**Newly Accredited Sports Medicine Fellowship Makes its Debut**

“"I wanted to find a fellowship in sports medicine that would provide me with an opportunity to enhance my knowledge and skills set, but most importantly, one with the appropriate mentorship,” says Ethan B. Rand, MD, Postdoctoral Residency Fellow. “Columbia was my top choice even before I knew the program was going to be accredited. The accreditation was just the icing on the cake.”

When Dr. Rand began his fellowship in July 2015 with NewYork-Presbyterian’s Department of Rehabilitation and Regenerative Medicine, he became the inaugural fellow of the Department’s newly accredited Sports Medicine Fellowship directed by Christopher J. Visco, MD. “With the resources of NewYork-Presbyterian Hospital, Columbia University Medical Center, Weill Cornell Medicine, and the Department of Rehabilitation and Regenerative Medicine, this truly is a unique academic program in sports medicine and musculoskeletal care,” says Dr. Visco.

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**Physical and Occupational Therapy Programs Expand Educational Offerings**

Striving to provide the highest quality and level of education, the Department of Rehabilitation and Regenerative Medicine at NewYork-Presbyterian/Columbia University Medical Center has had a Doctoral Degree Program in Physical Therapy for the past decade and will shortly announce an advanced clinical Doctoral Degree Program in Occupational Therapy (OTD program). “We are pleased to offer a diverse and dynamic environment for graduate study, practice, and research in physical and occupational therapy,” says Joel Stein, MD, Physiatrist-in-Chief, NewYork-Presbyterian. “Our educational programs at both NewYork-Presbyterian/Columbia and NewYork-Presbyterian/Weill Cornell Medical Center are guided by the principle that the acquisition of knowledge and skills is important in professional education, but far more vital is an understanding of the science, the art, and the ethic within which both knowledge and skill are applied.”

**PT Doctoral Program: Rigorous and Personalized**

Beginning September 1, 2015, 83 physical therapy students from around the country embarked on a three-year clinical Doctorate in Physical Therapy (DPT) at Columbia University College of Physicians and Surgeons. “The DPT program, which is accredited by the Commission on Accreditation in Physical Therapy Education, offers a generalist education so that our graduates can treat any age or any problem or disability requiring physical therapy,” says Debra A. Clayton-Krasinski, PT, PhD, MS, Vice Chair, Department of Rehabilitation and Regenerative Medicine, and Director, Program in Physical Therapy. “We have a rigorous program and a very strong mission to develop leaders from our student body.”

The Department just celebrated its 75th year of PT education at Columbia and its 10th year of
“We have an exceptional opportunity to work with not only one, but two of the top medical schools in the country,” adds Dr. Rand, who also completed his residency in rehabilitation medicine at NewYork-Presbyterian. “We’re very fortunate that we can take full advantage of the resources at both institutions, as well as the faculty at both. This makes our training that much more significant.”

“The accreditation process is fairly rigorous in terms of the expectations of the Accreditation Council for Graduate Medical Education,” says Dr. Visco, who is also the Ursula Corning Professor of Rehabilitation Medicine and the Department’s Residency Program Director. Dr. Visco has developed an equally rigorous training program for prospective fellows, providing a diverse range of academic and clinical experiences that includes a sports medicine didactic schedule in conjunction with orthopedic surgery, hands-on training for primary care issues in sports medicine, as well as professional coverage with experiences in the training rooms and on the sidelines of major sports events.

“We see every type of athlete,” notes Dr. Visco, “and each level athlete, from professional and collegiate to the elite recreational and amateur athlete, has very specific needs.”

This wide range of experience offered by the Sports Medicine Fellowship was a particular draw for Dr. Rand. “I chose this fellowship for the combination of institutional resources, the expertise of the individuals in the department, the breadth of exposure to different types of patients that I’ll have the opportunity to care for, and the broad spectrum of diagnostic and treatment options we are able to offer them,” he says. According to Dr. Rand, one of the distinctive elements of NewYork-Presbyterian/Columbia’s Sports Medicine Fellowship and many other accredited fellowship programs is this breadth of clinical exposure within the same department.

Over the course of the year, Dr. Rand’s clinical training will consist of musculoskeletal and sports medicine outpatient practice with observation and mentorship by Dr. Visco. This will include structured experiences in outpatient sports medicine with physiatry, primary care, orthopedics, management of spine conditions, and cardiopulmonary rehabilitation, in addition to image interpretation with radiology. Fellows also train extensively in electrodiagnostic testing and fluoroscopic-guided spine injections, which have become a major component of physiatry practices. They are also exposed to related fields such as nutrition, sports psychology, and pharmacology.

Other key faculty in the fellowship program include Farah Hameed, MD, and Anna-Christina Bevelaqua, MD, at Columbia, and Alfred Gellhorn, MD, at Weill Cornell. “We emphasize an evidence-based approach to sports medicine practice,” says Dr. Gellhorn.

