FSPMR

Physiatrist's Voice

NEWSLETTER MARCH 2019

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

IN THIS ISSUE

PRESIDENT'S MESSAGE

The Florida Society of Physical Medicine and Rehabilitation Board of Directors is taking steps and strides in helping young physiatrists to start and manage their practices by mentoring them through the *Florida PM&R Pioneers*. This is one example of why a physiatrist graduating from a residency training program or a new physiatrist coming to the State of Florida should become an active member of the Florida Society of Physical Medicine and Rehabilitation (FSPMR).

Another benefit of being a member of FSPMR is to receive the quarterly newsletter, *Physiatrist's Voice,* as well as emails and eblasts, which are designed to keep you up to date on legislation and regulation, and about events or information which is important to physiatry.

Starting with this issue, FSPMR's quarterly newsletter will update the list of *Florida PM&R Pioneers* so that those who might need their help and guidance can seek it. See the update inside this issue. In order to be a *Florida PM&R Pioneer*, the physician has to be a current member of FSPMR and has to have a minimum of 20 years of experience.

I have been in practice approximately 29 years and I have seen changes in the private practice of medicine, the laws, regulations, and changes in physician monitoring. Every year it seems to be a little more difficult to practice. This *Florida PM&R Pioneers* type of mentoring was not available to me when I was starting practice, but I sure wish it had been.

In addition to communicating to you, our members, with this newsletter and emails/eblasts about what's happening at the level of state legislature and organized medicine, your FSPMR Board of Directors is also in regular communication with

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PRESIDENT'S MESSAGE CONTINUED FROM PAGE ONE.

AAPM&R. Inside you'll see a State Advocacy Letter from the AAPM&R to the FMA, Minutes of the AAPM&R State Presidents and CAC 2019 Goals, and an outline of the FMA's 2019 Advocacy Plan.

We are already looking forward to our annual get-together in conjunction with FSIPP, July 18 – 21, 2019, to be held at The Diplomat Beach Resort in Hollywood, Florida. On that Saturday, FSPMR will have a full day educational breakout and we'll hold our Annual Meeting and Dinner that evening. If you're receiving this newsletter, you'll be receiving eblasts about this upcoming meeting, with information about meeting and hotel registration.

The FSPMR Educational Breakout, Saturday, July 20, is delineated in this issue. The morning's highlight is Jennifer Bolen's/Rick Tucker's interactive presentation ***"Surveying the Ever-Changing Battleground in the Business of Pain Management: A Legal Perspective on Chronic Opioid Therapy and Risk Mitigation-Successes and Failures."*** Ms Bolen is a Former Assistant US Attorney, Department of Justice, and Mr Tucker is Former Assistant Special Agent-in-Charge of the DEA. We cannot stress enough how important it is to keep ourselves out of jail! The above-referenced session with Jennifer Bolen and Rick Turner offers vital information for practicing physiatrists. Don't miss this opportunity! We hope to see everyone there.

Clinical highlights are Dr Randall Braddom with clinical updates ("Current Diagnosis and Treatment of Complex Regional Pain Syndrome," and "The Recognition and Treatment of Chronic Pain Syndromes") and PM&R Residents from UMiami, Nova/Larkin, and USF presenting cases.

Please be advised that the invoices for 2019 dues have gone out three times now. After this month, March, 2019, if you have not paid your dues, your name will be removed from the membership rolls. You can go to the Florida Society of Physical Medicine and Rehabilitation website and you may pay your dues online here: http://www.fspmr.org/join-renew-payment.html. If you are unsure if you are paid or not, email FSPMR Executive Director, lorry4@earthlink.net. Please, everybody pay your dues! Thank you.

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OSTEOGENESIS IMPERFECTA

Article by: Craig Lichtblau, MD

Osteogenesis Imperfecta (also known as brittle bone disease) is a group of genetic disorders that mainly affect the bones. As a result of this genetic defect, bones are brittle and they break very easily. The severity may be mild to severe. Other symptoms may include a blue tinge to the white of the eyes, short height, loose joints, hearing loss, breathing problems and problems with the teeth. Other complicating conditions include cervical artery dissection and aortic dissection. The underlying mechanism is usually a problem with connective tissue due to a lack of type 1 collagen. This occurs in 90% of the cases due to mutations in the COL-1A or COL-1A2 genes. These genetic problems are often inherited from a personôs parents in an autosomal dominant manner or occur via a new mutation.

There are eight types of osteogenesis imperfecta with Type I being the least severe and Type II the most severe. Diagnosis is based on symptoms, baby confirmed by collagen or DNA testing. There is no cure. Maintaining a healthy lifestyle by exercising and avoiding smoking can help prevent fractures. Treatment includes, but is not limited to treating the broken bones, pain medication, physical therapy, braces, wheelchairs and surgery. The surgical placement of intramedullary rods in the long bones may help to strengthen them. Some physicians like to treat these patients with bisphosphonates.

Osteogenesis Imperfecta affects about 1 in 15,000 people. Outcomes depend on the type of disease most people have. The condition has been described since ancient history. The term osteogenesis imperfecta came into the use in 1895 and means ñimperfect bone formationò

Osteogenesis Imperfecta causes very thin blood vessels and may also result in people being bruised easily. Weakening of the muscles will result in bone deformities and growth issues. Type V is an increase in loss of bone mass and fragility of bones. Type VI is when someone is bone healthy, but after at least six months of aging they begin to develop fractures.

Hearing loss has been associated with osteogenesis imperfecta leading to ultimate deformities within the ossicle and inner ear bone; however, 2% of the adult population has been affected and will lose hearing sooner than the unaffected population. The severity of the deformities could range from mild to profound. Osteogenesis has occurred in either the second or third decade of life

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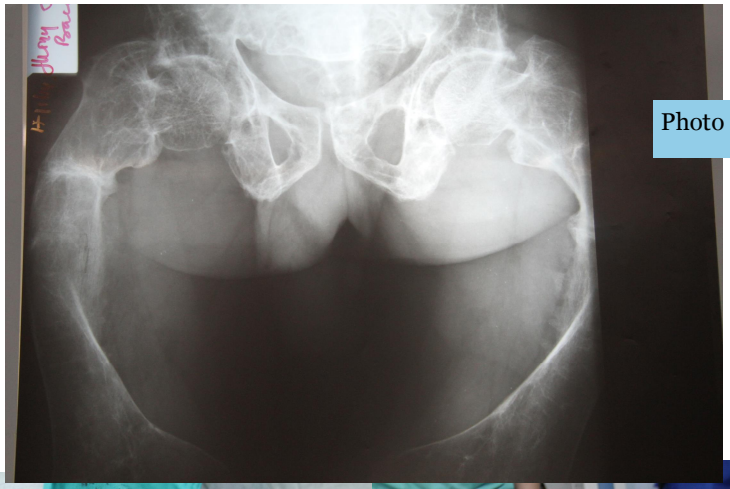

