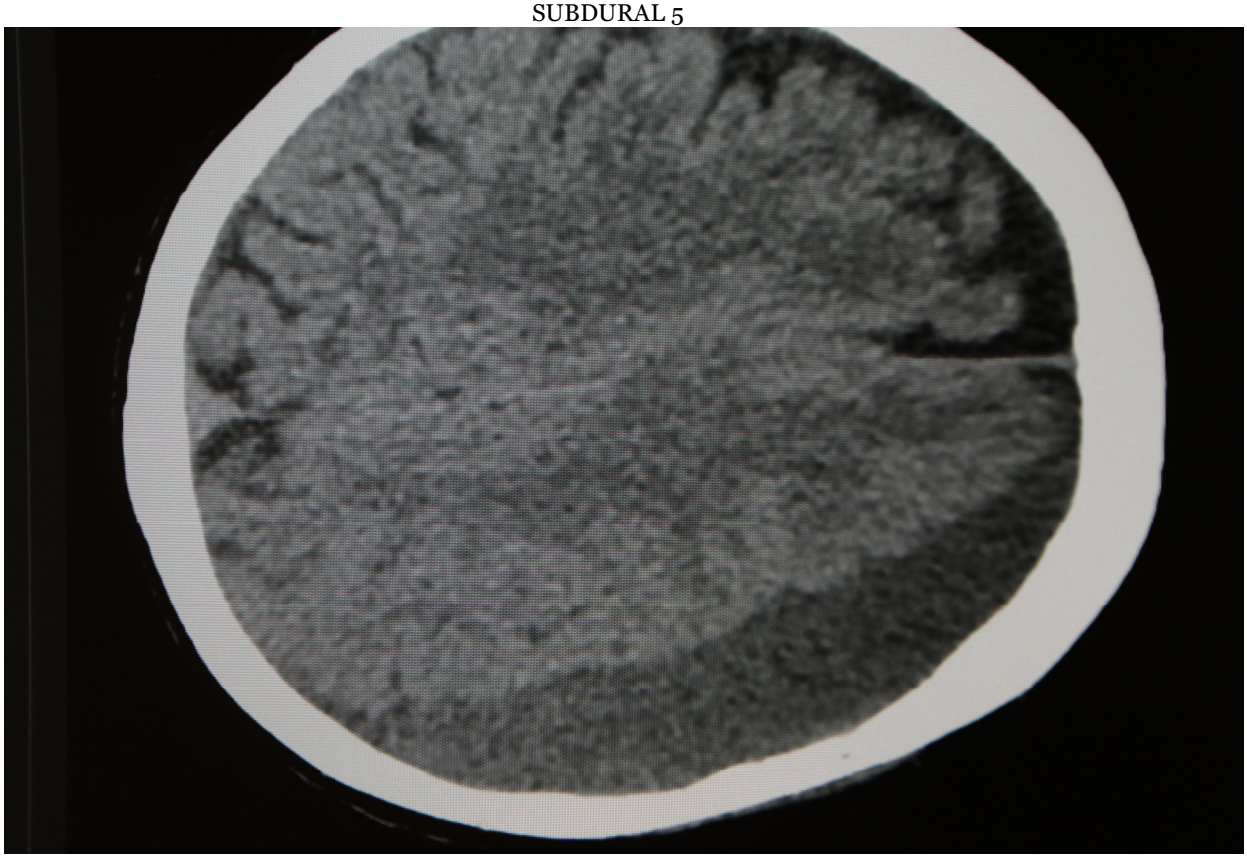


Physiatrist's Voice
NEWSLETTER MARCH 2020

PM&R Residency Updates

Memorial Healthcare System
Matthew Voelker DO, Resident Liaison

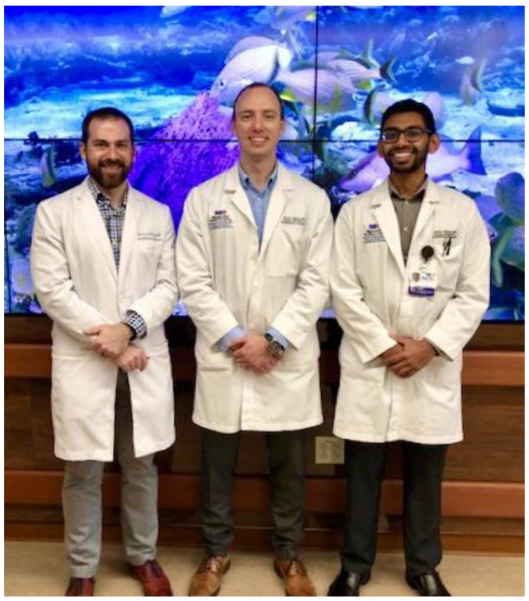
Memorial Healthcare System PM&R Residency Update, Hollywood, Florida
Matthew Voelker DO Resident Liason

Greetings Fellow Floridian Physiatrists
We are excited about being a part of FSPMR and the opportunity to meet all of you at this year's annual convention this July in our hometown of Hollywood, just a few minutes from Memorial South Rehabilitation hospital. You are welcome to come for a private tour during your stay. Did you know about our solarium! Let me know and I'll make it happen.

We are proud to be Florida's fourth and newest PMR residency. This year we started with our first PGY2 class at Memorial Rehab and are thankful to be joining up with you to celebrate and promote our beloved specialty. With this being our first newsletter, we would like to introduce ourselves

Our mission is to heal the body, mind and spirit of those we touch.

PGY1
Robert Mousselli DO – Valencia, CA
Enjoys exercise, scuba, and chess
Matthew Voelker DO – Kansas City, MO
Enjoys beach volleyball, scuba, triathlons
Uday Mathur MD – Morgan Hill, CA
Enjoys Hiking, BBQ, traveling and fitness.
Andres Gutierrez MD – San Juan Puerto Rico
Enjoys basketball, Baseball, reading and food



PGY2
Michael Boeving MD – Springfield, MO
Enjoys cycling, hiking and traveling
Steven Tijmes MD – Austin, TX
Enjoys running, lifting, and beach days with my dog
Abhinav Mohan MD – Newport Beach, CA
Enjoys the beach, tennis & making Hip Hop music

Physiatrist's Voice
NEWSLETTER MARCH 2020

