

# WHAT IS A PHYSIATRIST?

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# Physiatry: Definition

## PHYSIATRY:

- From Greek ***physikos*** (physical) and ***iatreia*** (art of healing)
- Know as Physical and Rehabilitation Medicine





# Historical Perspective

- **Physical modalities date back to ancient times**
- Modern medical specialty began to develop during WWI
- 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 11,000 board-certified physiatrists nationwide



# Physiatry: Myths and Truths

## PHYSIATRISTS ARE...

- MDs and DOs
- Able to diagnose and prescribe
- Located throughout the U.S.
- Available for in-patient and out-patient care
- Integral members of the care team

## PHYSIATRISTS ARE NOT...

- In competition with PCPs
- Physical therapists (physiotherapists)
- Chiropractors
- Psychiatrists
- Podiatrists



# Physiatry: Training

4-year medical school

Residency programs

- 78 accredited programs listed in the US in 2015
- 1 year internal medicine prelim, surgical prelim, or transitional year
- 3 years PM&R training

Fellowships

- Fellowship programs allow for sub-specialization
- E.g., spinal core injury, sports medicine, pain





# Subspecialty/Fellowship Training

- Subspecialty fellowships accredited by the ACGME for physical medicine and rehabilitation include:
  - Hospice and palliative medicine
  - Neuromuscular medicine
  - Pain medicine
  - Pediatric rehabilitation
  - Spinal cord injury medicine
  - Sports medicine
  - Traumatic brain injury



# Subspecialty/Fellowship Training

- Non-ACGME accredited fellowships available for physical medicine and rehabilitation include:
  - Cancer rehabilitation
  - Multiple sclerosis
  - Neurorehabilitation
  - Research
  - Spine rehabilitation/interventional spine



# The Psychiatric Approach

Guiding principles:

- Patient ***FUNCTION*** and ***QUALITY OF LIFE***
- Integrated care

Combine pharmacological and non-pharmacological modalities

- ***Non-surgical*** approach and treatment and rehabilitation

Coordinate ***interdisciplinary treatment team***

- Work with PCP, specialists, physical and other therapists





# Multispecialty Approach

- Residency training is unique in its multispecialty process, which allows for a very unique patient care approach
- Physiatrists receive formal orthopedic, rheumatologic, musculoskeletal and neurologic training to care for patients in both in-patient and out-patient settings
- Physiatrists perform electromyography, musculoskeletal ultrasound and 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



# Practice Settings: Inpatient

- Leads an interdisciplinary team (physical, occupational and/or speech therapist, social worker, psychologist and chaplain)
- Oversees the medical component as well prescription of therapeutic modalities
- Typically treats spinal cord injury, brain injury (traumatic and non-traumatic), stroke, multiple sclerosis, polio, burn care, and musculoskeletal and pediatric rehabilitation



# Practice Settings: Outpatient

- Experts at nonsurgical management of conditions including orthopaedic injuries, spine-related pain and dysfunction, occupational injuries and overuse symptoms, neurogenic bowel/bladder, pressure sore management, spasticity management and chronic pain
- Typically practice in multidisciplinary groups with other physiatrists, orthopaedic surgeons and/or neurosurgeons



# 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

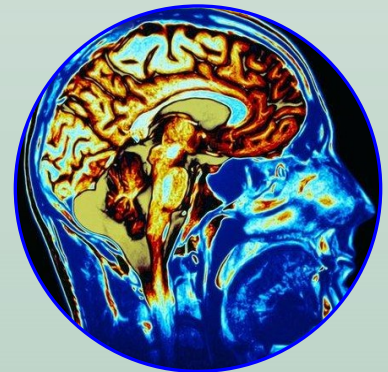




# Physiatry: Conditions Treated

- **Neurologic**

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





# The Physiatric Approach to Care

- **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





# The Psychiatric Approach to Care

- **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