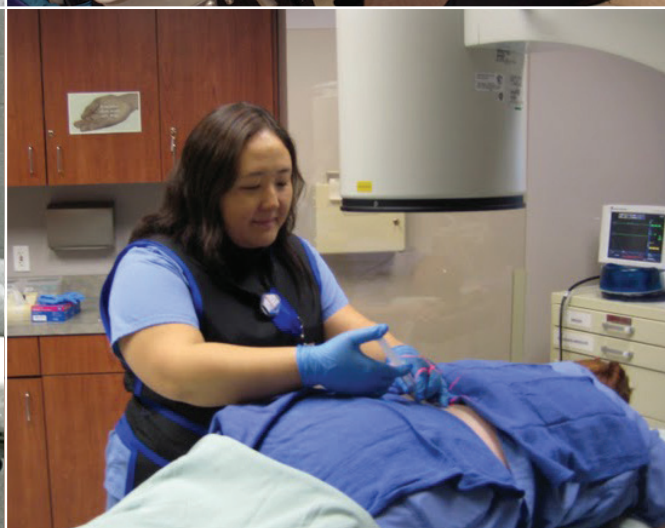
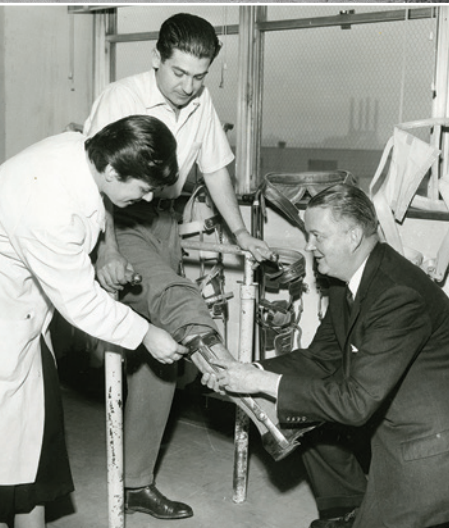


75
YEARS
AAPM&R

A Celebration of
AAPM&R's
75th Anniversary

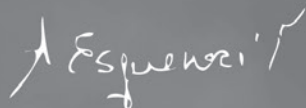


*Physicians Adding Quality to Life®
for 75 years and counting*

CONGRATULATIONS TO AAPM&R ON ITS ADVANCEMENTS OVER THE LAST 75 YEARS.

MossRehab skillfully Accepts the
Challenge of improving function
and quality of life for our patients.
It's what drives all of us, every day.

We applaud the AAPM&R's efforts
in navigating the present and
helping define the future. Here's
to another 75 years of success.



Alberto Esquenazi, MD
Chief Medical Officer, MossRehab
and 2013 AAPM&R President

 **MossRehab**
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A Celebration of the American Academy of Physical Medicine and Rehabilitation's 75th Anniversary

The American Academy of Physical Medicine and Rehabilitation, your Academy, is extremely proud of all that we have accomplished since our founding by a small group of visionary leaders 75 years ago. This timeline represents a portion of the history and heritage we share and places major milestones in the context of national and world events. It reflects many of the struggles and triumphs of our medical specialty to establish its proper place within the profession and to contribute to the health and quality of life of our patients through education, research and advocacy. As you will see as the pages unfold, we built a strong foundation, gained momentum and achieved some notable accomplishments. Our future is bright. As AAPM&R members, we must understand the past so that our clinical practice continues to pose the important questions and our research finds solutions that benefit our patients. This will require active participation in current and future initiatives, while we remain true to our core values and our mission.

Our Vision: To transform the focus of health care to value function

Our Mission: To serve its member physicians by advancing the specialty of physical medicine and rehabilitation, promoting excellence in physiatric practice, and advocating on public policy issues related to persons with disabling conditions.

This is our Diamond Anniversary and our Jubilee. It is the occasion to celebrate and reflect on the significance of the diamond as evoked by a great writer. The meaning behind the symbol might well be applied to our history as we reflect back and move forward.

"We might as well face the truth that to researchers of the future, poking about among the ruins of time, we shall all be tiny glitters. But then, so are diamonds."

~James Thurber, American author and cartoonist

*Physicians Adding Quality to Life®
for 75 years and counting*

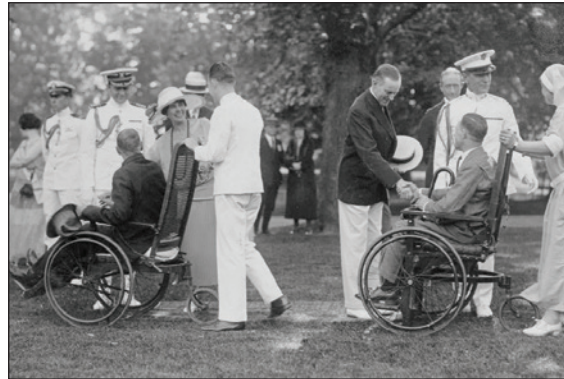
What Happened in the Nation?

1890s–1920s

The socio-political environment created by the Progressive Era (1890s–1920s) enhances possibilities for both physical and rehabilitation medicine. The Progressive Movement highly values science and the professions, especially medicine. Reformers after World War I focus on creating rehabilitation services for wounded veterans and workers' compensation programs.

Development of the Progressive Movement:

Growing awareness of the problems caused by large corporations and large cities such as slums, injured workers and a belief that the government had a role in addressing them



Workers' compensation programs develop

in Wisconsin, Oregon, California, North Dakota, and New Jersey

1890

American Electro-therapeutic Association

is the first American organization to put the use of physical agents on a scientific basis

1900

Flexner report on medical education

John Coulter, MD and other early leaders

use physical agents to treat acute and chronic conditions, and diathermy becomes widely available in the United States

World War I begins

1914

1917

Military Rehabilitation Hospitals are developed

by Fred Albee, MD; Frank Granger, MD; Harry Mock, MD; and John Coulter, MD.