MEMORIAL HEALTHCARE SYSTEM
MATTHEW VOELKER DO, RESIDENT LIAISON

New leadership roles:

Dr. Alan Novick MD
Chief Medical Director of
Memorial Rehabilitation Institute

Dr. James Salerno MD
Chair of the PM&R program.

Dr. Jeremy Jacobs DO
Residency Program Director

Enola Schroeder
Program administrator

News
- See below our list of posters, presentations and publications with 8 accepted at AAP 2020.
- Dr. Abhinav Mohan will be our AAPMR liaison.
- Dr. Steven Tijmes will be in New Orleans for the brain injury conference.
- We received continued accreditation from the ACGME for 10 years with our first SAE exam completion.

*****See you in Hollywood at the beach this summer for FSPMR!**

PUBLICATION
- Journal: PM&R. "Iliacus Tear in a Young Dancer" By Abhinav Mohan

POSTERS
"Promoting nurse and physician communication through standardized bedside rounds"
- *NABIS – S. Tijmes/Mapa*

"Preventing falls by engaging families in hands on training in an acute inpatient rehab setting"
- *NABIS – S. Tijmes*

"Cohabitation of smartwatch technology and in house telemetry on the rehab floor"
- *AAP – M. Boeving/Jacobs*

"Bilateral total knee replacement in an incomplete C6 spinal cord injury patient"
- *AAP – M. Boeving/Salerno*

"HIV mononeuropathy-associated foot drop, a presenting sign of HIV infection, resolving following initiation of antiretroviral therapy"
- *AAP – A. Mohan/Tarras/Echardt*

"Is it really transverse myelitis? A perplexing thoracic myelopathy"
- *AAP – A. Novick/Mohan*

"Concomitant neuromyelitis optica and systemic lupus erythematosus in HIV/AIDS patient presenting with brown sequard syndrome: A case report"
- *AAP – S. Tijmes/Delgado*

