

HUCM STUDENT APPLICATION FOR RESEARCH TRAVEL FUNDS

Completed applications are due two-months prior to travel.

Date: 1/22/26

Name: Jeffrey Palmer

Email: jeffrey.palmer@bison.howard.edu Phone : 8182948749

Class: M4

Conference Title: Association of Academic Physiatrists (AAP)

Location of Conference: San Juan Puerto Rico

Dates of Conference: 2/16/26 - 2/21/26

Dates of Requested Funding: 2/18/26 - 2/21/26

Name of HUCM Faculty Advisor: Dr. Miriam Michael

Signature of Research Faculty Advisor: M3 Michael

First Author/Oral Presenter or First Author/Poster Presenter x

Co/Author x

Letter of Invitation Attached yes

Date of Invitation Letter 10/23/25

Abstract Attached w all authors yes

*HU REQUEST FOR TRAVEL AUTHORIZATION FORM ATTACHED x

Requested Funding:

Airline \$ 355.50 Quote Attached

Hotel \$ 265.00 Quote Attached

Registration \$ 295 Other \$ 100

Please Explain on separate sheet

Total Requested \$ 1000.00 I approve this request for \$ 1,016.00

Approved XX /Not Approved John Stubbs III, PhD Dir. of Med. Student Res.

Approved / Not Approved Dr. Gondre Lewis, Ph.D.

Andrea Hayes Dixon, MD Dean, College of Medicine

*Approval is not guaranteed and it is dependent upon the availability of funding.

Funding is limited to \$ 1000.00 per student.

Students may only receive one research travel award per year.

Revised 01/22/26

HUCM Student Absence Request for Research Presentation

Student Name: Jeffrey Plamer

Student's Email: jeffrey.palmer@bison.howard.edu Student's Telephone : 8182948749

Dates of Meeting / Conference : February 16th - 21st

Name of Meeting/ Conference : Association of Academic Physiatrists (AAP)

Meeting Location: San Juan, Puerto Rico

Abstract Title: Association Between Height and Long-Term Risk of Knee Injuries in Athletes: Findings from a 20-Year Matched Cohort Study // Incidence and Prevalence of Achilles Tendinitis with emphasis on Activity: A 10-Year Analysis from the TriNetX Global Collaborative Network

Research Advisor : Dr. Miriam Michael

Please check one:

Invited Poster Presenter/ First Author: x

Invited Oral Presenter/ First Author:

Invited Presenting Co-Author: x

Date of Student Presentation: 02 / 19 & 20 2026

Student Absence Request

I, Jeffrey Palmer, request absence starting on 2/18/26 and ending on 2/21/26 in order to present at the above conference.

Student Signature:  Date: 1/22/26

Clerkship Absence Notification

Please identify the HUCM Clerkship / Rotation at the time of the conference:


Endocrinology Research

Is this an external clerkship: Yes or No x

Name of Clerkship Director at time of absence:

Dr. Maurice Fluitt

Acknowledged: X

Signature of Clerkship Director: 

Date: 2.2.2026 Please save and email form to student.

Student Absence Request forwarded to Associate Dean David Rose, MD

Approved: xx Not approved:

Signature: 


David Rose MD, Associate Dean of Student Affairs and Admission

Date: 2/3/26 Please save and email form to student.

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Revised 7/15/2024

Letters of Invitation:



PHYSIATRY '26

The future of physiatry happens here!
San Juan, Puerto Rico | February 17-21, 2026

[Congratulations](#) Jared!


We are excited to inform you that your abstract has been accepted for a Research Study Posters at Physiатry '26, the AAP Annual Meeting. We are pleased to invite you to present your work during our meeting in San Juan, Puerto Rico February 17-21, 2026.

Title: Association Between Height and Long-Term Risk of Knee Injuries in Athletes: Findings from a 20-Year Matched Cohort Study

Submission ID: 2220501

Now that you know you'll be presenting a poster at Physiатry '26, we have a few items we need you to complete. All of this information can be found on the [Poster Guide](#) page, so bookmark and refer back to it often.

[Registration](#) is now open. As a poster presenter, you must also register to attend the conference and it is not complimentary. We recommend you register before the December 18 Early Deadline for the best rates.



PHYSIATRY '26

The future of physiatry happens here!
San Juan, Puerto Rico

[Congratulations](#) Emmanuel!

We are excited to inform you that your abstract has been accepted for a Research Study Posters at Physiатry '26, the AAP Annual Meeting. We are pleased to invite you to present your work during our meeting in San Juan, Puerto Rico February 17-21, 2026.