World War I ends

1918

New York City establishes Public Baths

at the urging of Simon Baruch, MD, an early hydrotherapy practitioner.

1918-1919

Jeremiah Milbank, a philanthropist, establishes the Red Cross

Institute for Crippled and Disabled Men in New York City—the first U.S. rehabilitation hospital



What Happened in PM&R?

1890–1920s

There is increased interest in the scientific use of physical agents, primarily to treat acute illnesses. Military rehabilitation programs develop and the first civilian inpatient rehabilitation hospital is established in New York City.

1920s

The Progressive Era continues into the 1920s. Franklin Roosevelt purchases and develops the Warm Springs Foundation which provides treatment and peer interaction for patients with polio. Many of the rehabilitation techniques and technologies developed there (manual muscle testing, orthoses, hand controls for automobiles and other adaptive equipment) become useful in the future treatment of patients with spinal cord injury and other disabling conditions. The early beginnings of the independent living movement can probably also be traced to Warm Springs.

75
YEARS
aapm&r



American Medical Association calls for the development of Workers' Compensation programs

1919

The Institute of Crippled and Disabled Men sponsors an international conference on rehabilitation leading to the establishment of the first international rehabilitation program

The first Vocational Rehabilitation Act is signed into law

1920

George Deaver, MD, completes his service in World War I, having established rehabilitation programs first in Egypt that were expanded to other countries throughout Europe

Franklin Delano Roosevelt is diagnosed with polio

1921

The American College of Radiology and Physiotherapy (later renamed the American Congress of Rehabilitation Medicine in 1967) is established

1923

FDR buys the Warm Springs property to develop a rehabilitation center

1926

John Coulter, MD, starts a physical therapy division of Orthopedics at Northwestern University



Philip Drinker and Louis Shaw develop the iron lung, a chamber that provides artificial respiration for polio patients

1927

The Great Depression begins with the Stock Market Crash

1929

Frank Krusen, MD, establishes the first physical medicine academic department at Temple University

What Happened in PM&R?

1920s

Physical medicine continues to develop through national professional organizations and becomes established in a few academic medical centers. Unfortunately, the lessons learned from the establishment of military rehabilitation programs does not advance the field or lead to major civilian program development.

1930s

The decade is marked by the election of a progressive president, Franklin Delano Roosevelt, the Great Depression, and the country's eventual entry into World War II, with an end to the economic depression and more advances for the medical specialty of PM&R.



FDR is elected president of the United States
in a landslide over Herbert Hoover

Mechanical engineers Harry Jennings and his friend Herbert Everest, who was spinal cord injured in a mining accident, invent the first lightweight, steel, collapsible wheelchair

1930

Krusen publishes the first curriculum for physical medicine in *JAMA*

1932

1933

1934

Krusen is appointed to the AMA Council on Physical Therapy chaired by John Coulter



Krusen



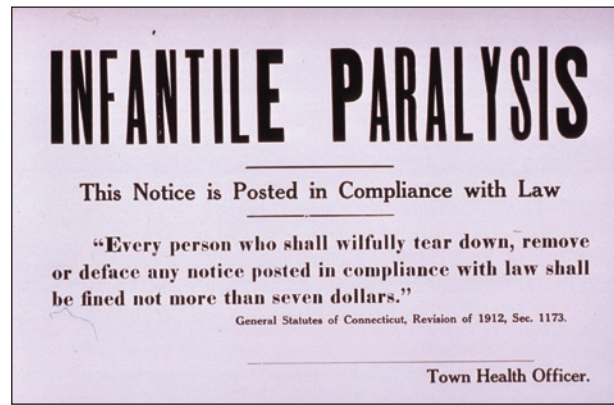
Deaver



Rusk

1930s

Sulfa drugs are developed in the late 30s. Krusen and other early pioneers lay the foundation for the establishment of physical medicine as a medical specialty. George Deaver and Howard Rusk do the same for rehabilitation medicine. These pioneers also establish the organization that will become the American Academy of Physical Medicine and Rehabilitation.



President Roosevelt signs the Social Security Act,

establishing federal assistance to adults with disabilities and extending existing vocational rehabilitation programs.

Title V establishes the Maternal and Child Health Program and the Crippled Children's Program

1935

Krusen is appointed chair

of the new Department of Physical Medicine at the Mayo Clinic

1936

Krusen establishes the first three-year physical medicine residency program

at the Mayo Clinic in collaboration with the University of Minnesota

National Foundation for Infantile Paralysis is formed.

The organization is highly successful in raising donations for research to prevent polio, training grants for PM&R departments and physical therapy schools, and funding the treatment and rehabilitation of patients with polio

1938

Krusen proposes the terms

"physiatrist" (fizz-ee-at'-trist) and "physiatry" (fizz-ee-at'-tree);

The American Society of Physical Therapy Physicians

(the organization that will become AAPM&R) is founded; Walter Zeiter, MD, is appointed executive director and John Coulter, MD, the first president

Lou Gehrig Day held at Yankee Stadium in New York City.

The first baseman, diagnosed with amyotrophic lateral sclerosis (ALS), tells the world "Today, I consider myself the luckiest man on the face of the earth."

1939

The Society is formalized with 40 charter members.

Membership is by invitation only and is limited to physicians with at least five years experience and an academic appointment in full-time practice of physical therapy. Membership is capped at 100 members. The first PM&R residents, Robert Bennett, MD and Earl Elkins, MD, graduate from the Mayo Clinic residency program. Bennett goes to Georgia Warm Springs and Elkins stays at the Mayo Clinic for his entire career

1940s

This decade is marked by the consequences of yet another world war, and the need for PM&R becomes even more obvious than after the first world war. The field can now advance further with funding for clinical and research programs.

