



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

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PHYSIATRIST'S VOICE

NEWSLETTER

JUNE 2013

PRESIDENT'S ADDRESS

Rigoberto Puente-Guzman, MD



My first year as FSPMR president is almost over and as we move forward in our mission of education and representation of our specialty, I would like to give thanks to our current members who renewed their membership as well as our new members for joining. I would also like to thank the FSPMR Board of Directors, Committee Panel Members, Executive Director, Webmaster and Sponsors for this year's successes.

Our annual meeting is rapidly approaching. It will take place from June 28-30 in conjunction with the FAPM annual educational conference.

Click These Links To:

- [Register Online](#)
- [Review the Program](#)
- [Make Hotel Reservations](#)

This meeting will take place at the Hyatt Grand Cypress in Orlando, a great location for continuing your medical education as well as bringing the family for a short getaway.

Your Society is working for you. FSPMR works on several levels, including social, political (State and National) and local arenas. Many of our FSPMR members are active participants and speakers at the FAPM meeting and will also be present in a booth at the National Workers Compensation 68th Annual Educational Conference meeting, August 18-21, in Orlando at the World Center Marriott.

Among other projects, FSPMR will be working with FMA and other societies in collaboration on a REMS Opioid Education grant project as part of the [CO*RE collaborative](#), utilizing FDA-mandated content. We will also be participating in collaboration with AAPM&R Academy pilot on the State Health Insurance Exchange (HIX), because the state insurance exchanges are required to be fully operational by January 1, 2014. As it is mandated by Florida AHCA, it is essential to be involved to ensure that the rehabilitation specialty is covered adequately in the HIX.

On behalf of FSPMR members and the board we wish to encourage your continued membership and engagement in the activities of your society. As both physicians and residents of Florida, you are an integral part of our presence in the community. If you are not currently a member, please join. If you have not yet renewed this year, please renew and help us respond to your needs and those of our colleagues. Join/Renew online here: <http://www.fspmr.org/join-renew-payment.html>

We look forward to having you as an active member of your Medical Society.

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

**FSPMR PROUDLY
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NOTES OF INTEREST

Reminder: Florida law requires physicians to create and maintain a Practitioner Profile [s. 456.041 – 046, Florida Statutes], with update of their profile within 15 days of any change. Failure to do so places you at risk for disciplinary action. Updating your Practitioner Profile can easily be done using the Florida Board of Medicine's new web page: <http://www.FLBoardofMedicine.gov>.

Great opportunity to make connections and promote your specialty is available. We still have openings for any members who want to volunteer for FSPMR's exhibit booth at the Workers Compensation meeting in Orlando. If you are interested please contact Ms. Lorry Davis Lorry4@earthlink.net.

According to a report from WCI (Workers Compensation Institute), the "National Council on Compensation Insurance (NCCI) Poised to Submit Workers' Compensation Rate Reduction of 0.7% Filing in Florida at the request of Florida Insurance Commissioner Kevin McCarty, to reflect legislation (SB 662) passed during the 2013 session. The rate filing will be submitted to the Office of Insurance Regulation in early June, following Governor Rick Scott's expected approval. The filing will propose an effective date of July 1, 2013 (the effective date of the bill) and will also propose that the rate reduction apply to both new and renewal policies." For full article visit: <http://www.wci360.com/news/article/ncci-poised-to-submit-workers-compensation-rate-reduction-filing-in-florida>.

The Florida Disabled Outdoors Association (FDOA) provides a free Recreation Resource Referral Network available to everyone. The Resource Referral Network allows people to search for accessible inclusive programs and services, products, destinations, and events. Their next scheduled outing will take place in Orlando, June 7-9, and Ocala on October 4-5, 2013.

