



ENHANCING HEALTH AND  
FUNCTION THROUGH EDUCATION AND  
RESEARCH IN THE FIELD OF  
PHYSICAL MEDICINE AND  
REHABILITATION

# Physiatrist's Voice

NEWSLETTER

September 2020

## Incoming President's Message

Mark Rubenstein, M.D.

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**A**s we reached the turn of the century in 1999, the world was in fear of a bug. It was the

“Y2K” bug, or what some called the “millennium bug.” The reality was the world recognized that we had permanently crossed the threshold into a computerized society. Alarmists feared that all of our personal information could be “lost” when the clock struck midnight on 12/31/99. Fortunately, that fear was unfounded, and there were minimal glitches as we entered year 2000. Technically we hadn’t even reached the 21<sup>st</sup> century (that began on 1/1/01).

Technology was improving connectivity, efficiency, and information gathering/dissemination. Yet technology was our biggest fear as we turned the clocks from 1999-2000. How many of us remember staying up till midnight to “watch the ball drop” from NYC on that particular New Year’s Eve? Most were waiting to see if their computers would fail. (My wife would tell you that I had likely fallen asleep on the couch waiting for the countdown, and she would probably have been correct).

Fast forward twenty years. Who was worried about technological failure when we entered the year 2020? More importantly, who was worried that 2020 would turn out to be the most challenging year on our Earth in our lifetimes? Who feared that a corona virus would alter the way we greet each other? The way we socialize? The way we open a door? The way we shop? The way we are educated?

Sure, we had the usual challenges in medicine before 2020. We also had the ongoing and additional responsibility of maintenance of certification, and all the resource dedication that it requires. We are privileged to be able to practice medicine, but with that comes responsibility, commitment, effort, and sacrifice. We talked about protecting our future as a specialty, and we talked





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about how to most appropriately provide a forum to advance the premises of our chosen field (Physical Medicine & Rehabilitation).

With the Covid-19 era, we are faced with immeasurable challenges. There are ways in which the specialty of medicine in general has adapted already to the immediate threats. For example, telemedicine became instantly invaluable to connect with our patients and has allowed us to evaluate and intervene in ways that were not accepted previously. The electronic record has its deficiencies (if you ask me, I will argue that it has more deficiencies than proven benefits), yet mandated e-prescribing by 7/1/21, or your next license renewal, whichever is earlier, in Florida may be a useful tool (of course, I digress when I point out that companies that provide government approved e-prescribing software have raised their prices substantially to take advantage of the state requirement). Currently telemedicine is allowed with a variety of means, and reimbursement is supposed to be similar to non-telemedicine visits of same complexity. Stay tuned closely to the legislation, however, as the rules governing telemedicine change rapidly. And if you don't already e-prescribe, I would refer you to the AHCA website for more information about rules and regulations, providers, etc. The following link should be helpful:

<https://ahca.myflorida.com/SCHS/ePrescribing/index.shtml>

And while I'm still digressing, there is yet another major obstacle in our near future. The 2021 Medicare Physician Fee Schedule and Quality Payment Program will make substantial changes to the way we currently code patient encounters. The Centers for Medicare and Medicaid Services (CMS) recently released a proposed rule. Controversy has already erupted with regard to the changes proposed for Evaluation and Management (EM) service valuations. There is likely to be a substantial overhaul in the codes and methods used unless the rule is deferred.

The 21<sup>st</sup> century has changed the practice of medicine substantially. Hospitals have employed more physicians than ever. Corporate America has ventured into practice purchases. Mergers of groups and practices have occurred based on the principles of microeconomics (economies of scale). Insurance companies have been successful at delaying or denying authorization for care through methods such as prior authorizations or use of clinical guidelines that are not universally accepted. Paperwork (or computerwork) responsibili-



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ties take us away from what we should do best: provide care for our patients.

The last legislative session in Tallahassee was one of the most challenging for the field of medicine that I can remember. Politicians misled us, and in some cases blatantly lied. Each year the Florida Medical Association spends extensive capital and time to follow its mission: Helping Physicians Practice Medicine. As a member of the Executive Committee and Board of Governors of the FMA, I will do my best to keep the FSPMR informed and engaged in issues that affect us all. 2020 was expected to be a trying year as we navigate continued scope of practice challenges, rising liability insurance rates, and third party interference in healthcare. Who knew that we would have even more significant challenges related to an invisible contagion that has created hysteria, shortages of supplies, and a reset as to how we can even interact with each other?

It is with a sense of commitment to our specialty, and a career of dedication to my colleagues and our patients, that I humbly assume the Presidency of the Florida Society of Physical Medicine and Rehabilitation. The average physiatrist in our state has little idea of how many capable and responsible leaders have served in this role over the last few decades. I have respect for all who have volunteered their time and effort to preserve our field. We have a committed group of Board members, and an experienced, qualified, and committed Executive (Lorry Davis). Like many other societies, we face new dilemmas. All organizations are faced with the issues of member benefit. Practice expenses continue to rise, and physicians have been reducing their organizational involvement rather than increasing it when we need them most. In the coming year, our Board will seek to increase our membership base. There are many fundamental reasons for this. There is truth to the theory that there is “strength in numbers.” One of the most vital member benefits is ADVOCACY. This includes patient advocacy as well as physician and practice advocacy. The legislative system in Florida dictates administrative codes, rules, and statutes that we must follow. To remain engaged and have a voice, we need to have the ability to discuss issues with those that make the rules. Even a non-active member in FSPMR has value, since we need a capital base to sustain the organization. On that note, we must all thank the out-going President of FSPMR, Dr. Craig Lichtblau.

