Abstracts of Scientific Papers and Posters Presented at Physiatry '26

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SCIENTIFIC ORAL PRESENTATIONS

Academic Physiatry: Has Physiatric Presence Changed Across US Academic Institutions?

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OBJECTIVES: As evidenced by the World Health Organization's Rehabilitation 2030 initiative, medicine's focus is shifting from extending life expectancy to optimizing quality of life and function. Physical Medicine and Rehabilitation (PM&R) is well suited to lead this culture shift; however, PM&R's reach is seemingly limited, with significant disparities in physiatric care and academic presence within the United States (US), particularly in the South, as noted by Perret et al. in 2018. This discussion aims to provide an update regarding PM&R presence in academic medicine.
DESIGN: US medical schools were obtained using the Association of American Medical Colleges and American Osteopathic Association medical school databases, and website searches were conducted to identify PM&R academic entities. Each school was **Design**ated as having either independent departments, shared departments, divisions, or no academic entities. This data was subsequently analyzed by state and region, and the findings were compared to the 2018 data.
RESULTS: The Northeast possessed the most PM&R academic entities with 37.0%, followed by the South with 25.0%, Central with 24.1%, and West with 13.9%. Similarly, the Northeast had the largest relative PM&R presence at 74.1% of schools, followed by Central at 54.2%, West at 38.5%, and South at 32.1%. Compared to 2018, the number of PM&R academic entities grew in the Northeast, South, and West. However, with respect to overall medical school growth, only the Northeast demonstrated growth at 3.9%, while the others demonstrated regression, ranging from −2.6% to −3.5%.
CONCLUSION: While PM&R academic entities have increased since 2018, PM&R's growth is not matching overall medical school growth in the US, especially in the South, which continues to have the largest PM&R deficit. This pace of growth will likely propagate workforce disparities, reduce patient access to appropriate healthcare, decrease UME exposure to PM&R, and minimize PM&R's GME footprint compared to other specialties.

Awareness About Low Back Pain Among Adults in Jordan: A Cross-Sectional Survey

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OBJECTIVES: To assess awareness of LBP among Jordanian adults and identify predictors of higher awareness.
DESIGN: We conducted a cross-sectional survey of adults aged 18–65 years in Jordan (n = 1,951), recruited via social media platforms. The survey collected sociodemographic and lifestyle information and included seven items addressing LBP risk factors and preventive measures (e.g., posture, lifting technique, stress, lumbar support). An awareness index (0–7) was created by summing endorsed items; internal consistency was modest (Cronbach's $\alpha = 0.60$). Logistic and multinomial regression models estimated associations of gender, healthcare worker status, residence, and education with awareness items and index scores.
RESULTS: Mean age was 30.9 (SD 10.7) years; 52.5% were female, 29.5% healthcare workers, and 79.1% urban residents. The mean awareness index score was 5.85 (SD 1.32; median 6, IQR 5–7; range 0–7). Using a median split, 72.1% were categorized as high awareness (≥ 6). Awareness was high for posture (94%), preventive actions (92%), lifting technique (92%), and ergonomic bedding (88%). Only 53% endorsed stress as a contributor to LBP, and 77% endorsed lumbar support. In adjusted analyses, males were less likely to endorse the stress–LBP link (aOR 0.62, 95% CI 0.50–0.77), while healthcare workers were more likely to endorse both stress–LBP (aOR 1.69, 95% CI 1.35–2.12) and lumbar support (aOR 1.69, 95% CI 1.12–2.55). Healthcare workers also had higher awareness scores ($\beta = 0.28$, $P = 0.003$; aOR 1.35, 95% CI 1.11–1.65). Age, residence, and education showed no consistent associations.
CONCLUSIONS: Among Jordanian adults, overall awareness of biomechanical risk factors for LBP was high, with nearly three-quarters categorized as high awareness. Recognition of psychosocial influences such as stress was limited. Healthcare workers demonstrated significantly greater awareness. These findings highlight the need for public education initiatives that emphasize psychosocial dimensions of LBP.

