



PHYSIATRIST'S VOICE

NEWSLETTER

DECEMBER 2016

*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



I hope this addition of the FSPM&R newsletter finds everyone doing well.

We had a great time at the national meeting in New Orleans. The reception with the Louisiana Society was outstanding. It was great to meet new physicians and get caught up with old friends. I would like to thank Lorry Davis for her help in setting it up and Medtronic for their generosity in sponsoring the event.

It was good to participate in the Presidents/CAC meeting. We have already been through many of the issues that various states are just starting to deal with. It is definitely a double edged sword, being in Florida, walking point through the mine fields of legislation. Thankfully we have FSPM&R physicians who have been willing to help when problems arise. Because of our past experiences I was able to give input and advice to AAPM&R and the other state societies on subjects such as pill mills, opioid prescribing, mobile EMG etc.

I am glad to report that we (all state societies) will start to get national assistance on legislative issues from AAPM&R. We will hopefully have a representative from our Florida Society on their new legislative council.

I can also tell you that we are one of the most organized societies compared to many that I talked with. It appears we are well ahead of everyone, when it comes to getting the word out with our newsletter and website.

We had a great initial teleconference with the board members in early November. I am privileged to have such a great team surrounding me. If there are any issues that people feel need to be addressed please feel free to contact us.

The 2017 dues are coming up. Please pay as soon as you are able.

I hope everyone has a great Holiday Season.

As always.

Matt

Matthew D. Imfeld, MD
President FSPM&R

*Thank You to Medtronic
for its Corporate Sponsorship*

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UPCOMING EVENTS

FSPMR 2017 MEETING MAY 4 – 7, HOLLYWOOD, FL

Please put these dates on your calendar.

The Florida Society of Physical Medicine and Rehabilitation will be meeting with the American Osteopathic College of PM&R, May 4 – 7, 2017, at The Margaritaville Hollywood Beach Resort in Hollywood, Florida. This is AOCPMR's Mid Year Meeting and the theme is "Integration and Innovation: Merging Integrative Medicine with the Newest Innovations in Physiatry."



This hotel is a new property and can be viewed at <https://www.margaritavillehollywoodbeachresort.com>.

FSPMR has not had a meeting in South Florida in quite a while and we are looking forward to seeing some of our So FL members and associates.

FSPMR has contributed a number of speakers to the Physician Course Agenda, which can be found at <http://aocpmr.org/events-3/mid-year-meeting-2017>. Scroll down and you will see the complete Agenda including tracks for Physicians, Residents, and Students. You'll also find where and how to register for the meeting, and how to register at the hotel.

Here are some of FSPMR members' presentations for the Physician Course Agenda:

- Natural Homeopathic Medicines & Vitamins by Jose Diaz, DO
- Medical Acupuncture by Bao Pham, MD
- Ketamine Therapy by Robert Kent, DO
- Spinal Cord Stimulation Indications by Nilusha Fernando, DO
- Update on Intrathecal Therapies by Robert Kent, DO
- Spasticity/Botulinum Toxin by Andrew Sherman, MD
- Amputee and Prosthetics by Jeremy Jacobs, DO (non FSPMR) and Robert Kent, DO
- Depositions, Trials and other Sworn Testimony, What the Expert Needs to Know by Anthony J. Dorto, DC, MD, FAAPMR FAADPEP

Additionally, Alan Novick MD, will give a Tour of Memorial Hospital's Rehabilitation Institute which is in Hollywood. He is on staff there and is currently working on developing Florida's fourth PM&R Residency Program.

Currently, CMEs for DOs are approved and posted. CMEs for MDs are being applied for, but ACCME rules do not allow AOCPMR to say that on their website. Once they are approved, they too will be posted.

The Exhibitor Prospectus will be posted on this website shortly. In the meantime, if you need a copy, FSPMR Executive Director Lorry Davis (lorry4@earthlink.net) can forward it to you.



UPCOMING EVENTS

Mayo Clinic Rehabilitation Medicine Update in Orlando



Loews Royal Pacific Resort at Universal Orlando®
Orlando, FL



February 3-5, 2017

REGISTER TODAY!

