

**2021 AAPM&R Annual Assembly  
Clinical Session Builder Form**

1. **Proposal Title**

*The title of your abstract submissions should be informative but concise and in the format it should be printed. Enter the title in mixed case; do not type in all CAPS. Please do not use abbreviations or quotation marks in the title.*

Click or tap here to enter text.

1. **Target Audience**

*Please indicate who should attend this session including experience level and practice setting.*

Fellows

In Training/ Early Career Physicians

Experienced/Attending Physician

Advanced/ Senior Physician Leader

1. **Practice Setting**

*Please identify which practice setting would utilize this session training most commonly. Check all that apply.*

Inpatient

Outpatient

Private Practice

1. **Format**

*Please note: If you are interested in submitting a clinical or practice related session, please use the alternate submission form. Check all that apply.*

Skills Lab

Hands-On Demonstration

Learning Center

Other

1. **Lab Description**

*Provide a 1-2 paragraph description of the skills lab/hands-on demonstration session.*

Click or tap here to enter text.

1. **Why is this lab needed?**

*Please describe the knowledge or practice gap that this skills lab will address, including the how this lab included hands-on learning.*

Click or tap here to enter text.

1. **Learning Objective**

*Clearly describe what attendees are to gain by attending this session. Use action words to begin this learning objective, such as list, describe, define, demonstrate, conduct, etc.*

*For more information on how to effectively write objectives* [*click here.*](https://www.abstractscorecard.com/cfp/tasks/LearningObjectives/help.asp?EventKey=XHWGLXOR&SubmissionID=997375&TaskID=59899)

*Omit text such as “Participants will be able to..."*

*Complete the sentence, 'As a result of attending this session, participant will be able to...'*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Outline/Agenda**

*Please fill out the form below with the outline or agenda for this session. It is recommended that a minimum of 4 Table Trainers be identified, including 1-2 Skills Lab Directors.*

*Be sure to include the lecture title, full speaker name, and length for each lecture. Use one line per lecture title and list them in the order they will be presented (if a speaker is presenting more than once, they will have separate lines for each lecture). See sample below.*

**The next 3 following questions needs to be completed for every speaker.**

* **Lecture**

*The title must be brief and clearly indicate the nature of the presentation.****Please use title case****when entering your title; that is capitalize****only****the first letter of the first word of the title, the first word after a colon, and any proper nouns or abbreviations.****The total length o the title should be no more that 200 characters, not including spaces.***Click or tap here to enter text.

* **Outside Speaker? (Non-physiatrist?)**

Yes

No

* **Is travel reimbursement needed for your outside speaker?**

Yes

No

Not Applicable

**Content Tags**

1. **Please chose your primary theme from the list below.**

Cancer Rehabilitation

Central Nervous System

EMG/ Neuromuscular

In Training/Early Career

Leadership and Career Development

Musculoskeletal/ Sports Medicine and Ultrasound

New Technologies

Practice Management and Evolution

Pediatrics

Spasticity

Spine and Pain

1. **Please chose your secondary theme.**

Cancer Rehabilitation

Central Nervous System

EMG/ Neuromuscular

In Training/Early Career

Leadership and Career Development

Musculoskeletal/ Sports Medicine and Ultrasound

New Technologies

Practice Management and Evolution

Pediatrics

Spasticity

Spine and Pain

1. **Clinical:**

Injections

Regenerative Medicine

Opioid Management

Wound Care

Concussion

Development Disabilities

Hospice and Palliative Medicine

Robotics

Neuromodulation

Post-Acute Care

Women’s Health

1. **Practice:**

Patient Safety

Alternative Payment Models

MACRA

Practice Management

Patient Engagement

Coding/Reimbursement

Medicolegal

Leadership

Contracts/Negotiation

Career Development

Practice Diversification

Team Building

Healthcare Systems/Partnering With Administrators

Practice Technology

Preventing Burnout

Practice Efficiency

1. **For all Clinical Sessions, please indicate the Level of Evidence that will be presented.**

*The intent behind this request is to elevate the educational value of all research presentations and promote the understanding of Evidence-Based Medicine principles. The Evidence Committee has selected the AAOS JBJS’s 2003 Levels of Evidence Table as their preferred table. This tool has been utilized by the Evidence Committee since 2012 to help standardize the Academy’s protocol for review of evidence and establish levels of evidence for all Academy work products. To access the Academy's Level of Evidence Table:* [*https://www.aapmr.org/quality-practice/evidence-based-medicine*](https://www.aapmr.org/quality-practice/evidence-based-medicine)