Dr. Lichtblau is extremely passionate about the field of PM&R. He has a



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career that has spanned 30 years and has watched the field grow from relative infancy to the levels we have now. If you speak with him, you will know that he fears we will become relatively obscure if we don't unite and act to protect our careers and our patients. It has been thru Dr. Lichtblau's personal generosity that we have managed to remain afloat financially in an era when many specialties and organizations are simply shutting its doors. As testament to his commitment, he has already personally committed to financially underwrite our largest organizational expense for the next two years. We applaud him for his commitment, his dedication, his passion, and his generosity. Job well done, Craig!!

It is now up to us to decide what becomes of the FSPMR. There will always be financial challenges, and we have to prove member value. But we also have to prove that PM&R is a fundamental requirement in the healthcare arena. It's up to us. Because if we don't, no one else will.....





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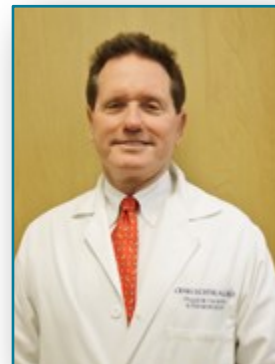
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## Outgoing President's Message

Craig Lichtblau, M.D.

What a challenging and difficult time! COVID continues to tamper with what we knew as normal.

For example, the combined annual meeting of the Florida Society of Physical Medicine and Rehabilitation and the Florida Society of Interventional Pain Physicians has now evolved into a totally virtual event to be held in October.



For another example, FSPMR elections were to have taken place at the live annual meeting, but we postponed them, waiting to see what format our meeting would take and if it would be possible to hold elections at that time.

We now know FSPMR elections for the 2020 – 2022 cycle have been accomplished via email, another virtual first!

Organizations are having to re-think and re-create themselves. Some will likely not make it past the COVID era. To help FSPMR make it through these times, please:

1. Pay your dues. Dues invoices will come out in November. If you are comfortable with auto-renewal, please re-up this way.
2. Encourage physiatrists you know who are not yet FSPMR members, to join. A strong membership has a voice. Without a voice, we have no political influence.
3. Participate in the 2020 virtual annual meeting. We may be virtual in 2021 as well.

During my tenure as president, we have contributed academic articles for each issue of the newsletter. Hopefully, others (and not just presidents) will follow suit.





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## OUTGOING PRESIDENTS MESSAGE—CONTINUED

Each president brings something new and different to the table. Dr Mark Rubenstein, incoming FSPMR President, is politically savvy and he will help guide and protect FSPMR through the coming era. He now serves the Executive Committee of the Florida Medical Association as its Vice-Speaker. You may not be aware that Dr Rubenstein was instrumental in helping to shut down Florida's pill mills, strengthening appropriateness of care for all Florida physicians. We are very proud of him and we look forward to his leadership through the next two years.

One more time, please allow me to tell you what an honor and a privilege it has





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## Congratulations to the FSPMR Board of Directors 2020—2022



**President**  
Mark Rubenstein MD



**Vice President**  
Andrew Sherman MD



**Secretary**  
Colleen Zittel MD



**Treasurer**  
Diana Hussain MD



**Immediate Past  
President**  
Craig Lichtblau MD



**Member-at-Large**  
Jesse Lipnick MD



**Member-at-Large**  
Marc Gerber MD



**Member-at-Large**  
Lindsay Shroyer MD



**Member-at-Large**  
Jay Wright MD



**Executive Director**  
Lorry Davis MEd



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## Florida Society of Physical Medicine & Rehabilitation Program Schedule Virtual Annual Meeting 2020

### Wednesday, October 7, 6:00 – 8:30 PM Dr Craig Lichtblau, Moderator

***Interventional PM&R Procedures in the COVID-19 Environment***  
Andrew Sherman MD

***Post Stroke and Traumatic Brain Injury Agitation***  
Robert Kent DO

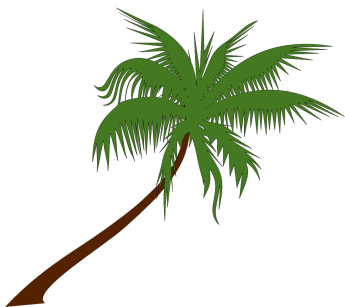
***Aging in Spinal Cord Injury: Latest Recommendations for Health Maintenance***  
David Gater Jr MD PhD

FSPM&R/ FSIPP 2020 Virtual Conference  
Schedule—Speakers—Sessions—Sponsors  
All your information can be found on the  
[Website: https://pheedloop.com/register/  
fsippconference/home/](https://pheedloop.com/register/fsippconference/home/)

**Registration  
now OPEN.**

[Click for quick  
Registration](#)

### Saturday, October 10, 6:00 – 9:00 PM Dr Andrew Sherman, Moderator (Details on next page)







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**Saturday, October 10, 6:00 – 9:00 PM**

**Dr Andrew Sherman, Moderator**

***Keynote: A Unique Thirty-Year PM&R Experience***  
***Craig Lichtblau MD***

***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

University of Miami

***An Unusual Reaction to Intrathecal Baclofen Delivery***

Richard Rosales MD PGY-3 and Natalia Miranda-Cantellops MD PGY-3

University of South Florida

***Psychogenic Non-Epileptic Seizure After Cervical Interventional Procedure***

Krystal Yankowski DO PGY-4 and Robert Rotman MD PGY-4

Larkin Community Hospital

***Stellate Ganglion Block for the Treatment of PTSD***

Kathryn Nelson DO PGY-4 and Vidur Ghantiwala DO PGY-3

Memorial Healthcare System

***Bilateral Total Knee Arthroplasty in an Incomplete C6 Spinal Cord Injury***

Michael Boevig MD PGY-3 and Robert Mousselli DO PGY-2



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## VESTIBULAR SCHWANNOMA

CRAIG LICHTBLAU MD

Vestibular Schwannoma is a benign primary intracranial tumor of myelin-forming cells of the vestibular cochlear nerve (Cranial Nerve VIII). A type of schwannoma, this tumor arises from the Schwann cells or cells for the myelin sheath which helps keep the peripheral nerves insulated. Although it is called an “acoustic neuroma”, this is a neuroma for two reasons. First, the tumor usually arises from the vestibular division of the vestibulocochlear nerve rather than the cochlear division. Second, it is derived from the Schwann cells of the associated nerve rather than the actual neurons (neuromas).

