

Understanding PM&R

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The Role of PM&R in Providing Quality Healthcare

Understanding the Role of PM&R

Providing Quality Healthcare

But seriously, what is PM&R?

Physical medicine and rehabilitation (PM&R), also referred to as physiatry, is a medical specialty concerned with diagnosis, evaluation, and management of persons of all ages with physical and/or cognitive impairment and disability. This specialty involves diagnosis and treatment of patients with painful or functionally limiting conditions, the management of comorbidities and co-impairments, diagnostic and therapeutic injection procedures, electrodiagnostic medicines, and emphasis on prevention of complications of disability from secondary conditions.

-The American Board of Physical Medicine and Rehabilitation



What is PM&R or Physiatry?

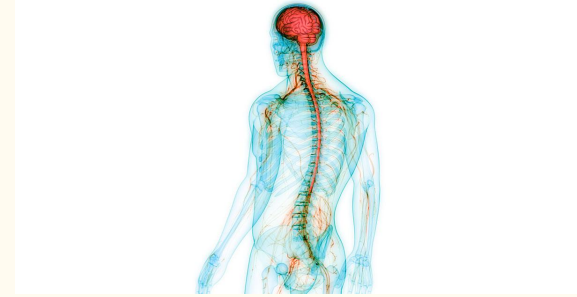
- Physical Medicine and Rehabilitation
- Established medical specialty that focuses on:
 - Enhancing and restoring functional ability and quality of life
 - Maximizing independence in activities of daily living (ADLs)
- Design comprehensive-patient centered treatment plans
- Multi-disciplinary, working close with PT, OT, SLP and other therapies (recreational, art, music, etc.)



What conditions do Physiatrists treat?

- People with physical impairments or disabilities affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles, and tendons including:
 - Stroke
 - Spinal cord Injury
 - Traumatic Brain Injury
 - Neuromuscular diseases
 - Cancer
 - Birth Defects (CP, spina bifida, etc)
 - Muscular Dystrophy
 - Multiple Sclerosis
 - Amputation
 - Recovery from trauma
 - Sports related injuries
 - Back Pain
 - MSK pain
 - Arthritis, tendinitis

Education and Training



- Four years of college
- Four years of medical school
- Four years of residency
 - Preliminary intern year
 - 3 years of dedicated PM&R learning/reviewing all major body systems and their impact on function
 - Options for subspecialty training with fellowship
 - Brain Injury
 - Spinal Cord Injury
 - Pain Medicine
 - Peds
 - Cancer
 - Sports
 - Sports and spine (non accredited)
 - Palliative



Diagnosis and Treatment- *The PM&R Approach*

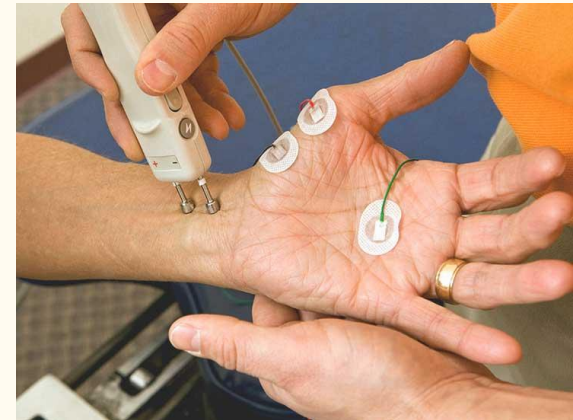
- Aimed at comprehensive, individualized care
- Patient-centered
- Non-surgical but do refer to nsgy/ortho if needed
- Using team approach, physiatrist serves as team leader
- Preventative medicine
- Goal-directed care with measurable goals
- Function and quality of life!





Diagnoses

- Physical exam
- Imaging
- EMG/Nerve conduction studies to diagnose nerve and muscle injuries/diseases
- Ultrasound diagnosis (and treatment)



Treatment

- PT, OT, SLP
- Manual (osteopathic) medicine
- Prescription medication
- Injections

Treatment

- Prescribe physical therapy, occupational therapy, speech therapy with greater understanding of specific modalities
 - Targeted exercise and strengthening
 - Heat and cold therapy, desensitization techniques
 - Biofeedback
 - Gait training- vector, lokomat



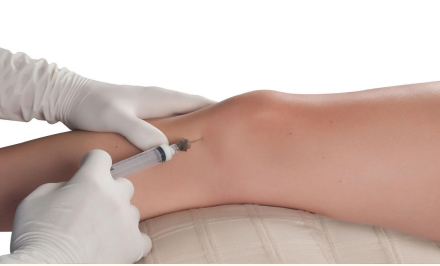
Treatment- Manual Medicine

Osteopathic Manipulation



Treatment-prescription medication

- Able to prescribe any and all medications deemed appropriate
- Some common medications used to address function:
 - Antispasmodics (baclofen, tizanidine, dantrolene, valium)
 - Neuropathic pain (Gabapentin, Lyrica)
 - Antidepressants
 - Stimulants
 - Bowel/bladder medications