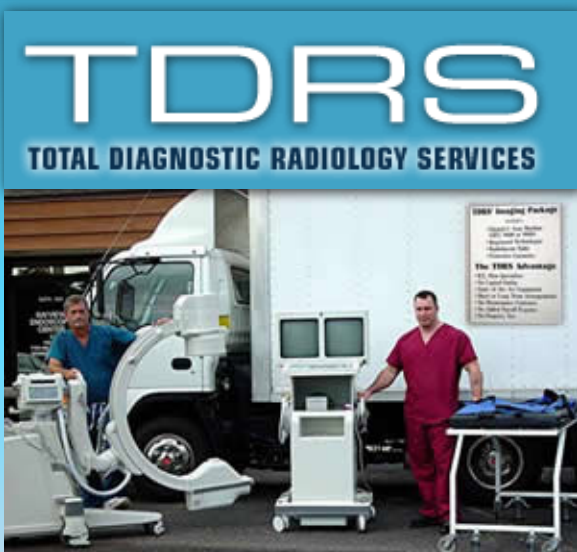
Visit their web site at <http://www.fdoa.org/programs/sportsability>.

Florida State Legislature passed Senate Bill 1792 which would require expert witnesses testifying against a physician in a medical malpractice case to practice in the exact specialty of medicine as the defendant physician.

Recently Passed: SB 0052 and HB 0013 on the use of wireless communication devices while driving; prohibits operation of motor vehicles while using a wireless communications device. So don't text and drive.

Potential New Outbreak: Released on May 24, 2013, FDA alerts health care providers of adverse reactions associated with steroid injections from Main Street Family Pharmacy in Tennessee. They are currently investigating reports of seven adverse events associated with steroid injections compounded by Main Street Family Pharmacy, LLC (Main Street) of Newbern, TN from patients who received preservative free methylprednisolone acetate (80 mg/mL) injections.

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NOTES OF INTEREST

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ABPMR: Its official, the first subspecialty certification in brain injury medicine (BIM) examination is scheduled for the fall of 2014. This certificate is recognized by both the American Board of Medical Specialties (ABMS) and the Accreditation Council for Graduate Medical Education (ACGME). For more information visit <http://www.abpmr.org>.

ICD-10 Implementation: : Time is running out, bills have been introduced in both the US House and Senate to block implementation of the ICD-10 diagnostic and procedure code set, but the Centers for Medicare & Medicaid Services has indicated further delays will not occur, and the October 1, 2014, implementation date will be enforced. So get ready.

Affordable Care Act (ACA) Time line - Open Enrollment in the Health Insurance Marketplace begins October 1, 2013. Although late on its implementation, on Jan 1, 2013, ACA required states to pay primary care physicians no less than 100% of Medicare payment rates in 2013 and 2014 for primary care services, this excludes specialties like PM&R. By January 1, 2014, if your employer doesn't offer insurance you will be able to buy it directly in the Health Insurance Marketplace. Individuals and small businesses can buy health benefit plans in this new insurance marketplace. In addition, the law implements reforms that prohibit insurance companies from refusing to sell coverage or renew policies because of an individual's pre-existing conditions. The ACA will, by January 1, 2015, pay physicians based on value, not volume, as new provisions will tie physician payments to the quality of care they provide. Physicians will see their payments modified so that those who provide higher value care will receive higher payments than those who provide lower quality care. It is unclear how this will be measured and how it will affect specialists.

THIS MONTH'S CELEBRATIONS:

National Family Month – Is celebrated annually from Mother's Day to Father's Day, recognizing that children and families are important to our future. The mission's goal is to build a stronger family and confident children by developing trust, showing commitment, communicating, spending time together, having fun as a family and showing love and affection.

Men's Health Month – The purpose of Men's Health Month is to heighten the awareness of preventable health problems and encourage early detection and treatment of disease among men and boys. Plan a "Wear Blue Day" to help spread the knowledge of Men's Health Month.

June 6 – National Survivor Cancer Day – "is a celebration for those who have survived, an inspiration for those recently diagnosed, a gathering of support for families, and an outreach to the community."

June 14 – Flag Day – "Celebrating the Flag is believed to have first originated in 1885. BJ Cigrand, a schoolteacher, arranged for the pupils in the Fredonia, Wisconsin Public School, District 6, to observe June 14 (the 108th anniversary of the official adoption of The Stars and Stripes) as 'Flag Birthday.'" Decades later "President Wilson, on May 30, 1916, issued a proclamation calling for a nationwide observance of Flag Day. Then in 1949, President Truman signed an Act of Congress designating the 14th day of June every year as National Flag Day. On June 14th, 2004, the 108th U.S. Congress voted unanimously on H.R. 662 that Flag Day originated in Ozaukee County, Waubesa Wisconsin."