One aspect of clinical training, which both Dr. Visco and Dr. Rand see as a hallmark of the Sports Medicine Fellowship, is a longitudinal curriculum providing training in the use of ultrasound for diagnosis and therapeutic guidance. As diagnostic and interventional ultrasound in sports medicine has evolved, the Department of Rehabilitation and Regenerative Medicine has stayed at the forefront of the field – another distinguishing feature of the fellowship. “We offer very high level training in ultrasound, which sets us apart,” says Dr. Visco, an internationally recognized specialist in musculoskeletal ultrasound and ultrasound-guided procedures.

“The training program is clinically comprehensive, but we also have high expectations of our fellows to be educators as well,” explains Dr. Visco. “We want to give them a well-rounded multidisciplinary experience so that they will not only become experts in their area of clinical practice, but that they also develop their research and pedagogical skills as well.”

Fellows are expected to present at departmental grand rounds, submit manuscripts to peer-reviewed publications, present at national conferences, and participate in departmental and interdisciplinary journal clubs. The fellowship experience is also individualized by the fellow’s particular research interest. “Fellows will be involved in one of the Department’s main ongoing research projects,” says Dr. Visco. Prospective fellows are screened for their research interests during the interview process, allowing for the best possible match.

“There are so many enthusiastic faculty who are eager to teach,” says Dr. Rand. “The possibilities for pursuing collaborative research endeavors are open-ended. Any area you hope to pursue, you can do so here.”

One such collaboration involves the Columbia University School of Engineering and the development of diagnostic and therapeutic tools and techniques incorporating cutting-edge robotics.

“Through this collaboration, we have access to robotics right on the medical center campus,” says Dr. Rand.

It is this team-oriented approach towards rehabilitation medicine with opportunities for collaboration with multiple specialties that defines the Sports Medicine Fellowship experience. “Working in this collaborative fashion truly enhances the level of care that we can provide and the experiences we can offer fellows,” says Dr. Visco.

Through their newly accredited fellowship in Sports Medicine, the Department of Rehabilitation and Regenerative Medicine is creating future leaders in the field who will also be able to play important roles in advancing the specialty.

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Physical and Occupational Therapy Programs Expand Educational Offerings

In the Beginning
In 1942 and continuing through 1945, a pioneering faculty recognized the need to prepare physical therapists in the rehabilitation of those injured during a time of war. The program later evolved (1960) to offer the Baccalaureate Degree and Professional Certificate. In 1979, when the House of Delegates, APTA, adopted a resolution calling for entry-level education at the post-baccalaureate level, Columbia was one of the first programs to respond. The professional level Master of Science Degree program in Physical Therapy (MS) was established in 1980, making it the second oldest MS program in the United States. In 2003, Columbia University granted approval to transition the MS to the DPT.

A Robust Curriculum
The 14 core faculty is one of the strengths of the program. All have terminal doctoral degrees (PhD or EdD) or post-PT degrees. Four faculty are clinical specialists in orthopedics. The program adheres to the mission of Columbia University College of Physicians and Surgeons to “discover, educate, care, lead” by offering diversity and breadth of educational opportunity to enable faculty, students, and graduates to meet the needs of society in an ever-changing health care environment.

“In their third year, students can begin to explore their individual goals in physical therapy and specialize in an area of interest such as orthopedics, pediatrics, acute care, or neurology. The average number of electives in a typical PT curriculum is low – three to five – but we offer up to 15. That personalized education is very popular among the students.”

— Dr. Debra A. Clayton-Krasinski

The curriculum emphasizes the relationship of the health care provider and patient/client in the context of family, community, and society. In addition to foundational basic and clinical sciences, faculty focus on critical exploration, practice issues, and health care systems and management. Students are prepared to promote and maintain health and wellness throughout the life span, foster adaptation, and prevent dysfunction through learning principles that promote intellectual curiosity, critical thinking, problem-solving, and evidence-based practice. And students complete almost 1,440 hours of clinic work. The program has clinical affiliations with centers around the country that include NewYork-Presbyterian/Columbia University Medical Center and NewYork-Presbyterian/Weill Cornell Medical Center, Rancho Los Amigos National Rehabilitation Center in California, Cincinnati Children’s Hospital Medical Center, and the National Institutes of Health.

“We strongly believe we are graduating generalists, but we have a component of personalized education,” says Dr. Clayton-Krasinski. “In their third year, students can begin to explore their individual goals in physical therapy and specialize in an area of interest such as orthopedics, pediatrics, acute care, or neurology. The average number of electives in a typical PT curriculum is low – three to five – but we offer up to 15. That personalized education is very popular among the students.”