Treatment

- Injections
 - Steroid
 - Trigger point
 - Botulinum toxin injection for spasticity
 - Phenol
 - Epidural
- Can be “blind” using anatomical landmarks, ultrasound guided, emg guided, or fluoroscopy guided
- Baclofen pumps



Low Back Pain- A case example

- SF is a 35yo factory worker who has been out of work for 10 months because of back pain
- Symptoms
 - constant lower back pain, decreased activity, overweight, depressed
- Previous treatment
 - Physical therapy, massage, heat packs, OTC medication

Low Back Pain-Epidemiology

- 4/5 Americans will experience low back pain
- Most common musculoskeletal problem globally and the leading cause of activity limitation and absenteeism from work and disability
- 6th most costly conclusion in the US with health care costs and indirect costs due to back pain ~\$50 billion/year
- Always a top cause for primary care visit



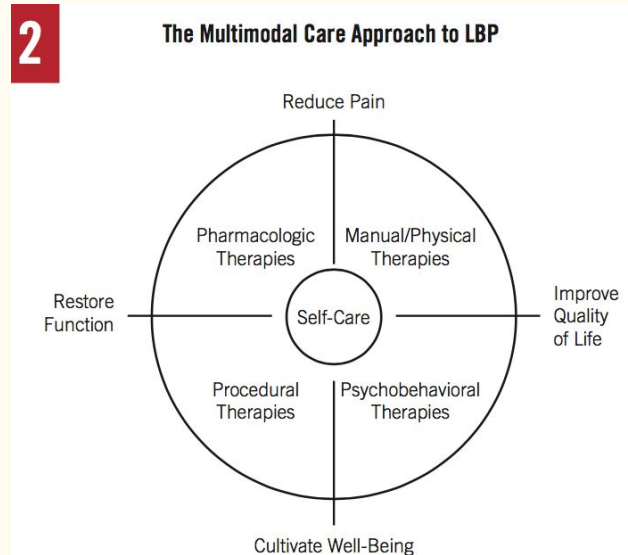
Low Back Pain: *A PM&R Approach*

- Comprehensive medical history and physical exam paying close attention to msk and neuro exam
- Assessment of patient lifestyle and occupational risks
- Potential for future complications
- Goals



Low Back Pain: *Treatment Plan, looking at the whole person*

- Physical therapy program
- Pain and sleep medication
- Addressing mood
- Patient counseling and education
- Measure progress
- Injections may be considered pending progress



Low back pain: *results*

- Pain relief from comprehensive approach of medication, sleep, and PT, leading to overall improved function and quality of life
- Patient was able to return to work in 33 days
- Continues to do home exercise program and practice prevention techniques

PM&R Success in Treating Low Back Pain

- Back Pain Survey in New York magazine
- Patients report greater relief from low back pain when treated by PM&R physicians

Stroke Rehabilitation: *A case example*

- AM is a 78yo woman with diabetes
- Presented with left sided weakness and numbness
- Monitored and discharged:
 - Home
 - vs
 - Acute rehabilitation



Stroke Rehabilitation: *A case example*

➤ Discharged home

- She was given medicine to prevent recurrence of stroke
- One week later, she falls and is readmitted for knee injury



Stroke-statistics

- Leading cause of serious long term disability in the US
- Second leading cause of mortality
- There are over 7 million stroke survivors and $\frac{2}{3}$ of them have disability
- >\$30 billion cost to society
- Recovery typically involves multiple care settings and best recovery requires multidisciplinary approach

Stroke Rehabilitation: *A case example*

- Discharged to acute inpatient rehabilitation
- Care team includes: Psychiatrist, PT, OT, SLP, case manager, nursing, psychologist, nursing
- Goals are placed and updated regularly
 - Maximize mobility
 - Regain functional independence and confidence
 - Manage comorbid depression
 - Prevent more falls
 - Safety improvements to living environment



Stroke Rehab- *Outcomes*

- She makes functional improvements and both she and family are involved in adjustment to residual deficits from new disability
- Her other medical problems are managed and optimized during her stay
- She is discharged to home with outpatient therapies and appropriate follow up is in place to ensure continuity of care

Stroke Rehab: outcome

- Two years later, she continues to live independently with no more falls
- She is able to maintain independent personal care skills and enjoy her days
- Alice's mood and confidence are greatly restored



What can PM&R Physicians do for you?

- ★ Patient centered, multidisciplinary care
- ★ Looking at the whole person
- ★ Match resources to patient needs
- ★ Balance quality and cost of care
- ★ Team oriented
- ★ Measurable goals
- ★ Non surgical treatment to maximize function including therapy, physical modalities, medication, and injections

How to locate and PM&R Physician

- Referral/recommendation from primary care doctor
- Telephone directories
- Local medical society
- www.aapmr.org

PM&R- Adding quality to life

“Quality of life has long been the goal of PM&R. We strive to achieve that goal by looking at the multiple problems of a patient, minimizing those problems, and optimizing function.”