Title: Incidence and Prevalence of Achilles Tendinitis with emphasis on Activity: A 10-Year Analysis from the TriNetX Global Collaborative Network

Submission ID: 2221185

Additional Details:

On the request for absence for presentation, I listed two of the projects that I will be presenting as that was all I had space for. There is a total of 4 that I will be presenting/assisting other students present. Attached is a photo of all of the projects I will be presenting.

Palmer, Jeffrey

Howard University College of Medicine

617 - Impact of Oral Contraceptive and Hormone Replacement Therapy Use Resulting in Increased Risk of Meniscal Degeneration of Female Athletes

623 - Association Between Height and Long-Term Risk of Knee Injuries in Athletes: Findings from a 20-Year Matched Cohort Study

1047 - Incidence and Prevalence of Achilles Tendinitis with emphasis on Activity: A 10-Year Analysis from the TriNetX Global Collaborative Network

1353 - The Role of Perioperative Ketamine in Shaping Psychiatric and Functional Outcomes After Total Hip Arthroplasty

Hello Jeffrey Palmer -

We are looking forward to seeing you in San Juan, Puerto Rico for Physiatry '26. All of the posters have been added to the [meeting website](#) and can be searched by title and author. You can also find the most current meeting schedule there.

A few important items to note as you prepare for the meeting:

- Poster presenters are required to [register](#) for the meeting. If you are receiving this email, you are confirmed to present your poster.
- You will need to print your poster and bring it with you to hang in the Poster Gallery on your assigned day. There are no virtual or electronic posters.
- All posters will be provided with 1/2 of 1 side of a 4'x8' display board. Recommended printing size is 48 inches by 36 inches. Poster components must be able to fit on the display board without overlap. Please see attached for reference.
- Visit our website for more [poster guidelines](#).

Your poster presentation information is below. Due to the amount of posters being presented we cannot accommodate requests to change days for poster presentations.

Association Between Height and Long-Term Risk of Knee Injuries in Athletes: Findings from a 20-Year Matched Cohort Study

Thursday February 19, 2026

5:00 PM - 6:30 PM

Poster # 623

Impact of Oral Contraceptive and Hormone Replacement Therapy Use Resulting in Increased Risk of Meniscal Degeneration of Female Athletes

Thursday February 19, 2026

5:00 PM - 6:30 PM

Poster # 617

The Role of Perioperative Ketamine in Shaping Psychiatric and Functional Outcomes After Total Hip Arthroplasty

Thursday February 19, 2026

5:00 PM - 6:30 PM

Poster # 1353

HUCM STUDENT APPLICATION FOR RESEARCH TRAVEL FUNDS

Association Between Height and Long-Term Risk of Knee Injuries in Athletes: Findings from a 20-Year Matched Cohort Study

Jerry Gibson¹, Nigel Beaton¹, Jared Hall¹, Emma Kosowski¹, Samrawit Zinabu², Syed Fahad Gillani², Miriam Michael^{2,3}, Jeffrey Palmer¹

Abstract

Background:

Knee injuries are a common cause of disability in athletes, and body morphology may influence injury risk. This study examines whether height is a risk factor for long-term knee injury among athletes using real-world data from a large, global health network.

Methods:

A retrospective cohort study was conducted using the TriNetX Global Collaborative Network, comprising 143 healthcare organizations. Athletes were grouped by height into Cohort 1 (66–72 inches; average height) and Cohort 2 (73–78 inches; tall). After 1:1 propensity score matching for age, sex, obesity, underweight, and steroid use, each cohort included 44,590 individuals. The primary outcome was a composite of knee injuries tracked over 20 years. Risk metrics, Kaplan-Meier survival analysis, and Cox proportional hazards models were used to evaluate outcomes.

Results:

Tall athletes had a higher risk of knee injury (8.0%) compared to average-height athletes (6.9%), with a statistically significant risk difference of -1.0% (95% CI: -0.014, -0.007; $p < 0.001$). The risk ratio was 0.868, and the odds ratio was 0.859, both favoring the average-height group. Kaplan-Meier analysis revealed lower injury-free survival in the tall group (83.3% vs. 85.3%), with a log-rank test p -value < 0.001 . The hazard ratio was 0.878 (95% CI: 0.837, 0.921), indicating a 12% higher risk over time for tall athletes. Although average-height athletes had slightly more injury instances, this difference was not statistically significant ($p = 0.068$).