Registration and additional information is available on our website! <http://ce.mayo.edu/rehabupdate2017>

Course Directors:
Jeffrey S. Brault, D.O.
William F. Micheo, M.D.
Thomas D. Rizzo, Jr., M.D.
Carmen M. Terzic, M.D., Ph.D.

COURSE DESCRIPTION

Course Directors: Carmen Terzic, M.D., Ph.D.; William Micheo, M.D.; Jeffrey Brault, D.O.; Thomas Rizzo, M.D.

Advancements in rehabilitation are accelerating at an unprecedented rate. Physical medicine and rehabilitation professionals need an opportunity to gather and learn about the latest developments. This course is designed as an update of techniques and topics pertaining to Physical Medicine and Rehabilitation which includes: Spine Care, Amputee, Ultrasound Injection, Stem Cell therapies for Musculoskeletal Injuries, and Spinal Cord Injuries, Traumatic Brain Injury, Pain, EMG, Lymphedema and more.

Course Highlights

- Rehabilitation Treatment
Recommendations for managing spine pain, lymphedema, amputee care and spinal cord injury
- Regenerative Medicine
- Sports related concussions
- Elderly and fall prevention

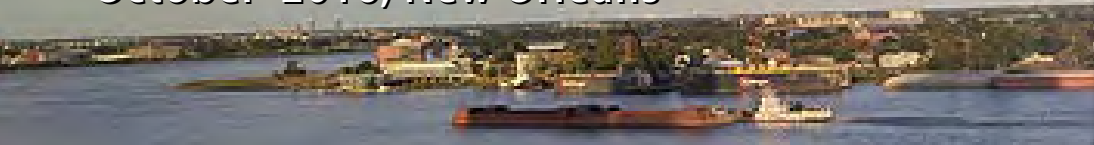


PHYSIATRIST'S VOICE

NEWSLETTER

DECEMBER 2016

Highlights from FSPMR at AAPMR October 2016, New Orleans



At the American Academy of Physical Medicine and Rehabilitation's 2016 Annual Assembly in New Orleans, Louisiana....held at The Hilton Riverside.....right next to the Mighty Mississippi.....lots of commercial river traffic, complete with tug boats.



Dr Randolph Roig,
Dr Joseph
and Mary Biundo,
and LA Residents



Randolph Roig MD, President
of the Louisiana Society of PM&R,
and
Matthew Imfeld MD, President
of the Florida Society of PM&R



Randolph Roig MD, President
of the Louisiana Society of PM&R,
with Lorry Davis, FSPMR Executive
Director, and
Matthew Imfeld MD, President
of the Florida Society of PM&R

2017 DUES

FSPMR 2017 Dues Invoices have been sent via email, 11/29/2016. Please check your email for this invoice and forward it to your accounts payable person if you need to. Some of you like to pay in the current calendar year to get a wee bit more deduction for 2016.

Your attention to this matter is greatly appreciated!

Due January 1, 2017.

Questions?

Lorry4@earthlink.net or 904 994 6944.



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

[CLICK HERE TO JOIN ONLINE](#)

IF YOU PREFER TO MAIL IN YOUR
APPLICATION,

[CLICK HERE TO DOWNLOAD
THE MAIL-IN APPLICATION.](#)



RESIDENTS SECTION



Patricia Goodwin, DO
PGY-1 Department of PM&R
Nova Southeastern University
College of Osteopathic Medicine
Consortium for Excellence in Medical Education
Larkin Community Hospital
AOCPMR Resident Council Education Co-Chair

Nova Southeastern University (NSU)/Larkin PM&R Residency Update

Larkin Community Hospital Palm Springs Campus welcomed the first group of Nova Southeastern University (NSU)/Larkin PM&R interns this past July 1, 2016. Palm Springs offers our intern class an acute care hospital

facility with 247 patient beds including intensive care unit, cardiac catheterization unit, and 24 bed emergency department.