June 20 – Fathers Day - Father's Day celebrates the contribution that fathers and father figures make to the lives of their children. Its origins may lie in a memorial service held for a large group of men, many of them fathers, who were killed in a mining accident in Monongah, West Virginia in 1907.

June 21 – Take your Dog to Work Day – "First celebrated in 1999, Pet Sitters International's *Take Your Dog to Work Day* was created to celebrate the great companions dogs make and to encourage their adoption from humane societies, animal shelters and breed rescue clubs."

June 21 – First Day of Summer - In the United States and the rest of the northern hemisphere, the first day of the summer season is the day of the year when the Sun is farthest north (on June 20th or 21st). This day is known as the Summer Solstice.



A Novel Approach to Improve Student Exposure to PM&R

by Chad Parvus, MS-3

University of Miami Miller School of Medicine



We can all recount a story of the first time we learned about physiatry. For some it was through a friend or family member. Others, the good fortune of studying under a PM&R physician. Some were even on the “business end” of an EMG needle as patients themselves.

Whatever path it was that brought you to physiatry, what makes each of these experiences so unique and ultimately so important is the fact that Physical Medicine and Rehabilitation is a rich, diverse, challenging, and fulfilling specialty for those that discover it. Sadly, it remains a hidden gem for far too many potential physiatrists who do not encounter the field until well after they have selected a different career path.

As PM&R is not a required rotation, and most medical school curricula is devoid of any introduction to the specialty, a large proportion of young doctors will enter practice without having any substantial exposure to physiatry. Firstly, this means that there are physicians who may have missed out on a rewarding career option for themselves. Secondly, this means that there are many patients who may have lost out on receiving optimal care because their primary providers were unfamiliar with the treatments, modalities, and expertise that a physiatrist could bring to the table.

The AAPM&R continues its awareness campaign on a national level to reach medical students and fellow physicians alike. In keeping with that spirit, last year the

University of Miami's PM&R Student Interest Group partnered with the Department of Rehabilitation Medicine to develop an innovative, student-driven, and effective approach to increase medical student exposure to, and interest in, PM&R.

Conceived by recent graduate Kimberly Ross, MD, MBA, herself a third-year medical student at the time, Andrew Sherman, MD, Professor & Vice Chair of Rehabilitation Medicine, and Seema Khurana, DO, Assistant Professor of Clinical Rehabilitation Medicine, the PM&R Interest Group held its first “PM&R Expo” in November of 2011. The event consisted of an introductory lecture followed by a rotating station format. Groups of students rotated between the stations every 15 minutes, with residents, fellows, and attendings giving presentations and answering questions on various aspects of the specialty. Station topics included spinal cord injury, traumatic brain injury, stroke, musculoskeletal medicine, sports medicine, pediatric rehab, amputee rehab, EMG and spasticity.

The overall success of the Expo was evaluated by conducting pre- and post-testing of students using an IRB-approved survey to gauge the level of student interest, familiarity, knowledge, and impression of the field. After our inaugural event, the data were clear: we had found a recipe for success!



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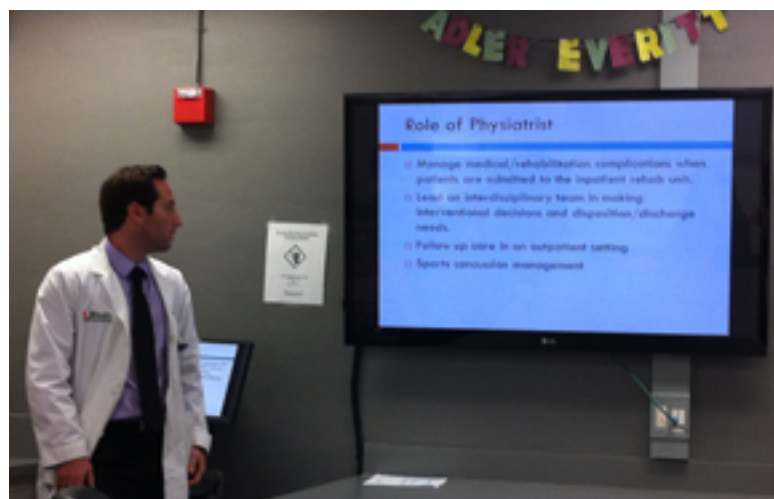