Approximately 2,000 to 3,000 cases are diagnosed each year in the United States, 6 to 9 per million persons. Most recent publications suggest that the incidents of vestibular Schwannomas have been increasing because of advances in MRI scanning. Most cases are diagnosed in people between ages of 30 and 60 and men and women appear to be affected equally. Most vestibular Schwannomas occur spontaneously in those without a family history. One confirmed risk factor is a rare genetic mutation called NF2.

The primary symptoms of vestibular Schwannoma are unexplained progressive unilateral hearing loss and tinnitus and vestibular symptoms (disequilibrium). Treatment of the conditions is by surgery or radiation and often results in substantial or complete hearing loss in the affected ear. Observation, nontreatment over time, usually results in hearing loss in the affected ear.

The most prevalent symptoms in patients suffering from vestibular Schwannoma is hearing loss 94%, tinnitus 83% and vertigo 49%.

### **Hearing Loss:**

The first symptom in 90% of those with acoustic neuroma is hearing loss, meaning there is damage to the inner ear (cochlea), or nerve pathways from the inner ear to the brain. It involves a reduction in sound level, speech, understanding and hearing clarity. Hearing loss may vary from mild hearing loss to complete deafness.

### **Tinnitus:**

Unilateral tinnitus (ringing or hissing) is also a hallmark symptom of acoustic neuroma. Not all acoustic neuroma patients with tinnitus.



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## VESTIBULAR SCHWANNOMA—CONTINUED

### **Balance:**

Since the balance portion of the 8<sup>th</sup> nerve is where the tumor arises and unsteadiness and balance problems or even vertigo, the feeling like the world is spinning, may occur during the growth of the tumor. The remainder of the balance system sometimes compensates for this loss and in some cases no imbalance would be noticed. Imbalance or vertigo is the third most common symptom in patients with acoustic neuromas (50% incidence). The onset of these may be subtle like disorientation in dark hallways and be dismissed as age-related decline. These symptoms tend to occur later in the development of the tumor.

### **Pressure in the Ear:**

Vestibular Schwannoma patients sometimes complain of feeling like their ear is plugged or full.

### **Patient Weakness or Paralysis:**

Larger tumors can press on the trigeminal nerve (Cranial Nerve V) causing facial numbness and tingling constantly or intermittently. The facial nerve (Cranial Nerve VII) is really affected the same way; however, due to the proximity to some structures in the inner and middle ear, it can damage during radiologic treatment or surgical removal of the tumor, particularly in cases of large growths.

Recurring headaches are an uncommon symptom also tending to occur only in cases of larger tumors.

### **Advanced Symptoms:**

Large tumors may cause disabling and life-threatening symptoms. Large tumors that compress the adjacent brainstem may affect other local cranial nerves. The glossopharyngeal and vagus nerves are uncommonly involved, but their involvement may lead to altered gag or swallow reflexes. Larger tumors may increase intracranial pressure with its associated symptoms such as headaches, vomiting, clumsy gait and mental confusion. This can be a life-threatening complication requiring urgent treatment.

### **Cause:**

The cause of acoustic neuroma is usually unknown, although there is some inheritable condition called neurofibromatosis type 2 (NF2) which can lead to acoustic neuroma formation. In some people most acoustic neuromas form spontaneously without



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## VESTIBULAR SCHWANNOMA—CONTINUED

any evidence of family history (95%). Neurofibromatosis type 2 occurs with frequency of 1 in 30,000 to 1 in 50,000 births. The hallmark of this disorder is bilateral acoustic neuromas, usually developing in late childhood or early adulthood, frequently associated with other brain and spinal tumors.

### **Diagnosis:**

The gold standard for diagnosis of a vestibular Schwannoma is Gadolinium-enhanced Magnetic Resonance Imaging (MRI). The MR image formed clearly defines an acoustic neuroma if it is present and this technique can identify tumors measuring down to 5 mm in diameter.

When an MRI is not available, or cannot be performed, a Computerized Tomography (CT) scan with contrast is suggested for patients in whom an acoustic neuroma is suspected.

The combination of CT scan in audiogram approach and reliability of an MRI make the diagnosis of an acoustic neuroma.

### **Treatment:**

There are three treatment options available to a patient and these options include observation, microsurgical removal and radiation (radiosurgery or radiotherapy). Determining which treatment to choose involves consideration of many factors including the size of the tumor, its location, the patient's age, physical health and current symptoms. About 25% of all acoustic neuromas are treated with medical management consisting of period monitoring of the patient's neurologic status, serial imaging studies and the use of hearing aids when appropriate.

One of the last great obstacles in the management of acoustic neuromas is hearing preservation and/or rehabilitation after hearing loss. Hearing loss is both a symptom and a concomitant risk regardless of the treatment option chosen. Treatment does not restore hearing already lost, although there are a few rare cases of hearing recovery reported.

### **Tumor Regrowth:**

Tumor regrowth occurs in 1-3% of cases treated surgically and 14% of cases treated with radiation. The likelihood of regrowth is proportioned with the bulk of the tumor remaining in the case of the surgery and inversely proportioned to radiation dose in



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## VESTIBULAR SCHWANNOMA—CONTINUED

case of radiotherapy. In case with retreatment with surgery following radiation was required, the rate of complications is 19.4-27% in two different studies because the tumor tends to fuse to the nerve.