"Todd's paralysis: Advancing stage of breast cancer"
- *AAP – J. Salerno*

"Back to basics; When basic hip precautions meet state of the art surgical procedures"
- *AAP – S. Tijmes/Jacobs*

"Hip's don't lie, A dance medicine case"
- *AMSSM – A. Mohan*

Physiatrist's Voice
NEWSLETTER MARCH 2020

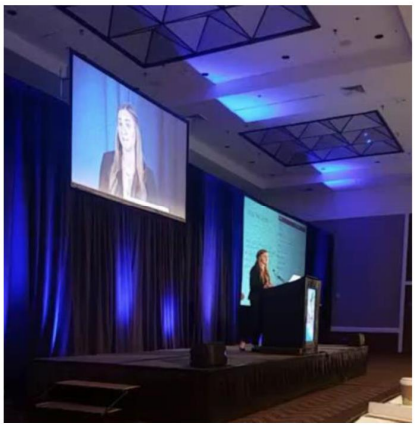
UNIVERSITY OF MIAMI
ROSA RODUGUEZ MD, RESIDENT LIAISON AND
ANDREW SHERMAN MD, RESIDENCY PROGRAM DIRECTOR

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

Greetings from the University of Miami Miller School of Medicine/Jackson Memorial Hospital PM&R Residency Program.

Recently, our residents were involved in the World Cup Series/World Sailing/Hempel Regatta in January 2020 providing medical coverage on land and on water (see picture to the left). There were athletes from all over the world, even Olympic athletes!

In February, **Armando Alvarez MD (PGY2), Quan Le MD (PGY2), Cristina M. Brea MD(PGY2),** Seema Khurana DO presented an oral presentation titled *"Complex Medical Inpatients with Good Outcomes in Transplant: Cardiac, Pulmonary, Kidney, Liver"* at the Florida Osteopathic Medical Association Convention in Weston, FL at the Bonaventura Resort and Spa. (see picture to the right)



We look forward to seeing many of you at the upcoming Association of Academic Physiatrists Annual Assembly in March, feel free to join us on Saturday morning, March 7th, for the UHealth Department of PM&R Sponsored 5K Run/Walk/Roll at 6:30am, at the Rosen Shingle Creek Resort in Orlando, led by our team captain **Michael Appeadu MD (PGY 2)**!

We will be displaying the following poster presentations:

David Valdes MD (PGY3), Lauren Shapiro MD. *DRESS Syndrome, An Unusual Cause of Fever on the Rehabilitation Unit: A Case Report.*

Scott Klass MD (PGY3), Martin Weaver MD (PGY4), Xavier Aviles MD, Lauren Abratt MD, and Elizabeth Felix, PhD. *The Effect of Blind Platelet Rich Plasma Intra-articular Injections on Meniscal Knee Injuries in the Veteran Population.*

Scott Klass MD (PGY3), **Richard Rosales MD (PGY2)**, Gemayaret Alvarez MD. *Not Your Average Teen Liver: A Case Report*

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Cristina Brea MD (PGY2), Mukti Gandhi, Earl Biag MD, Luis Lopez, Seema Khurana DO. *Use of botulinum toxin in conjunction with intrathecal baclofen for management of generalized spasticity: A Case Series*.

Cynthia Lai BS, **Cristina Brea MD (PGY2)**, Seema Khurana DO. *Prehabilitation in a Pediatric Transplant Candidate: A Case Report.*

Annette Grotheer, Lorenzo Diaz, **Cristina Brea MD (PGY2)**, Seema Khurana DO. *Clinical implications of patient satisfaction with continuous passive motion therapy: A case report.*

Michael Appeadu MD (PGY2), R Hawkins. *Palmar Fasciitis: A Debilitating, Paraneoplastic Diagnosis.*

Manoj Poudel MD (PGY3), **Michael Appeadu MD (PGY2),** Timothy Tiu MD. *Comparative Epidemiology of Injuries in Major League Soccer (MLS) and English Premier League (EPL) for the 2019-20 Season.*

Manoj Poudel MD (PGY3), Seema Khurana DO. *Under-infusion of Intrathecal Baclofen (ITB) in the last week before the refill date: two case reports.*