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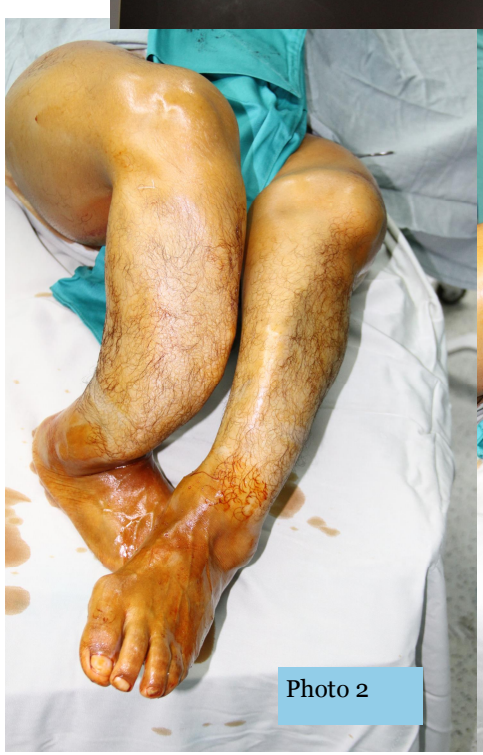

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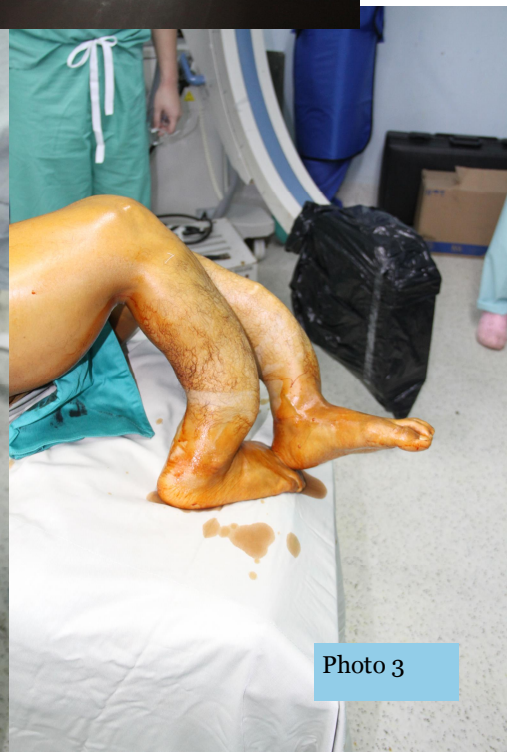

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continued

Osteogenesis
Imperfecta found in both children and adults causes spine, hip and pelvic deformities leading to occasional constipation found in children. The acute pain experienced by gastrointestinal problems can be cured with diets, physical exercise and hydration.

People with Osteogenesis Imperfecta are born with defective connective tissue or without the ability to make it usually because of a deficiency of a type 1 collagen. This deficiency arises from an amino acid substitution of glycine to bulk the amino acid in the collagen triple hyaline structure. The large amino acid side change creates steric hindrance that creates a bulge in the collagen complex which in turn influences both the molecular nanomechanics and interaction between molecules which are both compromised. As a result, the body may respond by hydrolyzing improper collagen structure. If the body does not destroy the improper collagen, the relationship between the collagen fibrils and the hydroxy appetite crystals to form bone is altered causing brittleness.

Most people with Osteogenesis Imperfecta receive it from a parent, but in 35% of cases it is an individual mutation.

Diagnosis:
Diagnosis is typically based on medical imaging including plain x-rays and symptoms. Signs on medical imaging include abnormalities in all extremities and the spine. Diagnosis of Osteogenesis Imperfecta can be confirmed through DNA or collagen testing, but in many cases the occurrence of bone fractures with little trauma and the presence of other clinical features such as blue sclerae are sufficient for a diagnosis.

A skin biopsy can be performed to determine the structure and quantity of type 1 collagen. DNA testing can confirm the diagnosis; however, it cannot exclude it because not all mutations causing osteogenesis imperfecta are known and/or tested for. Osteogenesis imperfecta type II is often diagnosed by ultrasound during pregnancy where already multiple fractures and other characteristic features may be present relative to control. Osteogenesis imperfecta cortical bone shows increased porosity, canal diameter and connectivity in micro-computed tomography. Severe types of osteogenesis imperfecta can usually be detected before birth by using an in-space in vitro genetic testing technique.

Differential Diagnosis:
An important differential diagnosis of osteogenesis imperfecta is child abuse as both may present with multiple fractures in various stages of healing. Other differential diagnoses include rickets, osteomalacia and other rare skeletal syndromes.

Treatment of Osteogenesis Imperfecta:
There is no cure. Maintaining a healthy lifestyle by exercising and avoiding smoking

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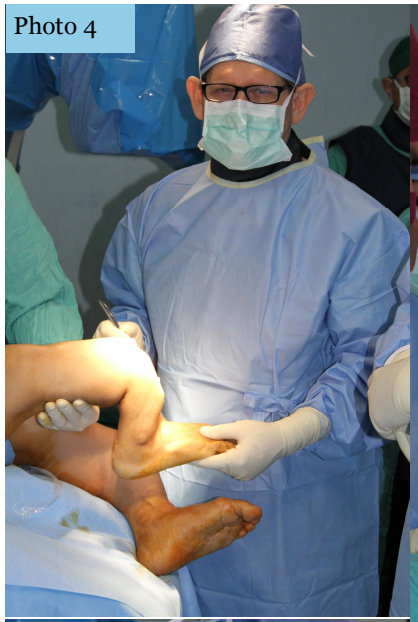
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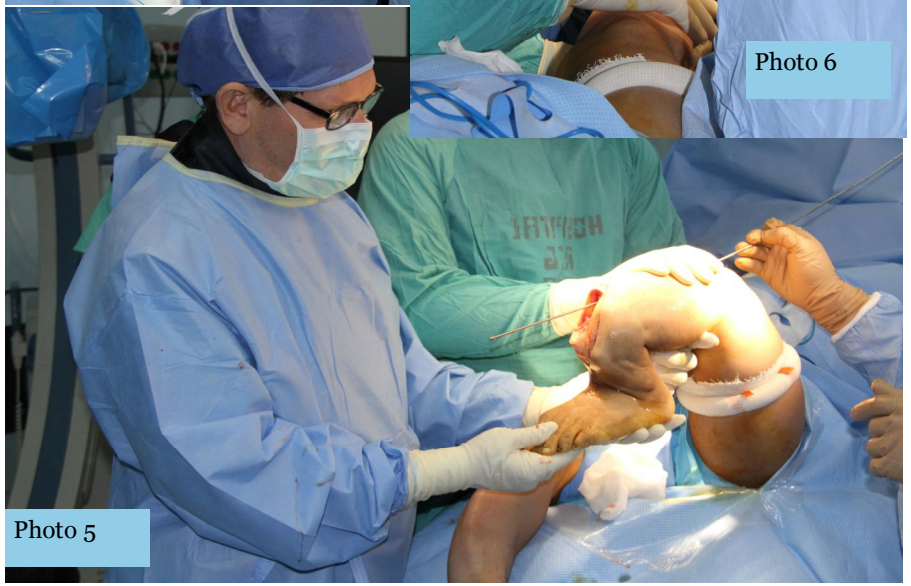
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OSTEOGENESIS IMPERFECTA
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can help prevent fractures. Treatments may include care of the broken bones, pain medication, physical therapy, braces or wheelchairs and surgery which includes the placement of intramedullary rods through long bones to strengthen them.

