# **fellow** SPOTLIGHT:

### **DAVID KIETRYS, PT, PHD, OCS, FCPP** *Fellow since 2017*

By Jon Goff, Associate Director of Fellowship Relations



#### ell us about your current appointment at Rutgers University and the focus of your work.

At Rutgers, I am an Associate Professor of Physical Therapy in the School of Health Professions— Department of Rehabilitation and Movement Sciences. I also serve as Assistant Vice-Chair for the department. I coordinate the musculoskeletal tract of the curriculum and provide leadership for 95 doctoral students as well as the faculty and staff in the Doctor of Physical Therapy Program—South, located in Blackwood NJ. My research is focused on disability and chronic pain issues in individuals living with HIV infection and HIV-related peripheral neuropathy.

You have done extensive work in treating disability and improving the lives of individuals living with HIV. Tell us about that work and the overall shift in healthcare to helping individuals manage HIV as a chronic disease.

Thanks to advances in anti-retroviral therapy, successfully treated persons living with HIV infection (PLHIV) have experienced improved longevity, with normal life expectancy in most cases. However, along with the improved longevity and ongoing management of HIV as a chronic disease, some individuals develop comorbidities and/or experience adverse side effects of some of the drugs used to prevent viral replication. Such comorbidities and side effects may have an adverse effect on quality of life and may be associated with disability and/or chronic pain. My research is focused on HIV-related peripheral neuropathy, which is one of the leading causes of chronic pain and disability in PLHIV. We are currently exploring the adverse impact of living with HIV-related neuropathy on physical function, gait, guality of life, and disability. Recent data has shown an association between disability with depression, pain, and the duration of HIV infection. Future studies will explore the efficacy of non-pharmaceutical intentions such as yoga or physical therapy for management of chronic pain in PLHIV. It is very important to identify effective non-pharmaceutical approaches to management of chronic pain, particularly in light of our country's current opioid epidemic.

#### Tell us about how you first got involved with the College through the Mütter Museum. What interested you about becoming a Fellow of the College?

My first visit to the Mütter Museum was over 25 years ago. Since 1999, I have been teaching a musculoskeletal pathology course at Rutgers, and I bring my students to the Mütter as a requirement for that course. As a reward to myself for completing my PhD in 2010, I went through the docent training program with Museum educator Marcy Engleman. A few years ago, I learned about the Fellowship through my colleague Maria Benedetto. I was excited to discover how fellowship in the College creates new and exciting opportunities for giving back to the community. I have collaborated with Jacqui Bowman at the College and several of my physical therapy colleagues to create public service posters about the benefits of exercise for people living with HIV infection for use at the College's annual HIV testing event, and have recently become involved with the Out4STEM program.

## Talk to us about the work you've done with the College's Out4STEM program.

I started working with Quincy Greene and the Out4STEM program this past year. As a member of the LGBTQ community myself, I was very grateful for this opportunity to help mentor LGBTQ high school students who need a safe and supportive space to explore their interests in STEM careers. In addition to sharing my perspectives about the health professions, I have participated in panel discussions on career pathways and opportunities. Currently, I am collaborating with Paul D'Avanzo on a series of talks titled "Research 101" that provide essential information and an orientation on how to pursue a research career.

## *Tell us about one of your favorite items in the College's Library or the Mütter Museum.*

I could easily fill an entire tour talking about Harry Eastlack and Cheng and Eng Bunker. The exhibits associated with these men provide a rich opportunity to talk about rare pathologies (fibrodysplasia ossificans progressiva in the case of Harry) and congenital conditions (conjoined twins in the case of Cheng and Eng). In addition, and perhaps even more importantly, the exhibits allow me to delve into the human side of their stories, and generate dialogue about psychosocial issues such as stigma, discrimination, perceived disability, and resilience. I never fail to mention that Cheng and Eng had successful careers and fathered 21 children. The latter of those two facts always causes quite a reaction. By discussing both the biomedical and psychosocial aspects of their lives, students and museum guests are afforded the opportunity to gain knowledge and develop a sense of empathy about the challenges faced by individuals living with certain conditions.



This is the skeleton of Harry Eastlack. Eastlack had a rare disorder called fibrodysplasia ossificans progressiva (FOP). It is caused by a genetic mutation that transforms connective tissue, such as muscle, ligaments, and tendons, into bone. This results in progressive fusion of all the joints in the skeletal system. It occurs only in about 1 in 2 million births, and most cases are due to spontaneous genetic mutation rather than a heritable one.