Manoj Poudel MD (PGY3), Alessandro de Sire MD, Alexandre Bertholon MD, Walter Frontera MD. *ISPRM World Youth Forum: The Importance of the Role of Youth for Global Development of Physical and Rehabilitation Medicine (PRM) Specialty.*

Richard Rosales MD (PGY2), Lorenzo Diaz MS, Lauren Shapiro MD, MPH. *Parosmia following Anosmia after Traumatic Brain Injury: A Case Report.*

Rosa Rodriguez MD (PGY3), Seema Khurana DO. *Intrathecal Baclofen Patient Activated Bolus Device for Treatment-Resistant Stiff-Person: A Case Report*

Rosa Rodriguez MD (PGY3), Earl Biag MD, Kevin Dalal, MD. *Pulmonary Cement Embolism following Vertebroplasty.*

Vincent M Hsu BS (MS3), **Rosa Rodriguez MD (PGY3**), Javier Santana, MD, Chanë Price, MD, MBS. *Intrathecal Baclofen for the Treatment of Spastic Quadriparesis Arising from Pneumonia-Induced Anoxic Brain Injury: A Case Report.* ***Late Breaking Abstract.***

Physiatrist's Voice
NEWSLETTER MARCH 2020

UNIVERSITY OF MIAMI
ROSA RODUGUEZ MD, RESIDENT LIAISON AND
ANDREW SHERMAN MD, RESIDENCY PROGRAM DIRECTOR

Congratulations to our newest newlywed resident, **Jorge Caceres-Pla, MD (PGY4)** for his recent marriage in December 2019.

Our resident of the quarter award was presented to **Cristina Brea, MD (PGY2)** – Congratulations!

We are also proud to announce our Chief Residents for the 2020-2021 Academic Year, beginning in July 2020 – **Brittany Mays MD (PGY3)** and **Mike Dove MD (PGY3)! Scott Klass MD (PGY3)** will serve as Associate Chief as well.

Congratulations **to Myriam LaCerte MD (PGY4)** for acceptance into the Brain Injury Fellowship at Harvard and **Marty Weaver MD (PGY4)** for acceptance into the Sports Medicine Fellowship at Emory! We are so proud of you!

And finally, to the right, you can see our new Rehabilitation Building almost finalized which we will be moving into in March!!!

Physiatrist's Voice
NEWSLETTER MARCH 2020

LARKIN COMMUNITY HOSPITAL PM&R RESIDENCY UPDATE

KATHRYN NELSON DO, RESIDENT LIAISON

Greetings from Larkin PM&R! We hope that all of you and your patients are staying safe and protected amidst the COVID19 pandemic. We are proud to report that our program is working hard to establish and maintain relationships with key healthcare and public health partners in our community during this time. We will continue in our efforts to help slow the spread of this disease, provide high quality care to our vulnerable patient population, and, as stated in our Hippocratic Oath, remain "loyal to the profession of medicine, and just and generous to its members". We would like to formally thank all of you who are making sacrifices and working towards this end.

To enhance training, our community of residents continue to be actively involved in leadership, research, and community involvement. It is with great pleasure that we announce the start of an educational podcast created by four of our recent graduates entitled: *PMR Lady Docs*, now available on iTunes and Spotify! These incredibly smart, talented, and beautiful women have tackled popular board review topics that will be of benefit to all those involved with the Physical Medicine and Rehabilitation community.

Producer/Editor: Dr. Patricia Goodwin.
Co-Hosts/Content: Dr. Patricia Goodwin, Dr. Shiel Jhaveri, Dr. Marjorie Mamsaang, and Dr. Tricia Prince

We have been fortunate to learn from many amazing guest lecturers during these past few months. Dr. Stuart Kahn, a PM&R physician that holds dual appointments in the Leni and Peter W. May Department of Orthopedics and the Department of Rehabilitation Medicine at Mount Sinai in New York City, presented an informative and engaging presentation on the topic of current interventional pain management

LARKIN COMMUNITY HOSPITAL PM&R RESIDENCY UPDATE

CONTINUED

techniques. We also had the pleasure of learning from Dr. Angelo Gousse, Associate Program Director of Larkin Community Hospital Palm Springs Campus and Urology Residency Program, who recently taught our PM&R residents about the role of Botox in neurogenic bladder management. We would like to thank these physicians for their efforts to provide excellent learning opportunities for our program.