Conclusion:

Taller athletes face a modest but statistically significant increased risk of knee injuries and

shorter injury-free intervals over 20 years. These findings suggest that height may be a biomechanical risk factor and support the implementation of targeted prevention strategies for taller individuals in athletic settings. Future research should explore modifiable contributors to this height-related vulnerability.

Incidence and Prevalence of Achilles Tendinitis with emphasis on Activity: A 10-Year Analysis from the TriNetX Global Collaborative Network

Emmanuel Kerolle, Rawan Elkomi, Syed Fahad Gillani, Malachi Scott, Jeffrey Palmer, Amara Chike, Somtochi Edeh, Quinton Johnson, Miriam Michael,

Abstract

Background: Achilles tendinitis is a frequent source of musculoskeletal pain and disability, yet large-scale, population-level data on its epidemiology remain scarce. Prior studies have largely focused on athletes or small subpopulations.

Objective: To estimate the incidence and prevalence of Achilles tendinitis in adults from 2015 to 2025, stratified by demographic and clinical risk factors.

Methods: This retrospective cohort study utilized de-identified electronic health records from the TriNetX Global Collaborative Network, encompassing data from 152 healthcare organizations. Adults aged ≥ 18 with a diagnosis of Achilles tendinitis (ICD-10: M76.6) or Achilles tendon injury (ICD-10: S86.0) were included. Variables analyzed included age, sex, race, ethnicity, BMI, physical activity, and diabetes status. Incidence was defined as new cases during the study period divided by the at-risk population; prevalence as all existing cases divided by total population. Matching and stratification were performed to adjust for key confounders.

Results: A total of 566,551 patients met inclusion criteria. Overall incidence was 28%, with a prevalence of 30%. Incidence peaked among adults aged 40–64 and was higher in women (31%) than in men (21%). Incidence was greatest among Pacific Islanders (56%) and Black/African Americans (34%). Higher BMI and comorbid diabetes were strongly associated with increased risk. Walking and running were more frequently associated with tendinitis than organized sports.

Conclusion: Achilles tendinitis is prevalent across the general adult population and not limited to athletes. Risk is highest in middle-aged adults, women, those with obesity, and individuals with diabetes. These findings suggest a need for broader clinical awareness and preventive strategies targeting metabolic and lifestyle risk factors.

“Increased Risk of meniscal degeneration with oral contraceptives and hormone replacement therapy”

Amari Eubanks¹, Kiana Allen¹, Dy’Quan Kearney¹, Diwane Mills¹, Damon Ross¹, Madison Burnard², Elizabeth Beyene⁴, Mekdem Bisrat⁴, Syed Fahad Gillani³, Jeffrey Palmer¹, Miriam Michael^{3,4}

Abstract

Background:

Meniscus degeneration is the gradual breakdown of cartilage in the knee that could lead to osteoarthritis. Female athletes in high-impact sports are at an increased risk, but the underlying reason for this is unknown. The deficiency of sex hormones (i.e, Estrogen) is known to influence connective tissue and joint health. Still, the impact of elevated hormones, such as those from oral contraceptives and hormone replacement therapy, is unknown. The study aims to evaluate elevated hormone levels in female athletes with the risk of meniscus injuries.

Methods:

A retrospective cohort study was conducted using the TriNetX Global Collaborative Network. Two cohorts were defined: female athletes aged 15-45 on oral contraceptive or hormone replacement therapy (n=61,888), and a control group of female athletes not on hormonal therapy (n=205,175). The primary outcome was the development of meniscus injuries, including meniscus tears or meniscus derangements. Patients with meniscus-related knee injuries and osteoarthritis before hormonal therapy were excluded. Statistical analyses included risk analysis, Kaplan-Meier survival analysis, and frequency analysis (i.e., the number of instances). Key metrics included risk ratio, hazard ratio, and survival probability over a 5-year follow-up period.

Results:

Oral Contraceptive Pills (OCP) and Hormone Replacement Therapy (HRT) in female athletes after matching (n=58,265, 50%) were positively associated with meniscus degeneration compared to female athletes who were not on hormone therapy (n=58,265, 50%). OCP and HRT athletes had a risk ratio of 1.369. Kaplan-Meier Analysis showed similar time-related meniscus injuries with OCP and HRT use (97.59% vs. 97.63%). Users demonstrated a minor increase in the average number of instances post-outcome (3.54 vs. 3.42). This difference was not statistically significant (p = 0.666).

Conclusions:

Hormonal therapy slightly increases the number of meniscus-related injuries for female athletes. These findings suggest that oral contraception and hormone therapy may impact joint health and should be considered for future risk assessments.