In July 2015, the American Osteopathic Association (AOA) and Accreditation Council for Graduate Medical Education (ACGME) started the process of merging into one single accreditation system for graduate medical education. Larkin Graduate Medical Education and PM&R department are in the ACGME pre-accreditation process to ensure a smooth transition before the July 2020 implementation date.



PM&R Class of 2020



Larkin PM&R Residents at FSPMR 2016 Annual Meeting in Orlando, FL.

This past August 2016, Larkin PM&R residents attended the FSPMR Annual Meeting at the Waldorf Astoria in Orlando. Emmanuel Sakla, D.O., PGY-4 and Thiago Queiroz, D.O., PGY-2 presented a case presentation on *"A rare case of spinal dysraphism with partial agenesis of the corpus callosum"* at the FSPMR Dinner.

On October 20-23, 2016, in New Orleans, LA, residents presented at the AAPMR Annual Assembly. Thiago Queiroz, D.O., PGY-2 presented *"Post-surgical rehabilitation of traumatic nerve injury enhanced by supplemental beta-carotene and b-12."* Amir Mahajer, D.O., and Shiel Jhaveri, D.O., PGY-2 discussed their poster on *"A Case of Fibular Hemimelia: Successful Use of a Prosthesis without Extensive Surgical Intervention."* Larkin PM&R also entered

the AAPMR "What is PM&R?" video contest. The video was featured on the AAPMR website. Check out our three minute video on YouTube at: <https://www.youtube.com/watch?v=aWSwSTCL1Rg>.

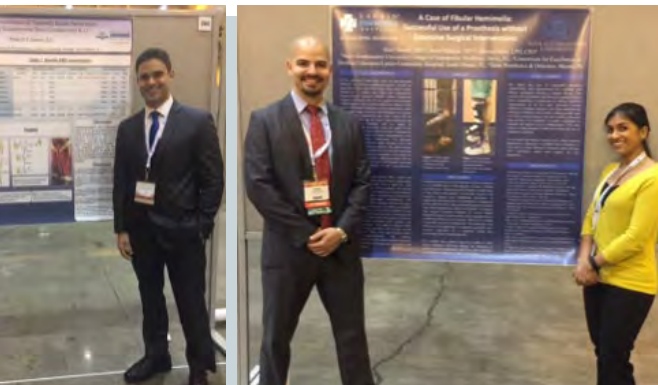
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RESIDENTS SECTION

Nova Southeastern University (NSU)/Larkin PM&R Residency Update

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Larkin PM&R at AAPMR Annual Assembly in New Orleans, LA

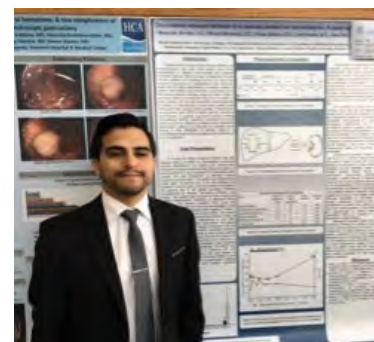
Several Larkin residents participated in the 2016 NSU Consortium for Excellence in Medical Education (CEME) Resident Scientific Research Poster Competition on November 4, 2016. Alexander Morales, D.O., PGY-2 presented on *"Oxycodone induced delirium in a post-op patient with end stage renal disease: a case report."* Emmanuel Sakla, D.O., PGY-4 discussed his poster, *"A rare case of spinal dysraphism with partial agenesis of the corpus callosum."* Patricia Goodwin, D.O., PGY-2 presented *"Amantadine and Venlafaxine Combination Therapy Enhances Motor Recovery in a 20-year-old Female with Hemiplegia."*

There is a growing demand in neuromuscular medicine for evidence-based clinical research on osteopathic manipulative treatment. Emmanuel Sakla, D.O., PGY-4 is currently conducting a research study on *"Efficacy of Osteopathic Manipulative Treatment after Total Knee Arthroplasty in Patients Receiving Inpatient Rehabilitation,"* which has shown promising results in its early stages. Dr. Sakla states, "we have recruited 7 patients thus far, and have noticed a significant decrease in pain after OMT. We will continue with our research, evaluating the effects of OMT on range of motion, pain, ambulation and edema."