Bisphosphonates:
A Cochran view in 2016 concluded that though bisphosphonate seemed to improve bone mineral density it is uncertain whether it leads to a reduction in fractures or an improvement in the quality of life for individuals with osteogenesis imperfecta.

Physical Therapy:
Physical therapy is used to strengthen muscles and improve motility in a gentle manner while minimizing the risk of fracture. This often employs hydrotherapy light, resistive exercises and the use of support cushions to improve posture.

Patients with osteogenesis imperfecta are encouraged to change positions regularly throughout the day to balance the muscles being used and the bones under pressure. Physical aides and adaptive equipment such as crutches, powered wheelchairs, splints, grab bars and modifications of the home, many individuals with osteogenesis imperfecta can maintain a significant degree of autonomy.

Teeth:
More than one in two people with osteogenesis imperfecta will have dentin oogenesis imperfecta, a congenital disorder formation of dentine Children with osteogenesis imperfecta should go for a dental checkup as soon as their teeth erupt. This may minimize tooth structure loss as a result of abnormal dentine and these children should be monitored regularly to preserve their teeth and oral health.

Epidemiology:
Epidemiology in the United States incidents of osteogenesis imperfecta is estimated to be 1 in 20,000 live births. An estimated 20,000 to 50,000 people are affected by osteogenesis imperfecta in the United States. Type I osteogenesis imperfecta occurs in 1 in 30,000 live births. Type II forms of this genetic disorder occur in 1 in 60,000 live births. Type III happens in 1 in 70,000 live births. All other forms of osteogenesis imperfecta are considered to be extremely rare.

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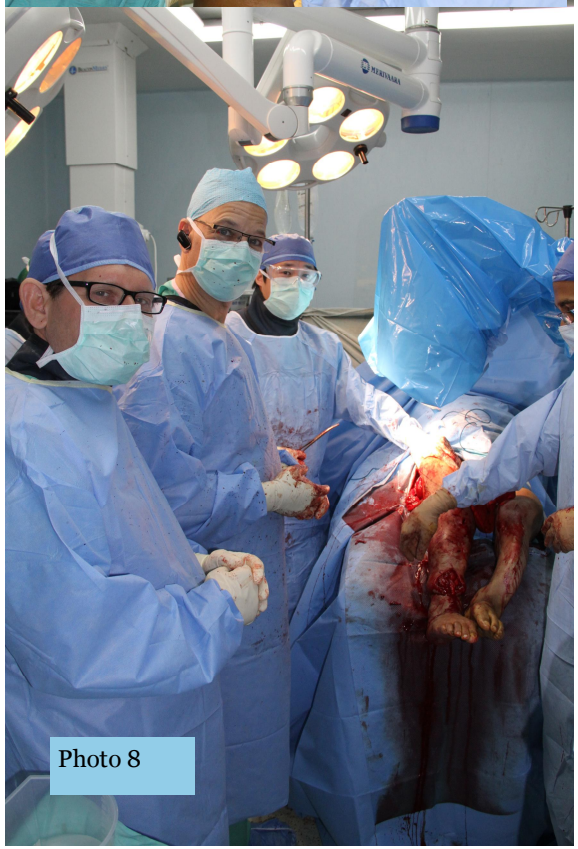

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continued

Photo 9

Photo 10

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Photo 11

Photo 12

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Photo 13

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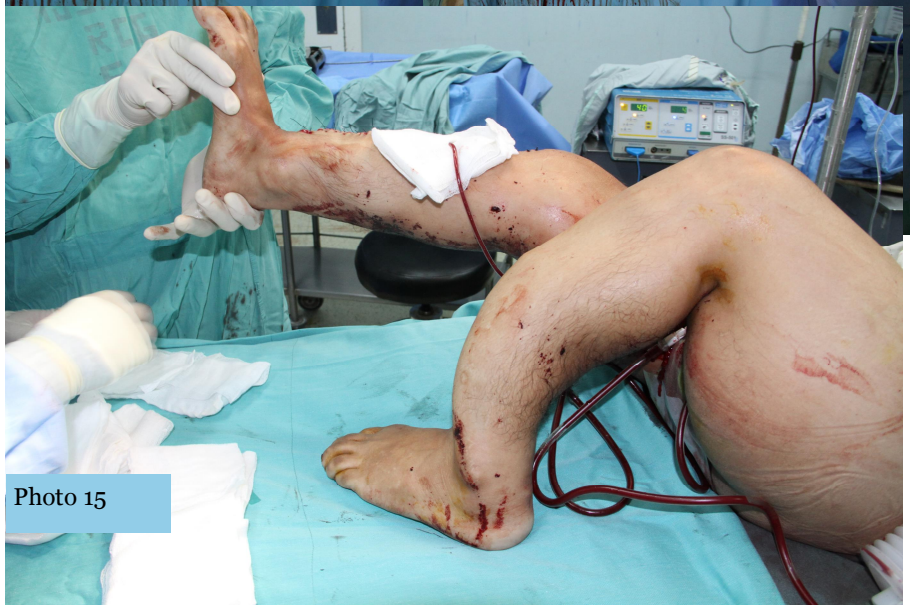

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2019 FSIPP/FSPMR Conference

Save the date!

