



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

Physiatrist's Voice

NEWSLETTER

March 2025

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PRESIDENT'S MESSAGE

Diana Hussain MD
President FSPMR

Florida Society of Physical Medicine and Rehabilitation (FSPMR) Legislative Updates & Community Growth

Recent Legislative Updates Impacting PM&R in Florida

As we continue advocating for the interests of Physical Medicine and Rehabilitation patients and professionals, it is essential to stay informed about recent legislative changes that could impact our practice and patient care. Here are some key updates:

- **Patient-Directed Medical Orders (Senate Bill 566):** This bill expands palliative care options and provides clearer guidelines on patient-directed medical orders. It ensures that patients with progressive illnesses have more autonomy in their care decisions while protecting healthcare providers following these directives.
- **Chiropractic Medicine Expansion (Senate Bill 564):** This legislation broadens the scope of chiropractic medicine by allowing qualified practitioners to order, store, and prescribe certain natural-origin medications. While this change is aimed at increasing access to care, it also highlights the importance of defining clear roles within rehabilitative medicine.

Mandatory Coverage for Biomarker Testing: Beginning in January 2025, insurance plans—including Florida Medicaid—will be required to cover biomarker testing for diagnostic and treatment purposes. This legislative win enhances our ability to personalize treatment plans and improve patient outcomes. These legislative updates emphasize the need for continued advocacy to shape policies that benefit our profession and our patients. We encourage all members to stay engaged and voice their concerns to ensure PM&R remains at the forefront of healthcare policy in Florida.

Strengthening Our Community: The Importance of Membership

One of the most effective ways to influence legislation and advocate for policies that benefit our field is by strengthening our professional community. The Florida Society of Physical Medicine and Rehabilitation (FSPMR) is dedicated to supporting physiatrists through education, networking, and legislative efforts.

We urge all members to actively participate in our initiatives and invite colleagues to join FSPMR. A united voice has the power to influence legislative decisions that impact our practice and patient care. The more professionals we bring into our organization, the greater our collective impact will be in shaping policies that support our field.



Diana A. Hussain, M.D.



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PRESIDENT'S MESSAGE—CONTINUED

Looking Ahead: Upcoming Conference & Next Newsletter

While we will provide an in-depth look at our **FSPMR/FSIPP Annual Conference (September 4–7, 2025, at the Hyatt Regency Orlando)** in our June newsletter, we want to remind everyone to mark their calendars. This event will feature key speakers, hands-on workshops, and the latest advancements in PM&R. More details, including registration deadlines and special events, will be shared in the upcoming edition. More information is available now on FSPMR's conference page, <https://mailchi.mp/d9fc31368a9d/fspmr2025>: registration (open now), Call for Abstracts (open now), Room Block Link (open now), the Prospectus and more.

Let's continue working together to strengthen our profession and make a lasting impact. Thank you for your dedication to the field of physical medicine and rehabilitation!

Stay Connected & Get Involved!

- Visit [FSPMR.org](https://mailchi.mp/d9fc31368a9d/fspmr2025) for updates: <https://mailchi.mp/d9fc31368a9d/fspmr2025>
- Engage with us on social media by using **#FSPMR2025** **#FSPMR** on your posts
- Reach out to your colleagues and encourage them to join us in making a difference!

Diana Hussain, M.D.





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FSPMR/FSIPP Annual Conference Sept 4—7, 2025

Click the below image to find all the details and registration links.

**ABSTRACTS NOW OPEN:
DEADLINE JULY 11, 2025**



September 4 - 7, 2025

FSPMR/FSIPP Conference
Event Information Page

Welcome, we hope you will find all your information regarding our upcoming Annual Conference
If you have further questions, please [contact our Executive Director.](#)



2025



**CONFERENCE REGISTRATION
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Outgoing Executive Director Comments:

It has been a privilege and a pleasure to serve the members of the Florida Society of Physical Medicine & Rehabilitation for over 35 years. Being FSPMR's first Executive Director, I have stood side-by-side with 18 FSPMR Presidents and Boards of Directors. When I began managing physician specialty societies, FSPMR was my first, and now as I look toward retirement, FSPMR is my last. Physiatrists have always been my favorite.

Think about this: When I first started as Executive Director of FSPMR, there were NO PM&R residencies in the State of Florida. Now there are 9! As the PM&R residencies grew, FSPMR succeeded in making in-roads with the programs by creating Resident Liaisons from each of them, by including each program's update in FSPMR's quarterly newsletter, and now – who doesn't love the Residency Case Presentations Competition at FSPMR's annual meetings?!! Florida's PM&R Residents are lifeblood to FSPMR's future.

What I see: The specialty of physical medicine & rehabilitation has proved itself to be very flexible and versatile. This characteristic will allow the specialty to continue to grow, thrive, and create impact.

As FSPMR reaches into the future, I am pleased to have Tania Jones succeed me, to become FSPMR's 2nd Executive Director. She is smart, energetic, experienced, and accomplished, and just right for FSPMR's next leg of the journey. She and I will work together for the next number of months for a smooth transition, and I hope to see everyone at the September annual meeting in Orlando, for a final farewell.

Warmly,

Lorry S Davis MEd

FSPMR's Outgoing Executive Director



Lorry Davis, MEd





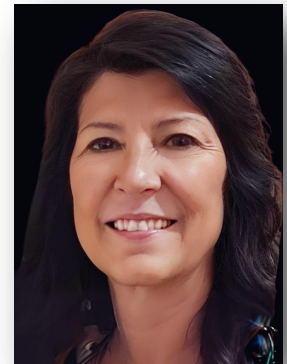
Physiatrist's Voice

NEWSLETTER

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Incoming Executive Director Comments:

I am thrilled to announce my appointment as the incoming Executive Director of the Florida Society of Physical Medicine and Rehabilitation (FSPMR). With over 25 years of experience as a healthcare consultant, association manager, and active participant in organized medicine, I am eager to bring my expertise and passion to this esteemed organization.



Tania Jones

Throughout my career, I have been dedicated to improving and supporting medical professionals in their endeavors. I am confident that my background will enable me to contribute significantly to FSPMR's mission and goals. I look forward to collaborating with all members to foster growth and achieve our shared objectives.

Together, we can continue to advance the field of physical medicine and rehabilitation, ensuring the highest standards of care for our patients. I am excited about the opportunities ahead and am committed to working diligently to support and enhance the value of our organization.

Thank you for your confidence and continued support.

Sincerely,

Tania M. Jones

FSPMR's Incoming Executive Director





Physiatrist's Voice

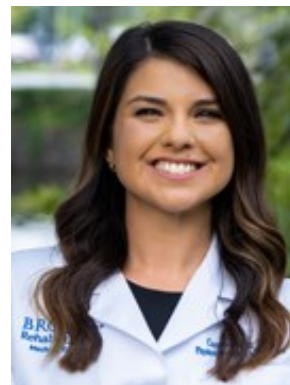
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SHOUTOUT to FSPMR's SOCIAL MEDIA!

Anyone feeling consumed by social media and the news these days? Well, take a break and visit OUR pages on Facebook and LinkedIn! **FSPMR is committed** to creating a space where professionals can connect, share, and grow, but we need your help! We want to hear from YOU! Stop by our Facebook page or LinkedIn and say hello!

Whether you're looking for insights, collaboration opportunities, or just want to interact with others across the state, our pages are the perfect place to start. We want to grow our platform, our voice, and our connection, especially in a time where many are feeling divided. We want to hear about the issues that are important to you! So stop by and let us know! Here are some suggestions to get you started:

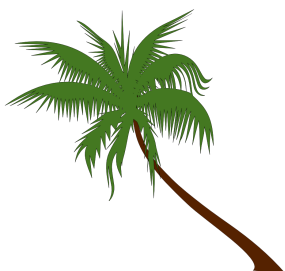


Cassandra List MD

- Going to a conference? Let us know, and see who else is going!
- Share your latest achievements in PM&R, and tag us to show off your hard work!
- Share pictures of events you're attending, we LOVE pictures!
- Share relevant news, updates, or trends within the PM&R field that others can learn from and discuss!
- Raise awareness for important PM&R causes, patient access to care, or policy changes affecting the field
- Let us know PM&R topics you would like to see covered in our upcoming events, newsletters, or posts
- PM&R job opening? Yes, please! You never know who is looking to make a move...
- Just passing through? Take a second to "like" or comment on a post

And, of course, don't forget to tag us in your own social media posts

#FSPMR2025 and #FSPMR



Understanding Osteopetrosis

Craig H Lichtblau^{1*}, Dror Paley², Allyson Gorman³, Christopher Warburton⁴, Gabrielle Meli⁴

¹Medical Director, Osseointegration Program, Physical Medicine and Rehabilitation Consultant to the Paley Orthopedic and Spine Institute at St. Mary's Medical Center, West Palm Beach, FL, USA, Consultant to Children's Medical Services for the State of Florida, District 9; ²Director and Orthopedic Surgeon, Paley Orthopedic and Spine Institute at St. Mary's Medical Center, West Palm Beach, FL, USA; ³PGY-1, PM&R, Medical College of Wisconsin, Wauwatosa, WI, USA; ⁴University of Miami Miller School of Medicine, Miami, FL, USA

ABSTRACT

Osteopetrosis, also referred to as Albers-Shonberg disease or marble bone disease, refers to metabolic bone diseases that adversely affect bone health and can have far reaching health implications. Osteopetrosis is a rare genetic disease that involves osteoclast dysfunction that leads to brittle bones that are susceptible to fracture. There are 4 forms of the condition, each of which manifests differently and is managed differently. Here, we summarize the latest in what is known about osteopetrosis and its management.