### **Radiation:**

Another treatment option for acoustic neuroma is radiation. Stereotactic radiation can be delivered as single fraction stereotactic radiosurgery (SRS) or a multi-session fractionated stereotactic radiotherapy (FSR). Both techniques are performed in the outpatient setting not requiring general anesthesia or a hospital stay.

The purpose of these techniques is to arrest the growth of the tumor. This treatment has not been well studied and this is unclear if it is better than observation or surgery.

### **Epidemiology:**

Vestibular Schwannoma is a rare condition with an incident rate in the United States in 2010 of 11 per 1 million persons (mean age 53). Occurrence was equally distributed versus age, gender and laterality. In the patients with unilateral hearing loss, only about 1 in 1,000 had acoustic neuroma.







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VESTIBULAR SCHWANNOMA—CONTINUED





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VESTIBULAR SCHWANNOMA—CONTINUED



Photo 2





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VESTIBULAR SCHWANNOMA—CONTINUED

Photo 3





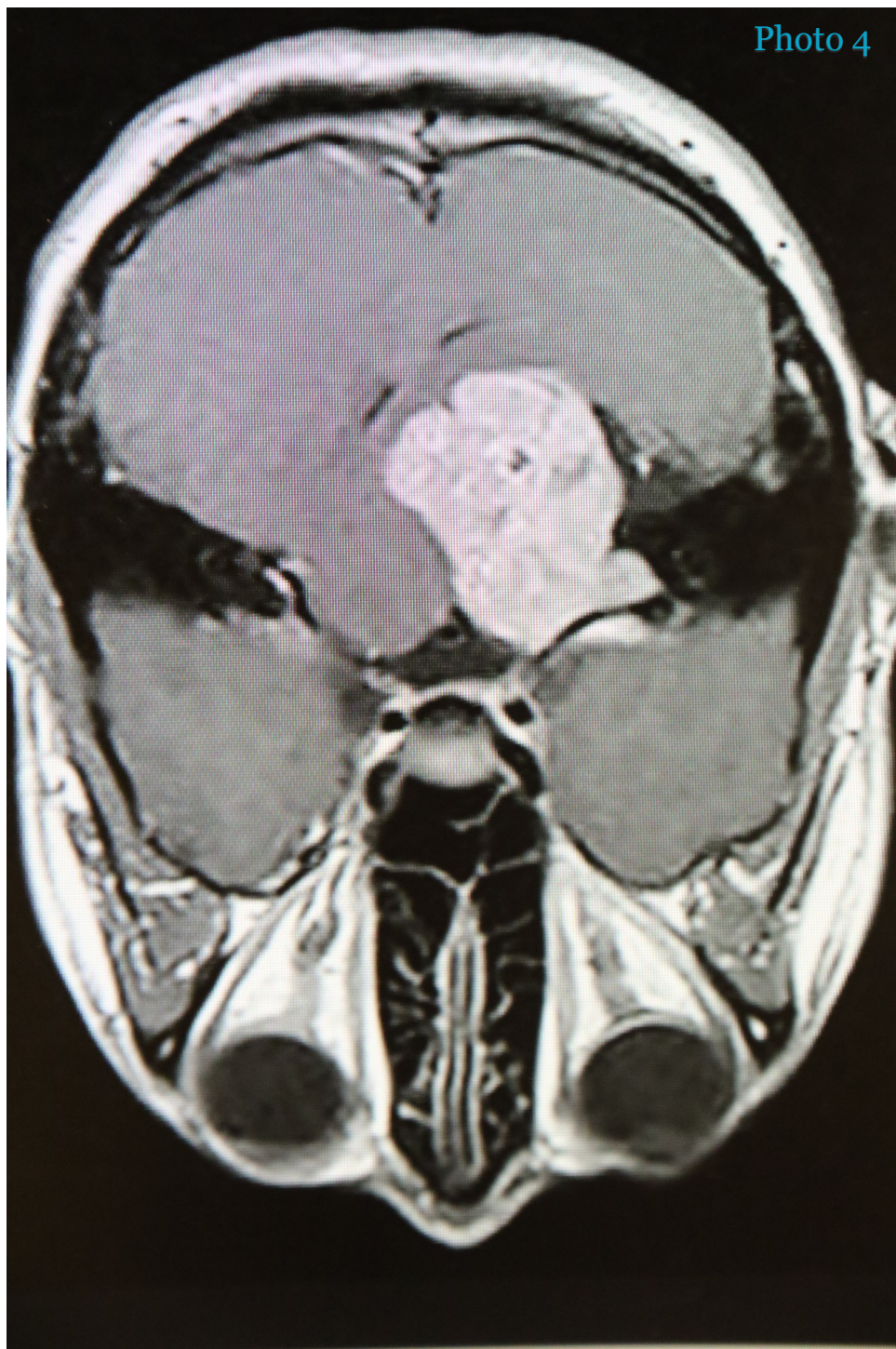


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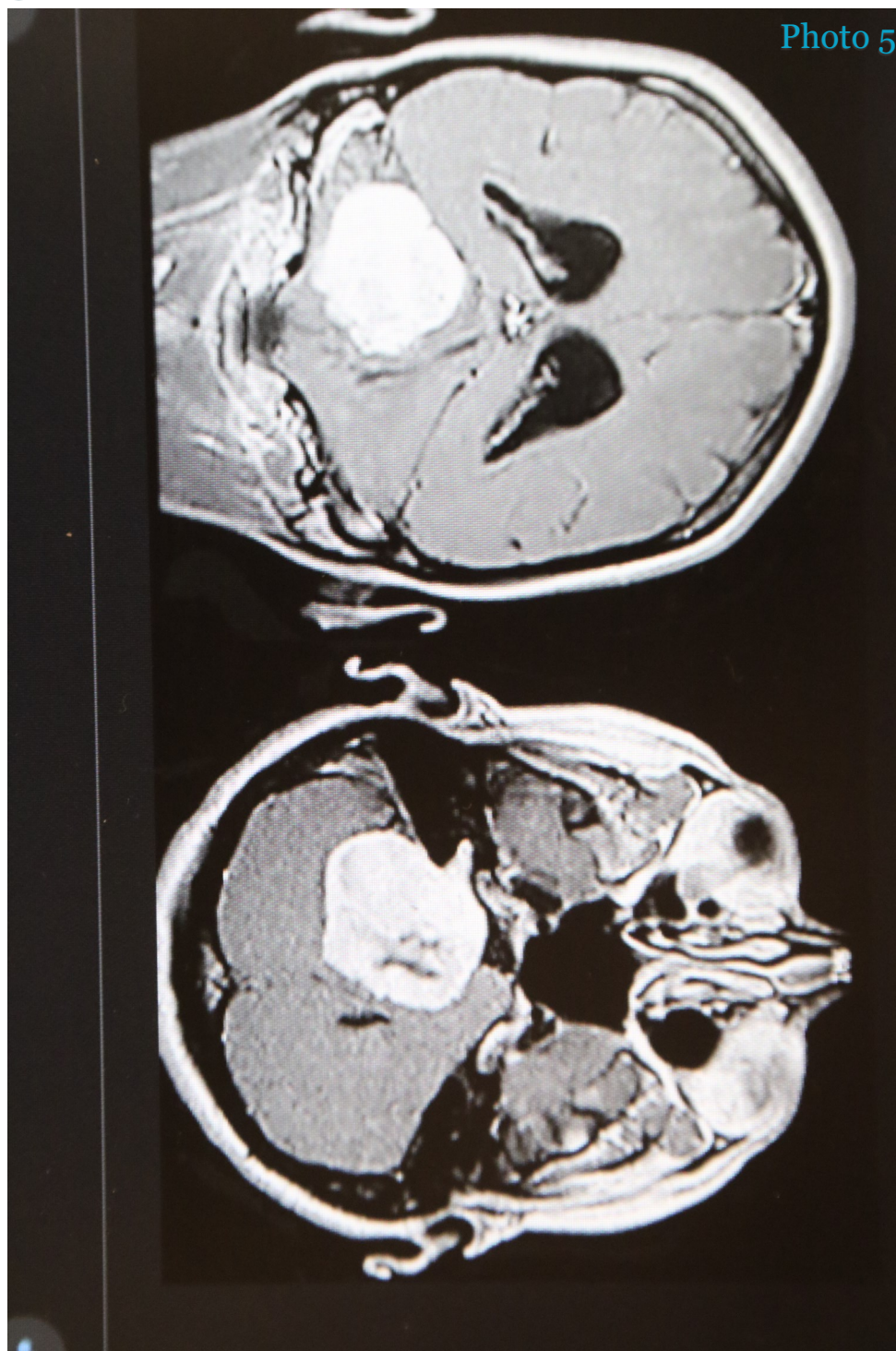


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## ELECTION RESULTS

The results are in! Here are your newly elected members of the Board of Governors:

President-Elect – Douglas Murphy, MD

Vice President – Joshua Lenchus, MD

Secretary – Lisa Cosgrove, MD

Treasurer – Jason Goldman, MD

Speaker – Ashley Norse, MD

Vice Speaker – Mark Rubenstein, MD