Date - July 18-21, 2019
Location - Diplomat Beach Resort
Hollywood, Florida

Link to Program

https://www.fsipp-conference.cm/index.html

Link to Hotel Room Block

https://book.passkey.com/gt/217174175?gtid=4e33860f9f7c488c101175ed2c6181f1

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Florida Society of Physical Medicine and Rehabilitation

Saturday July 20, 2019

8:30 – 9:30 AM: ***"Identifying the Warning Signs of Non-Compliant and Abusive Patients"***
Richard A Tucker
Former Assistant Special Agent-in-Charge of the DEA

9:30 – 10:00 AM Q&A/Attendee Participation and Input

10 – 10:30 Exhibitor Break

10:30 – 11:30 AM: ***"Surveying the Ever-Changing Battleground in the Business of Pain Management: A Legal Per spective on Chronic Opioid Therapy and Risk Mitigation-Successes and Failures"***
Jennifer Bolen JD
Former Assistant US Attorney, Department of Justice

11:30 AM – 12:00 PM Q&A/Attendee Participation and Input

12:00 – 1:00 PM Lunch Break

1:00 – 2:00 PM ***"Current Diagnosis and Treatment of Complex Regional Pain Syndrome"***
Randall Braddom MD
Former President of AAPM&R, Association of Academic Physiatrists

2:00 – 3:00 PM ***"Resident Case Presentations with Expert Panel"***
Expert Panel:
Craig Lichtblau MD, FSPMR President
Matthew Imfeld MD, FSPMR Immediate Past President
Michael Creamer DO, FSPMR Past President
Attendees are also encouraged to ask questions/give input.

Florida Society of Physical Medicine and Rehabilitation

continued:

2:00 – 2:20 PM - USF ***"Chemodenervation of Eccrine Glands for the Treatment of Hyperhidrosis of the Residual Limb of an Amputee"***
Krystal Yankowsi DO

2:20 – 2:40 PM - Nova/Larkin ***"A Facet Joint Injection: The Good, The Bad, & The Ugly"***
Vidur Ghantiwala DO and **Trevor Persaud DO**

2:40 – 3:00 PM - UMiami ***"Neuromodulation in Spinal Cord Injury"***
Jorge Caceres MD, Kazi Hassan MD, and Rosa Rodriguez MD

3:00 – 3:30 PM Exhibitor Break

3:30 – 4:30 PM ***"The Recognition and Treatment of Chronic Pain Syn drome"***
Randall Braddom MD

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Florida's PM&R Pioneers

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

Craig Lichtblau MD
President, FSPMR

We are pleased to list ***FSPMR's First Florida PM&R Pioneers*** (alphabetical order), along with their office phone numbers, so that younger members can contact them for guidance:

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

AAPM&R State Advocacy Letter to FMA with 2019 Priorities

American Academy of Physical Medicine and Rehabilitation

aaPM&R

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Rosemont, Illinois 60018
www.aapmr.org

phone 847/737.6000
fax 847/754.4368
info@aapmr.org

February 15, 2019

Shari Hickey
Director, Legislative and Executive Operations
Florida Medical Association
1430 Piedmont Drive East
Tallahassee, FL 32308
shickey@flmeedical.org

Dear Ms. Hickey,

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) is the national medical specialty organization representing more than 9,000 physicians who are specialists in physical medicine and rehabilitation (PM&R). PM&R physicians, also known as physiatrists, treat a wide variety of medical conditions affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons. PM&R physicians evaluate and treat injuries, illnesses, and disability, and are experts in designing comprehensive, patient-centered treatment plans. Physiatrists utilize cutting-edge as well as time-tested treatments to maximize function and quality of life.

A number of our member physiatrists in Florida have actively served with the Florida Medical Association. Our national organization has also long engaged in many AMA-hosted events such as the Annual and Interim House of Delegates Meetings, the State Advocacy Summit, the State Advocacy Roundtable and Scope of Practice Summit. In fact, it was our participation at a recent State Advocacy Roundtable that made us believe we could be doing more to connect with state medical societies and inspired us to reach out to you directly. Though PM&R is actively involved in the FMA, we wanted to share more information about our state activities and current priorities, in case there is opportunity to collaborate on shared issues.

In 2017, AAPM&R implemented a new state advocacy strategy, creating a formal system to monitor and respond to advocacy issues that arise at an individual state level and have implications at the national level. Implementation of this strategy is a collaboration of the State Advocacy Subcommittee (SAS), State PM&R Society Presidents, PM&R Carrier Advisory Committee (CAC) members, and all AAPM&R members to address state-level issues important to physiatrists and their practices. This year, our Academy has prioritized partnership with state medical societies to collaborate on shared issues. If your association is engaging in advocacy work on any of the key issues listed below or other relevant topics, we welcome the opportunity to collaborate.

AAPM&R Key State Advocacy Priorities:

- Scope of Practice Expansion Efforts
  - Particularly with respect to chiropractors and physical therapists
- Pain Management and Opioid Prescribing
  - Including prescribing limitations, MOC and CME requirements, etc.
- Responding to threats to the Essential Health Benefits provision of the ACA at the state level

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Physical Medicine and Rehabilitation

  - Particularly regarding access to and coverage of rehabilitative and habilitative services and devices
- Medicaid Reform
  - Particularly with respect to benefits and requirements for patients with disabilities and chronic conditions
- General matters affecting patients with disabilities and chronic conditions

Please contact Brit Galvin, Health Policy and Legislative Affairs Coordinator, Department of Health Policy and Practice Services, at bgalvin@aapmr.org or (847) 737-6004 with any inquires. We are looking forward to working with you this year and beyond.

Sincerely,

Stuart Glassman, MD
AAPM&R State Advocacy Subcommittee, Chair

Emerald Lin, MD
AAPM&R Council of PM&R Society Presidents, Chair

Craig Lichtblau, MD
Florida Society of Physical Medicine & Rehabilitation, President

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AAPM&R Council of State Society Presidents and CAC Representatives Conference Call
Friday, October 26, 2018
Orlando, FL

Attendees
Council of State PM&R Society Presidents and CAC Representatives ("The Council"): Emerald Lin, MD, Chair (NY); Steven Arbit, MD (MI); Antigone Argyriou, MD (NY); Michael Duerden, MD (IN); Reza Farid, MD (MO) (CAC); Mitchell Freed, MD (FL) (CAC); Danielle Hassel, MD (TN); Anthony Lee, MD (AZ); Michael Saffir, MD (CT) (CAC); Carol Talley, MD (VT); and Matthew Terzella, MD (SC).

Staff Liaison: Brit Galvin

Welcome/Introductions/ Meeting Minute Approval
Dr. Emerald Lin welcomed attendees and convened the meeting with introductions. The council reviewed and approved the August 2018 draft meeting minutes.