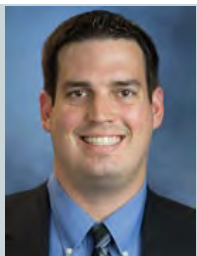
One wonderful aspect of living in South Florida are our beaches. This year we are excited to share that Larkin residents and attending physicians are actively involved in planning the AOCPMR Mid-Year Meeting that will take place this upcoming May 4-7, 2017, at the Margaritaville Beach Resort located on Hollywood Beach. Registration and hotel booking are now available online. The conference theme this year is "Integration and Innovation: Merging Integrative Medicine with the Newest Innovations in Physiatry." We look forward to welcoming our colleagues to the warm sands of Hollywood Beach this May!

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, Dr. Jose Diaz (josediaz@larkinhospital.com) and Ms. Yusleiby Sanzo (ysanzo@larkinhospital.com) the Graduate Medical Education Program Coordinator.





RESIDENTS SECTION



Benjamin Mendelsohn MD,
PGY-3 Resident &



Armen Derian MD
PGY-4 Resident

Department of PM&R
University of Miami Miller School
of Medicine



Andrew Sherman, MD
Residency Program Director
FSPMR Member
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 has had a very productive year so far. In July, we welcomed our incoming resident class who we have very high expectations for. These residents include Chris Alexander M.D. (University of North Carolina SOM), Jesse Charnoff M.D. (St George's SOM), Aaron Cross D.O. (Lake Erie College of Osteopathic Medicine), Chris Moriarty (Philadelphia College of Osteopathic Medicine), and Sara-Grace Reynolds (University of Massachusetts Medical School).

Recently, we had a strong showing in New Orleans for the 2016 AAPM&R Annual Assembly in October. In addition to attending excellent lectures and learning about the cutting edge technology that was on display in the exhibit hall, we also had a chance to make great connections with other residents and network with the current leaders in PM&R. We also were able to meet with many of the medical students who were in attendance, during the medical student fair where we hosted an informational booth to discuss our residency program, the reason we chose PM&R as a specialty, and answered many other questions that were posed by medical students interested in the field. On a lighter note, members of our residency program earned third place in the wheelchair basketball tournament. The team included, Kathy Lin M.D., Kim Ross M.D., Armen Derian M.D., and our very own Program Director Dr. Andrew Sherman who made a special guest appearance in the victorious final game! Finally, the residency program displayed multiple poster presentations, detailed below, that were shown in the Exhibition Hall during the conference.

Derian A; Hoffmann B; Plumlee C; Khurana S. A novel infusion method of intrathecal baclofen using Personal Therapy Manager.

Derian A; Amundson J; Vasquez, R; Johnson-Greene, D. Accuracy of Ultrasound guided carpometacarpal joint injections.

Derian A; Ross K; Khurana S. Paraneoplastic myelitis secondary to Hodgkin's Lymphoma.

Gober J; Schnitzer O; Ference T. Gabapentin Causing Neurologic Dysfunction Leading to Falls.

Molinares D; Alvarez, G. Charles Bonnet Syndrome decreasing Functional Independence Measure efficiency in the inpatient brain-injury rehabilitation setting: Case Report.

Ross K; Naqvi U; Dalal K. Surfer vs Rock: A Rare Cause of Lower Extremity Weakness and Numbness.

Ross K; Lin K; Sherman AL, Khurana S. A Five Year Longitudinal Intervention For Improving Medical Student Exposure to Physical Medicine & Rehabilitation.

Ross K; Lin K; Khurana S. How a Flexible Differential Yielded an Elusive Diagnosis: A Case Report.

Schnitzer O; Gober J; Dalal K. Gabapentin-Induced Myoclonus In Spinal Cord Injury.