A Novel Approach to Improve Student Exposure to PM&R

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On the heels of this very successful pilot event, a second annual PM&R Expo was held in March 2013 and, again, data gathered from students showed that we had found a winning formula for reaching our intended audience. This year we discovered that more than half of the students in the pre-test were at least "somewhat familiar" with PM&R, a figure that increased by 40% in post-test results. Before the expo, a little under half of the students did not identify physiatrists as PM&R physicians, but after the expo a full 100% of students made the connection. Where we saw very exciting development was regarding specialty choice, with students expressing a 30% increase in interest in pursuing the field by the end of the event, resulting in over 76% of attendees stating they were now "actively considering" physiatry as a career.

This event is still in its infancy, but we feel that we are on the right track in achieving the goals of increased exposure and interest in the field of physiatry. Plans for the future include more stations, the inclusion of procedure demonstrations, and even featuring patients who could discuss the course of their treatment and what physiatry has meant for them. While initially a student-born initiative, the Expo program would not have been possible without the dedication and enthusiastic support of the faculty and residents of the University of Miami Department of Physical Medicine & Rehabilitation. Of note, we would like to recognize residency coordinator, Mrs. Coretha Davis for her invaluable help, and Andrew Sherman, MD, Seema Khurana, DO, and Robert Irwin, MD for their guidance and encouragement. We look forward to a busy year and to sharing our future successes with the FSPMR.





FSPMR REMINDERS

- ▶ **FSPMR Annual Meeting in conjunction with FAPM Annual meeting June 28-30, 2013, in Orlando, Florida, at the Hyatt Grand Cypress Hotel. FSPMR's Annual Business Dinner Meeting will be Saturday, June 29, 7:00 PM, during the FAPM/FSPMR meeting.**
- ▶ **The 68th Workers' Compensation Educational Conference, August 18-21, 2013, will be held in Orlando, Florida, at the World Marriott Center.**
- ▶ **FMA Annual Meeting, July 26-28, 2013, Orlando, Florida, at the Hilton Bonnet Creek.**
- ▶ **75th AAPMR Annual Assembly, October 3-6, 2013, in National Harbor, Maryland, just across the Potomac from Washington DC. FSPMR will meet in conjunction with this event on Thursday, Oct 3, 7:00. Refreshments will be served.**

GET INVOLVED JOIN A COMMITTEE OR VOLUNTEER SOME TIME!

WEB SITE & NEWSLETTER COMMITTEE

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Andrew Sherman, MD
Lindsay Shroyer, MD
Bella Chokshi, DO
Jesse A. Lipnick, MD
Katrina Leshner, MD
Wilda Murphy, MD
Quang "Wayne" Nguyen, MD
Lorry S. Davis, MEd (Exec Director)
Stephen Denas (Web Master)

EMG TASK FORCE

Matthew Imfeld, MD
Robert Dehgan, MD
Lindsay Shroyer, MD

**IF YOU ARE INTERESTED IN
HELPING OR JOINING
ONE OF THESE COMMITTEES
PLEASE CONTACT
LORRY DAVIS AT
DIRECTOR@FSPMR.ORG**



TAMPA BAY TO HOST 33RD NATIONAL VETERANS WHEELCHAIR GAMES July 13-18, 2013

The largest annual wheelchair sporting event in the world requires a tremendous amount of time—about two years' worth—so Tampa Bay get ready; the city has been chosen to host the 33rd National Veterans Wheelchair Games July 13-18, 2013.



STROKE PREVENTION AWARENESS



Wilda Murphy, MD

Stroke is the second leading cause of death over the age of 60 and the second leading cause of disability.

Recent statistics have shown that there are 36 million people world wide living with a stroke. The prevalence of a stroke is projected to

increase by 25% by 2030 with direct medical costs estimated in nearly \$100 billion.