Discussion

2019 Goals

The Council reviewed and discussed the State Advocacy Goals for 2018/2019 and beyond. The goals are as follows:

- Enhance the PM&R network in individual states while also increasing the awareness of PM&R:
    - Increased collaboration with state medical societies on relevant issues.
    - Identify AAPM&R members to serve as key contacts for the Academy to assist in advocacy efforts.
    - Identify AAPM&R members to serve as a CAC Representatives in each state/region.
    - Promote legislative proprieties on both State and Federal legislation to increase member awareness and engagement on local issues.
    - Creation of new educational resources for members to learn how to engage in state advocacy.

The Council will be engaged to help move the planned initiatives forward. The Council also discussed the best forms of communication for our group, which includes both email and more efficient use of PhyzForum. Staff explained the new Member Communi-

ties that will take the place of the Member Councils. This new model includes a designated community on PhyzForum, including a blog, and an app for instant access to discussions with peers. This new model requires 1 designated chair and a minimum of 10 community members. **Staff noted that the Council may want to consider requesting a community for the State Presidents and/or CAC representatives.** More information on the Member Communities can be found on the Academy website. The Council noted that the ñIn Case You Missed Itò email was helpful and that they would like to continue to receive these with relevant information and events.

Review of State Affairs Section of AAPM&R Webpage

The Council briefly discussed the various resources currently available in the ñState Affairs and Legislation Tracking,ò ñState PM&R Societies,ò and ñResources for State Advocacyò sections of the AAPM&R website. **The Council was encouraged to review the current resources and provide feedback at the next meeting on what additional resources would be helpful to offer in this section. As we were unable during Annual Assembly, staff will provide a "how to" on the state legislative tracker at the meeting via webinar during the next conference call to help members understand how to use this resource.**

State Advocacy Discussion

Dr. Terzella, Vice President of the SC PM&R Society, alerted the Council to an issue they are experiencing in South Carolina, as Aetna has cut reimbursement for 76942 (US Guidance) by approximately 73%. No other Council members has experienced this cute. Staff will share this concern with AAPM&R Reimbursement staff for review.

CAC Updates

Dr. Duerden, Medical Director for National Government Services (NGS), informed The Council of the new CAC process that will be implemented beginning January 2019. This change is expected to impact PM&R and Dr. Duerden encouraged all CAC members to become more knowledgeable with the new process. Some Council members noted concern with the restructured CAC meetings, as they are no open to the public. Though this increases transparency, it may also prevent those from speaking freely on LCD issues, know that they will officially be placed on record (though this has always been the case, the process will be more formal). In addition, the CAC meetings will be expanded to include other healthcare professionals (e.g. nurses, social workers, etc.) and beneficiary representation. AAPM&R should consider submitting a letter to the MACs indicating that we would like to have PM&R representation on each CAC. CAC representatives should be aware of and monitoring LCDs on cognitive rehabilitation and DME/Prosthetics.

AAPM&R STATE PRESIDENTS & CAC 2019 GOALS CONTINUED:

New Business

Dr. Lin informed The Council that the State Advocacy Subcommittee (SAS) is planning to submit a session proposal for the 2019 Annual Assembly. **The SAS has extended the invitation to The Council to identify one President, CAC, or state contact who is willing to serve as a panel member for this session.** The SAS hopes to identify a member who has or is working on a PM&R specific or relevant state legislation. This portion of the presentation will highlight a recent and relevant effort of PM&R to enact state legislation or other advocacy activity, demonstrating the successes, failures, challenges, etc. to state advocacy.

Meeting Adjourned

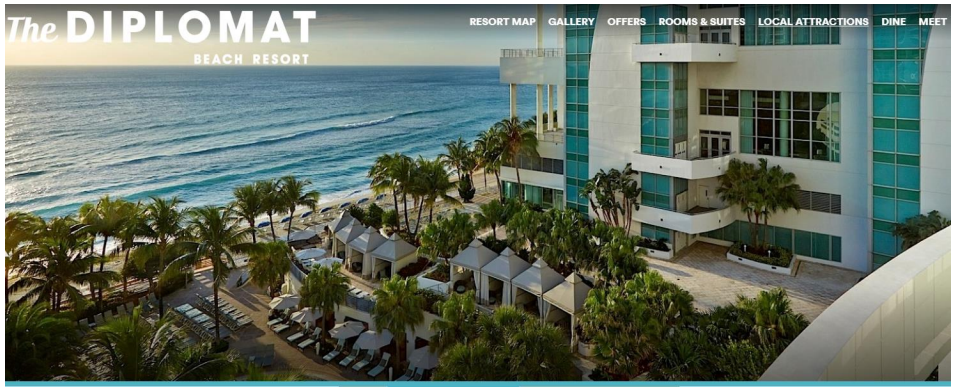
Florida Society of Physical Medicine and Rehabilitation

2019 Annual Meeting, July 18 – 21, 2019,

with the Florida Society of Interventional Pain Physicians,

The Diplomat Beach Resort, Hollywood, Florida

Save these Dates and watch for email/eblast information about registering for the meeting and for the hotel, and about more specific program agenda information from FSIPP. In this issue is the program agenda for the FSPMR Breakout, and at 6:00 PM that same evening, we will hold the Annual Business Meeting and Dinner. Please plan to join us!



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2019 Florida Medical Association Advocacy

Mark Rubenstein MD, FAAPMR, FAANEM
FSPMR Vice President

Here is what the Florida Medical Association is doing in terms of advocacy.

The FMA's Strategic Plan (as voted by our Board) includes Advocacy as one of our four pillars. This year the FMA PAC endorsed our governor elect during the state primaries, so we have been pleased to work with the transition team and the new governor in issues pertaining to medicine.

Active legislative efforts that our FMA is busy with at present include the following:

1) Supporting a senate bill about Retroactive Denials.

2) Opposing Telehealth and ARNP Scope of Practice Expansion

3) Opposing (within reason) scope of practice expansion of pharmacists who want to diagnose and treat certain conditions

4) Support a Fail First and Prior Authorization Senate Bill (making insurers deny or approve fail first protocol exceptions and prior authorization requests within 24 hours for urgent situations and within 3 business days for nonurgent situations), and encourage insurers to make clinically sound denials by requiring a written explanation and clinical rationale behind such denial, preclude health insurers from requesting irrelevant information for prior authorizations, and other issues

5) Seek tort reform modification (which we obtained in 2003 but was turned over by a plaintiff lawyer friendly Supreme Court in last 2 years). Since the new Governor has appointed 3 new Supreme Court judges in Florida, the landscape has changed significantly already.