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RESIDENTS SECTION

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

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We are pleased to announce that one of our recent graduates, Joshua Rothenberg D.O., was just named the sixth recipient of the McLean Outstanding Resident/Fellow award. This award given yearly by the Academy of Academic Physiatrists is given for outstanding academic performance including academic leadership, teaching, and research. This is one of the highest honors that residents and fellows can achieve in our field. We and the FSPMR should be very proud of Josh! In addition, Armen Derian M.D. current PGY4 who has matched into an interventional pain fellowship was awarded a stipend from the Interventional Orthopedics Foundation to attend their annual meeting in Colorado focusing on regenerative medicine treatments.

Over the past year, our department has been very involved with the Harrington program which hosts international students/physicians. We have had numerous students and physicians from China, Latin America, and several other countries come and work with us. This has been a valuable exchange of information that has been mutually beneficial as they learn how physiatry is practiced in the United States and we learn how medicine is practiced in their countries. Many friendships have been established that reach beyond our borders and help our residency fulfill its mission of promoting diversity as Miami is a center of international activity. We would like to extend gratitude to our gracious program coordinator, Coretha Davis, whose dedication and hard work for the last 10 years has meant so much to the program and its residents. We look forward to updating the constituents of FSPMR about the upcoming exciting events occurring at the Department of Physical Medicine and Rehabilitation at the University of Miami Miller School of Medicine such as our annual research day in May and the 10th year anniversary graduation in June.



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

University of South Florida PM&R Residency Update

The 2016 academic year has been off to a great start, with more good things to come! USF's PM&R program was well represented at this year's annual AAPM&R assembly in New Orleans, LA. Our program had three posters being presented at the conference:

"Extensive Morel Lavallee Lesion Secondary to Motor Vehicle Crash involving Ejection"; Aaron Martin MD, Erol Jahja DO, Anthony Urbisci MD, Nicholas Daley DO.

"Neurotoxic Manifestations of Accidental Gadobutrol Intrathecal Injection"; Corey Reeves MD

"The Effects of Underwater Treadmill Therapy on the Rehabilitation of a Polytrauma Patient"; Anthony Urbisci MD, Adma Rawji BS, Aaron Martin DO, Cory Keirn DPT, Barbara Darkangelo DPT.

In other good news, we are happy to announce that all three of our chief residents matched into fellowship positions:

Corey Reeves, MD: Pain Management; Wake Forest University in Wake Forest, NC.

David Ciacchi, DO: Interventional Spine Fellowship in Charlotte, NC.

Bryan Thomas, MD: Pain Management at USF in Tampa, FL.

We are very happy and excited that our chief residents did so well and we can't wait to see what the future has in store for them!



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

Many are aware that the historic signing of the Barbara Lumpkin Controlled The time is nearing when Nurse Practitioners (NPs) and Physician Assistants (PAs) will be permitted to prescribe controlled substances. This historical event will go into effect January 01, 2017, and will allow significant improvement in the access to healthcare and will also reduce barriers to Allied Health Practitioners' (AHPs) practice.

As mentioned in the September newsletter, Nurse Practitioners (NPs) as well as Physician Assistants (PAs) must complete 3 hours of continuing education on a biennial basis which focuses on the "safe and effective prescribing of controlled substances." Prescription of controlled substances represents significant risks, and understanding these risks is critical in order to provide safe and effective patient care. The training addresses the mandatory content for PAs and NPs in Florida registered to prescribe Schedule II, III, and/or IV controlled substances as allowed by Florida Law. Nurse Practitioners and Physician Assistants may access the course online at <http://www.flmedical.org>. The online course is an independent study which highlights the following: legal requirement for prescribing controlled substances in your practice, describes examples of aberrant behaviors, identifies why a patient-prescriber agreement (also referred to as opioid contract) is important and emphasizes the need to perform urine drug testing. I make mention of the course because it is available to both NPs and PAs; some courses are provider-type specific.

A DEA license has to be applied for before prescribing may begin. Unfortunately, NPs and PAs are not permitted to apply for a DEA license until January 01, 2017. Also, if an NP or PA does not have a desire to prescribe, it is not mandatory to obtain a DEA license.