Level I

Level II

Level III

Level IV

Level V

1. **Station Design**

*Please provide a detailed description of the hands-on techniques that will be demonstrated at each station. All skills labs must use at least 5 stations with a maximum of eight stations. All learning center topics must use at least 2 stations with a maximum of 4 stations.*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment/Supplies**

1. **AV Agreement**

*The skills lab rooms will be equipped with an LCD projector and screen. Faculty will need to bring a laptop for the display of presentations. Please indicate whether you will need AV equipment.*

Yes, I need the LCD projector and screen

No, I will not need the LCD projector and screen

1. **BMAC Processors**

*Please enter the quantity below. If none, enter 0.*

Click or tap here to enter text.

1. **Description of BMAC Processor use in the session.**

*Please briefly describe the use.*

Click or tap here to enter text.

1. **EDX Machines**

*Please enter the quantity below. If none, enter 0.*

Click or tap here to enter text.

1. **Description of EDX Machine use in the session.**

*Please briefly describe the use.*

Click or tap here to enter text.

1. **EMG Machine**

*Please enter the quantity below. If none, enter 0.*

Click or tap here to enter text.

1. **Brief description of EMG Machine use in the session.**

*Please briefly describe the use.*

Click or tap here to enter text.

1. **Exoskeletons**

*Please enter the quantity below. If none, enter 0.*

Click or tap here to enter text.

1. **Brief description of Exoskeletons use in the session.**

*Please briefly describe the use.*

Click or tap here to enter text.

1. **Nerve Stimulator(s).**

*Please briefly describe the use.*

Click or tap here to enter text.

1. **PRP Processors**

*Please enter the quantity below. If none, enter 0.*

Click or tap here to enter text.

1. **PRP Processor Description**

*Please briefly describe the use.*

Click or tap here to enter text.

1. **Prosthetics**

*Please enter the quantity below. If none, enter 0.*

Click or tap here to enter text.

1. **Prosthetics Description**

*Please briefly describe the use.*

Click or tap here to enter text.

1. **Pumps**

*Please enter the quantity below. If none, enter 0.*

Click or tap here to enter text.

1. **Brief description of pumps use in the session.**

*Please briefly describe the use.*

Click or tap here to enter text.

1. **Pump Programmer(s)**

*Please enter the quantity below. If none, enter 0.*

Click or tap here to enter text.

1. **Description of** **Pump Programmer use in the session.**

*Please briefly describe the use.*

Click or tap here to enter text.

1. **Robotics**

*Please enter the quantity below. If none, enter 0.*

Click or tap here to enter text.

1. **Brief description of Robotics use in the session.**

*Please briefly describe the use.*

Click or tap here to enter text.

1. **Ultrasound Machine(s)**

*Please enter the quantity below. If none, enter 0.*

Click or tap here to enter text.

1. **Brief description of Ultrasound Machine use in the session.**

*Please briefly describe the use.*

Click or tap here to enter text.

1. **Other Equipment - Quantity and description of how the equipment will be used.**

Click or tap here to enter text.

1. **Needles**

*Please list types of needles needed, including size and quantities. If not applicable, please enter N/A.*

Click or tap here to enter text.

1. **Volunteers**

*Please indicate how many volunteers you will need. If none, please enter 0.*

Click or tap here to enter text.

1. **Describe what body parts will be exposed on volunteers.**

*If not applicable please type N/A.*

Click or tap here to enter text.

1. **Faculty Information**

You must add at least 2 skills lab faculty and no more than 8.

You must add at least 1 skills lab director and no more than 2 skills lab directors.

You must add at least 2 skills lab faculty and no more than 8 skills lab faculty.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Roles**

*Please select at least one Role*

Skills Lab Director

Skills Lab Faculty

* **Known Conflicts**

*Please list any known time conflicts that may occur during the Annual Assembly. i.e. holiday, conference.*

Click or tap here to enter text.

* **Have you presented virtually or in-person at other educational conferences within the last 2 years?**

If yes, please list the names and dates of those conferences.

Yes

No

* **If yes, where?**

Click or tap here to enter text.

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Roles**

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Skills Lab Faculty

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Skills Lab Faculty

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* **Roles**

*Please select at least one Role*

Skills Lab Director

Skills Lab Faculty

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If yes, please list the names and dates of those conferences.

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No

* **If yes, where?**

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Skills Lab Director

Skills Lab Faculty

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