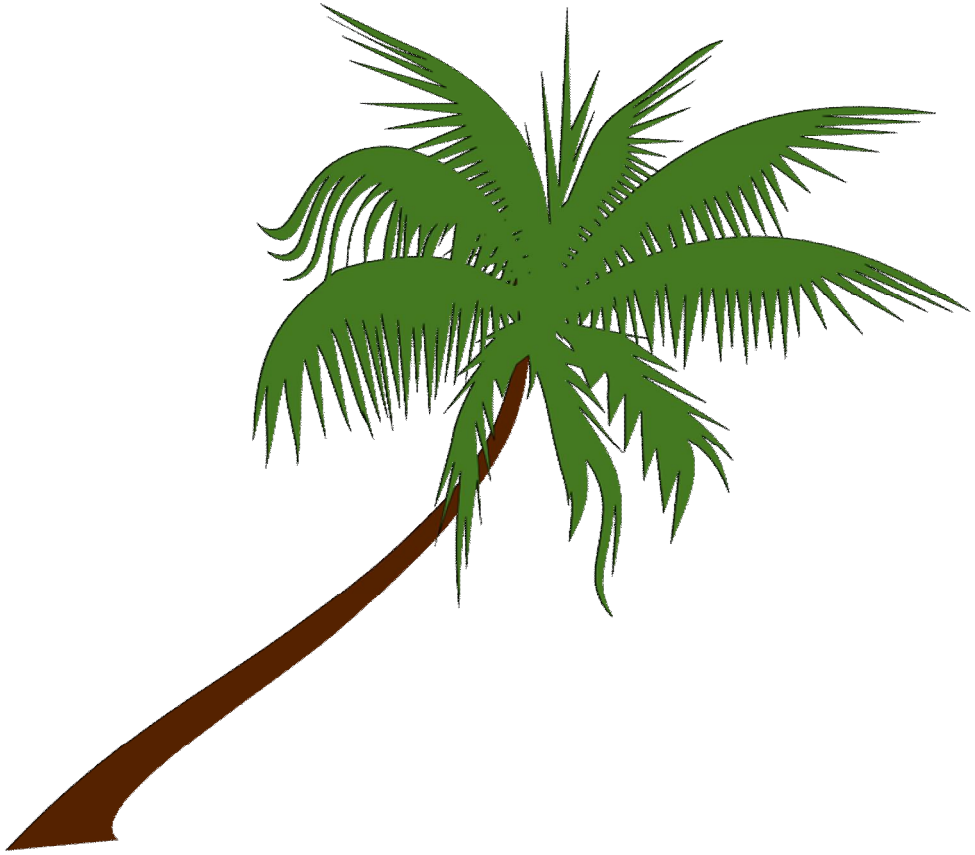
Additionally, the FMA has unrolled our Health Florida Initiative, which is aimed at educating physicians and patients on the health benefits of nutrition as a multi-faceted program to reduce incidence of obesity and obesity related disease.

We are already active on the opioid front. I have been named to the Attorney General's Opioid Work Group and am working with 16 others around the state (primarily Sheriffs, Senators, and local State Attorneys) to develop protocols and practices to reduce opioid deaths. Our state now has a mandatory 2 hour CME for all physicians with each biennial licensure and the FMA provides the course. Of course we are monitoring all bills

2019 FLORIDA MEDICAL ASSOCIATION ADVOCACYð CONTINUED:

and statutes and do are best to have input in the development of them.

Editor's Note: Regarding the Opioid Work Group, Dr Rubenstein says, "I am the physician representative. The Sheriff who is leading this from Seminole County has requested that each member of the group submit their proposed solutions to the opioid crisis, or ideas that could be implemented to help solve it. He was looking to see what



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UNIV. OF SOUTH FLORIDA PM&R RESIDENCY UPDATE:

Elizabeth Mortazavi (left) & Krystal Yankowski (right) climbing the wall. **Dr's Mortazavi &Yankowski will be presenting at FSPMR's break out on Sat, July 20,**

At USF The residents are glad to be done with the annual SAE exam and looking forward to seeing the results in a few weeks! Residents recently had the opportunity to climb the rock wall in the Rehabilitation hospital. It was a great way to get a firsthand experience to see what kinds of therapies our patients are offered.

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LARKIN PM&R RESIDENCY UPDATES

Shiel Jhaveri, DO PGY-4
Larkin Community Hospital
Department of PM&R
AOCPMR Resident Council
Social Media Chair

Larkin PM&R residents don't just educate patients, we practice what we preach too! Residents recently participated in the Terrain Race in Hialeah, FL, conquering obstacles such as cargo nets, monkey bars and more!

We also recently had two prosthetics workshops- one in Miami where we were able to learn more about the myolectric hand and one at the West Palm Beach VA Medical Center where we learned about how to better serve the needs of our veteran population.

Andrew Hanna (PGY-2) recently published multiple items on StatPearls including "Physiology, Nociceptive Pathway", "Neuroanatomy, Pupillary Dilation", "Relapsing Polychondritis", "Electric Potential and Capacitance", with another few in the works.

LECOM/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, Jose Diaz, DO (josediaz@larkinhospital.com) and Ernesto Alfonso (ealfonso@larkinhospital.com) the GME Program Coordinator.

Physiatrist's Voice
NEWSLETTER MARCH 2019
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE / JACKSON MEMORIAL HOSPITAL PM&R RESIDENCY PROGRAM!

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

These past few months have been very busy for our program. We were fortunate to provide medical coverage for the World Cup Series of Sailing held in Miami. It was a blast spending time on the water. We were also honored to organize and serve as medical faculty for the largest South Florida CrossFit event, Wodapalooza. It was inspiring to work next to such dedicated athletes throughout both of these events.

We are looking forward to connecting with new and old friends at the upcoming Association of Academic Physiatristsô Annual Meeting in Puerto Rico this month.