To my fellow ARNPs and PAs, the invitation is being extended to join the Florida Society of Physical Medicine and Rehabilitation. Becoming a member will give you an opportunity to be instrumental in promoting and advancing health and function by keeping abreast of the advancements in physical medicine and rehabilitation. For more information, visit <http://www.fspmr.org>.

Wishing all a happy and safe holiday season!





OSSEOINTEGRATION

Craig H. Lichtblau, M.D.
Vice President FSPMR



Dr. Craig Lichtblau, right,
& Dr. Munjed Al Muderis

Osseointegration is derived from the Greek "osteon" meaning bone and the Latin "integrare" which means to make whole. The term is defined as a direct contact between living bone and the surface of the load-bearing titanium implant. Osseointegration has not only dramatically enhanced the science of bone and joint replacement surgery, but also has improved the quality of life for amputees.

I believe Physiatrists will be an integral part of the team that brings osseointegration into the United States and makes this integrated technology successful. On September 15, 2016 I flew to Sydney, Australia. I arrived at 6:30 in the morning and at 7:30 I was in the operating room scrubbed in with Dr. Munjed Al Muderis (Google his name for an outstanding story). I scrubbed in on several procedures. Over a two-day period I continued to watch approximately ten more procedures and then flew to Brisbane, Australia on September 21, 2016 to complete the osseointegration workshop.

This technology is not available in the United States at this time. It is my understanding that there are going to be two centers that will be active participants in getting this new technology through the Food and Drug Administration: Texas Medical Center, which is the largest medical center in the world, which had over eight million patient contacts in 2015, and the second medical center will be the Paley Institute in West Palm Beach, Florida. The Paley Institute is the number one extremity reconstruction clinic in the world. This is headed by Dr. Dror Paley who reads, writes and lectures in six languages and continues to perform difficult surgical procedures on six continents. The Paley clinic receives referrals from all 50 states and over 90 countries from around the world. Dr. Dror Paley will be heading the surgical team and effort to bring osseointegration to the United States and Canada.

When somebody undergoes an amputation today, the component parts (socket, knees, feet, hands) are much more sophisticated than they were years ago; however, the distal stump shrinks and expands, and the socket becomes too tight or becomes too loose and in many instances is the source and the cause for skin breakdown and infection. Prosthetic devices are heavy because the device requires a socket for attachment. Because the artificial limb is attached with a socket, proprioception for the extremity is completely lost.

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OSSEOINTEGRATION

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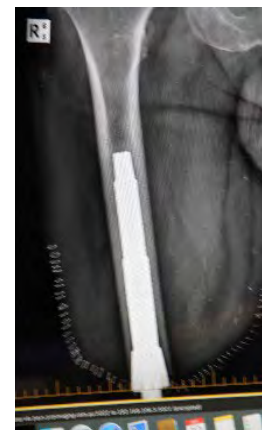
Osseointegration improves the quality of life for all amputees. Osseointegration for amputees has been in clinical use since 1995 utilizing a skeletal integrated titanium implant which is connected through an opening in the stump to an external prosthetic limb. This allows direct contact to the ground, which provides greater stability, more control, and minimizes energy consumption.

A poorly fitting socket can increase an amputee's energy consumption by 100%. Surgery is usually a single procedure followed by early mobilization a few days after the surgery, allowing rapid recovery and minimizing the time spent away from normal day to day activities. In some cases, a two-stage procedure is required with a short interval of six to eight weeks between the first and second stage surgeries followed by an early mobilization rehabilitation program. This type of implant for amputees makes a conventional socket in a prosthetic device unnecessary.

This titanium implant is modeled on the anatomy of the human body and takes the load back directly to the bone, the joint above, and associated muscles. This titanium implant allows the prosthetic device to be taken on and off with a simple quick and safe connection between the stump and the lower prosthesis. No longer is the prosthetic device attached to you, but it becomes a part of you, resulting in much greater comfort and walking control as proprioception is gained in the extremity.