Keywords: Osteopetrosis; Fracture; Trauma; Health; Joint; Muscle

INTRODUCTION

Osteopetrosis, also known as Albers-Schonberg disease, refers to a heterogeneous group of hereditary metabolic bone diseases that have a negative impact on bone growth and bone health [1-3]. As the name implies, with 'osteo' meaning bone and 'petrosis' meaning stone, diseases of this category are characterized by abnormally high bone density, making the bone brittle and susceptible to fractures [4,5]. The disease was first systematically described in 1904 when it was referred to as 'marble bone disease' [5,6]. However, written reports suggest the disease has been recognized as far back as 350 A.D [7]. Here we summarize the incidence and pathophysiology of osteopetrosis, its complications and how it is diagnosed and treated.

OSTEOPETROSIS IS A GENETIC DISEASE OF OSTEOCLAST DYSFUNCTION

Osteopetrosis is rare and linked to mutations in several genes that influence the functions of osteoclasts, which breakdown bone [7-9]. Without proper osteoclast function, bone resorption is hindered, causing an imbalance in the rate at which bone is

formed and broken down [1,10,11]. The result is a disorganized pattern of cortical bone deposition in those with osteopetrosis, making bones brittle and more prone to fracture as shown in Figure 1, marbled, cancellous bone chips [7]. The disordered architecture of the bones is also accompanied by sclerosis. Research suggests that osteoblasts are also implicated in osteopetrosis, though the mechanisms by which osteoblasts contribute to the disease are unclear [12].

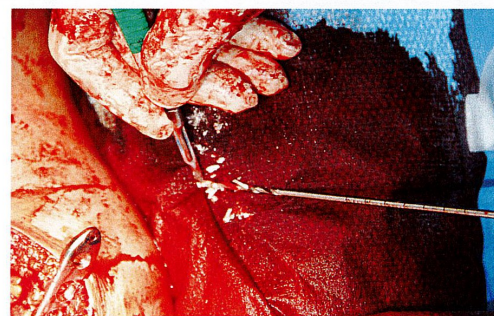


Figure 1: Marbled cancellous bone chips.

Correspondence to: Craig H Lichtblau, Medical Director, Osseointegration Program, Physical Medicine and Rehabilitation Consultant to the Paley Orthopedic and Spine Institute at St. Mary's Medical Center, West Palm Beach, FL, USA, Consultant to Children's Medical Services for the State of Florida, District 9, E-mail: c.lichtblau@chlmd.com

Received: 25-Oct-2024, Manuscript No. JPMR-24-34824; **Editor assigned:** 28-Oct-2024, PreQC No. JPMR-24-34824 (PQ); **Reviewed:** 14-Nov-2024, QC No. JPMR-24-34824; **Revised:** 22-Nov-2024, Manuscript No. JPMR-24-34824 (R); **Published:** 29-Nov-2024, DOI: 10.35248/2329-9096.24.S26.004

Citation: Lichtblau CH, Paley D, Gorman A, Warburton C, Meli G (2024). Understanding Osteopetrosis. Int J Phys Med Rehabil. S26:004.

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There are 4 forms of osteopetrosis, named for their combination of severity and pattern of inheritance. They include type I autosomal dominant, type II autosomal dominant, intermediate autosomal recessive, and malignant autosomal recessive [7]. These forms occur at different rates in the population. While approximately 1 in every 20,000 births results in the autosomal dominant form of osteopetrosis, only about one in every 250,000 births occur in the autosomal recessive form [7].

The form of osteopetrosis dictates the mechanisms of osteoclast dysfunction as well as the clinical presentation and prognosis. For instance, one genetic mutation may impact osteoclast differentiation while another may influence vesicle trafficking [1,11]. Those with the autosomal recessive forms of osteopetrosis often die in childhood from bleeding, secondary infections, or multi-organ failure, while those with autosomal dominant forms may have no reduction in life expectancy despite suffering significant orthopedic challenges [13-20].

DIAGNOSIS DEPENDS ON CLINICAL PRESENTATION AND RADIOGRAPHIC FINDINGS

In most cases, patients with osteopetrosis present with fractures, which are often transverse and involve callus formation in multiple areas [3,21]. The medullary canal is lost in bones that lack osteoclast activity, leaving the end of long bones bulbous, with a characteristic metaphyseal flare, often referred to as Erlenmeyer flask deformity [22,23].

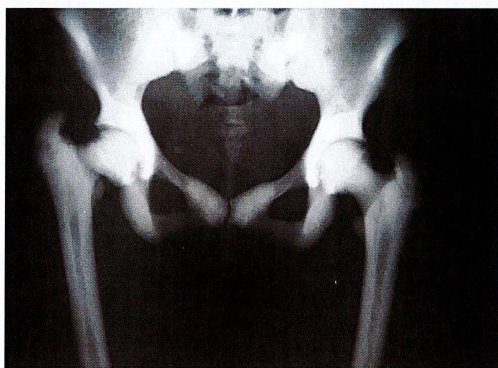


Figure 2: Radiographic findings showing diffused bilateral narrowing of the intramedullary canals. Blastic activity involving the iliac bones and the sacral ala is also observable. Patient demonstrates right femoral neck fracture with varus deformity.

Marrow crowding is common in osteopetrosis, adversely affecting bone marrow function. Because there is no space for hematopoietic tissue, the development of anemia and extramedullary hematopoiesis with hepatosplenomegaly may

occur [24]. Patients therefore often suffer cranial nerve compression, which can lead to a variety of symptoms [25].

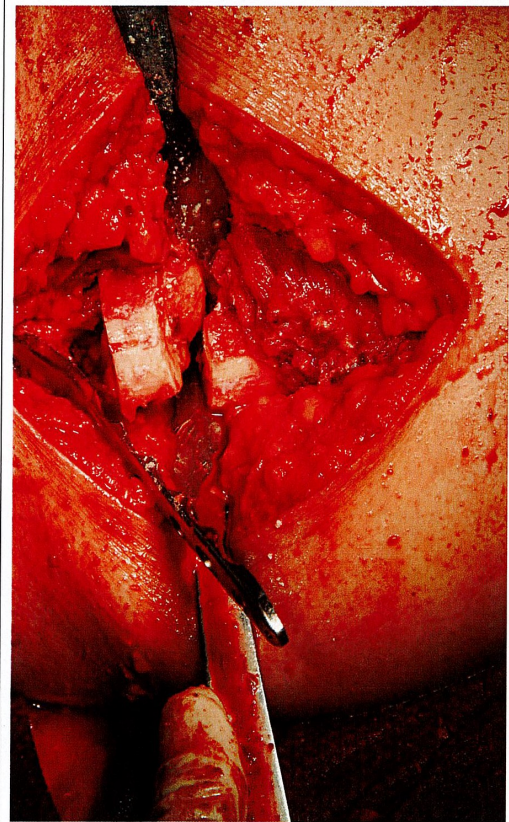


Figure 3: Cross-section demonstrates marked narrowing of medullary canal, consistent with osteopetrosis.

Each form of osteopetrosis presents differently and each can be difficult to diagnose and treat [7]. However, clinical and radiographic findings usually prompt bone biopsy and genetic testing that lead to an accurate osteopetrosis diagnosis [5]. While radiographic findings are recommended for diagnosis, genetic testing can provide critical information on mutations that are predictive of specific disease complications [26].

OSTEOPETROSIS MANIFESTS AS MORE THAN JUST A BONE DISEASE

Patients with osteopetrosis tend to endure pathological fractures and are increased risk for skeletal abnormalities such as dwarfism and osteosclerosis [5,7,13,17]. In addition to bone fragility and bone deformities, they experience other complications at higher rates than the general population as well.

Neurological disorders

Osteopetrosis heightens the risk for neurological conditions due to the compression of cranial nerves and cranial nerve entrapment [5,11,13,14,27]. Optic atrophy, blindness, auditory deficits including deafness, facial nerve palsy and neuralgia are common complications of Osteopetrosis [12,25,28-31].