Physiatrists play an important role in the rehabilitation of this patient population. We also have the duty to educate our patients and families on Stroke prevention.

The American Heart Association and American Stroke Association 2020 goal is to improve the cardiovascular health of all Americans by 20% while reducing deaths from cardiovascular disease and stroke by 20%.

7 Health factors and behaviors have been identified to increase the chance of living free of cardiovascular diseases or stroke:

1. No smoking or quit tobacco more than 1 yr ago.
2. Body Mass Index less than 25 kg/m².
3. Physical Activity of at least 75 to 150 min/wk.
4. Healthy diet per AHA guidelines.
5. Total Cholesterol less than 200 mg/dL.
6. Blood pressure below 120/80 mm Hg.
7. Fasting blood Glucose less than 100 mg/dL.

Lifestyle modification, antiplatelets, BP control and statins are critical to reduce recurrent stroke. Improving ideal CV health can reduce stroke, MI and vascular death and improve brain health. AHA 2020 goal will require collaborative efforts to shift the population to ideal cardiovascular and brain health.

Advances on interventional treatments such as Endarterectomy, Angioplasty, Aneurysm coiling, Atrial appendage Occluders, PFO closure devices, AVM Embolization provide treatment and prevention options.

Medical pharmacotherapy for primary and or secondary prevention has evolved with the option of newer antiplatelet drugs such as Factor Xa inhibitors –Abixaban, Rivaroxaban, Edoxaban and Direct Thrombin Inhibitors – Dabigatran. Warfarin is still recommended for Thrombus, Rheumatic Mitral Valve Disease, Prosthetic Valves and Atrial Fibrillation.

Secondary ischemic stroke prevention in non-cardioembolic stroke consists of antiplatelet therapy if carotid stenosis is less than 60% and non-operable atherosclerosis is present with a Lacunar or Cryptogenic Stroke. Acceptable options for initial therapy include Aspirin, Dipyridamole & ASA combination or Clopidogrel. ASA & Clopidogrel increases the risk of hemorrhage and is not routinely recommended.

In order to improve Stroke outcomes, systems of care should provide a seamless transition from one stage of care to the next with the highest quality. The continuum of care should have a foundation on awareness and primary prevention. Stroke systems of care should provide EMS and pre-hospital care, acute care per established guidelines, secondary prevention, Rehab and recovery with subsequent continuous quality care.

Current statistics show that more than 80% of the population lives within 60 minutes of a Primary Stroke Center.

The state of Florida has 139 Primary Stroke Centers and 19 Comprehensive Stroke Centers as of November 2010.

1. <http://www.heart.org>
2. <http://www.ahca.myflorida.com>

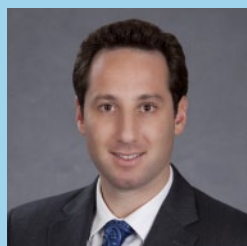


RESIDENTS SECTION



Usman F Ahmad, DO.
Resident PGY-3

Dept of Physical Medicine and Rehabilitation
University of Miami/Jackson Memorial Hospital



Jackson Cohen, MD
Resident PGY-3

Dept of Rehabilitation Medicine
University of Miami/Jackson Memorial Hospital



Andrew L Sherman, MD, MS
Dept of Physical Medicine and Rehabilitation
University of Miami/Jackson Memorial Hospital

As another academic year draws to an end at the PM&R residency program at University of Miami/Jackson Memorial Hospital (UM/JMH), we prepare to bid farewell to our graduating seniors. After completing three years of training, all of our seniors will be entering fellowship programs throughout the country. Four of our graduating seniors will begin pain management fellowships at the following programs: WLA VA/UCLA, Emory, VCU, and here at UM/JMH. Of the remaining two, one graduate will begin a sports medicine fellowship at UC Davis and the other a spinal cord injury fellowship here at UM/JMH. We wish all six of our graduating seniors the best of luck in their future endeavors.