District A Representative – Christie Alexander, MD

District H Representative – Edward King, MD

Primary Care Representative – Diana Twiggs, MD

Medical Specialties Representative – Catherine Kowal, MD

Surgical Specialties Representative – George Canizares, MD

Young Physicians Section – Hansel Tookes, MD

Resident and Fellows Section – Alexander Lake, DO

Your newly elected Florida Delegates for the American Medical Association are as follows:  
(alphabetical order)

Christie Alexander, MD

Madelyn Butler, MD

Ronald Giffler, MD

Tra'Chella Johnson Foy, MD

John Montgomery, MD

Douglas Murphy, MD

Ralph Nobo, MD

Michael Patete, MD

**Your newly elected Florida Alternate Delegates for the American Medical Association are as follows:**

(alphabetical order)

Eva Crooke, MD  
Rafael Haciski, MD  
Lawrence Halperin, MD  
Rebecca Johnson, MD  
Arthur Palamara, MD  
Alan Pillersdorf, MD  
Sergio Seoane, MD

**The results from the proposed amendments to the bylaws are as follows:**

Board Recommendation B-1: Bylaws Amendment, Chapter VI, Section 1. Composition – **Not Adopt**

Board Recommendation B-2: Bylaws Amendment, Chapter III, Section 11. Voting Requirements – **Adopt**

Board Recommendation B-3: Bylaws Amendment, Chapter III, Section 13. Reference Committees – **Not Adopt**

Board Recommendation B-4: Bylaws Amendment, Chapter VI, Section 2. Duties and Functions – **Not Adopt**

Board Recommendation B-5: Bylaws Amendment, Chapter VI, Section 3. Meetings – **Adopt**

Board Recommendation B-6: Bylaws Amendment, Chapter VI, Section 1. Composition – **Not Adopt**

Board Recommendation B-7: New Bylaws Chapter, Chapter XIII, Emergency Bylaws – **Adopt**