The American Federation of the Physically Handicapped is founded

as the first cross-disability national political organization to urge an end to job discrimination, the passage of legislation, and other initiatives

1940

Krusen publishes the first comprehensive textbook

on physical medicine, *Physical Medicine*.

United States Enters WW II

1941

Howard Rusk enlists in the medical service of the Army Air Force

George Deaver, MD, is appointed medical director of the Institute for Crippled and Disabled Adults in New York City

Krusen initiates 90-day training program

at Mayo Clinic to train physicians in physical therapy and physical medicine techniques for application during the war. Over a 5-year period 171 physicians, dubbed "90 day wonders" are trained



The LaFollette-Barden Act Vocational Rehabilitation Act

adds physical rehabilitation to the goals of federally funded vocational rehabilitation programs for civilians and provides funding for certain medical and physical rehabilitation services in addition to vocational rehabilitation services.

The first mass production of penicillin is used to treat Allied troops

1943

Financier Bernard Baruch establishes the Baruch Committee,

which recommends more PM&R training and research programs; 10 departments are established and 57 physiatrists are trained. Rusk proposes rehabilitation centers in the Army Air Force hospitals and is appointed to develop them.

Sir Ludvig Guttman, a neurosurgeon, begins treating patients

at Stoke Mandeville Spinal Injuries Unit in England, making sports a part of the rehabilitation programs for patients with spinal cord injuries

1944

The American Society of Physical Therapy Physicians is renamed

The American Society of Physical Medicine and the limit of 100 members is removed.

Howard Rusk publishes seminal article in JAMA:

"Abuse of Rest in the Treatment of Disease" and his first rehabilitation program for disabled airmen opens at the U.S. Army Air Force Convalescent Center in Pawling, New York. With assistance from Baruch, Rusk convinces President Roosevelt to order that further military rehabilitation programs are developed.



President Truman invites Rusk to the Potsdam Conference

where he meets with General Omar Bradley to discuss the reorganization of the VA Hospital System. Rusk and Krusen consult with Paul Magnuson and establish rehabilitation services in the VA Hospital systems.

Congress passes Public Resolution 176

establishing an annual "National Hire the Physically Handicapped Week" implemented through a Presidential Proclamation by Truman later that year.

AMA establishes the Section on Physical Medicine and Rehabilitation

1945

Robert Bennett establishes the Department of Physical Medicine

at Emory University. The *Archives of Physical Medicine* begins publication. Rusk recruits Deaver to help him develop a Department of Rehabilitation and Physical Medicine at New York University with plans to build a rehabilitation institute. A \$250,000 grant from the Baruch Committee and a personal contribution by Baruch make this possible.

The World Health Organization defines health

as "a state of complete physical, social, and mental well being, and not merely the absence of disease"

The Hill-Burton Act

(also known as the Hospital Survey and Construction Act) authorizes federal grants to states for the construction of hospitals, public health centers and health facilities for rehabilitation of people with disabilities. However, state hospital construction agencies do not allocate funds to construct rehabilitation facilities.

1946

The United Mine Workers of America establishes the Welfare and Retirement Fund,

and rehabilitation hospitals including Kessler Institute, Rusk Institute, and the Kabat Kaiser Institutes in Washington DC and California provide care for injured miners.

The first National Employ

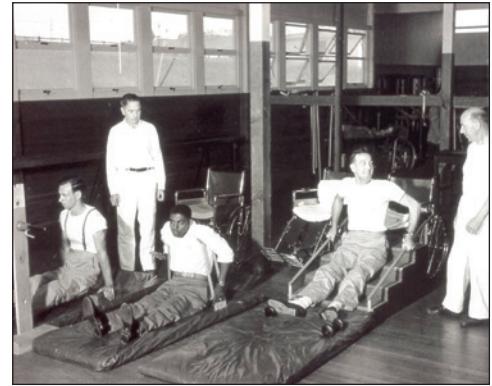
the Physically Handicapped Week is held in Washington, D.C.

Paralyzed Veterans of America is organized

1947

The AMA Advisory Council for Medical Specialties

recognizes the American Board of Physical Medicine and Krusen becomes the first chairman. The first board examination, both written and oral, is administered and 37 are certified, with 54 "grandfathered." Certificate #1 is issued to John Coulter and #2 to Frank Krusen.



The Stoke Mandeville Games for the Paralyzed

opens on the same day as the Olympics

1948

1949

ASPM&R membership is opened up to all ABPM&R diplomates

1940s

Recognition of the importance of physical medicine advances significantly during this decade. Military rehabilitation programs are developed by Krusen, Rusk and other early leaders. Surgeon Henry Kessler, author of "The Knife is Not Enough," demonstrates the value of rehabilitation both in patients with deconditioning and disabling conditions. The American Board of Medical Specialties recognizes the American Board of Physical Medicine.

1950s

The Korean War again highlights the need for rehabilitation services. Howard Rusk continues to be an advocate for rehabilitation medicine in both the Truman and Eisenhower administrations. At his recommendation Mary Switzer is appointed Director of Vocational Rehabilitation. She promotes funding for returning patients to work and increases funding for rehabilitation facilities, training programs, and research and emphasizes independent living as a quality of life issue. The Salk Vaccine is developed.

Social Security Amendments establish

a federal-state program to aid permanently and totally disabled persons.

Howard Rusk is appointed Chair

of the Health Resources Advisory Committee of the National Security Resources Board which recommends employing people with disabilities to assist at home in the war effort, replacing those in military service. This is adopted and implemented through the efforts of Mary Switzer, Director of the Office of Vocational Rehabilitation and a major supporter of rehabilitation programs and PM&R.



Korean War Begins

1950

1951

1952

1954

The American Board of Physical Medicine is renamed the ABPM&R

at the urging of Howard Rusk and facilitated by the diplomacy of Frank Krusen. Later that year the American Society of Physical Medicine becomes the American Society of Physical Medicine & Rehabilitation.