Bridging Oncology and Rehabilitation: A High School Curriculum Model for Early Exposure to Interdisciplinary Cancer Care

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electrodiagnostic study was suggestive of AMAN. She completed inpatient rehabilitation and outpatient robotic therapy, physical therapy (PT), and occupational therapy (OT), which significantly improved her function, enabling her to ambulate without assistive devices.
DISCUSSIONS: Acute Motor Axonal Neuropathy is a rare variant of Guillain-Barré Syndrome characterized by rapid-onset muscle weakness due to motor nerve axon damage. It is often triggered by infections, particularly Campylobacter jejuni. Unlike other GBS types, AMAN typically lacks sensory loss and is more common in Asia and Central America. Diagnosis involves nerve conduction studies showing motor axonal degeneration. Recovery varies, with some improving quickly and others requiring extended rehabilitation.
CONCLUSION: This case underscores the importance of early diagnosis and intervention. Electrodiagnostic findings, along with timely IVIG treatment and a comprehensive rehabilitation program, led to substantial functional recovery. It highlights the potential for positive outcomes with prompt management of AMAN.

A Rare Case of Alien Hand Syndrome Following Stroke: Rehabilitation Challenges and Strategies

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CASE DIAGNOSIS: Alien Hand Syndrome
CASE DESCRIPTION: A 62-year-old right-handed man developed moderate left hemiparesis after an ischemic stroke. During rehabilitation, he reported that his left hand often moved on its own, describing it as "possessed." The paretic hand displayed spontaneous grasping of objects, levitation at rest, and intermanual conflict, such as knocking utensils from his right hand during feeding. These symptoms caused significant disability and distress for both patient and caregiver. Characteristic clinical features were consistent with Alien Hand Syndrome, independent of his residual weakness. Brain MRI showed infarction involving the right medial frontal and parietal regions. Rehabilitation focused on patient and caregiver education, occupation of the affected hand with a stress ball, use of a soft protective mitten to reduce sensory triggers, verbal cueing, and task-specific training. Psychological support addressed frustration and distress from involuntary movements. Within three months, he improved from severe to minimal pADL dependency, with a marked reduction in alien hand behaviors.
DISCUSSIONS: Alien Hand Syndrome is a rare post-stroke complication with no standardized treatment. Literature consists mainly of case reports, with limited evidence to guide rehabilitation. The syndrome creates both functional and psychological challenges that extend beyond motor impairment. In this case, early recognition and non-pharmacologic rehabilitation strategies were associated with reduced involuntary movements and improved participation in daily activities. Caregiver education further supported safety and adaptation in the home environment. Improvement without pharmacologic intervention highlights the role of structured rehabilitation in functional recovery.
CONCLUSION: This case demonstrates that Alien Hand Syndrome, although rare, can severely compromise independence after stroke. Practical rehabilitation measures, including sensory reduction, occupation of the affected hand, and consistent cueing, together with caregiver education, appeared to contribute to functional improvement and reduction of disability. Early recognition and individualized rehabilitation could support recovery toward greater independence.

A Rare Case of Susac Syndrome in a Young Adult: Diagnosis, Management, and Outcomes Following Inpatient Rehabilitation

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CASE DIAGNOSIS: Susac Syndrome
CASE DESCRIPTION: An independent 35-year-old female presented to the emergency department with abdominal pain, headaches, and dizziness. She was admitted to the hospital for further evaluation. On hospital day four, she developed bilateral lower extremity numbness and weakness, along with left upper extremity weakness. MRI of the brain and spine revealed diffusion restriction in the body of the corpus callosum and T2-T4 cord signal abnormalities. Inflammatory markers and antinuclear antibodies were highly elevated, prompting administration of 5 days of IV methylprednisolone. Lumbar puncture revealed elevated protein but was otherwise unremarkable. Neurology suspected Susac syndrome, who recommended an audiogram, which revealed bilateral sensorineural hearing loss, and fluoroscopic angiography once discharged from the hospital. The patient's neurological symptoms improved after treatment, and the patient was admitted to inpatient rehabilitation (IPR). She completed 10 days of IPR and was discharged home with full strength in her extremities at an independent level of assistance.
DISCUSSIONS: Susac syndrome is an extremely rare autoimmune microangiopathy, characterized by encephalopathy, branch retinal artery occlusions, and sensorineural hearing loss. This complete triad is rarely present simultaneously, often delaying diagnosis, and leading to misidentification as multiple sclerosis (MS). Headache is the most common neurologic symptom. Central callosal lesions are pathognomonic for Susac syndrome, and help distinguish this condition from MS. This patient also exhibited thoracic spinal cord involvement, a finding reported only once before in Susac syndrome. Early immunosuppressive treatment is critical to prevent irreversible deafness, blindness, and cognitive decline.
CONCLUSIONS: This rare case of Susac syndrome, initially presenting with headache, dizziness, and neurological deficits, highlights the diagnostic challenges associated with the condition. Given its potential to