We are honored to have so many of our residents presenting posters:

Jorge Caceres MD. ñRheumatoid Arthritis Presenting as Acute Knee Contractures Following Concussion: A Case Report.ò

Andrew Chang MD, Evan Dimmitt MD. ñResolution of Chronic Left Knee Pain with Ultrasound Guided Tibiofibular Joint Injection.ò

Andrew Chang MD, Rosa Rodriguez MD, MS. ñResolution of Pain with Periocular Injections in a Patient with a 7-Year History of Chronic Ocular Pain.ò

Jesse Charnoff MD, Martin Weaver MD. ñResident Education of Ultrasound Guided Procedures: A Homemade Practice Model.ò

Marine Dididze MD, PhD. ñUrinary Retention Following Quetiapine: A Case Report.ò

Marine Dididze MD, PhD. ñOutcome of Sciatic Nerve Repair with Human Schwann Cells: First Experience with Two Human Cases.ò

Marine Dididze MD, PhD. ñSpinal Accessory and Suprascapular Nerve Injury Following Human Bite: A Case Report.ò

Scott Klass MD, MS, ATC, CSCS. ñAn Unusual Case of Recurrent Post-Operative Respiratory Failure.ò

Myriam Lacerte MD. ñAn Unusual Case of Rising Serum Alkaline Phosphatase Levels During Stroke Rehabilitation.ò

Myriam Lacerte MD. ñCentral Venous Thrombosis Syndrome: A Rare Diagnosis in Early Pregnancy.ò

Christopher Moriarty DO, Jesse Charnoff MD. ñInjury Rate and Pattern Among Brazilian Jiu Jitsu Practitioners: A Survey Study.ò

Rosa Rodriguez MD, MS. ñExercise Based Rehabilitation in a Surgically Treated Type-A Aortic Dissection Patient with Multiple Comorbidities.ò

Martin Weaver MD, Jesse Charnoff MD. ñPercutaneous Ultrasonic Tenotomy: A Meta-Analysis.ò

Our residents Jorge Caceres MD, Kazi Hassan MD, and Rosa Rodriguez MD are excited to join the FSPMR for their annual meeting with FSIPP and present their topic, ñNeuromodulation in Spinal Cord Injuryò

Our resident of the quarter award was presented to Scott Klass, MD PGY2.

Last but certainly not least, weð like to give a special congratulations to Christopher Alexander, MD PGY4 and his wife, Devin Alexander, MD on welcoming a new member to our rehab family ï Zoe Michelle Alexander!

Martin Weaver, MD
PGY-3 Resident
FSPMR Liaison

Andrew Sherman, MD, MS
FSPMR Treasurer
Residency Program Director
University of Miami Miller School of Medicine

Physiatrist's Voice
NEWSLETTER MARCH 2019
FLORIDA PM&R RESIDENCY PROGRAM UPDATES : ALLIED HEALTH

Allied Health Update:

Wishing all a Happy New Year!! On February 13, 2019, Senator Jeff Brandes filed SB 972. This bill will enable Advanced Practice Registered Nurses (APRNs) to practice to the full extent of their education and training without requiring a protocol agreement after meeting certain requirements (see link below). APRNs may also elect to continue to practice under a protocol arrangement if they desire. To date, APRNs have full practice authority in 21 states empowering them to sign death certificates, formal health records, and affording them the ability to prescribe certain medications. With this, physicians will no longer need to oversee health care professionals who have the education and training to diagnose and treat the acutely and chronically ill across the lifespan. APRNs and physicians along with other members of the healthcare team will work together to provide optimal care to patients, improving health outcomes.

The Florida Association of Nurse Practitioners (FLANP) Annual Conference Pharmacology and Skills Update is being held at the Renaissance Orlando at SeaWorld on March 9th and 10th. Topics include: Antimicrobial Drugs and Bugsò ñFlorida NP Legislative and Lawful Prescribing Updateò Maximizing Reimbursement for all NPsò ñComplementary & Alternative Therapies ï and What about Cannabis?òThe program is accredited for 10 contact hours, which includes 7.5 hours of pharmacology. Not only is this a time for learning and networking with colleagues, it is an opportunity to enjoy the festivities at SeaWorld! Register at http://flanpconference.org/registration/

The Continuing Medical Education Institute, Inc. is holding their 22nd Annual Primary Care Conference Update in Naples, FL March 25-29. Topics include: ñTreating with Anxiety: Benzos and Other Therapiesò Treat-

ing Depression in Primary Careè¸ Treating ADHD in Kids and Adultsè¸ Concussion Updateè¸ ñSkin Infectionsè¸ just name a few. A total of 18 CMEs can be earned. The target audience is physicians, PAs, and APRNs. Register at http://www.cmeiconference.org/naplesfastsecure2.html

Moreover, save the date for the Florida Society of Physical Medicine and Rehabilitation 2019 annual meeting and conference in conjunction with the Florida Society of Interventional Pain Physicians Annual Meeting, Conference & Tradeshow. The conference will be July 18-21, 2019 at The Diplomat Beach Resort Hotel, Hollywood, FL Go to http://www.fspmr.org/events.html for more information.

Lastly, to my fellow ARNPs and PAs, it you have not already done so, please come aboard and 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.

Check this out: https://www.myfloridahouse.gov/VideoPlayer.aspx?eventID=2443575804_2019021131
See you soon,
LaMisa S. Rayside, APRN, ACNP-BC

Physiatrist's Voice
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Member Spotlight: Dr. Rodolfo Eichberg MD

by Robert Kent DO

Dr. Eichberg is an integral part of the foundation and history of physiatry here in Florida. He completed his medical degree at the University of Buenos Aries Argentina and his residency at New York University where he trained under Dr. Howard Rusk, as well as many other pioneers of PM&R. He moved to Tampa shortly after residency to join private practice. Since then, he helped develop PM&R in Florida, both in training and in practice. He helped develop the rehabilitation program at Tampa General and was present when they built their rehabilitation tower and aided in the development of the University of South Florida PM&R program where he was an active attending.

Dr. Eichberg has practiced in many different areas of physiatry but his passion was most evident on spinal cord injury and trauma rehabilitation. He was a member of the Brain and Spinal Cord injury Advisory Council that helped develop and regionalize care for patients with severe neurologic injuries and their necessary tertiary care. This has served him well in legal medicine also as he is known as an expert by many in the medical community for his diagnosis and care for patients suffering significant injuries from trauma.

In June, Dr. Eichberg will be inducted into the Florida Boxing Hall of Fame, only the third physician to be inducted in the organization's history. He has been ringside as a physician for at least 10 world title fights and is recognized for his

pioneering safety guidelines in boxing. During his extended tenure as ringside physician, he only had to send three boxers to the hospital for follow up. His experience in boxing and his experience as a rugby player in Argentina and in Canada give him a valuable insight into issues such as CTE. He points out that training, expectations and relying on common sense can take us very far in avoiding long lasting issues such as CTE in football, as he points out in his article.

Dr. Rodolfo Eichberg is a true mentor and pioneer for physical medicine and rehabilitation here in Florida. My self and many of my co-residents had the

Opinion Piece by Rodolfo Eichberg MD

A week after the Super Bowl I wrote an article entitled "Missed Call or Missed Opportunity" for the Hillsborough County Medical Association Bulletin. The gist of the article was that I think that the most important aspect of the whole incident was the helmet to helmet hit, which was almost overlooked by media and fans alike, at least initially. It slowly gathered steam, so much so that President Trump was asked if he would let his son play football on one of the Sunday morning political talk shows, on Super Bowl Sunday. His answer was that he did not have to deal with this issue because his son plays soccer.