Rapid neurodegeneration in those with autosomal recessive osteopetrosis is often accompanied by seizures [19,20]. Ischemic events may occur in those with osteopetrosis as a result of stenosis of blood vessels and spinal cord compression can lead to quadriplegia and paraparesis [25,29,32-34]. Children with osteopetrosis also commonly present with hydrocephalus and symptoms of intracranial hypertension that result from cerebrospinal fluid pathway obstruction [25,29,30].

Blood disorders

Osteopetrosis is associated with anemia and other hematological challenges including pancytopenia and thrombocytopenia, which occur due to malfunctioning bone marrow [12,17,18,35]. Hematological failure can result when osteopetrosis prevents bone cavity enlargement, thereby impairing bone marrow development [12]. Without sufficient bone marrow, normal blood cell formation is limited.

Immune dysfunction

Osteopetrosis increases the risk of infection because those with the condition suffer compromised immune function [17]. Given that osteoclasts play a role in immune modulation, and some research suggests that impairments in phagocytic cell function and NK cell activity deficits may contribute to reduced immunity in those with Osteopetrosis [36-40].

Other complications

Several other complications are also observed in osteopetrosis, including dental deformities, skin lesions, renal tubular acidosis, nasal obstruction and short stature [17,41-44].

TREATMENT OF OSTEOPETROSIS DEPENDS ON THE FORM OF THE DISEASE

Early diagnosis is critical for effective intervention, particularly in more severe forms of Osteopetrosis [2,11]. However, the specific approach to osteopetrosis treatment depends on the severity of any given patient's condition as well as their symptoms [5].

Infantile-malignant osteopetrosis

Infantile-malignant osteopetrosis is treated with allogenic bone marrow transplantation, which is the only treatment that can cure the condition, thereby improving life expectancy [45,46].

Severe osteopetrosis

Many of those with severe forms of osteopetrosis pursue Hematopoietic Stem Cell Transplantation (HSCT), which provides osteoclast precursors to the body and can restore bone metabolism [1,2,9-11,13,47,48]. Patients with Receptor Activator of Nuclear Factor Kappa-B Ligand (RANKL) deficiency are not good candidates for HSCT and thus may undergo RANKL replacement therapy or other forms of intervention [1]. Treatments that target RANKL are also used to prevent hypercalcemia in those who have undergone HSCT.

Less severe osteopetrosis

Consensus guidelines for osteopetrosis treatment for those with less severe forms of osteopetrosis focus on monitoring for complications and for mineral metabolism changes and providing supportive therapy where appropriate [26,49]. High doses of calcitriol are not recommended for these patients [26].

There is also ongoing research into experimental approaches to treating osteopetrosis, such as gene correction of Inducible Pluripotent Stem Cells (iPSCs), protein replacement, non-genotoxic myeloablation, lentiviral-based gene therapy, prenatal treatment and RNA interference [50]. These innovative therapeutic advancements are improving our ability to provide targeted therapies that more precisely address the specific needs of individual patients.

CONCLUSION

Though osteopetrosis is a disease of osteoclast dysfunction, it is associated with clinical complications that extend well beyond the bone to the brain, blood and immune system. A combination of clinical and radiological findings tends to prompt the biopsy and genetic testing that lead to diagnosis. However, the management of the disease varies significantly, depending on clinical manifestations, severity, and prognosis, all of which result in part on the basis of the patient's pattern of heredity. While people with less severe forms of osteopetrosis may live normal lives with regular clinical monitoring, those with more severe forms of the disease may pursue rigorous treatments such as stem cell transplantations to boost osteoclast functioning and mitigate symptoms associated with their disease. Though there is no cure for osteopetrosis, advances in therapy are now providing more options for patients suffering from the disease.

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Physiatrist's Voice

NEWSLETTER

March 2025

Osteoid Osteoma

By Craig Lichtblau, M.D.

An osteoid osteoma is a benign bone-forming tumor that has no potential to become malignant. It usually causes severe pain at night and is relieved with nonsteroidal anti-inflammatory medications. It can resolve without treatment. Surgical excision is an option for osteoid osteoma-associated pain that does not respond to conservative treatment.

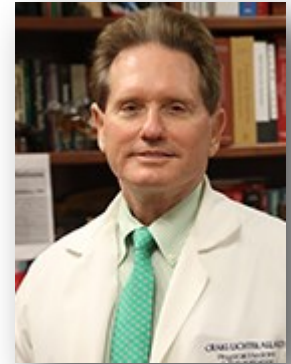
Osteoid osteoma was first described by Dr. Jaffe in 1935 and accounts for 10% of benign bone tumors. It is neither locally aggressive nor does it have potential for malignant transformation. Osteoid osteomas may occur in any bone of the body but are most often found in the bones of the leg. The bone tumor frequently affects the long bones of the femur and tibia. They are also found in the hand, fingers, and spine. The foot is less commonly affected (2-10%) with the talus being the most commonly involved.

An osteoid osteoma presents with a nidus of vascular osteoid with surrounding sclerotic bone. Osteoid osteomas do not exceed a diameter of 2 cm and classify into cortical, cancellous, and sub-periosteal subtypes. Osteoid osteomas that occur in long bone are predominantly inter-cortical. The majority of osteoid osteomas that present in the foot, exhibit minimal periosteal reaction and are the cancellous and subperiosteal subtypes. The size of the nidus is used to differentiate an osteoid osteoma from an osteoid blastoma, osteoid blastomas are typically greater than 2 cm.

Etiology

The etiology of osteoid osteomas remains uncertain. Some believe it is a benign neoplasm while others believe it is due to trauma or an inflammatory process. Osteoid osteomas may occur at any age, but most commonly seen between the ages of 4 and 25 years of age. Males are affected approximately three times more often than females. Osteoid osteomas account for ten percent of benign bone tumors and a few hypotheses exist regarding the pathophysiology of osteoid osteomas. One proposal was that the formation of the tumor may be due to neoplasia or is the result of prior trauma to the area. Although a history of trauma has been evident in one third of documented cases, further research is warranted to explore the relationship.

Nerve fibers have been identified within the nidus through special immunohistochemical techniques and concentrate within the area of sclerosis surrounding the nidus. Nerve fibers are stimulated by increased blood flow to the area from the release of prostaglandins. Studies have shown that prostaglandin levels are one hundred to one thousand times higher than levels found in normal bone resulting in localized pain to the area.





Physiatrist's Voice

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Osteoid Osteoma
by Craig H. Lichtblau, M.D.
-continued-

Microscopically, the central nidus is comprised of highly vascularized bone and intertwined osteoid. Remodeling of the bone occurs through osteoblastic activity. In the periphery of the nidus, an area of lucency is visible due to resorption of bone from osteoclastic activity. New bone formation occurs around the nidus and appears as sclerotic bone.

Intermittent, localized pain exacerbated at night and relieved by aspirin or nonsteroidal anti-inflammatory medications is the most common complaint of a patient suffering from an osteoid osteoma. Swelling is the next most common symptom and is thought to be due to the increased vascular supply to the tumor from prostaglandin release within the nidus. Other symptoms include bone deformity, muscle atrophy, and gait disturbances. If the tumor is intra-articular or located close to a joint, synovitis, effusion, arthritic changes, and contractures may be present. Osteoid osteomas that affect the femur and tibia have been shown to cause a limb length discrepancy. It is documented in the literature that the affected limb was longer than the unaffected limb. It has been postulated that this is likely due to increased blood supply to a lesion close to the open growth plate.

Diagnosis

As with any other bone tumor, plain x-rays are the initial exam of choice. The appearance of an osteoid osteoma on plain film is classically a small, round, radiolucent nidus with surrounding sclerosis. The nidus itself may contain areas of calcification. Thin sliced CT imaging is considered the imaging modality of choice. CT scans are effective in identifying the anatomic location of the nidus. The characteristic finding on a CT scan is a target-shaped nidus.

Bone marrow edema appreciated on MRI can mask the typical features of the tumor, and therefore, MRI is less useful than CT for the evaluation of osteoid osteomas. It must be realized that MRIs are more accurate than CTs in diagnosing cancellous lesions. The diagnostic accuracy of MRIs versus CT scans was done in a prospective study in children and concluded the correct diagnosis of osteoid osteomas was 3% with MRI images versus 67% with Ct images.

Treatment/Management

Conservative management with nonsteroidal anti-inflammatories drug is considered a reasonable option in the treatment of osteoid osteomas. Resolution of symptoms from conservative management has been documented to occur at 33 months. It must be realized that there is a negative effect of long term nonsteroidal anti-inflammatory drug use and may prohibit the use of these medications from being a definitive treatment. The recurrence rates following the discontinuation of NSAIDs have no clear documentation in the literature.

Surgical excision is the preferred treatment for an osteoid osteoma. Historically, open en bloc surgical resection with removal of the nidus was considered curative. However, wide block resection of



Physiatrist's Voice

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Osteoid Osteoma

by Craig H. Lichtblau, M.D.
-continued-

bone in a weight-bearing areas have disadvantages including prolonged restriction of physical activity, the potential for pathologic fracture, and the requirement of bone grafting with internal fixation.