Even though we are all sad our seniors will be leaving our program, we are excited to welcome the class of 2016 to our residency program. We had a successful match this year, and will welcome six medical students from as far west as California and east as Israel. Not to mention three graduates from the South Florida area; two from University of Miami and one from Nova Southeastern University. Hopefully the six incoming residents will be as successful in their training as the six graduates leaving our program.

An exciting development in our program over the past two years has been the establishment of a musculoskeletal ultrasound course for the residents led by three of our PM&R attendings. The course consists of a one-hour ultrasound specific anatomy lecture followed by two hours of hands-on training. The residents learn how to identify different anatomical structures including normal tissue and pathology of the six major joints: shoulder, elbow, wrist, hip, knee, and ankle. The course will be coming to end as the academic year concludes with an OSCE and written exam in order to formally evaluate our MSK ultrasound skill level.

Along with our academic responsibilities, we are proud to be involved in our local community, providing medical care when needed. So far, we have provided sports medical coverage at several events including the Dolphins Cycling Challenge and the Miami Sailing Regatta. Next month we will be providing medical coverage for our local high school teams as they compete in the annual Miramar Sports Complex Track and Field Sports Day. We have been involved in these events and others over the years and thoroughly enjoy our time spent.

Our residency program is always looking for interested speakers from around the state of Florida to lend their expertise, those who might possibly open up their practice for an elective rotation, or those who would wish to express support for the training program via a donation. If any FSPMR member is thinking of a trip to Miami and would like to give a talk on their area of expertise or become more connected with the program please contact program director Andrew Sherman, MD at asherman@med.miami.edu.



ETHICS IN BUSINESS AWARD

ROTARY CLUB OF GAINESVILLE RECOGNIZES OSCAR B. DePaz, MD



Southeastern Integrated Medical (SIMED)

Physician, Oscar B. DePaz, MD, was recognized at a special luncheon ceremony on March 12, 2013, for being awarded the Ethics in Business Award by the Rotary Club of Gainesville. The award was established two years ago to recognize local businesses for their contributions to business excellence and the highest standards of ethical conduct. The awards demonstrate that it's possible to be both ethical and very successful, and the more ethical businesses and business people we have in the community, the better it is for all of us.

DePaz, who began practicing medicine nearly 30 years ago, is the founder of a local healthcare organization, SIMED, which currently employs about 400 people in North Central Florida. The company stresses the values of excellence, respect and fairness. Dr De Paz is also a Past President of FSPMR.

Nominations are solicited from the community, and anyone doing business in the area is eligible. Teams

of students from the Poe Center for Business Ethics Education and Research at UF's Warrington College of Business Administration conducted interviews with each nominee and presented their findings to a committee of Rotarians, which made the final selections. Criteria are based on the Rotary Club's Four Way Test, which emphasizes honesty, fairness, goodwill and benefits for all.

SAVE THE DATE
2013 ANNUAL MEETING
JUNE 28-30, 2013

IN CONJUNCTION WITH THE
FLORIDA ACADEMY OF PAIN MEDICINE





Editorial from Randall L. Braddom, MD, MS



What's in a name? Well, there is one name I am concerned about these days...that being "narcotic." It is my supposition that this word should no longer be used by medical professionals.

During my career I have had the opportunity to be the medical director of two interdisciplinary pain clinics. One was a behaviorally based clinic in which I did not use opiates. Later in another chronic pain clinic I used a more eclectic approach that did include the use of opiates. In the course of practicing in these two clinics it became apparent to me that the word "narcotic" was being used by the police as a pejorative and even criminal one, and this feeling was shared by many of my patients...who would tell me things like: "Doctor, I'm not going to take any of those narcotics." I found it much more useful in practice to substitute terms like "pain medication" or "opiates" when dealing with patients who needed a controlled substance to manage their chronic pain.