Krusen publishes *Physical Medicine and Rehabilitation for the Clinician*.

PM&R is established as a specialty and a section in the AMA

The number of polio cases reaches almost 58,000

Howard Rusk is "grandfathered" as a diplomate by ABPM&R.

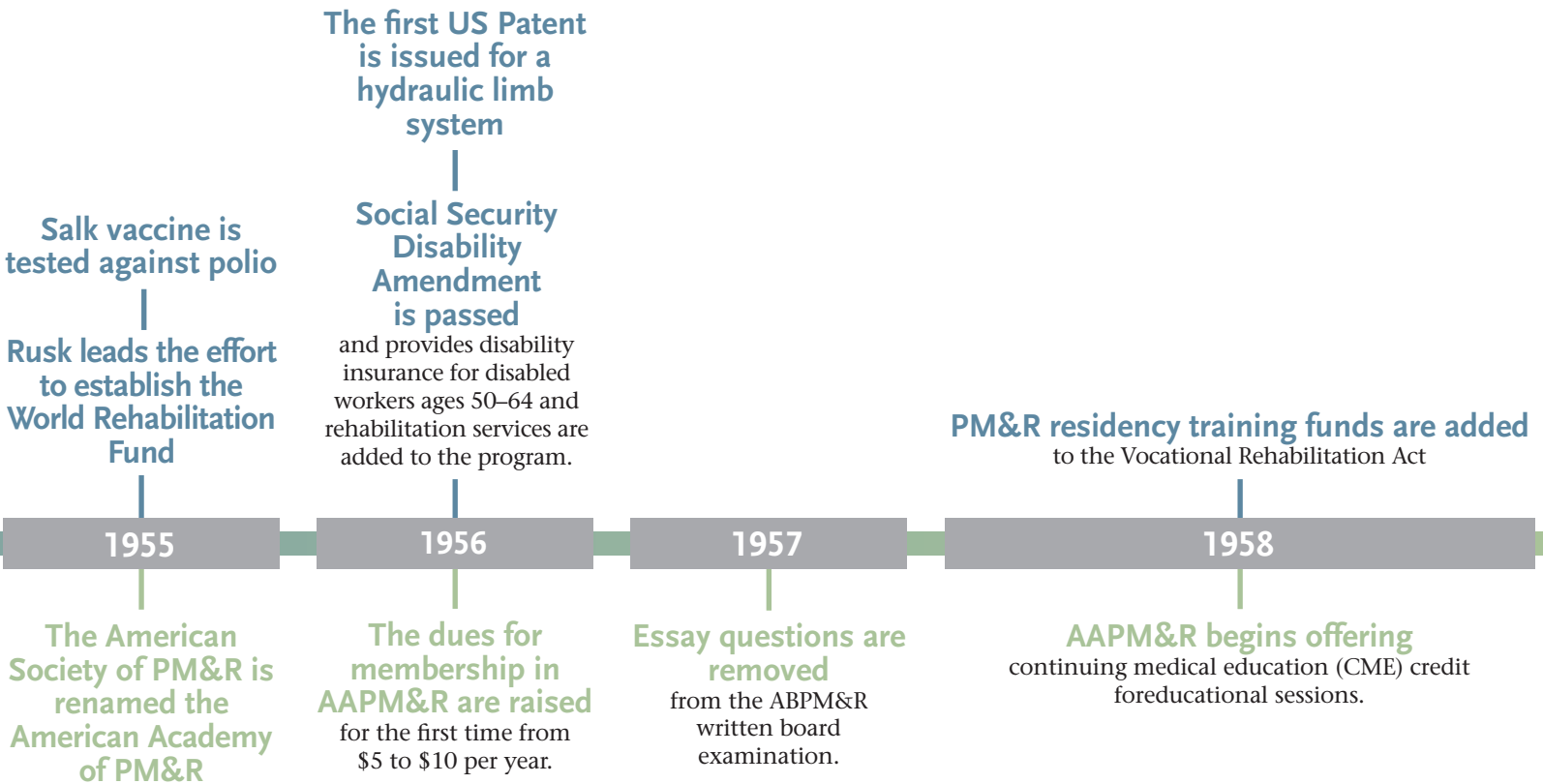
Vocational Rehabilitation Act expands funding for research

and removes any limit on appropriations to states and guaranteed matching funds. The year 1954 is declared "Rehabilitation Year"

The Residency Review Committee meets for the first time.