Less invasive surgical options have been explored to minimize damage to the normal, surrounding bone. Currently, the treatment of choice is CT guided percutaneous radiofrequency ablation. With the guidance of CT, the radiofrequency electrode gets inserted into the nidus, and the nidus is thermally ablated. The documented success with this procedure is as high as 90%.

Differential Diagnosis

The principal differential diagnoses of an osteoid osteoma include chondroblastoma, bone infarction, Brodie's abscess, stress fracture, chronic osteomyelitis, focal cortical bone abscess, glomus tumor, sclerosing osteitis, solitary enostosis, and an early stage of Ewing's sarcoma.

Prognosis

An osteoid osteoma has a good prognosis as it is a benign process with no potential for malignant degeneration. If conservative management fails, complete surgical excision is curative.



Physiatrist's Voice

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Osteoid Osteoma

by Craig H. Lichtblau, M.D.
-continued-

Photo 1





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Osteoid Osteoma

by Craig H. Lichtblau, M.D.
-continued-

Photo 2





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Osteoid Osteoma

by Craig H. Lichtblau, M.D.
-continued-

Photo 3





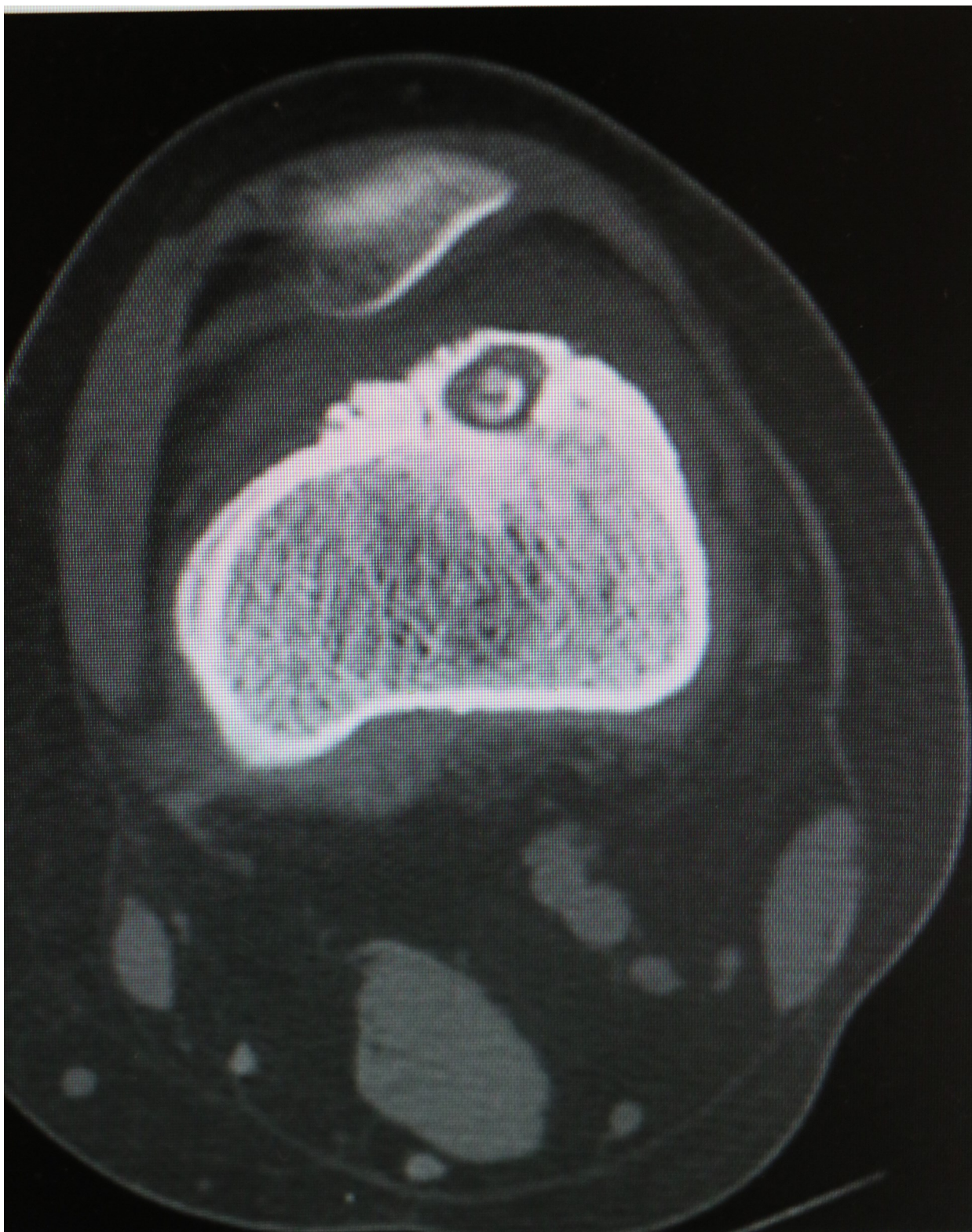
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Photo 4

Osteoid Osteoma
by Craig H. Lichtblau, M.D.





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Photo 5

Osteoid Osteoma

by Craig H. Lichtblau, M.D.
-continued-





Physiatrist's Voice

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Osteoid Osteoma

by Craig H. Lichtblau, M.D.
-continued-

Photo 6





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Osteoid Osteoma

by Craig H. Lichtblau, M.D.
-continued-

Photo 7





Physiatrist's Voice

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Residency Updates



- ♦ UMiami
- ♦ UFlorida
- ♦ Larkin Community Hospital
- ♦ Larkin Palm Springs
- ♦ USF
- ♦ Broward Health
- ♦ UCF/HCA/FL W Hospital
- ♦ Memorial Health



Physiatrist's Voice

NEWSLETTER

March 2025

University of Miami Miller School of Medicine/Jackson Memorial Hospital PM&R
Residency Update

Lance Reccoppa MD, RESIDENT LIAISON

Diana Molinares MD, PM&R Residency Program Director

Dear FSPMR,

We hope everyone is having a great start to the new year! We ended 2024 with several residency-wide events to celebrate the holidays. Our department held its annual gingerbread house-making contest, which became quite competitive! Each resident teamed up with two others, and our attending physicians helped vote for the best houses. Additionally, we enjoyed our annual Secret Santa gift exchange, where everyone had fun guessing the identities of their gift-givers. We ended our holiday celebrations with a department-wide holiday party that was masquerade-themed!



Lance Reccoppa MD

So far, 2025 has been exciting for our PM&R program, and we would like to share some updates. The past few months have been busy for our fellowship applicants. We are thrilled to announce that three of our PGY-4 residents have matched into their respective fellowships. Dr. Sara Kurtevski matched at Sloan Kettering for Cancer Rehabilitation, Dr. Sandra De Mel matched at Johns Hopkins University, and Dr. Michael Morgan matched at Orlando Health BayCare in St. Petersburg for a Sports Medicine fellowship! We could not be prouder of our colleagues and look forward to seeing the impact they will make in their fields.

In January, Miami hosted its annual Wodapalooza Fitness Festival. Many of our residents graciously volunteered to provide medical coverage at the event throughout the weekend. We also welcomed our new co-chief residents for 2025-2026, Dr. Matty Alderman and myself! We are grateful for the opportunity to lead the residency program and appreciate the efforts of our 2024-2025 chief residents, Dr. Sara Kurtevski and Dr. Kaitlyn Brunworth, for the outstanding example they set.

In February, our residency program organized its annual Wellness Day. It was a well-rounded day that included lectures on wellness and financial assistance, along with activities such as laser tag on the beach, volleyball, and spikeball! We look forward to seeing some of our FSPMR colleagues at the Annual AAP Meeting in Phoenix, AZ, in February!

All the best, |
Lance Reccoppa, MD, PGY-3
FSPMR Liaison for University of Miami/Jackson Health System PMR Program





Physiatrist's Voice

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University of Miami Miller School of Medicine/Jackson Memorial Hospital PM&R
Residency Update

Lance Reccoppa MD, RESIDENT LIAISON

Diana Molinares MD, PM&R Residency Program Director

- continued -



Our department holiday party!