**The following have announced their candidacy for office in the 2021 election:**

President Elect – Joshua Lenchus, DO  
Vice President – Jason Goldman, MD  
Secretary – Lisa Cosgrove, MD  
Treasurer – Christie Alexander, MD  
Speaker – Ashley Norse, MD



Florida Medical Association  
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## USF PM&R RESIDENCY PROGRAM UPDATE

Stefan Litzenberger DO, Resident Liaison

As we press on through this global pandemic, many have found ourselves faced with new challenges, uncertainties, and responsibilities. One of my new responsibilities is to publish this quarterly update as the next USF PM&R liaison, replacing the recently promoted Dr. Dan Leary. Originally from Washington State, I find myself still adjusting to the warmer climate of the Sunshine State. I miss the Cascade-dominated skyline and the rolling hills of evergreens, but I thoroughly enjoyed our winter sans the endless drizzle, gray clouds, and occasional snowfall we'd experience back home. I am joined here in Florida by my lovely wife Jessica, and our 3-year-old son, Sawyer. Enough about me.

We are not exempt from the effects of COVID-19. Our schedules have been altered, many new precautions have been implemented, and the nearly weekly nasal swabs leave us in a perpetual state of "almost sneezing". That hasn't stopped us from providing the high-quality care we are committed to. Our COVID Rehab Unit is fully operational. Spearheaded by Dr. Jonas Santos, we were able to finally celebrate the discharge of JAHVA Hospital's first ICU/intubated COVID patient. After a nearly 4 month admission he walked out of our rehabilitation facility to the applause of dozens of staff members lining the hallway.

Despite the added circumstantial emphasis on pulmonary rehab, we have not stopped providing care at our other affiliated hospitals and clinics. We have increased our efforts in providing quality telehealth visits to patients who are unable to be treated in-person. These telehealth visits have significantly improved access to care and have been well received by our patient population. The evolution and transformation of our clinical duties has not interfered with our role as researchers and learners. Several of our residents participated in our VA PM&RS Research day by giving virtual presentations of posters and research publications. One particularly interesting case presented by Drs Dan Leary and Margret Zorc details the resolution of chronic formication in an amputee via nerve block as attached.

Moving into this next quarter, we look forward to the unprecedented interview cycle for the incoming class. After all the challenges they have faced this year they







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## **Memorial Healthcare System PM&R Residency Program**

Dr Matthew Voelker, PM&R Resident Liaison to FSPMR

Jeremy Jacobs DO, Residency Program Director



**NEW FACULTY** - We would like to introduce you to the following two physicians who have begun seeing patients with residents in August. We are honored to have them on board.



### **Ian Miller DO – Neuro Rehab and Spasticity Management**

*Medical Degree:*      Midwestern University – Arizona COM

*Residency:*           Larkin Community Hospital



### **Andrew Chang MD - Interventional Pain Medicine and MSK**

*Medical Degree:*      Ross University School of Medicine

*Residency:*           University of Miami/Jackson Memorial Hospital

*Fellowship:*           Thomas Jefferson Univ. Hospital  
                                 (Pain Medicine)

**INTEGRATIVE MEDICINE** - We are rolling out an *Integrative Medicine In Residency Program* to start with PGY3 and PGY4 years, to provide 80 hours of in-person and virtual education on many topics related to integrative medicine and incorporation into their future practices.

**COVID EBM** - We are taking part in a weekly GME resident wellness initiative and support group web-ex, as well as a system wide GME resident EBM didactic program that analyzes Covid-19 progression/statistics and investigations.

**ONCE IN A LIFETIME** - New interns have jumped right in and are doing well. All classes are moving forward into this ever-changing unknown journey of twists and turns... We are thrilled to be alive to have the honor to do our part in caring for those affected by this pandemic.

**PGY1's** - On the front lines at Memorial West learning internal medicine and the



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## Memorial Healthcare System PM&R Residency Program

Dr Matthew Voelker, PM&R Resident Liaison to FSPMR

Jeremy Jacobs DO, Residency Program Director

subspecialties, while making a heroic impact on patients infected by COVID.

**PGY2's** - at Memorial South Rehabilitation hospital, are submitting cases to AAPMR.

**POSTER** Titled: *Covid-19 Associated Coagulopathy*. MHS hosted a virtual research poster session that our very own PGY2 Dr. Robert Mousselli DO took part in on August 13<sup>th</sup>.

**PGY3's** - are working on furthering scholarly activity and refining their choices in fellowships for application.





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LARKIN COMMUNITY HOSPITAL PM&R RESIDENCY UPDATE  
COLLEEN NEUBERT, DO PGY-3

## Larkin PM&R Program

Greetings from Larkin Physical Medicine and Rehabilitation Residency Program! We hope that you and your families have been staying safe and healthy during this difficult time. Due to the COVID-19 pandemic we have transitioned to virtual educational activities and continue to adapt with the changing guidelines.

A new residency cycle began July 1st and as we had to say goodbye to our outgoing seniors we are excited to welcome 9 new residents starting PGY-2 this year!







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LARKIN COMMUNITY HOSPITAL PM&R RESIDENCY UPDATE  
COLLEEN NEUBERT, DO PGY-3



Since the last newsletter we have had the opportunity to celebrate our most recent graduating seniors. They each played a crucial part in the growth of this program and we will miss them greatly! I also want to give a special thank you to our outgoing chief residents Karen Rosen, DO and Ian Miller, DO who were exceptional mentors and friends! We are also happy to announce our new chief residents this year Kathryn Nelson, DO PGY-4 and Tanner Candelore, DO PGY-4!