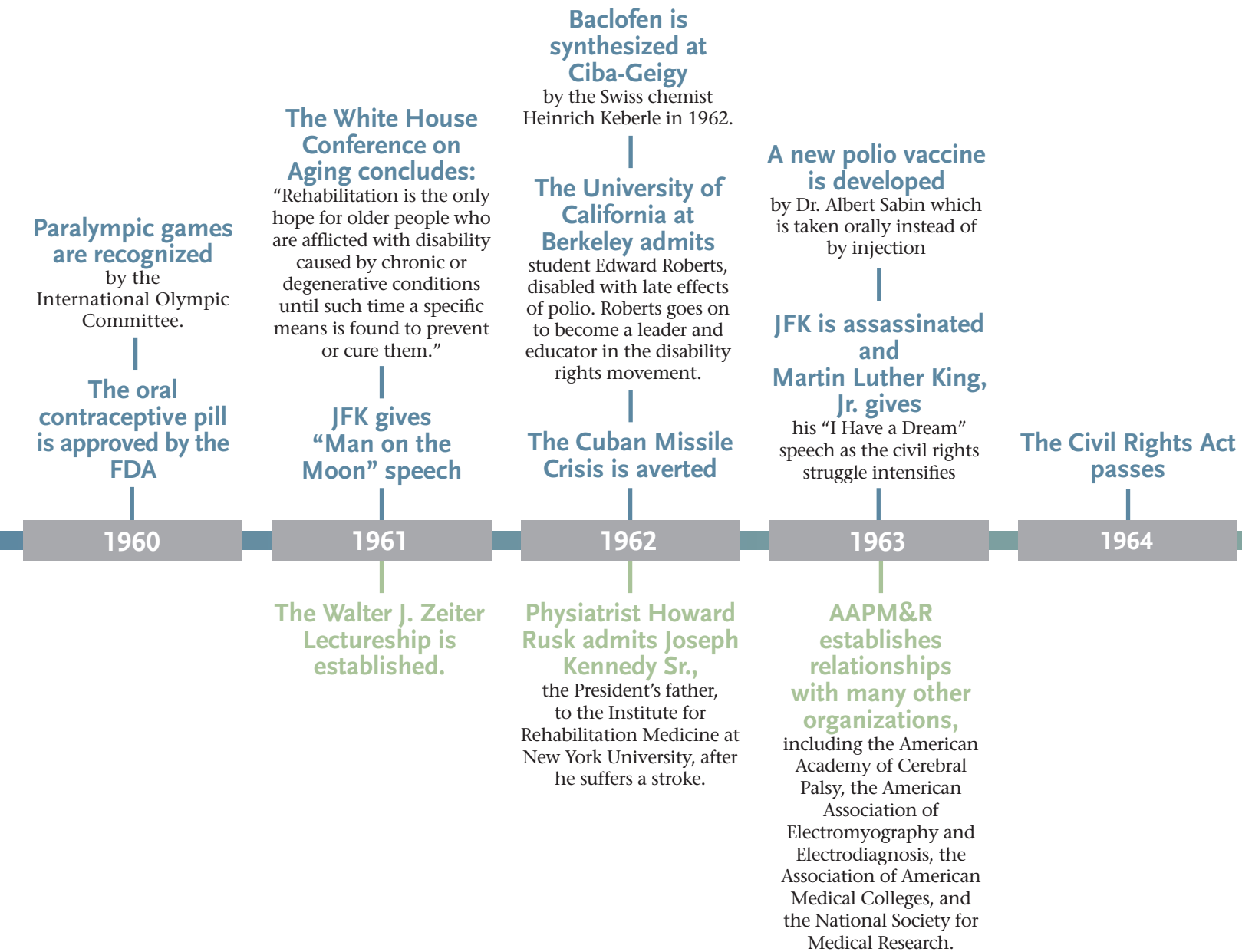
1950s

Through the urging of Rusk and the diplomacy of Krusen the specialty broadened and the name changes to physical medicine and rehabilitation. Research in modalities and the use of lightweight plastics in orthoses advance the field. There is increasing recognition of the specialty and its leaders by national and international organizations.



1960s

The turbulent decade of the 1960s is marked by major national and international conflicts and tragedy, but also by scientific and technological advances, and landmark civil rights and health care legislation.



1960s

The 1960s brings PM&R into the national spotlight, as rehabilitation is recognized as a model for other health care programs, and important for treatment when prevention and cure are unsuccessful. The field expands its ability to influence health policy and gains more influence in academic medicine.

Federally subsidized health care is provided

to people with disabilities and elderly Americans covered by the Social Security program. The definition of disability under the Social Security Disability Insurance program changes from "of long continued and indefinite duration" to "expected to last for not less than 12 months." There is funding for cancer, heart disease, and stroke. Vocational rehabilitation amendments authorize construction of rehabilitation centers, expansion of vocational rehabilitation programs, and create the National Commission on Architectural Barriers to Rehabilitation of the Handicapped.

Medicare and Medicaid are established and Vocational Rehabilitation Amendments are passed, expanding programs and construction of rehabilitation centers.



US begins to send troops to Vietnam and protests against the war begin

Mao Zedong launches the Cultural Revolution in China

The first heart transplant is performed

Martin Luther King Jr and Robert F Kennedy are assassinated

Neil Armstrong becomes the first man on the moon

1965

1966

1967

1968

1969

Boston Arm is invented at MIT under the direction of Robert Mann

AAPM&R recognizes state and regional societies.

The Commission on Accreditation of Rehabilitation Facilities conducts the first survey

The ABPMR establishes the Earl Elkins Award, to be given to the person with the highest grade on the ABPMR's certification examination

The Association of Academic Physiatrists is established

Membership in the Academy reaches 500 members



1970s

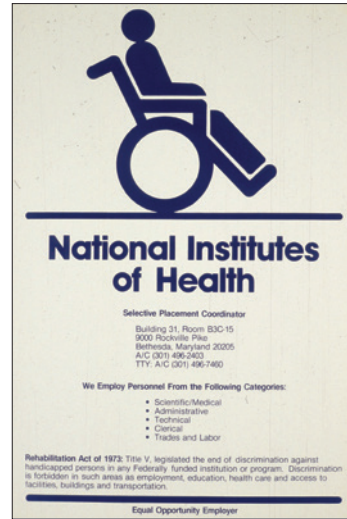
The United States pulls out of Vietnam, Vice President Agnew and later President Nixon resign. Medical care is considered a right, not a privilege. The Independent Living Movement starts in Berkeley, California. Roe v Wade is upheld by the Supreme Court.

The Rehabilitation Services Administration funds

the first federally-designated Spinal Cord Injury Model Systems program in Phoenix, Arizona

Edward V. Roberts, often called the “father of the independent living movement,”

a UC Berkeley student with disabling effects of polio, founds the first Center for Independent Living in Berkeley, California with other students.