Workshops that engage our residents with hands on experience have continued to be a focus in our weekly didactics. Larkin PM&R residents have been able to participate in Botox workshops focusing on the treatment of upper and lower limb spasticity. These learning opportunities have provided our group with invaluable skills to better serve our patients.

Interviews have concluded and our match list has officially been submitted for the incoming class! Potential candidates have all been outstanding. We look forward to having these individuals as our colleagues and wish them all the very best!

Physiatrist's Voice
NEWSLETTER MARCH 2020

FSIPP/ FSPMR Conference 2020
23 CME Credit Hours

FSIPP/ FSPMR
e Poster Instructions

Attendee Registration /
Hotel Registration

Call for Abstracts

Program Agenda

https://www.fsipp-conference.com for all information

Physiatrist's Voice
NEWSLETTER MARCH 2020

FSPMR Educational Breakout Session, Saturday, July 18, 2020

8:25 – 8:30 AM ***Welcome*** – *Craig Lichtblau MD, FSPMR President*

8:30 – 9:00 AM ***Creating a Physical Medicine & Rehabilitation Residency Program***
Jeremy Jacobs DO

9:00 – 9:30 AM ***Platelet-Rich Plasma – Why Might Your Batch Not Work?***
Evan Peck MD

9:30 – 10:00 AM Exhibitor Break

10:00 – 10:30 AM ***MBA Meets Healthcare***
Alan Novick MD

10:30 – 11:00 AM ***Post Stroke and Traumatic Brain Injury Agitation***
Robert Kent DO

11:00 AM – 12:00 PM ***Keynote: A Unique Thirty Year PM&R Experience***
Craig Lichtblau MD

12:00 – 1:00 PM Lunch Break

1:00 – 2:30 PM ***Competition! Florida PM&R Residency Programs***
Case Presentations with Expert Panel

Expert Panel: Matthew Imfeld MD, FSPMR Immediate Past President
Michael Creamer DO, FSPMR Past President
Colleen Zittel MD, FSPMR Board Member

1:00 – 1:23 PM University of Miami
An Unusual Reaction to Intrathecal Baclofen Delivery
FSPMR Educational Breakout Session, Saturday, July 18, 2020 continued
Rosa Rodriguez MD PGY-3 and Richard Rosales MD PGY-2

1:23 – 1:45 PM University of South Florida
Psychogenic Non-Epileptic Seizure After Cervical Interventional Procedure
Krystal Yankowski DO PGY-3 and Robert Rotman MD PGY-3

1:45 – 2:08 PM Larkin Community Hospital
Stellate Ganglion Block for theTtreatment of PTSD
Kathryn Nelson DO PGY-3 and Vidur Ghantiwala DO PGY-2

2:08 – 2:30 PM Memorial Healthcare System
Bilateral Total Knee Arthroplasty in an Incomplete C6 Spinal Cord Injury
Michael Boeving MD PGY-2 and Robert Mousselli DO PGY-1

2:30 – 3:00 PM ***Aging in Spinal Cord Injury:***
Latest Recommendations for Health Maintenance
David Gater Jr MD PhD

3:00 ï 3:30 PM Exhibitor Break

3:30 – 4:30 PM ***The Nuts & Bolts of Forensic Work***
Kevin C Smith JD
Lance C Ivey JD

2020 FSPMR/ FSIPP ePoster Instructions link

Also found on the home page of FSPMR.org and FSIPP-conference.com

Electronic posters should be submitted to the Meeting Planners no later than June 16, 2020.

Please submit your electronic copy via email Raedden Robson raedden@mantrameetings.com and Mandy Alexander mandy@mantrameetings.com.