Dr. Clayton-Krasinski believes that students also benefit from the enormous resources of Columbia University and the campuses of NewYork-Presbyterian Hospital. “What we have within arm’s reach is astounding,” she adds. “Columbia University offers such diverse opportunities. The NewYork-Presbyterian physical therapists provide enormous strength, expertise, and mentorship to the DPT program. People are so enthused about what they do and eager to share that information. That kind of atmosphere, in its own way, makes the students and faculty strive to equal the excellence that surrounds them.”

A Range of Career Opportunities
Dr. Clayton-Krasinski emphasizes the marketability of students who graduate from the Columbia University Physical Therapy educational program. “Our students are getting prestigious jobs right out of graduation,” she says. “We have people working with the American Ballet Company, Cirque du Soleil, and a graduate who tours with a famous American singer. Our graduates work in hospitals, private practices, and rehabilitation centers. The majority of students accept employment in orthopedics and sports medicine, but others pursue work within pediatrics, adult neurorehabilitation, and geriatrics, the practice area of the future.”
OT Education Program: An Impressive Evolution

The Occupational Therapy clinical education program at NewYork-Presbyterian/Columbia has a long and distinguished history dating back to 1917. “The history of our program, in some ways, parallels the history of the occupational therapy profession,” says Janet P. Falk-Kessler, EdD, OTR, FAOTA, Vice Chair, Department of Rehabilitation and Regenerative Medicine, and Director, Programs in Occupational Therapy, NewYork-Presbyterian/Columbia. “We started at Columbia University with what was called Courses in Occupation on the heels of WWI. Even though occupational therapy began as a profession working with individuals with major mental illness, it was quickly discovered that what we do is really quite effective for people with all kinds of physical challenges. In the early part of the 20th century Columbia offered classes to people and after several months they would go out and start working with those who were coming back from the war.”

The Program in Occupational Therapy was officially established as a Baccalaureate Degree granting program in 1941. Originally housed on the Morningside campus, it moved to Columbia University Medical Center in 1945. “The curriculum was later restructured, and a Master’s of Science Degree program in Occupational Therapy was instituted reflecting the increase in knowledge base that was necessary for our profession,” says Dr. Falk-Kessler.

In 1988, a post-professional Master’s Degree program was offered to individuals who already had a Bachelor’s Degree in OT, and a dual-degree program with Columbia University Mailman School of Public Health was offered to individuals in both programs. Then in 2007, Columbia instituted a joint doctoral program in collaboration with Teachers College of Columbia University leading to a Doctor of Education in Movement Science with a specialization in occupational therapy. Today the Department of Rehabilitation and Regenerative Medicine is poised to launch a Clinical Doctorate in Occupational Therapy (OTD) for advanced clinical training. Its primary focus will be the role cognition plays in rehabilitation.

The Master’s Curriculum

Currently the entry-level OT educational experience at NewYork-Presbyterian/Columbia is a professional Master’s entry-level program that includes four semesters of academic and part-time clinical work, and six to nine months of full-time clinical experience. Nearly 20 percent of the graduate students complete fieldwork at either NewYork-Presbyterian/Columbia or NewYork-Presbyterian/Weill Cornell. “The content within each semester builds on the previous one, allowing us to add depth of knowledge and clinical skills as the students progress through the curriculum,” says Dr. Falk-Kessler.

The OT clinical education program is committed to providing quality learning experiences and guidance for students to help them develop the skills necessary to become vital and responsible members of the profession. The clinical affiliation period is a critical link between the academic and professional careers. The program combines basic science courses and learning about the full range of medical conditions with exposure to various clinical settings, including hand therapy, pediatrics, geriatrics, burn rehabilitation, vestibular rehabilitation, dysphagia, and behavioral health, in addition to general orthopedic and neurological rehabilitation.

“Occupational therapists use engagement in ‘occupations’ – meaningful client-centered activities – to enable clients to fully participate in their lives. It is the means of our treatment approach as well as our end goals. While engaging in a daily living or social activity may appear to others as simple, it is in reality the culmination of a very complex integration of a variety of diverse skills – motor, sensory, cognitive, etc.,” says Dr. Falk-Kessler. “What is important to us is not simply the skill improvement, but what a person can do with their skills – whether or not they are independent enough to get dressed and make meals for themselves, for example. But equally important is for them to go out and play that game of checkers with their grandson or participate in a book club. Our aim is to give them quality of life.”

Clinical experiences include, for example, a rotation in a homeless shelter. Students are assigned two full days a week for seven weeks to a facility where the primary treatment emphasis is working with individuals with behavioral health issues. “Tremendous advances have been made in working with people with mental health disorders,” notes Dr. Falk-Kessler. “We spend as much time with our students teaching them to help clients with behavioral health problems to function in their daily lives as we do with those who have a physical challenge. We have always believed that you can’t possibly be an occupational therapist working with any population unless you have a very strong background in the behavioral sciences with strong hands-on experience. All of our students not only take a series of courses related to that part of the curriculum, but they also do both part-time and full-time fieldwork in this area. When you come down to it, understanding all aspects of behavioral health is critical in being able to implement a treatment plan that is going to work for an individual.”