From left to right: Coretha Davis (Program Coordinator), Dr. Sara Kurtevski, Dr. Diana Molinares (Program Director), Dr. Daniel Wang, Dr. Robin Mata, Dr. Michael Morgan, Dr. Felicia Mix, Dr. Reid McCullough, Dr. Vittoria Costantino, Dr. Sandra De Mel, Dr. Kaityln Brunworth, Dr. Dylan Wood, and Dr. Joslyn Gober (Pediatric Rehab Attending)





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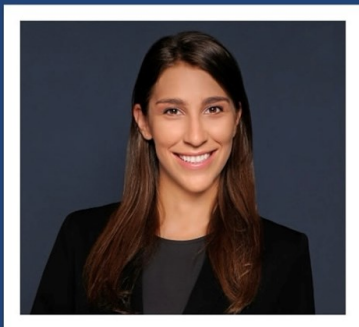
University of Miami Miller School of Medicine/Jackson Memorial Hospital PM&R
Residency Update

Lance Reccoppa MD, RESIDENT LIAISON

Diana Molinares MD, PM&R Residency Program Director

- continued -

*Congrats,
you matched!*



Dr. Sara Kurtevski
**Memorial Sloan Kettering
Cancer Rehabilitation Fellowship**



Memorial Sloan Kettering
Cancer Center



Jackson
HEALTH SYSTEM

Congrats to Dr. Sara Kurtevski who matched into
Cancer Rehab fellowship!

Congratulations! Dr. Sandra DeMel, MD



Class of 2025
**SPORTS FELLOWSHIP MATCH
JOHNS HOPKINS**

Congrats to Dr. Sandra De Mel who matched
into Sports Medicine Fellowship!



Congratulations!

**Sports Medicine Fellowship
Orlando Health Bayfront
Hospital**

Congrats to Dr. Michael Morgan who matched
into Sports Medicine Fellowship!





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University of Miami Miller School of Medicine/Jackson Memorial Hospital PM&R
Residency Update

Lance Reccoppa MD, RESIDENT LIAISON

Diana Molinares MD, PM&R Residency Program Director

- continued -



Our residents, fellows and attendings covering the annual Wodapalooza Fitness Festival in Miami!
From left to right: Dr. Zeeshan Haque (Fellow), Dr. Alwin David, Dr. Tricia Prince (Attending),
Dr. Sandra De Mel, Dr. Felicia Mix





Physiatrist's Voice

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Residency Update

Lance Reccoppa MD, RESIDENT LIAISON

Diana Molinares MD, PM&R Residency Program Director

- continued -

Congrats to our new chief residents!

CHIEF RESIDENTS 2025-2026



Dr. Lance Reccoppa



Dr. Matison Alderman



Physiatrist's Voice

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University of Miami Miller School of Medicine/Jackson Memorial Hospital PM&R
Residency Update

Lance Reccoppa MD, RESIDENT LIAISON

Diana Molinares MD, PM&R Residency Program Director

- continued -



2024-2025 Annual Wellness Day at Crandon Beach on Key Biscayne!





Physiatrist's Voice

NEWSLETTER

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University of Florida PM&R Residency Program

Eleazar Fariscal DO Resident Liaison

Irene Estores MD, Program Director, and

Jason Zaremski MD, Assistant Program Director

Hello FSPMR Family!

Greetings from warm, hot, and sunny Gainesville, FL, (AKA The Swamp)! My name is Eian Fariscal and I am currently a PGY-2 at University of Florida's Physical Medicine and Rehabilitation Residency Program! I am excited to transition into the role of representing my program as our new FSPMR Liaison! As we begin 2025 and the second half of the academic year, we would love to share our recent accomplishments and fun we have had since the start of the new year!



Eleazar Fariscal DO

Congratulations to our new Chief Residents, Dr. Danny Kiehl and Dr. Joseph Rinaldi. We are confident they will continue our tradition of excellence, service, and leadership. A sincere thank you to our outgoing chiefs, Dr. Zane Thompson and Dr. Rosalynn Conic for their dedication and hard work as they pave the way for this transition.

 2025-2026 <i>Admin Chief</i> Danny Kiehl, DO			 2025-2026 <i>Education Chief</i> Joe Rinaldi, MD
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Physiatrist's Voice

NEWSLETTER

March 2025

Eleazar Fariscal DO Resident Liaison
Irene Estores MD, Program Director, and
Jason Zaremski MD, Assistant Program Director
- continued -

A heartfelt congratulations to Dr. David Drozda and Dr. Aimee Madsen for recently matching into Sports Medicine Fellowship. We are incredibly proud of their achievement and look forward to their continued success!



CONGRATULATIONS!

Sports Match



David Drozda
Summa Health



Aimee Madsen
Swedish Medical Washington



UF | College of Medicine
Department of Physical Medicine
and Rehabilitation
UNIVERSITY of FLORIDA



Physiatrist's Voice

NEWSLETTER

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Eleazar Fariscal DO Resident Liaison
Irene Estores MD, Program Director, and
Jason Zaremski MD, Assistant Program Director
- continued -

UF

Department of Physical Medicine & Rehabilitation

COLLEGE of MEDICINE



Happy Holidays! We gathered for our annual department holiday party.
The day was full of food, games, prizes, festivities, and fun!
The winner of the annual costume contest was Dr. Fariscal who dressed as an ornamented tree.
Special thanks to our wellness committee leader:
Dr. Sibille for making this event possible and all the amazing photos!





Physiatrist's Voice

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University of Florida PM&R Residency Program

Eleazar Fariscal DO Resident Liaison

Irene Estores MD, Program Director, and

Jason Zaremski MD, Assistant Program Director

- continued -



Dr. Madsen, Dr. Kiehl, Dr. Zadov, and Dr. White took an afternoon to speak to UF MSg's. They answered questions, gave advice, and shared all the exciting things PM&R has to offer.



Dr. Conic attended the PHiT board meeting on February 1-2 in Chicago in her role as PHiT president.



Physiatrist's Voice

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University of Florida PM&R Residency Program

Eleazar Fariscal DO Resident Liaison

Irene Estores MD, Program Director, and

Jason Zaremski MD, Assistant Program Director

- continued -



Our residents and their families spending time together to watch Super Bowl LIX and meet a Gainesville Celebrity: the Head Ball Coach, Heisman trophy winner, and Florida Gators Football Legend Steve Spurrier @ Spurrier's Gridiron Grille.

UF | College of Medicine
Department of Physical Medicine
and Rehabilitation
UNIVERSITY of FLORIDA



@UF_PMR

Best of luck to the current resident applicants this cycle!

Follow us on Instagram @uf_pmr for more updates and content!

https://www.instagram.com/uf_pmr/



@uf_pmr



Physiatrist's Voice

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Larkin Community Hospital South Miami PM&R Residency Update
Resident Liaisons Hein Linn Thant, MD and Puja C. Shah, DO
Residency Program Director Jose J. Diaz, DO



Hein Linn Thant, MD



Puja C. Shah, DO

Hello FSPMR Family,

Happy New Year! We had an amazing holiday celebration with our medical students, residents, and program director Dr. Diaz. We are grateful for the little moments that make residency feel like family.





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Larkin Community Hospital South Miami PM&R Residency Update

Resident Liaisons Hein Linn Thant, MD and Puja C. Shah, DO

Residency Program Director Jose J. Diaz, DO

-continued -



A bit of friendly competition sparked at Xtreme Action Park with laser tag and mini golf after our White Elephant gift exchange, bringing plenty of laughs and team bonding as everyone showed off their skills and strategies. Featured here are Drs. Michael Arias, Chris Keener, Michael Matli, Hein Linn Thant, and Dennis Hasenhuendl.



Mardi Gras meets Holiday Party! Had an amazing time at Dr. Florete's holiday party at Villa Nagpur, celebrating the season with incredible mentors. A night to remember! Seen here are Dr. Andrea Trescott, Tracey, Dr. Orlando Florete, and Dr. Hein Linn Thant.





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Larkin Community Hospital South Miami PM&R Residency Update
Resident Liaisons Hein Linn Thant, MD and Puja C. Shah, DO
Residency Program Director Jose J. Diaz, DO

-continued -

Our resident Dr. Sonia Andreou demonstrated their sports medicine expertise at the recent Shockwave Therapy and Ultrasound Conference in Sunrise, Florida. The event provided a valuable opportunity to refine their skills, engage in hands-on learning, and discuss the latest advancements in treatment techniques.



Larkin Hospital South Miami



Physiatrist's Voice

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Larkin Community Hospital South Miami PM&R Residency Update
Resident Liaisons Hein Linn Thant, MD and Puja C. Shah, DO
Residency Program Director Jose J. Diaz, DO

-continued -



Here are a few exciting moments from the ASRA Annual Conference in beautiful Las Vegas! Our outstanding residents Drs. Cecilia Guerrero, Puja C. Shah, Bhargavi Madhu, and Roshan Santhosh showcased their work, sparking meaningful discussions to advance the fields of pain and physiatry. We are proud of them for their groundbreaking research, selected for a podium presentation and President's award recognition at the 23rd Annual Pain Medicine Meeting.