Taking on and off the prosthesis is very easy and takes less than ten seconds. Due to the solid fixture to the bone it accurately connects in the exact spot each and every time you attach the prosthesis. This device can be used with all types of prosthetic componentry. With this new technology the days of fiddling around with time consuming and cumbersome suction, socks and liners is over. Using this titanium bone implant allows for natural loading of the hip joint and the femur, which encourages bone growth and creates a more natural gait and requires less physical exertion. Any weight gain or fluid variations of the distal stump have no effect on the use of the prosthetic limb. It eliminates the bulky socket providing a much more natural streamlined look in clothes. This device allows for full freedom of movement from walking to cycling and recreational activities. Muscular strength is developed freely, which minimizes muscle wasting of the distal stump. Movement of the affected extremity is not restricted by the protruding edges of a socket, allowing for greater ease and comfort sitting, standing and walking. The direct

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OSSEOINTEGRATION

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connection between the femoral bone implant and knee enables free natural pivoting movements. The knee prosthesis can be easily attached and removed within just a few seconds. Because the titanium implant goes directly into the bone, the patient regains the ability to feel the ground and can differentiate between different surfaces such as carpet, grass, tile and uneven ground, which also allows for movement in unfamiliar areas in dim light.

I have a patient who was a United States Marine, who was a door gunner in Iraq that made it back to the United States in one piece. He got into a motorcycle accident and had a mangled right lower extremity. This extremity was nothing more than a pain generator and I recommended that he undergo a below-knee amputation. He underwent the below-knee amputation.

He had several very sophisticated prosthetic devices. He ended up with osteomyelitis of his distal stump. Eventually he had to have a second revision of his below-knee amputation.

After a prolonged amount of amputee management, the patient was at the end of his rope. Most recently, he came to me in my office and thanked me for all of my help. He told me he appreciated all that I had tried to do for him, but he was tired of the pain and chronic medical problems, surgeries and socket problems; therefore, he was going to kill himself.

In Florida we have the Docs vs Glocks law, which prevents me from asking this patient if he owns firearms; however, I did not need to ask him whether he owns firearms because he builds rifles as a hobby. I did not ask this patient if he was going to carry out the suicide because I took care of this patient for over three years and I knew he was going to commit suicide regardless of what I would say or do. Instead I asked him if he would just give me two weeks. If he could give me two weeks, there was an outside possibility that I may be able to solve his problem without him having to commit suicide to get out of pain. This was a United States Marine that had served our country. He gave me his word that he would not commit suicide for two weeks and we shook on it.

I flew to Sydney, Australia, scrubbed/assisted on several cases, and then flew to Brisbane, Australia to complete a workshop. On September 21, 2016 I called him from Brisbane, Australia, after I completed the workshop and I told him I had a solution to his problem. I came back and explained the process of osseointegration and showed him the surgical pictures. I brought him to the Paley clinic and we discussed osseointegration. At that time he had an infection that had gotten worse as a result of his osteomyelitis. In October 2016 he underwent an above-knee amputation and at this time we are applying to the FDA for compassionate use and I believe that he is going to be our first osseointegration patient at the Paley clinic.

I have been in rehabilitation medicine since 1985 and have not seen new technology that would really impact an amputee's life like this new technology. I am aggressively trying to help bring this technology to the United States and hopefully I will have a follow-up letter in one of our future newsletters that will describe a significant happy ending to this patient's problem and help pave the way for other patients.

Osseointegration can be performed on any extremity amputation, including femur, tibia, humerus and radius/ulna. This is truly remarkable technology that will eventually be available for appropriate candidates, which will decrease their pain and suffering and increase their ability to participate in life as well as help restore their quality of life.





Floridians for Reliable Health Coverage



Greetings, Coalition Members -

I'd like to provide an update on our non-medical switching advocacy. The coalition has been rebranded as Floridians for Reliable Health Coverage, to better illustrate our new

message of bait-and-switch health plan practices with regard to changes in formulary status, co-pays, and co-insurance during a plan year.

I'd like to welcome our newest members, FORCE Facing Our Risk of Cancer Empowered, and the Florida Society for Respiratory Care. Thank you for joining our efforts! We are now 29 organizations strong.