I was somewhat dismayed after reading the recent testimony at an FDA hearing in Washington, DC of Dr. David Bagnall, the immediate past president of the American Academy of Physical Medicine & Rehabilitation (AAPMR). His written statement was overall an excellent one in opposition to the potential relabeling of opioids for use in chronic pain and can be read at this website: (<http://www.aapmr.org/advocacy/health-policy/outreach/AAPMR%20Documents/AAPMR-FDA-Testimony-2-20-2013.pdf?elq=ffdaf803848b417fb3c3b465ff5ed0e0&elqCampaignId=624>). My concern about his statement was the use of the word "narcotic" in this sentence: *The AAPM&R and its members share the concerns with many in this country about how to balance the use of potentially high-risk narcotics to maximize our patients' functional capacity with the effect that the misuse of these medications has on individual patients, their families and our society.*

As you might know, there are a group of pain professionals and others who are very concerned about the rising number of accidental deaths due to prescribed opiates in the USA. Accidental death from prescription opioids is now the second leading cause of unintentional death in the USA, behind only auto accidents (Volkow & McLellan, JAMA 305(13):1346-7 2011). These unintentional opiate deaths grew from 3,000 in 1997 to 12,000 in 2007, and they are still increasing. The "Hazard Ratio" (HR) of accidental death from opiates has even been calculated and published. The HR is 1.0 for 0-20 mg of morphine equivalent per day, and rises to 1.88 for 20-50 mg., 4.63 for 50-100 mg, and 7.18 for >100 mg (Bohnert et al JAMA 305(13)13-15-21, 2011).

The organization of pain professionals concerned about the rising number of accidental deaths from prescribed opiates is called "Physicians for Responsible Opioid Prescribing" or PROP. You can read about their activities and viewpoints at <http://www.supportprop.org>.

The DEA recently sent a letter to the FDA endorsing the relabeling of hydrocodone and oxycodone as suggested by PROP (http://www.citizen.org/documents/dea_support_letter.pdf). Their recent petition called for relabeling use of opiates in non-cancer pain, suggesting a maximum dose of 100 mg. of morphine equivalent, and limiting the length of treatment with opiates to 90 days. PROP pointed out that "In the absence of long term studies demonstrating safety and effectiveness, we need limits on what drug companies can claim about opioids." (<http://www.supportprop.org/advocacy/index.html>).

I encourage all of you to read Dr. Bagnall's testimony and decide for yourself the pros and cons of this issue. But regardless of your opinion on this, I would encourage you to stop saying and writing the words "narcotic" or "narcotics." I believe that we should use more scientific and accurate terms like pain medication, opiate, opiates, opioid, opioids and controlled substance.

That's my opinion! Tell me yours at rlbraddom@comcast.net.

Randall L. Braddom, MD, MS





PREPARE FOR 2013 HURRICANE SEASON

For 2013, the National Oceanic and Atmospheric Administration (NOAA) is projecting 13 to 20 named storms, out of which 7 to 11 are hurricanes, with possibly 3 to 6 of those hurricanes becoming a Category 3 storm or higher. The official Hurricane Season lasts from June to November. The period from August to October is the height of the hurricane season in Florida. But remember, nature may not follow this calendar to the letter. Hurricane hazards come in many forms, including storm surge, heavy rainfall, inland flooding, high winds, tornadoes, and rip currents. Per the National Hurricane Center (NHC) more storms hit Florida than any other US state.



This week is a good time to go over your hurricane plans if you live in Florida, especially along the coast. Preparing for the hurricane season is simple to do. Having an evacuation plan now will help you out later down the road, especially if a hurricane is forecasted to hit your area. It is important to prepare and be ready to act if the storm comes to your area. You may refer to the Federal Emergency Management Agency's (FEMA) at <http://www.ready.gov/hurricanes> and the National Hurricane Service at <http://www.nhc.noaa.gov/prepare/ready.php> for comprehensive information on hurricane preparedness at home and in your community. Another good site to visit is http://www.doh.state.fl.us/Hurricane/documents/Making_a_Disaster_Supply_Kit.pdf.

AAPM&R 2013 ANNUAL ASSEMBLY & TECHNICAL EXHIBITION, FSPMR MEETING

OUR FUNCTION SPACE FOR THE FLORIDA SOCIETY OF PM&R DURING THE 2013 ANNUAL ASSEMBLY:



EVENT: FL SOCIETY OF PHYSICAL MEDICINE & REHABILITATION FALL MEETING
DATE: THURSDAY, OCTOBER 3, 2013
TIME: 7PM-9PM
ROOM: NATIONAL HARBOR 9