The Role of Perioperative Ketamine in Shaping Psychiatric and Functional Outcomes After Total Hip Arthroplasty

Tegshjargal Baasansukh, Syed Fahad Gillani, Rawan Elkomi, Chukwudalu Ononenyi, Malachi Scott, Liliana Light, Ayomide Ogunsakin, Jeffrey Palmer, Miriam Michael

Abstract

Background: Depression and anxiety are common among patients having total hip arthroplasty (THA) and are linked to worse postoperative results. Ketamine is a dissociative anesthetic with antidepressant effects and has gained popularity as a perioperative treatment for mental conditions like Major Depressive Disorder (MDD) and Generalized Anxiety Disorder (GAD).

Objective: To evaluate whether intraoperative ketamine administration improves short-term postoperative mental health outcomes in THA patients with preexisting MDD and/or GAD.

Methods: A retrospective cohort analysis was conducted utilizing TriNetX's Global Collaborative Network, with 152 healthcare institutions analyzed. We included adult patients (≥ 18 years) receiving THA with diagnoses of generalized anxiety disorder, major depressive disorder, or depressive episode. Two cohorts were formed using 1:1 propensity score matching to compare age, gender, and other characteristics. The cohorts included patients who received intraoperative ketamine ($n=21,394$) as well as those who did not. Depressive and anxiety episodes, as well as psychiatric drug use, were monitored and studied throughout a 90-day postoperative period.

Results: Compared to the controls, the ketamine group had a significantly higher risk of depressive episodes (24.9% vs. 20.2%; risk ratio [RR] 1.24; odds ratio [OR] 1.31; hazard ratio [HR] 1.28; $p<0.0001$), anxiety disorders (22.7% vs. 17.6%; RR 1.29; OR 1.37; HR 1.34; $p<0.0001$), and psychiatric medication use (38.6% vs. 35.8%; RR 1.08; OR 1.13; HR 1.09;

p<0.0001).

Conclusions: Our study showed that intraoperative ketamine was associated with higher short-term risk and earlier onset of postoperative psychiatric symptoms in patients with history of depression or anxiety undergoing THA. These findings challenge the previous literature of ketamine's perioperative psychiatric benefit and highlight the need for further prospective studies.

Registration for Conference:

Order Confirmation			
Association of Academic Physiatrists (AAP)			
10461 Mill Run Circle, Suite 730 Owings Mills, MD 21117			
Phone: 410-654-1000 Email: aap@physiatry.org			
Bill To:			
Jeff Palmer			
16934 Plummer St			
Northridge, CA 91343-2535			
Phone: (818) 294-8749			
Email: jeffrey.palmer@bison.howard.edu			
Order Info:			
Customer #: 75220325 Order #: 141980 Order Date: 12/14/2025			
Payment Method: Visa Card Number: 8848 Reference Number: 305348644045331			
Payment Amount: \$295.00			
Description	Qty	Price	Amount
Physiatry '26 <i>Event</i> Medical Student Member Registration <i>Purchased For:</i> Palmer, Jeff	1	\$295.00	\$295.00
Subtotal:			\$295.00
Tax:			\$0.00
Shipping:			\$0.00
Total Payment:			\$295.00

- The request for \$100 is for meal assistance during the conference.

HU Request for Travel Authorization Documents

Airline Quote: \$355.50 (total of \$189.50 + \$166.00)

JetBlue Airlines

JEFFREY PALMER

Washington
DCA

San Juan
SJU

TrueBlue Number:
[Add TrueBlue #](#)

Flight # 1347

Fare: Blue

Ticket number:
2792100400472

Seat: **16A**

[Manage my booking](#)

Payment Details

Visa XXXXXXXXXXXX3277	Credit Card	\$189.50
	Non Refundable	\$156.00
	Taxes & fees	\$33.50
Purchase Date: Jan 3, 2026 Request full receipt	Total	\$189.50 USD

Southwest Airlines

PASSENGER	Jeffrey Palmer	SEATS	Modify seat
RAPID REWARDS #	141504090	SJU - MCO	18F - Standard
TICKET #	5262117588936	MCO - DCA	18F - Standard

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Payment information

Total cost			Payment	
Air - BS2OLQ			January 3, 2026	
Base Fare	\$	128.00	Payment Amount	\$50.40
U.S. Transportation Tax	\$	23.40	Visa ending in 3277	
U.S. 9/11 Security Fee	\$	5.60		
U.S. Passenger Facility Chg	\$	9.00	January 3, 2026	
Total	\$	166.00	Payment Amount	\$115.60
			Flight Credit	

Hotel: \$265.00

I will be getting a Vrbo/AirBnB and sharing with 3 other Howard Medical Students to help cut costs who will be coming in different times/days. The total cost is \$1063.57, though I will be paying \$265.00 for my portion.