Physiatrist's Voice
NEWSLETTER MARCH 2020

BECOME A FLORIDA PM&R PIONEER AND MENTOR A YOUNG PHYSIATRIST

We want to help our young physiatrists by providing mentors for them. Our mentors are PM&R Pioneers. These mentors are for both practice management and clinical issues. Your name and office phone number will be shared via our newsletter so that younger members can contact you. If you have a minimum of 20 years of experience and you want to share your knowledge, training and experience with new FSPMR members, please submit your name to Lorry Davis, FSPMR Executive Director, lorry4@earthlink.net. A special thanks to FSPMR's Board of Directors who have volunteered to be Florida PM&R Pioneers (with the exception of a couple of our younger Board members who do not yet have 20 years of experience). Thank you for your consideration and if you'd like to discuss it further with me before deciding, please contact me at C.Lichtblau@chlmd.com.

Craig Lichtblau MD

President, FSPMR

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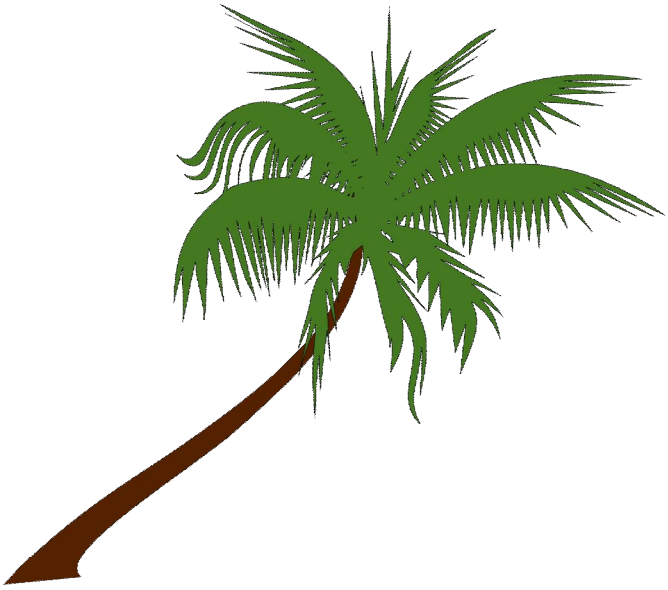

Physiatrist's Voice
NEWSLETTER MARCH 2020

BECOME A FLORIDA PM&R PIONEER AND MENTOR A YOUNG PHYSIATRIST

CONTINUED

Young Physiatrists!

We are pleased to list ***FSPMR's PM&R Pioneers*** along with their office phone numbers, so that you can contact them for guidance:

Craig Lichtblau MD	(561) 842-3694
Michael Creamer DO	(407) 649-8707
Anthony Dorto MD	(305) 932-4797
Rodolfo Eichberg MD	(813) 629-8407
Mitchell Freed MD	(407) 898-2924
Matthew Imfeld MD	(407) 352-6121
Jesse Lipnick MD	(352) 224-1813
Bao Pham DO	(904) 527-3135
Thomas Rizzo Jr MD	(904) 953-2735
Mark Rubenstein MD	(561) 296-9991
Andrew Sherman MD	(305) 585-1332
Jonathan Tarrash MD	(561) 496-6622
Colleen Zittel MD	(407) 643-1329

Job Opportunities

Lakeland Regional Health

Lakeland Regional Health is recruiting for an additional board certified/board eligible ***physiatrist*** *for our expanding service line.* We have opportunities for a full-time physiatrist in our inpatient rehabilitation unit, consults and outpatient care.

Lakeland Regional Health physiatrists are the admitting physicians to a 32-Bed CARF Accredited IRF unit with 24-hour support from hospitalist service (who manage complicated medical issues and assist with nocturnal medical call). Physiatrists with fellowship training in Stroke or Traumatic Brain Injury are also welcome and encouraged to apply.

This is an exciting opportunity to join a highly respected team of caregivers at a state of the art facility. There is an excellent collegial atmosphere among all practicing physicians as well as strong health system support and the physician friendly environment.