President Nixon signs the Rehabilitation Act and the HMO Act into law

President Nixon resigns, amid scandal

1970

1971

1972

1973

1974

AAPM&R establishes

the Krusen Lifetime Achievement Award and Frank Krusen is the first awardee

AAPM&R administers the first self-assessment examinations

AAPM&R and ACRM agree

to a joint editorial board for the *Archives of PM&R*

Attorney Richard Verville begins providing services as the AAPM&R and ACRM representative in Washington, DC.

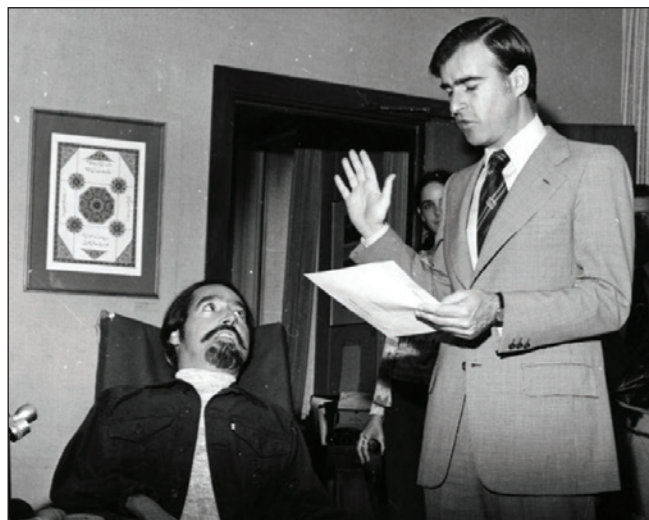
The AMA House of Delegates approves a resolution

stating that electromyography was a clinical extension of the physician's examination



1970s

During this period, the Academy greatly expands its emphasis on educational activities, including the development of a study guide and self-assessment examinations, and the development of professional standards. In addition, there is expanded involvement in other medical organizations, including the AMA and the Council on Medical Specialty Societies, and Congressional activities.



Governor Jerry Brown appoints Ed Roberts,
a pioneer in the Independent Living Movement as director of California's Department of Rehabilitation

The first home computer is released for retail sale

1975

1976

1977

1978

The AAPM&R produces the Syllabus,
followed by the first Self-Assessment Examination

Robert Bennett receives the Physician-of-the-Year Award
from the President's Committee for the Employment of the Handicapped

National Institute of Handicap Research
(later called National Institute on Disability and Rehabilitation Research) is founded.
Dr Margaret Giannini is first director.

AAPM&R membership reaches the 1000 mark

1980s

The Cold War ends. The Berlin Wall comes down. Chernobyl nuclear disaster occurs.

The National Institute on Disability and Rehabilitation Research is transferred into the Department of Education,

separating it from the Department of Health and Human Services (HHS)

Graduate Medical Education National Advisory Committee

reports a shortage of PM&R specialists, stimulating growth in the specialty

1980

Significant exercise physiology research is conducted during this decade

about physiological benefits of exercise.

International Year of Disabled Persons celebrations

include ceremonies before the United Nations General Assembly. Governments world-wide are asked to promote the acceptance of people with disabilities into mainstream society with "full participation and equality".

1981

1982

Support for development of a uniform data set grows,
and the Functional Independence Measure (FIM) is widely used for rehabilitation program evaluation.

The United Nations expands

the International Year of Disabled Persons to the International Decade of Disabled Persons (1983–1992).

1983

1980s

The National Institute on Disability and Rehabilitation Research is moved to the Department of Education under the auspices of Office of Special Education. Rehabilitation research is stated to be a component of NIH research. Support for universal use of the Uniform Data Set, forerunner of the Functional Independence Measure (FIM)

Health Care Financing Administration, the precursor to CMS, establishes 60-day rehabilitation benefit without co-pay

Technology-Related Assistance for Individuals with Disabilities Act is passed

Rehabilitation Research is stated to be part of NIH mission

1985

1987

1988

1989

The Physiatrist begins circulation to 2000 members of AAPM&R

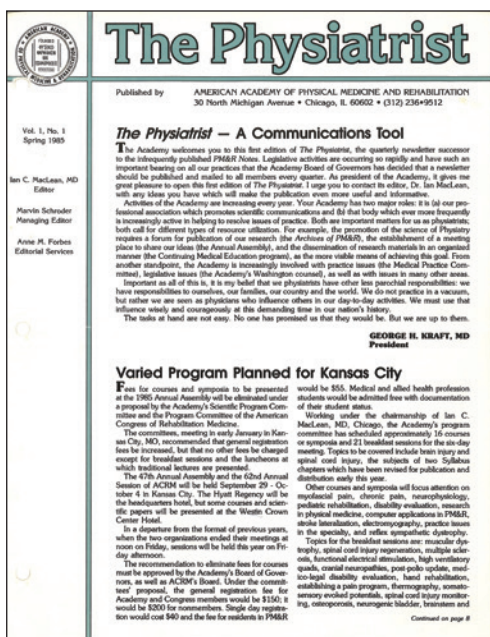
The Residents Physician Council holds its first meeting at the AAPM&R Annual Assembly

The Archives of PM&R publishes the "Gold Issue" in celebration of 50th Anniversary of AAPM&R

ABPMR votes to issue only 10-year certificates beginning in 1993

AAPM&R membership triples in 10 years and reaches 3000 members

The theme of the 1987 Annual Assembly honoring the AAPM&R's 50th Anniversary is "Access-Ability"



1990s

The Library of Congress and the National Institute of Mental Health initiative, “The Decade of the Brain,” is signed into law. Highlights of the decade are the passage of major disability rights legislation and Supreme Court rulings granting protections to people with disabilities.

**National Center
for Medical
Rehabilitation
Research established**

**The Americans with
Disabilities Act,**
the most sweeping
disability rights
legislation in US history,
becomes the law. It
mandates that local, state
and federal governments
and programs are
accessible, that businesses
make “reasonable
accommodations” for
disabled workers, and
that public buildings
and other areas of public
life make “reasonable
modifications” to
ensure access.