To the left we showcase Dr. Queiroz, leading our amazing team at St. Anthony's Rehabilitation Hospital. We are always learning, growing, and making the most of every opportunity. Hands-on training remains a priority, with a recent discussion and demonstration of cupping therapy led by our residents. Seen here are Drs. Puja C. Shah, Sonia Andreou, Hein Linn Thant, and Xiaoben Chen



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Larkin Community Hospital South Miami PM&R Residency Update
Resident Liaisons Hein Linn Thant, MD and Puja C. Shah, DO
Residency Program Director Jose J. Diaz, DO

-continued -

The NANS 2025 Annual Conference in Orlando provided an excellent opportunity for our residents to showcase their research, network, and explore emerging neuromodulation practices. Drs. Puja C. Shah and Bhargavi Madhu gained valuable insights from experts in the field, further enhancing their knowledge and clinical skills.





Physiatrist's Voice

NEWSLETTER

March 2025

FSPMR and FSIPP Celebrate Women in Pain Management

Puja C. Shah, DO

The collaboration between FSIPP and FSPMR continues to be invaluable to our members, promoting professional growth and partnership. Most recently, the FSIPP dinner hosted by Dr. Vania Fernandez highlighted the contributions of women in pain management.

The event brought together professionals from diverse backgrounds, including residents and private practice physicians, all united by their commitment to advancing the field of pain medicine. Thought-provoking discussions centered on complex spinal cord stimulation cases, innovative treatment strategies, and the evolving landscape of patient care. Attendees had the opportunity to exchange insights, share experiences, and engage in meaningful dialogue that reinforced the importance of mentorship, collaboration, and continued education in this specialized field.

It was truly inspiring to witness so many dedicated professionals come together with a shared passion for improving patient outcomes. Events like these not only strengthen the professional network within pain management but also contribute to the ongoing evolution of best practices in the field. We look forward to future opportunities to engage with FSIPP, FSPMR, and other leaders in pain medicine to further advance education, research, and patient care.



Featured from Left to Right:

Lauren Trennel - Maria Alejandra De La Peña, MD - Corinne Johnson - Kelly DeSouza, MD - Vania E. Fernandez, MD - Gazelle Aram, MD - Araly A Kelly, NP - Danna Gandelman - Puja C. Shah, DO - Maria Cristancho, MD



Physiatrist's Voice

NEWSLETTER

March 2025

The Benefits of Cupping Therapy: An Ancient Practice with Modern Benefits Authors: Ravi C. Shah OMS-IV; Puja C. Shah PGY-3; Sonia Andreou PGY-3

Cupping therapy, an ancient practice rooted in traditional Chinese and Middle Eastern medicine, has seen a resurgence in modern rehabilitation and wellness. Recognized for its distinctive circular marks, it is widely utilized by athletes, physical therapists, and individuals seeking natural pain relief and relaxation.

This therapy involves placing cups made of glass, silicone, or plastic on the skin to create suction, either through heat or a mechanical pump. The suction increases blood circulation, stimulates healing, and promotes muscle recovery. There are two primary types: dry cupping, where cups remain in place, and wet cupping, which includes minor incisions to facilitate detoxification [1].



Ravi Chetan Shah DO

Several studies have explored the efficacy of cupping therapy in pain management. A systematic review and meta-analysis indicated that cupping therapy might be effective in managing chronic pain, knee osteoarthritis, low back pain, neck pain, and herpes zoster, with evidence quality ranging from very low to moderate [2]. Another review highlighted that cupping therapy could significantly decrease pain intensity scores in adults with chronic back pain compared to control groups [3].

The mechanism behind cupping's pain-relief benefits is thought to involve increased blood flow to the affected area, which may reduce inflammation and promote healing. Additionally, cupping is believed to stimulate the parasympathetic nervous system, potentially reducing stress and improving sleep [4].

Dr. Sonia Andreou, a PM&R PGY-3 resident in Miami and a world-class athlete and bodybuilder, integrates cupping into her recovery regimen. She finds it beneficial for enhancing circulation, reducing muscle soreness, and accelerating recovery, allowing her to maintain peak performance despite rigorous training demands.

While cupping therapy offers potential benefits, it's essential to approach it with informed caution. The quality of evidence varies, and more rigorous studies are needed to fully understand its efficacy and mechanisms. As interest in natural therapies grows, cupping continues to bridge the gap between ancient practices and contemporary healthcare, making it a consideration for wellness routines among athletes, chronic pain patients, and those seeking relaxation.



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The Benefits of Cupping Therapy: An Ancient Practice with Modern Benefits

Authors: Ravi C. Shah OMS-IV; Puja C. Shah PGY-3; Sonia Andreou PGY-3

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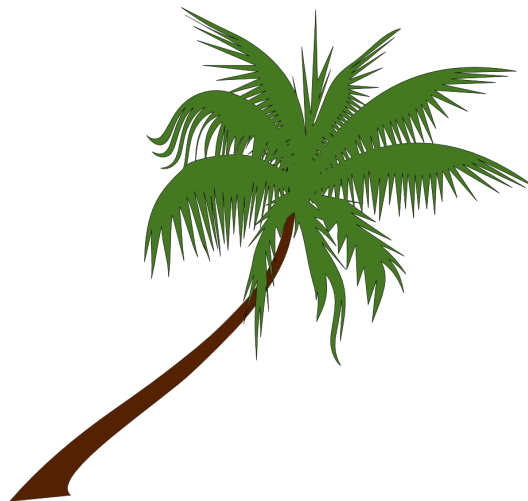
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Larkin Palm Springs Campus PM&R Residency Program

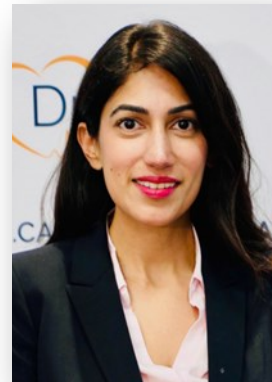
Resident Liaisons :

Arshi Handa, MD and Sahil Shah DO

Franz Richter MD, Program Director

Greetings from Miami!

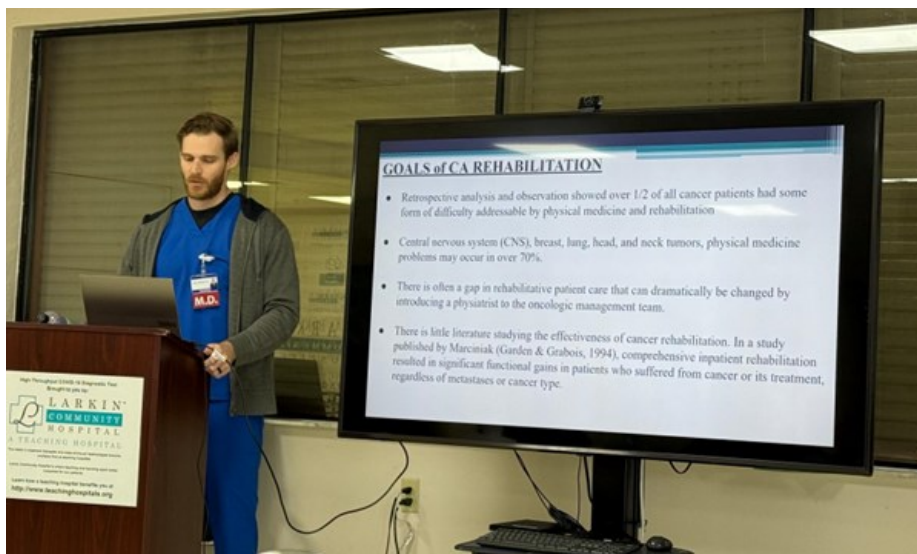
With only a couple of months into the new year, 2025 is already in full swing. With our self assessment examination in January, we always start the year off with a bang. Didactic sessions have been rich and engaging, providing a deep dive into the latest evidence-based practices in rehabilitation medicine. Over the past few months, our residents have also been actively engaging in research opportunities, attending conferences, and participating in wellness activities. We also love celebrating each other's accomplishments, giving a shout out to all the PGY4s Rosa Garcia, James Michael, and Shawn Haynes, who have matched in fellowship. Here is an update from us over the past few months!



Arshi Handa, MD



Sahil Shah , DO



Dr. James Jennings, PGY III, leading the didactic session on Cancer Rehabilitation.

We hold our weekly didactic session on Wednesdays at Larkin Hospital - Palm Springs Campus.