Highlights about the opportunity:

- Competitive Salary with Production Incentives!
- Benefits include Medical, Free Short Term Disability Basic, 403B and so much more
- Paid Time Off
- Generous CME Days and CME Allowance
- Malpractice Insurance
- No State Income Tax

Lakeland Regional Health is a large, globally recognized, award winning, not-for-profit healthcare system located in Central Florida. Our 864-bed main Lakeland Campus is one of the largest hospitals in the state of Florida and also operates the busiest single-site Emergency Department in the nation. Our Award Winning Workplace has achieved best workplace awards from Florida Hospital Association, Forbes, Becker's, and Gallup (among only 40 organizations world-wide); achieved "Most Wired Advance" Hospital (among only 16 hospitals in the nation); and earned a Leap Frog "A" Safety Rating. Check out our website to become familiar with our culture and how we place people at the center of all we do.

The community of Lakeland is nestled in-between Tampa and Orlando and ranked #1 in the "Top 10 cities for buying a house in 2019" from Business Insider . Visit the LALToday website to learn more about our amazing community.

Please send your CV to physicianswork@myLRH.org or call 863-687-1037 if you are interested in finding out more about this opportunity!

Job Opportunities

Jacksonville, Florida
Mayo Clinic - Physiatrist - General Rehabilitation & Consult Service
Posted February, 2020

COMPANY DESCRIPTION:
You are invited to partner with the nation's best hospital (U.S. News & World Report 2018-2019), ranked #1 in more specialties than any other care provider. Practicing at Mayo Clinic provides a rewarding career that promotes excellence in patient-centered care. You can thrive in an environment that supports innovation and has a wealth of resources available to you – including an integrated EHR and collaboration with top specialists – to give your patients the quality of care you want to achieve.

DESCRIPTION/RESPONSIBILITIES:
The Department of Physical Medicine & Rehabilitation in Jacksonville, Florida is seeking a full-time Physiatrist to join a highly-skilled, multidisciplinary team of physicians, physical therapists and occupational therapists.

The candidate to fill this position will work on the Mayo Clinic Florida campus to develop a consultation service in the acute hospital to provide expert rehabilitation management recommendations to optimize functional outcomes for patients with stroke, neurological disorders, post orthopedics interventions and cancer. They will also treat patients in a general outpatient rehabilitation clinic setting.

The Department of Physical Medicine and Rehabilitation consists of five board certified Physiatrists and provides mostly outpatient consultations presently for musculoskeletal and neurological rehabilitation cases. Mayo Clinic in Florida is world known for having an integrated multi-specialty practice with over 400 physicians covering all specialties creating a dynamic and stimulating environment. Our experienced physical and occupational therapists provide excellent inpatient and outpatient services to the patients for all these specialties.

Jacksonville is a beautiful, growing coastal Florida city featuring an excellent year- round climate, miles of beaches, plus outstanding outdoor recreational, cultural and family-oriented activities.

Candidates must be Board-Certified or Board-Eligible in Physical Medicine & Rehabilitation. The department is seeking an individual with a strong interest in a clinical position with teaching and research opportunities. We offer a highly competitive salary and generous benefits package. In addition, Mayo Clinic offers first class resources to help you develop your research and teaching skills. This position includes an academic appointment with the Mayo Clinic College of Medicine. Eligible for medical licensure in the State of Florida. Board-Certified or Board-Eligible in Physical Medicine & Rehabilitation. Jacksonville is the largest city in area in the continental United States. A beautiful coastal Florida city that features excellent year-round climate, over 20 miles of beaches and outstanding outdoor recreational, cultural and family-oriented amenities. The "River City by the Sea" has an excellent school system, reasonable cost of living and a thriving business environment. Medical professionals and patients are drawn to Jacksonville by an extraordinary network of high-profile healthcare facilities. Jacksonville continues to grow as more people relocate from all over the U.S. and abroad, to see what the great River City has to offer!

Apply here, please: https://ars2.equest.com/?response_id=431c8218189da47f62dcf7d326abc43d

Physiatrist's Voice
NEWSLETTER MARCH 2020

Job Opportunities are free and re posted as a service to FSPM&R members

Post YOUR Job Opportunities here

Other Opportunities

3 Month Other Ops Postingsð $150.00

Payment can be made from the Opportunities Page of the FSPMR.org website.