Helping People Live Their Lives

Critical attributes of an accomplished occupational therapist, adds Dr. Falk-Kessler, include a dedication to community service and a generous helping of creativity. “OTs take their creativity, their interest in psychology, and their interest in the human body, and figure out how it can all be put together,” she says. “Each person we work with is an individual. We may have 20 people of the identical age, gender, cultural background, and diagnosis, and we’ll develop a different treatment approach for each.

“The field of occupational therapy is very broad and most OTs do not work within the traditional medical model,” says Dr. Falk-Kessler. “A lot of their work is carried out in community-based programs and public education settings. They do whatever they need to do to enable their clients to participate in their lives. That is how we define function. Our end goal is to help somebody do what he or she needs and wants to do in his or her everyday life. Physicians may save lives. Occupational therapists enable people to live those lives.”

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More than a year ago the Department of Rehabilitation and Regenerative Medicine at NewYork-Presbyterian established the Subacute Inpatient Rehabilitation Unit at The Hebrew Home at Riverdale, a non-profit geriatric care organization offering the full continuum of senior care. Up and running smoothly under the direction of Samuel Rosenberg, DO, the Unit is getting high marks for providing a seamless and safe transition for patients discharged from NewYork-Presbyterian who still require medical supervision during their subacute rehabilitation.

“This program set out to extend our reach so that when patients leave the hospital they can continue to maintain a high level of medical and rehabilitation care to maximize their potential,” says Dr. Rosenberg, who serves as the admitting and primary physician at The Hebrew Home – just 10 minutes from NewYork-Presbyterian/Columbia. He is assisted by physiatrists Diane A. Thompson, MD, and Akinpelumi Beckley, MD, MBA, also members of the Department of Rehabilitation and Regenerative Medicine.

“Most facilities in other parts of the country that are affiliated with an academic medical center or hospital will have a doctor go in once or twice a week to see patients, but are not involved in the day-to-day care,” says Dr. Rosenberg. “Ours is one of the only programs in the country where the doctor is onsite full time to oversee the patients’ care.”

Dr. Rosenberg believes that the relationship between NewYork-Presbyterian and The Hebrew Home benefits patients in a number of ways. “When a patient leaves the hospital and moves on to a rehabilitation center, typically they arrive with a brief discharge summary,” he says. “The one document that is supposed to encapsulate everything that occurred during the patient’s hospitalization is the discharge summary, which includes the narrative of what occurred during hospitalization and instructions going forward, but can miss some of the finer details leading to the finalized decisions. We don’t have to rely on the discharge summary alone because we have immediate and full access to the patient’s medical records, which are linked electronically from NewYork-Presbyterian to The Hebrew Home.”

Dr. Rosenberg reviews patients’ charts, lab results, and medical history, which are critical particularly for those patients with extensive medical issues. “There is a wealth of history on patients that unfortunately is not available to most physicians when their patients go to another facility. But I can log in and review the notes of the consultants who saw the patient. Knowing the list of medications is important but insufficient. What is the plan? What has been done so far? What needs to get done? It allows us to obtain a much fuller picture of the patients and their needs.”

If any questions or concerns arise during a patient’s stay, Dr. Rosenberg can contact the physician who is following that patient. “We are in communication with the physicians who have been treating these patients,” he says. “If issues come up, we can bring them into the conversation. We also will have patients return to their doctors for visits. We get the teams involved. All of this has allowed us to admit more complicated patients and address increasing levels of medical complexity.”

Dr. Rosenberg also stresses that patients admitted to the Subacute Inpatient Rehabilitation Unit continue the trajectory of the medical treatment they received in the hospital. “With us, the patients’ doctors have a ‘local ambassador’ at the facility, one who can maintain communication with them about the status of their patients and ongoing care,” he says.

“As physiatrists, our perspective is from the prism of a rehabilitation background and not just internal medicine,” explains Dr. Rosenberg. “We are able to contribute meaningfully to patients’ rehabilitation and at the same time provide medical oversight and attention as needed.”

The Hebrew Home has a long history of providing outstanding nursing home care for more than a century, and the desire to partner with the Department of Rehabilitation Medicine was mutual. “Together with Dr. Rosenberg and all of the NewYork-Presbyterian physicians, our goal is to optimize patient care throughout the continuum,” says David Siegelman, Director of Rehabilitation at The Hebrew Home at Riverdale. “We are all working toward providing efficient, quality care in a timely manner, while also maximizing outcomes. And this program definitely allows for that. In the end, it’s about providing great care and that is meeting the mission of both organizations.”

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