Larkin Hospital Palm Springs



Physiatrist's Voice

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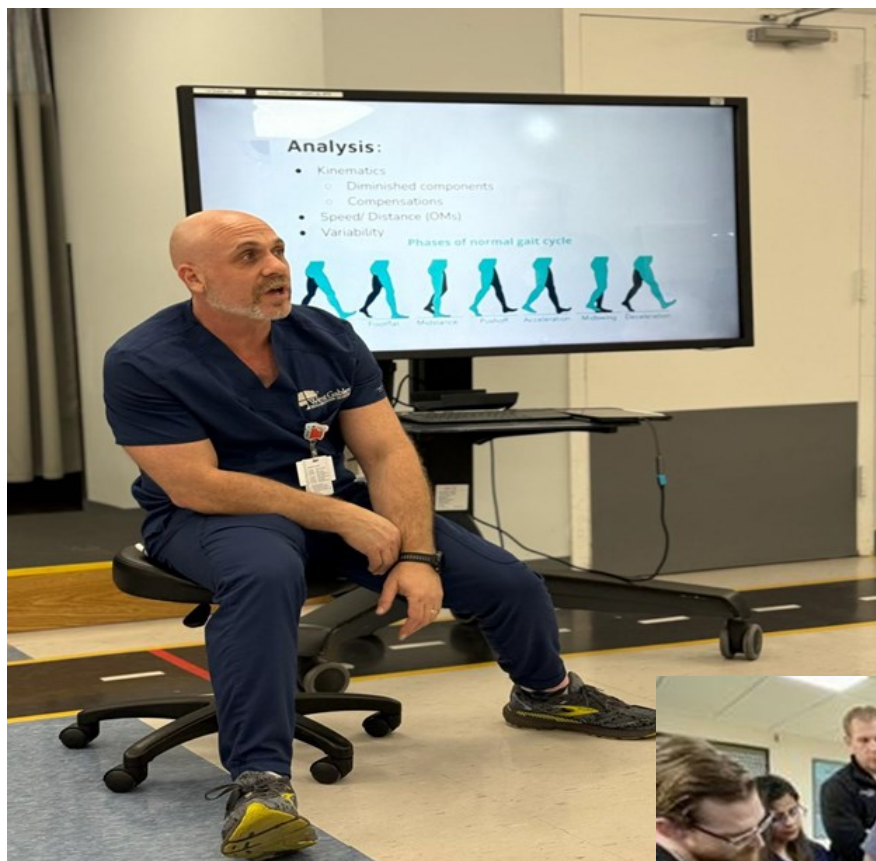
Larkin Palm Springs Campus PM&R Residency Program

Resident Liaisons :

Arshi Handa, MD and Sahil Shah DO

Franz Richter MD, Program Director

- continued -



One of the Physical Therapists, David Levison, at West Gables Rehabilitation Hospital, one of our core rotation sites, teaching our residents about Gait Assessment.

Didactics are in full gear in preparation for the annual self-assessment examination and the boards. Our program director, Dr. Franz Richter plays a vital role in our weekly lectures, here he is demonstrating how to accurately map out a foot for orthotics prescription.



Larkin Hospital Palm Springs



Physiatrist's Voice

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March 2025

Larkin Palm Springs Campus PM&R Residency Program

Resident Liaisons :

Arshi Handa, MD and Sahil Shah DO

Franz Richter MD, Program Director

- continued -



Our PGY2 residents Taylor Lauren Alfonso and Rishbha Dua are getting engaging hands-on training from our helpful physical therapists.

Our residents at NANS conference 2025 at Orlando. Left to right: Arshi Handa (PGY3), Dr. Christine Hunt (Attending at Mayo Clinic, Jacksonville), Rosa Garcia (PGY4).



Larkin Hospital Palm Springs



Physiatrist's Voice

NEWSLETTER

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Larkin Palm Springs Campus PM&R Residency Program

Resident Liaisons :

Arshi Handa, MD and Sahil Shah DO

Franz Richter MD, Program Director

- continued -



Our residents Rosa Garcia (PGY4) and Arshi Handa (PGY3) and their research poster presented at NANS 2025 in Orlando.

Larkin Hospital Palm Springs



Physiatrist's Voice

NEWSLETTER

March 2025

Larkin Palm Springs Campus PM&R Residency Program

Resident Liaisons :

Arshi Handa, MD and Sahil Shah DO

Franz Richter MD, Program Director

- continued -



A BIG congratulations to our PGY4's:

James Michael,
Rosa Garcia and
Shawn Haynes

- for matching to wonderful fellowship programs. We are all very proud of their achievements and we are excited as they embark on a new chapter of their careers very soon!

With regards,

Arshi Handa & Sahil Shah

Larkin Hospital Palm Springs



Physiatrist's Voice

NEWSLETTER

March 2025

University of South Florida PM&R Residency Update
Artish Patel MD , Resident Liaison
Marissa McCarthy, MD, Residency Program Director

Greetings from Tampa!

We're pleased to share some exciting updates! Dr. Paul Lento has recently joined the James Haley VA staff, where his expertise in diagnostic musculoskeletal ultrasound has proven invaluable to our residents. We are also continuing to make strides in the integration of functional medicine into our curriculum and rotations. Furthermore, we are delighted to announce an expansion of our residency class size to four residents, effective this cycle. Finally, we extend our congratulations to Dr. Stermer, recent graduate Dr. Wilhelm, and myself on the recent births of our children!



Artish Patel MD





Physiatrist's Voice

NEWSLETTER

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Strength as a Therapeutic Tool

Clayton Moss, MD | PGY2 Resident

Rehabilitation has long focused on restoring lost function after injury or illness, yet research indicates that integrating structured strength training into our treatment plans not only accelerates recovery but also enhances overall health, delays disability, and promotes longevity. This approach represents a natural next step in the evolution of our field.

Muscle strength is a critical predictor of long-term outcomes. For example, grip strength—a measure that often rivals or even surpasses traditional indicators like systolic blood pressure—correlates strongly with mortality, while leg strength is intimately linked to mobility and fall risk. Additionally, skeletal muscle is a primary site for glucose uptake, improving insulin sensitivity and reducing the risk of metabolic disease. There is also growing evidence that resistance training elevates things such as brain-derived neurotrophic factor (BDNF), which supports cognitive health and neuroplasticity.



Clayton Moss MD

Key Points on Strength-Based Rehabilitation:

- **Longevity & Mobility:**

Early intervention with strength training can counteract sarcopenia, preserve muscle function, and reduce fall risk, ultimately supporting long-term survival and quality of life.

- **Metabolic Health:**

By enhancing glucose metabolism, resistance training offers benefits that complement traditional cardiovascular exercise, helping to manage and prevent metabolic diseases.

- **Cognitive and Neurological Benefits:**

Improved leg strength and increased BDNF levels from resistance exercises may support cognitive performance and overall brain health.

- **Recovery & Injury Prevention:**

Stronger muscles improve physical resilience, facilitating recovery from surgery, trauma, or illness, and reducing the likelihood of future injuries.

- **Maintaining Independence:**

Increased muscle mass correlates with sustained mobility, fewer hospitalizations, and a delayed need for assisted living in older adults.



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Strength as a Therapeutic Tool

Clayton Moss, MD | PGY2 Resident

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Integrating Strength Training in PM&R Practice:

◆ Customized Resistance Programs:

Design progressive strength training protocols tailored to each patient's age, baseline fitness, and recovery goals to ensure safety and effectiveness.

◆ Patient Education:

Empower patients by explaining the crucial role muscle strength plays in preventing chronic conditions and enhancing overall well-being.

• Collaborative Care:

Work closely with physical therapists, occupational therapists, and exercise specialists to embed strength-based protocols into comprehensive rehabilitation plans.

This strength-focused approach is more than an adjunct to traditional rehabilitation—it is a strategic evolution in PM&R that aligns with our commitment to evidence-based care. By embracing strength training as a core component of rehabilitation, we are taking a significant step forward in enhancing patient outcomes and advancing the future of our field.

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Broward Health PM&R Residency Update
Arian Khoshgowari DO, Resident Liaison
Meilani Mapa MD Residency Program Director
APD - Minh Quan Le

Greetings FSPMR!

It has been an exciting few months for our residency program and we can't wait to share all our updates with everyone! As the academic year continues, many of our residents continue their inpatient rotations, as well as consults, pediatrics, pain, and EMG. For the holiday season, residents, faculty and rotating medical students got together for a holiday breakfast and had a blast with a white elephant gift exchange. The celebrations didn't stop there, with many celebrating together at the Hospital Wide Broward Holiday Party.



Arian Khoshgowari DO



Pictured from L to R Dr's Arian Khoshgowari, Ariel Inocentes, Quan Le (APD), Dan Harper, Meilani Mapa (PD), David Yusupov, Keith Myers, and Miksha Patel alongside our visiting medical student



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Broward Health PM&R Residency Update
Arian Khoshgowari DO , Resident Liaison
Meilani Mapa MD Residency Program Director
- continued -



Holiday Gift Exchange w the Inaugural Class

Top Row from L to R Dr's Arian Khoshgowari
and Dan Harper

Bottom Row from L to R Dr's David Yusupov and
Keith Myers

Broward Holiday Party

From L to R Dr's Quan Le (APD), Ariel Inocentes,
John Leach, Meilani Mapa (PD), Elham
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Broward Health PM&R Residency Update
Arian Khoshgowari DO, Resident Liaison
Meilani Mapa MD Residency Program Director
- continued -

The residents have been engaged in a year-long hospital wide patient safety initiative project known as Choosing Wisely. Our residents divided into teams of two, developed and implemented their projects before presenting them to a panel of experts in Quality Improvement alongside other members of the Broward Rehab Institute. The competition was stiff, but “Rehab to Recovery: Reducing Back-to-Acute Care Transfers” barely edged out “One Step at a Time: Bridging the Gap in Amputee Rehabilitation” in a split decision. The winners are excited to present their project to the Broward Board of Directors in April.