Many thoughts came to my mind, from the time the play occurred, in the New Orleans vs Los Angeles game, until now.

The dust is settling and the passions are cooling off. My main issue still is whether Football and the NFL are prepared to deal with the problem of Head Injuries and Chronic Traumatic Encephalopathy (CTE). The answer at this time appears to be NO.

OPINION PIECE BY RODOLFO EICHBERG MDð CONTINUED

Fining the player responsible for the hit is all the NFL has done. I believe that the message they sent to High School and College players is: Hitting an opposing player with your helmet will get you to the Super Bowl, money and fame. The fine will be made up manifold at the next contract negotiation.

I have not read any articles or documents produced by Medical Organizations dealing with this issue. Despite attempts to sweep Dr. Omalu, CTE and everything related to it under the carpet, this is now well recognized by the Neuro Sciences , health care professionals, educators and all involved. The public is also well aware.

My challenge to you, the members of the FSPMR, is: What are we going to do about it?

There are many things that can be done, with or without the NFL. I propose that this be a subject for discussion at our next meeting. To start the ball rolling, let me make an apparently outrageous suggestion: Eliminate helmets and paddings. As a veteran of 16 seasons of playing competitive Rugby in Argentina (perennial top ten Rugby country) and Canada, I can tell you that using your head as a weapon is unheard of. NO player wants the scar of a three inch laceration adorning his forehead for the rest of his life, and nobody will hit you hard enough to break his own clavicle. This is called human instinct, and we all have it!

Physiatrist's Voice
NEWSLETTER MARCH 2019

Medicinal CBD

Fiaz Jaleel MD, Personalized Medicine Consultants, Jacksonville

While its medical use in the United States is still somewhat contested, the history of cannabis being used medicinally is a long one that dates all the way back to 2737 BC in China, and then later to India, North Africa and eventually to Europe by 500 AD.

Today, there are three recognized subspecies of the cannabis plant ð sativa, indica and ruderalis ð and within them, at least 400 compounds have been identified of which more than 113 are classified as cannabinoids. The two most well-known cannabinoids were both discovered in the 1930s ð Delta-9-tetrahydrocannabinol, or THC, is a psychoactive substance that lends itself to recreational use; and cannabidiol, or CBD, is a nonpsychoactive substance that through a steady amount of interest and research in the last 20 years has been shown to be present in greater abundance in cannabis indica.

An endocannabinoid system in mammals has been discovered, which is a set of complex regulatory mechanisms that govern mood, memory, attention, fertility, appetite and pain processing. Due to the presence of this system, plant cannabinoids such as CBD has been found to have a significant positive impact on health.

CBD has been found to be anti-inflammatory, antioxidant and neuroprotectant, and to have anti-cancer properties. It helps control seizures; reduces pain, anxiety and depression; helps with weight loss, decreases neuropathic pain and has shown benefits in schizophrenia and post-traumatic stress disorder. As an anti-inflammatory, it helps with autoimmune conditions such as multiple sclerosis and inflammatory bowel disease. Due to its neuroprotective effects, it may help with degenerative disorders of the nervous system such as Parkinsonôs disease and Alzheimerôs disease.

THC and CBD are probably the most well-known, but there are plenty of other, lesser-known cannabinoids, which include cannabichromene (CBC), cannabigerol (CBG) and cannabinol (CBN).

Cannabichromene (CBC), as well as THC and CBD, are all derived from cannabigerolic acid (CBGA). CBC is nonpsychoactive and works synergistically with other cannabinoids, which is known as the entourage effect. It has potential cancer-fighting properties and helps to reduce pain and inflammation.

Cannabigerol (CBG) has strong anti-inflammatory properties and may be useful in patients with glaucoma.

Cannabinol (CBN) is a nonpsychoactive cannabinoid found in trace amounts in aged cannabis that is also a metabolite of THC. CBN has strong sedative effects and can be an aid in the management of insomnia. It also has some anti-cancer and anti-convulsive properties ð though less so than CBD ð and is also antibacterial and anti-inflammatory and can act as an appetite stimulant.

Regarding the legality of use of CBD in the United States, the interpretation of federal statutes varies from state to state and is a bit confusing. Essentially, hemp and marijuana both belong to the cannabis family, but hemp by definition contains 0.3 percent THC or less, greater than 0.3 percent THC results in the plant being called marijuana. Although there are differences in opinion regarding the lawful use of CBD, there are many studies demonstrating the health benefits of this nonpsychoactive compound.

It is incumbent upon the reader to learn as much as possible about the legal aspects and medicinal uses of cannabidiol and how to safely incorporate this botanical compound into a comprehensive wellness program.

Disclaimer: This opinion is the author's and not necessarily that of the

Florida Society of Physical Medicine and Rehabilitation. FSPMR's Position Paper on Medical Marijuana can be found at http://www.fspmr.org/positionpapers/FSPMR-MEDICAL-MARIJUANA-POSITION-STATEMENT.pdf.

Florida Society of Physical Medicine and Rehabilitation

2019 Annual Meeting,

July 18 – 21, 2019,

with the Florida Society of Interventional Pain Physicians,

The Diplomat Beach Resort, Hollywood, Florida

The program agenda for the FSPMR Breakout, is on the following page. And at 6:00 PM that same evening, we will hold the Annual Business Meeting and Dinner . Please plan to join us!

Job Opportunities

posted:Nov. 15, 2018

Jacksonville area ï Outpatient. Develop an outpatient practice with your own design. Stable, solid system with an amazing reputation. Stimulating, supportive environment. Collegial environment with many inpatient physiatrists.
Pensacola area ï Interventional. Work with a nationally-recognized leader in orthopaedic and sports medicine care. Enticing signing bonus + generous relocation allowance. Enjoy the beach and a vibrant, historic downtown district.
Destin and Pensacola areas ï Rehab and SNF services. Work with a national rehab leader and a national hospital leader. Comprehensive benefits. Enjoy the beach!
Southeastern FL - Practice Purchase With the rapid growth of the area and the sound patient referral base, this practice provides an excellent opportunity. You can either run the practice yourself or as a satellite office. Excellent growth potential. The current owner has achieved top-line growth without a material investment into business development or marketing. This doctor is selling his patient load, transfer of insurance contacts, etc.
Jacksonville, Jupiter, Tampa and Miami ï SNF services- Sign-on bonus. 5 day work week at a beautiful facility. No evenings, no weekends, no call. Flexible work schedule at a great location. Full case load.

Thank you,
Linda Farr
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