I have a couple of requests, if you can possibly help. We're still in need of patient stories. This year's bill will apply to all patients whose medications have been changed during the plan year, not just those with chronic, complex, or rare conditions. Also, county legislative delegation meetings have begun. If you or a member or an advocate would be willing to testify before his/her delegation, please let me know. These meetings are held in legislators' home districts. I can provide a prepared 2 minute speech and walk your advocate through that process.

Tuesday, November 22, is Organizational Session, during which all newly elected members will be sworn in and they officially assume the duties of office. The legislative committees will then meet during the following weeks in Tallahassee:

December 5-9 (House only)
December 12-16 (Senate only)
January 9-13 (House and Senate)
January 23-27 (House and Senate)
February 6-10 (House and Senate)
February 13-17 (House and Senate)
February 20-24 (House and Senate)
Tuesday, March 7, through Friday, May 5, (Regular Legislative Session)

We'll have news very soon on our confirmed bill sponsors. Co-sponsors would also be very helpful to advancing our legislation, so I'll be asking for any assistance that you can offer on that front, as well. I'll send you the draft bill within a week or so. Some final tweaks are being made. I've attached the updated fact sheet. ([See Appendix A](#)) Please feel free to share it with your members in any way you feel appropriate.

Please contact me if you have any questions. Your participations is so greatly appreciated.

Chris Fisher
Floridians for Reliable Health Coverage
321-978-1420
christinepfisher93@gmail.com



JOB OPS/OTHER OPS

November 11, 2016

Physician Needed - Orlando Florida

We are looking for an associate who is seriously interested in seeing patients recover. We want a team player and will reward you accordingly. If you are Boarded in PM&R, have some experience and a general idea of how you want your career to go, this is the opportunity for you. And, it's Orlando, Florida! You need some medico/legal experience, EMG proficiency, basic injections and even acupuncture would be a plus. This multi-physician practice cannot grow without you. One Associate wants to cut back in Jan/Feb 2017. The compensation is excellent and includes a partnership track. Looking to actualize your practice goals? Please contact me.

Lynn Hepner
lynnhepner@flexdox.com
941-330-5539
fax: 847-829-3735

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Why Health Coverage in Florida isn't Reliable

Florida consumers are increasingly finding that the pharmacy benefits which were marketed and sold to them by their commercial health insurer during open enrollment are different from the pharmacy benefits they actually receive for the duration of the health insurance contract.

Because...



There are no statutes requiring commercial health plans to honor their annual contracts with enrollees when it comes to pharmacy benefits.

Commercial health plans are free to:



Increase copays and out-of-pocket costs;



Enact more restrictions on coverage;



Remove coverage of a prescription medication altogether

...at any time during the contract year, when Floridians are essentially "stuck" with their health plan.

Why are unexpected pharmacy benefit changes harmful?

Pharmacy benefit changes during the contract year can fundamentally alter the reasons a consumer chose a particular health plan.

Such health plan changes commonly impact consumers living with chronic and life-threatening conditions like epilepsy, lupus, mental health conditions, HIV or rheumatoid arthritis – people who shop carefully for health insurance that meets their health and financial needs, and for whom medication changes can result in severe health risks.

- For people with epilepsy, medication changes can lead to seizures and suspension of driving privileges.
- Medication changes can push a stable mental health patient into a health crisis.

Leading to more emergency health care, lost productivity and possible job loss.

Floridians can't change their health insurance throughout the year, so health plans shouldn't be able to change their pharmacy benefits.

We need legislation to protect consumers from this **unfair business practice** and ensure **transparency** so that Floridians can count on their commercial health plan pharmacy benefits.



PREDICTABLE COPAYS:

Out-of-pocket costs for prescription medications should remain stable throughout the plan year.



STABLE FORMULARIES:

Drug formularies should not become more restrictive during the plan year.



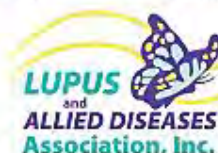
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