1990

**The ABPM&R
reports**
that the number of board
certified physiatrist has
doubled in the previous
decade and stands at 3454

**The Institute of
Medicine publishes**
*Disability in America:
Toward a National Agenda
for Prevention*

1991

**AAPM&R and the
American Congress
of Rehabilitation
Medicine**
enter into a separation
agreement

**The United Nations
establishes
December 3**
as International Day of
Disabled Persons to create
awareness and
understanding.

1992

**Intrathecal pumps
become available**
for spasticity management
utilizing baclofen

**The American
Association of
People with
Disabilities is
founded**

1993

**The Physiatriic
Association of
Spine, Sports and
Occupational
Rehabilitation
(PASSOR) is
established**
as an organization within
AAPM&R and begins
collecting dues and
developing a governance
structure

**The UN General
Assembly
unanimously
adopts**
the Standard Rules on
the Equalization of
Opportunities for Persons
with Disabilities

1994

1990s

The Academy and the American Congress enter into a separation agreement but the Physiatriic Association of Spine, Sports and Occupational Rehabilitation is established as an organization within the Academy. As Frank Krusen said in a 1949, “It would be illogical for either physical medicine or rehabilitation to go its separate way.”

The Congressional Accountability Act

requires all offices in the legislative branch to make their public services, programs, activities, and places of public accommodation accessible to members of the public who have disabilities, and establishes that an employee of Congress cannot be discriminated against in personnel actions because of a disability.

The Agency for Health Care Policy and Research publishes

a clinical practice guideline on *Post-Stroke Rehabilitation*.

1995

AAPM&R commissions a workforce study that projects that the supply of PM&R physicians will double (to 8000) by the year 2017, with the demand for their medical services keeping pace with growth

Spinal Cord Injury Medicine is approved as a subspecialty by ABMS

The Health Insurance Portability and Accountability Act (HIPAA) is passed

TBI Act is passed and authorizes agencies of the US Department of Health and Human Services to conduct studies and establish innovative programs with respect to TBI.

1996

AAPM&R launches a website – www.aapmr.org

1998

Pain Medicine is approved as a subspecialty by ABMS

In *Olmstead v. L.C. and E.W.*, the Supreme Court decides

that individuals with disabilities must be offered services in the most integrated settings.

In *Carolyn C. Cleveland v. Policy Management Systems Corporation, et al*, the Supreme Court decides

that people receiving Social Security disability benefits are protected against discrimination under the ADA if and when they are able to return to work

1999

Pediatric Rehabilitation Medicine is approved as a subspecialty by ABMS

2000s

An international collaborative movement, which includes AAPM&R on its steering committee, establishes The Bone and Joint Decade. The World Health Organization builds a conceptual framework for classifying human functioning. The decade is marked by terrorist attacks at home and abroad, wars in Iraq and Afghanistan, natural disasters, corporate scandals, economic downturns, electoral politics, and the election of the first African-America President, Barack Obama.

The World Health Assembly endorses the WHO's International Classification of Functioning, Disability and Health (ICF)

2001

The CMS Inpatient Rehabilitation Facilities

Prospective Payment System (PPS) becomes effective

2002

The Foundation for PM&R is established



2003

There are over 6300 members of the Academy

The VA creates 4 Polytrauma Rehabilitation Centers

2005

AAPM&R is a founding member of the Disability and Rehabilitation Research Coalition with the goal of elevating the NCMRR within NIH to independent status, either as a free-standing NIH Center or as an Institute, and to enhance disability and rehabilitation research across a number of federal agencies.