Booked

AirportOasis near Sea+Rainforest

5 nights · 5 adults

Vrbo reservation ID HA*****

C

Booked by Chukwudalu

Only the person who booked this can change or cancel this booking

Check-in

Tue, Feb 17

4:00 pm

>

Check-out

Sun, Feb 22

11:00 am

Contact host

Total

\$1,063.57

Payments

Payment 1

Paid

\$1,063.57

Your credit card statement may show charges by either Vrbo or the host.

REQUEST FOR TRAVEL AUTHORIZATION

HOWARD UNIVERSITY · OFFICE OF THE ASSISTANT TREASURER

2214 10th Street, N.W., Washington, D.C. 20059

Payment to Nonresident Alien is: Taxable Not Taxable

(To be Completed by NRATS) By: _____

Important – See Travel Regulations for Procedures

Division Name	Department Name	Room	Building	Employee Name	Telephone	Employee Account No.
Activity Dates		Purpose of Travel				
From	To					<input type="checkbox"/> Yes <input type="checkbox"/> Check <input type="checkbox"/> No <input type="checkbox"/> Cash
Estimated Expenditures – To Be Completed by Employee				Special Authorization Requested (Attach Supplement if Necessary)		
Transportation _____						
Lodging _____						
Meals _____						
Miscellaneous _____						
Total Requested _____						

Shaded Areas to Be Completed by Assistant Treasurer Office

E.C.	Dept. Account No.	Exp. Code	Authorization Code	Today's Date	Employee Name	Amount
			T			

Amount Advanced	Employee Soc. Sec. No.	Is Payee or the Beneficiary of the Payment a U.S. Citizen or Permanent Resident Alien?
		Yes _____ No _____ If “no” refer to HU Nonresident Alien Payment Manual
		Check here if Nonresident Alien information has been previously submitted _____
I hereby certify that I will file a settlement report, with supporting receipts, within ten (10) days after date of travel. I further understand and authorize the Office of the Assistant Treasurer as a condition of receiving an advance, to deduct the amount advanced from my payroll check if the settlement report is not submitted within the ten (10) days as stated above.		Responsible Person – Typed Name _____ Responsible Person – Signature _____
		Telephone Number _____ Date _____
Payee _____	Report Due Date _____	

Authorized By: Dean/Department Head (Type and Sign Name)

Authorized Expenditures: Dean/Department Head Check One

☐ Total Requested \$ _____ ☐ Limit of \$ _____

Authorized by: Vice President (Type and Sign Name)

Foreign Travel Approved By: President (Type and Sign Name)

Approval Date _____	Rejection Date _____	Dept. Notification Date _____	Return Date _____
Explanation _____			

Travel Regulations

1. The Office of the Assistant Treasurer is required to certify the availability of funds before any costs are incurred, whether personal or university funds are used. Should this approval not be obtained, any costs incurred become the obligation of the person or persons authorizing such expenditure.
2. The Internal Revenue Service (IRS) has strict rules and regulations governing taxation and reporting of payments made to Non-U.S. citizens. The citizenship information requested must be provided or this document will not be processed. Refer to the Howard University Nonresident Alien Payment Manual for complete instructions.
3. The employee has the option of receiving a check or cash, and must present a Howard University Employee ID Card at the time of payment.
4. A settlement report form must be completed and returned to the Office of the Assistant Treasurer within ten (10) days after the date of travel. If the required settlement report is not submitted on time, the total amount of the advance will be deducted from the employee's pay check.
5. The employee's account number is required when depositing unused advance funds with the cashier.

Procedures for Requesting Authorization and Obtaining Funds

1. Submit this form to the Office of the Assistant Treasurer at least seven (7) working days prior to the date of the travel.
2. Call the Accounts Payable Department, extension 62324, for date of disbursement.
3. Present a Howard University Employee ID to obtain cash from the Cashier's Office.

Data Required for Computer Processing

1. Enter department account number
2. Enter the appropriate expense code
3. Enter today's date as follows MMDD
4. Employee's name
5. Enter the amount of funds requested
6. Amount of Advance (if applicable)
7. Enter the Social security number of employee requesting the advance