Finally, one of our PGY-2 residents, Dr. Keith Myers, was nominated and awarded the Shining Star Award and rightfully earned his place on Broward Health North's infamous wall of Most Valuable Resident's. Congratulations, Dr. Myers!





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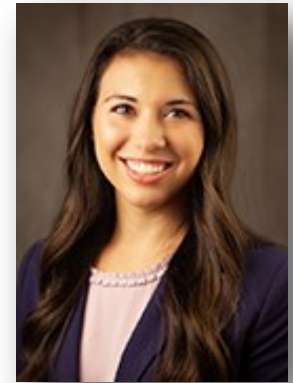
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UCF/HCA/West FL Hospital PM&R Residency Program
Megan Craig DO
Susan Belcher MD, Program Director

Hello everyone!

Wow, can you believe we are already over halfway through this academic year. Time is FLYING by!! I hope everyone had a wonderful holiday season and succeeded on the SAE.

Over here in Pensacola, we have had a fairly mild winter with one exception – our *record-breaking SNOWSTORM!!!* We got a total of 9-10 inches over the course of the day. For some residents, it was their first snow ever. The snow didn't stick around for long (thankfully), but it was definitely a fun surprise.



Megan Craig DO

I'd love to give a big shoutout Dr. Romil Patel (PGY-4) for matching into Sports Medicine Fellowship at Andrews Institute in Pensacola, FL. We are beyond proud of you, Dr. Patel!

A few residents had the opportunity to pass out bike helmets to a local pre-K students for our "Protect Your Grape" event with Dr. Cahill. (Picture right – Drs. Ledbetter, Craig, Stone, and Buck)



In wellness news, our resident's had their annual holiday party with a white elephant gift exchange – so much fun getting together outside of the hospital! (Picture left) Earlier this month, Drs. Kristina Ledbetter, Justin Buck, Roberto Cordero, and myself ran in the Pensacola Double Bridge 15K. (Picture left) What a great accomplishment!



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UCF/HCA/West FL Hospital PM&R Residency Program
Megan Craig DO
Susan Belcher MD, Program Director

- continued -

Our didactics lectures have been full of engaging lectures, including some guest lecturers like Dr. Braddom and others from the Andrews Institute. We also kicked off EMG lecture series with Dr. Cahill (neurologist) and ultrasound series with Dr. Terry.

AAP is just around the corner, and we have several resident's attending and presenting! We look forward to seeing everyone there and meeting some of our colleagues in the field.

Cheers to warmer weather ahead,
Megan Craig, DO (PGY-3)





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Memorial Healthcare System PM&R Residency Program

PM&R Resident Liaison John Paul Mauriello DO

Jeremy Jacobs DO, Residency Program Director

- continued -

Hello FSPMR family!

We hope that you all have been off to a great New Year so far! Below we have some exciting and fun updates from the last several months that we want to share with everyone for the March Newsletter.

Starting off, last December we had our first session of hands-on interventional pain procedures led by Dr. Yaras. Our residents were taught how to safely operate within the fluoroscopy suite as well as perform nerve blocks on a mannequin (Photos 1-3).



John Paul
Mauriello DO



Photo 1. Dr. Guzman teaching Dr. Acevedo the ways of interventional pain and operating the C-Arm machine.



Photo 2. Dr. Yaras (right), one of our interventional pain attending faculty, teaching the PGY-3 class.



Photo 3. Our PGY-4 class in the fluoroscopy suite, with Dr. Oliveira practicing a median nerve block.



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Memorial Healthcare System PM&R Residency Program

PM&R Resident Liaison John Paul, Mauirello DO

Jeremy Jacobs DO, Residency Program Director

- continued -

We are also excited to announce that our very own Dr. Ian Miller (pictured right) became the medical director of the Brain Injury Center at the Memorial Rehabilitation Institute this past December. Dr. Miller graduated from residency in South Florida and has been with the MHS PM&R program for several years. Dr. Miller is passionate about traumatic brain injuries and has taken on projects to help improve the management of the TBI population at our hospital.



The Sports Medicine Fellowship Match Day happened this January, and we are excited to announce that Dr. Cesar Triviño (Pictured left) matched to the University of California Davis program! Huge congratulations Cesar, and best wishes in your fellowship!



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Memorial Healthcare System PM&R Residency Program

PM&R Resident Liaison John Paul, Mauirello DO

Jeremy Jacobs DO, Residency Program Director

- continued -

Our residents also celebrated and relaxed after completing the annual Self-Assessment Exam (SAE) in January (pictured below)! We strive to improve our education every year and work closely with our leadership to address topics during our didactics/curriculum to reach our academic goals.



@MHS_PMR_RESIDENCY

And that's a wrap to our program's updates for this quarter! More updates to come in the following months, especially with the AAP Conference in Phoenix, Arizona this February. If you want to stay more up-to-date with our residency program's activities, follow our Instagram page below! As always, we wish that everyone continues to have a great year, and we look forward to hearing your updates and any exciting news!





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PM&R Pioneers

Craig H Lichtblau MD

We help our early career physiatrists by providing mentors for them. We call our mentors PM&R Pioneers. These mentors are for both practice management and clinical issues. They are listed below and early career members can contact them.

What makes a PM&R Pioneer? They have a minimum of 20 years of experience and want to share their knowledge, training and experience with new FSPMR members.

If you wish to serve in this capacity and you are not yet on the PM&R Pioneers list, please submit your name to Lorry Davis, FSPMR Executive Director, lorry4@earthlink.net. 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

Past President Director, FSPMR

Craig Lichtblau MD	(561) 842-3694
Michael Creamer DO	(407) 649-8707
Anthony Dorto MD	(305) 932-4797
Mitchell Freed MD	(407) 898-2924
Matthew Imfeld MD	(407) 352-6121
Jesse Lipnick MD	(352) 224-1813
Thomas Rizzo Jr MD	(904) 953-2735
Mark Rubenstein MD	(561) 296-9991
Andrew Sherman MD	(305) 585-1332
Paulette Smart-Mackey MD	(321)-558-4996
Jonathan Tarrash MD	(561) 496-6622
Colleen Zittel MD	(407) 643-1329



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Professional Opportunities

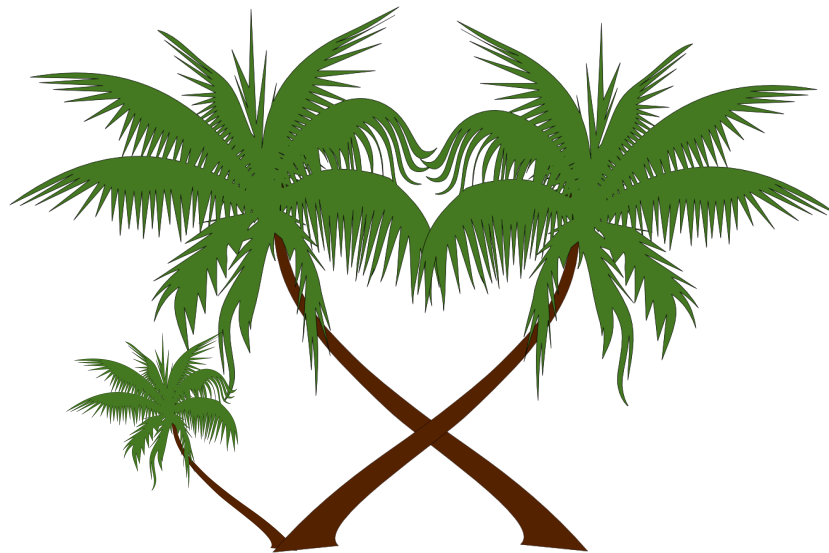
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**Deadline for our next issue, is May 15th 2025
for our June 2025 Newsletter**

Guidelines for your articles are available on the website: [FSPMR.org/newsletters](https://www.fspmrmagazine.org/newsletters) Here a few for your convenience;

- Pictures: should be in .jpg or .gif format. All files must have minimum resolution of 72 dpi. (max. 300) with a image size no larger than: 1500 px x 900 px
- Documents should be submitted in electronic format (.docx). If a PDF is to be submitted, each page must be submitted separately.
- All articles will be approved by Web site committee editors.
- FSPMR will retain full editorial rights to any submissions.

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FSPMR Office: 904 994 6944,
Outgoing Executive Director Lorry Davis MEd,
lorry4@earthlink.net