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LARKIN COMMUNITY HOSPITAL PM&R RESIDENCY UPDATE  
COLLEEN NEUBERT, DO PGY-3

We are excited to welcome 9 new PM&R residents to our Larkin family:

**David Yaron Issever, DO**  
Internship: Clarion Hospital  
Medical school: Touro COM in California

**Daniel Kim, DO**  
Internship: Larkin Community Hospital, South Campus  
Medical School: Kansas City University COM

**Megan McGuire, MD**  
Internship: Advent Health Orlando  
Medical School: Saba University School of Medicine



**Richard Morgan, DO**  
Internship: Larkin Community Hospital  
Med School: Nova Southeastern University

**Mario Paese, DO**  
Internship: Larkin Community Hospital  
Med School: Lincoln Memorial University - Debusk COM

**Gabriel Jose Rodríguez-Tellado, MD**  
Internship: Jackson Memorial Hospital  
Medical school: Morehouse School of Medicine

**Anish J. Soni, DO**  
Internship: Stonybrook Southampton Hospital  
Medical School: ATSU - Kirksville

**Charlie H. Woo, DO**  
Internship: Walter Reed National Military Medical Center  
Medical School: Edward Via College of Osteopathic Medicine - Carolinas Campus

**Arun Zachariah, DO**  
Internship: Orange Regional Medical Center  
Medical School: Touro College of Osteopathic Medicine- Harlem





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LARKIN COMMUNITY HOSPITAL PM&R RESIDENCY UPDATE  
COLLEEN NEUBERT, DO PGY-3

Additionally, one of our residents Richard Morgan, DO PGY-2 had his research published in the Journal of Brachial Plexus and Peripheral Nerve Injury as well as completed a poster presentation with our program director Jose Diaz, DO and two of our most recent alumni Ian Miller, DO and Michael Hassel, DO:

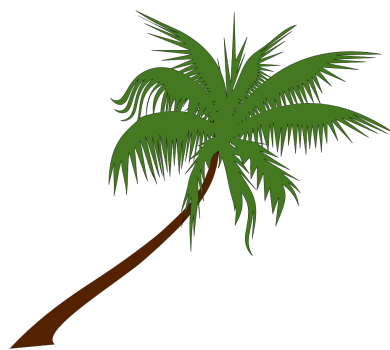
**Research Publication:** Morgan R, Elliott IA, Banala V, Dy C, Harris B, Ouellette EA. (2020). *Pain Relief After Surgical Decompression of the Distal Brachial Plexus*. Journal of Brachial Plexus & Peripheral Nerve Injury.

**Poster:** Morgan R, Lieu J, Hassell M, Miller I, Diaz J. (2020). *Cervical Artificial Disc Extrusion leading to Severe Pain and Difficulty Swallowing*. Florida Society of Interventional Pain Physicians Annual Meeting. Hollywood, FL.

Furthermore, we want to congratulate our resident Vidur Ghantiwala, DO PGY-3 for being selected as a Larkin GMEC Resident Representative for 2020-2021. He is looking forward to his upcoming presentations at the virtual annual meeting of the American Society of Pain & Neuroscience, which is being held from September 18-20, 2020. His poster presentation is *Percutaneous Kyphoplasty for Subacute Vertebral Compression Fracture*. He will also be presenting with our co-chief resident Kathryn Nelson, DO PGY-4 at FSPMR/FSIPP in October 2020 *Stellate Ganglion Block for the Treatment of PTSD*. We look forward to these upcoming presentations. Eileen Slavin, DO PGY-3 continues to hold position of AAP&MR PHiT Ambassador and Alan Nguyen, DO PGY-3 as advisory board member for the Society for Neurosports. We are looking forward to the upcoming FSPMR/FSIPP conference as well as virtual AAPMR Annual Assembly in November. Sending thoughts of health and peace.

Sincerely in these strange times,

Colleen Neubert, DO PGY- 3  
Larkin Community Hospital Department of PM&R  
FSPMR Resident Liaison





# Physiatrist's Voice

NEWSLETTER

SEPTEMBER 2020

UNIVERSITY OF MIAMI

Natalia Miranda 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 Miami!

On June 12, 2020, we celebrated the graduation of 6 new physiatrists with the class of 2020. The graduation was held via video conference with faculty, residents, and even family members of graduates on the call. Even though graduation was not like anything any of us expected, it was an exciting time.



Some of the graduating residents stayed locally in Miami, while others went outside the state to Minnesota, Georgia (Emory University), Massachusetts (Harvard University), and Connecticut (Yale University). What a lineup!!! We congratulate them and wish them the best of luck on all their future endeavors!



This has been by far one of the most challenging years for any residency with the coronavirus pandemic, however our program had many things to look forward to with the start of the new academic year. This year we welcomed two new PGY-3s, eight new PGY-2s, and one SCI fellow into our new amazing Christine Lynn Rehabilitation Hospital as we grew from 18 residents to 22 residents!



# Physiatrist's Voice

NEWSLETTER

SEPTEMBER 2020

UNIVERSITY OF MIAMI  
Natalia Miranda MD , RESIDENT LIAISON AND  
ANDREW SHERMAN MD, RESIDENCY PROGRAM DIRECTOR

We continue to look forward to all the new opportunities that our residency will offer. Starting this upcoming year, we are adding a Brain Injury Medicine Fellowship lead by Dr. Gemayaret Alvarez and a Cancer Rehabilitation Fellowship lead by Dr. Diana Molinares, for which applications to both are currently being accepted. These fellowships will help further solidify our program and provide education to our residents.

Even through this COVID-19 pandemic, our new rehabilitation center, which opened just 6 months ago has continue to operate to full capacity, while staying socially distant! The general rehabilitation clinics at Lynn Rehab have now the addition of an ultrasound machine, which residents have been able to use and improve not only their diagnostic techniques but also perform US guided procedures in clinic.

