



aaPM&R

American Academy of
Physical Medicine and Rehabilitation

What is a Physiatrist?

Physiatry: Definition

Physiatry:

From Greek *physikos* (physical) and *iatreia* (art of healing)

Known as Physical & Rehabilitation Medicine



Historical Perspective

- Physical modalities date to ancient times
- Modern medical specialty began to develop during WW I
- Coalesced during and after WWII and the polio epidemic
 - Addressing need for rehabilitation of injured veterans and polio survivors
- Physiatry formally recognized as medical specialty in 1947
- Today, over 7000 board-certified physiatrists nationwide

Physiatry: Myths and Truths

Physiatrists are...

- MDs
- able to diagnose and prescribe
- located throughout the US
- available for in-patient and out-patient care

Physiatrists are NOT...

- in competition with PCPs
- physical therapists (physiotherapists)
- chiropractors
- psychiatrists!



Physiatry: Training

- 4-year medical school
- Residency programs
 - 81* accredited programs listed in the US in 2000
 - 1 year fundamental clinical skills
 - 3 years PM&R training
- Fellowships
 - Fellowship programs allow for sub-specialization
 - Eg. spinal cord injury, sports medicine, pain



*AAP. Residency Training Program Directory (2000) Available at:
<http://www.physiatry.org/education/pdfs/rtdIntro.pdf>*

Multispecialty Approach

- Residency training is unique in its multispecialty process, which allows a very unique patient care approach
- Physiatrists receive formal orthopedic, rheumatologic, musculoskeletal & neurologic training to care for patients in both the inpatient and outpatient settings
- Physiatrists perform electromyography, musculoskeletal ultrasound & advanced spinal/joint injections
- Priority is to avoid surgery while maintaining function

Physiatry: Improving Function

- Goal is prevention, diagnosis, and treatment of disorders that may produce temporary or permanent impairment
- Restoration of **function**
- Maximize **quality of life**
- “Whole-istic” approach (the whole patient, not just a body part): patient-centered care

Physiatry: Conditions Treated

- **Musculoskeletal**
 - Trauma and injuries:
 - Sports- or work-related injuries, repetitive use disorders (e.g. carpal tunnel syndrome)
 - Acute and chronic pain syndromes:
 - Back/neck pain
 - Diseases
 - Osteoporosis, arthritis
 - Other
 - Rehabilitation following joint reconstruction, amputation



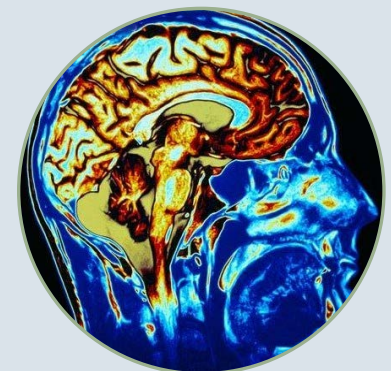
Physiatry: Conditions Treated

- **Cardiovascular**
 - Cardiac rehabilitation
 - Vascular diseases
- **Pulmonary**
 - COPD
 - Other respiratory dysfunction
- **Others include:**
 - Rehabilitation for cancer, HIV, pediatrics, geriatrics



Physiatry: Conditions Treated

- **Neurologic**
 - Spinal cord injury, traumatic brain injury
 - Stroke
 - Multiple sclerosis
 - Peripheral neuropathy
 - Movement disorders: Parkinson's disease, cervical dystonia, other focal dystonias
 - Motor neuron disease



- **Examples:**
 - Traumatic brain injury: improve cognitive and social functioning and return-to-work issues
 - Acute disc herniation: maximize function and decrease pain with various injection techniques (including epidurals) and physical therapy, while avoiding surgical intervention
 - Post-hip replacement: decrease pain and improve functional gait/activities
 - Sprained ankle: strengthen and improve proprioception

- **Examples:**
 - Post MI: optimize cardiopulmonary function
 - Spinal cord injury: manage spasticity and assess need for appropriate adaptive equipment
 - Post-stroke: increase mobility and range of motion in patients with spasticity, use focal treatment with botulinum toxin or phenol injection in conjunction with physical/occupational therapy