Neuromuscular Medicine is approved as a subspecialty by ABMS

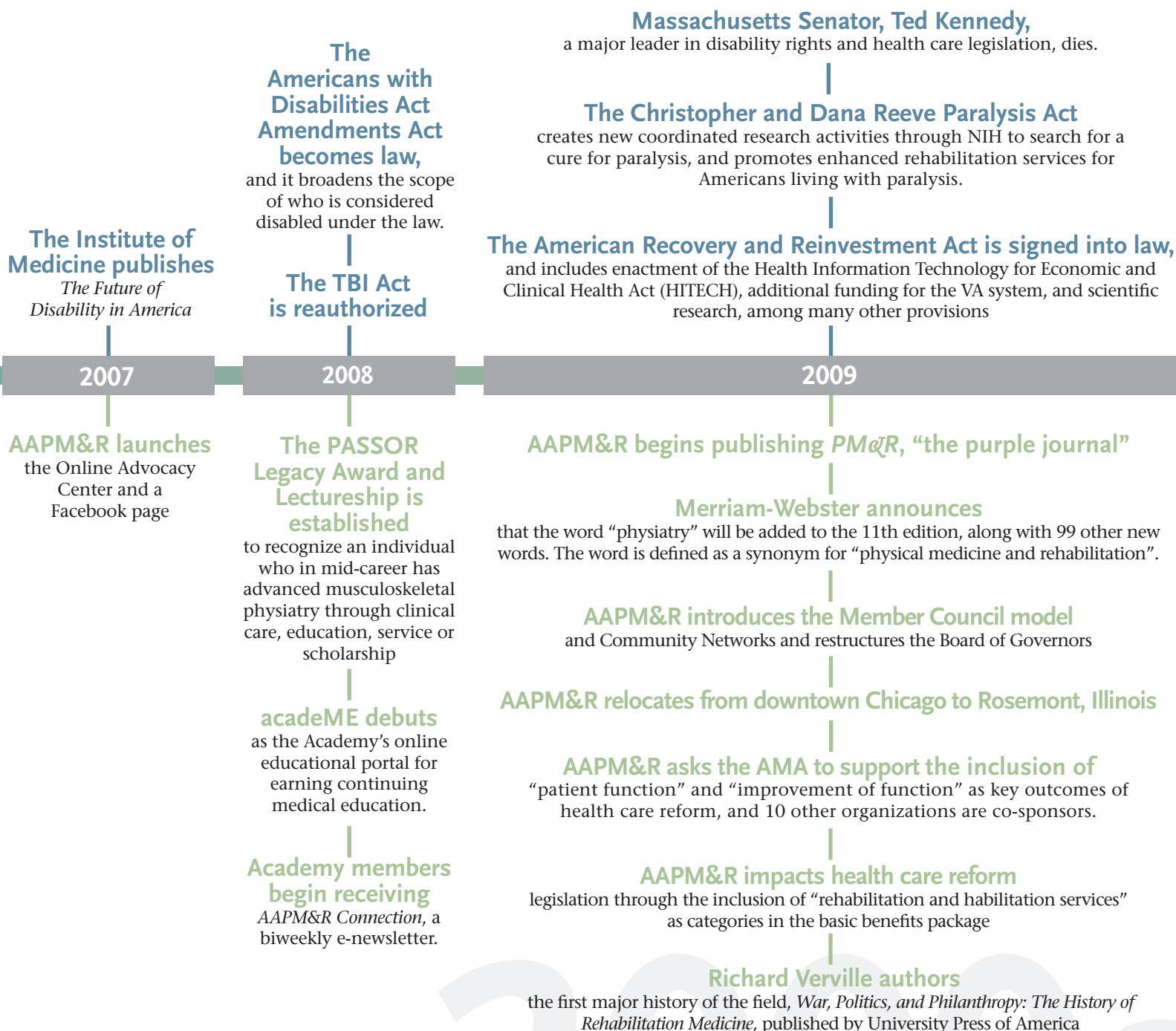
2006

Hospice and palliative medicine are recognized as a subspecialty by 10 medical boards including ABPM&R

Sports Medicine and Hospice and Palliative Medicine are approved as subspecialties by ABMS

2000s

This decade is marked by major changes for AAPM&R, including a move from downtown Chicago to Rosemont, a change in the structure of governance, the establishment of a foundation, the launch of many online resources for members, and a new official journal, *PM&R*.



2010s

The federal government enacts landmark health care legislation and the Supreme Court upholds the legislation. The Supreme Court rules the Defense of Marriage Act unconstitutional, and legally-married same-sex couples can receive Social Security, veterans' benefits, health insurance and retirement savings. The Arab Spring brings turmoil to the Middle East. Mass shootings create tragedies across the country, including Tucson, Denver, Newtown, and Boston. Natural disasters affect every region of the US and economic uncertainty continues.

Patient Protection and Affordable Care Act is signed into law

and includes provisions to expanding coverage, lower costs, and improve the health care system

CDC announces formation of Disability and Health Work Group

to advance the health of people with disabilities to focus on incorporating disability status into CDC surveys, showcasing best practices, and ensuring relevant issues for people with disabilities are reflected in CDC programs and policies.

HHS establishes

the Center of Excellence in Research on Disability Services, Care Coordination, and Integration within the Office of Disability

2010

AAPM&R sponsors an oral history project—*Playback/PM&R*

AAPM&R introduces PhysForum, an online peer-networking tool

PM&R is indexed with the National Library of Medicine (Index Medicus)

The Academy launches

Maintenance of Certification resources, including review courses, a MOC/3 Online Mock Exam, and a Practice Improvement Project

The number of board-certified physiatrists tops 10,000

New ADA rules are enacted

and expand accessibility requirements for recreational facilities such as swimming pools, golf courses, exercise clubs, and boating facilities. They set standards for the use of wheelchairs and other mobility devices, and service animals.

The WHO releases the *World Report on Disability*

The National Institute of Child Health and Human Development announces

the creation of a Blue Ribbon Panel, with three Academy members participating: John Chae, MD (Co-Chair), Naomi Lynn Gerber, MD, and Walter R. Frontera, MD, PhD

2011

The Academy launches PM&R Knowledge Now, an online resource for members

Brain injury medicine is recognized as a subspecialty by the ABMS. ABPM&R co-sponsors the proposal with the American Board of Psychiatry and Neurology

PM&Rknowledge **NOW**®

to

2010s

The Board of Governors, the Academy staff and volunteers increase the wealth of resources for members in their practices and for maintenance of certification. And the decade is only beginning...



Supreme Court upholds the Affordable Care Act
including the individual insurance mandate

Great Britain, the birthplace

of the Stoke Mandeville Games (1948), hosts the Olympics and the largest Paralympic Games in history with 4302 athletes from 164 countries participating in London.

2012

PM&R is accepted for coverage in the Thomson Reuters
abstracting and indexing services.



2013

Academy launches the PQRS Wizard
an online resource for members to collect and report quality measure data for the CMS incentive program

AAPM&R works with the Center for Medicare Advocacy to win

the settlement in the Jimmo vs. Sebelius lawsuit and end the practice of requiring that patients are likely to improve ("the improvement standard") before Medicare will pay for therapy or skilled nursing services. Under the terms of the settlement, Medicare is required to rewrite its provisions and policy manual

In only its fifth year of publication, PM&R received its first impact factor
and was ranked in the top half of all journals in the rehabilitation and sports science categories.

today
2010s



Coulter



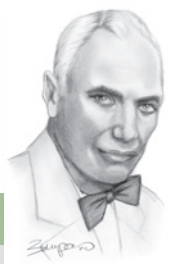
Ewerhardt



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American Board
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Dr Frank Krusen



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The Department of Physical Medicine and Rehabilitation at Sinai Hospital of Baltimore congratulates **Leon Reinstein, M.D.**, for being awarded the 2013 Frank H. Krusen, M.D., Lifetime Achievement Award from the American Academy of Physical Medicine and Rehabilitation and thanks him for his many years of service.



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