Currently, we are holding virtual Q&A sessions for new incoming and interested residency applicants. This is the way to visit Miami, mask free! Our chiefs and various current residents give a short presentation with all the residency has to offer and then open the floor for questions. Two successful sessions have already been completed. The next upcoming sessions are on September 10th and October 15th. Any interested medical student or physician can fill out the form with the link to join a session: <https://forms.gle/wdxZnuonpCbBcw9F7>.

Some Abstracts and Publications from our residents below:

Rosa Rodriguez, MD, MS; John Tsatalis, BA; Andrew L Sherman, MD, MS. Case Report: Successful Transforaminal Epidural Steroid Injection in the Presence of a Large Lateral Bridging Osteophyte. NAPA Pain Conference August 15, 2020

Appeadu M, Rodriguez R, Valbuena A. The Importance of Timely Identifying Back Pain Caused by Cancer in a Young Adult [Abstract accepted]. Eastern Pain Association Annual Meeting and Conference 2021.

Appeadu M, Le Minh Quan, Rosales R, Irwin R, Shapiro L. Opening Up During Lockdown: Launching a New Rehabilitation Hospital in the Midst of the COVID-19 Pandemic [published online ahead of print, 2020 Jul 19]. PMR. 2020;10.1002/pmrj.12451. doi:10.1002/pmrj.12451



# Physiatrist's Voice

NEWSLETTER

SEPTEMBER 2020

UNIVERSITY OF MIAMI  
Natalia Miranda MD , RESIDENT LIAISON AND  
ANDREW SHERMAN MD, RESIDENCY PROGRAM DIRECTOR

## 2020 INCOMING RESIDENTS & SCI FELLOW



### PGY-3 – Resident Class of 2022



**Nanichi A. Ramos Roldán, MD**

INTERNSHIP/PM&R RESIDENCY(JUNE 2019)  
University of Puerto Rico  
Puerto Rico

MED. SCHOOL (JUNE 2018)  
Universidad Central del Caribe  
Bayamón, Puerto Rico



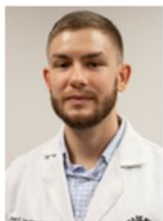
**Omar Walli, MD**

RESIDENCY (JUNE 2020)  
Burke Rehabilitation Hospital  
White Plains, NY

INTERNSHIP (JUNE 2019)  
Mercy Catholic Medical Center  
Darby, PA

MED. SCHOOL (JUNE 2018)  
Rutgers New Jersey Medical School  
Newark, NY

### 2020/2021 – SCI Fellow



**Jose R. Vives Alvarado, MD**

INTERNSHIP/PM&R RESIDENCY (JUNE 2020)  
University of Puerto Rico School of Medicine  
San Juan, Puerto Rico

MED. SCHOOL (JUNE 2016)  
University of Puerto Rico School of Medicine  
San Juan, Puerto Rico







# Physiatrist's Voice

NEWSLETTER

SEPTEMBER 2020

UNIVERSITY OF MIAMI  
Natalia Miranda MD , RESIDENT LIAISON AND  
ANDREW SHERMAN MD, RESIDENCY PROGRAM DIRECTOR

## 2020 INCOMING RESIDENTS & SCI FELLOW



### PGY-2 – Resident Class of 2023



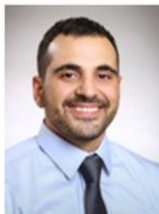
**Chikeluba (Chike) Madu, MD**

INTERNSHIP (JUNE 2020)  
Maimonides Medical Center  
Brooklyn, NY  
  
MED. SCHOOL (JUNE 2019)  
Albert Einstein College of Medicine  
Bronx, NY



**Alyssa Volmrach, MD, MBA**

INTERNSHIP (JUNE 2020)  
Catholic Health at Buffalo  
Buffalo, NY  
  
MED. SCHOOL (JUNE 2019)  
State University of New York at Buffalo  
Buffalo, NY



**Edwin Amirianfar, DO**

INTERNSHIP – Family Medicine (JUNE 2020)  
Presbyterian Intercommunity Health  
Whittier, CA  
  
MED. SCHOOL (JUNE 2019)  
Western University of Health Sciences/College of  
Osteopathic Medicine of the Pacific  
Pomona, CA



**Luis Gude, MD**

INTERNSHIP (JUNE 2018)  
Icahn School of Medicine – Elmhurst Hospital  
Queens, NY  
  
MED. SCHOOL (JUNE 2017)  
Jacobs School of Medicine & Biomed Sciences  
at University of Buffalo  
Buffalo, NY



**Oliver Acosta, MD**

INTERNSHIP (JUNE 2020)  
Holy Cross Hospital  
Fort Lauderdale, FL  
  
MED. SCHOOL (JUNE 2019)  
Charles E. Schmidt College of Medicine  
at Florida Atlantic University  
Boca Raton, FL



**Reed J. Yaras, DO**

INTERNSHIP (JUNE 2020)  
Aventura Hospital and Medical Center  
Aventura, FL  
  
MED. SCHOOL (JUNE 2019)  
Nova Southeastern University College Of Osteopathic  
Medicine  
Fort Lauderdale, FL



**Majaliwa (Maja) Mzombwe, MD**

INTERNSHIP (JUNE 2020)  
Maimonides Medical Center  
Brooklyn, NY  
  
MED. SCHOOL (JUNE 2019)  
Vanderbilt University School of Medicine  
Nashville, TN



**Nathan McKenty, MD, MPH**

INTERNSHIP (JUNE 2020)  
University of Miami/Jackson Health System  
Miami, FL  
  
MED. SCHOOL (JUNE 2019)  
Miller School of Medicine at The University of Miami  
Miami, FL





# Physiatrist's Voice

NEWSLETTER

SEPTEMBER 2020

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