

Letter to Editor

What is happening to PMR in India ?

Dear Sir,

Allow me the privilege of your journal to reach our member to ventilate my feelings about PMR. Physical Medicine and Rehabilitation is at a critical juncture all over the world and particularly in India. It had advanced as a field of medicine in every way it has been accepted by academicians that Rehabilitation is one of the three major branches of Medicine. The other two being Preventive Medicine and Curative or Management Medicine. In spite of all this field as Physical Medicine and Rehabilitation is not recognized by our own colleagues in other branches of Medicine. General public does not understand the meaning of Physical Medicine or Rehabilitation and the Psychiatry is confused with Psychiatry.

What is happening ? Where is the fault ? It is time for us to take stock of the situation and get us back in the main stream.

First of all what is Rehabilitation? Rehabilitation is not merely giving some body a walking aid or a wheelchair. It is not a method of treatment. Not even principle of treatment. Rehabilitation is not a specialized technique of treatment. Rehabilitation is a philosophy in action - the philosophy of total care of the patient as well as the continuing care for the patient.

In the Rehabilitation of disabled patients such as in cerebrovascular accidents, cerebral palsy, rheumatoid arthritis, amputations or severe multiple disorders of the musculoskeletal system the total care of the patient by any single individual is not possible. It requires a team effort by Psychiatrist, Neurologist, Orthopedic Surgeon, Physiotherapist, Occupational Therapists, Orthotist and other Paraprofessionals with the Psychiatrist leading the team or as the co-

ordinator. If one has to be the leader he/she should be well versed in all the aspects of the management plan but not necessarily a master in any of the areas. But he/she should be able to grasp the situation to make the decision and guide the other team members to help the disabled.

The problem we are now facing is that there is an absolute lack of awareness about the speciality among our own colleagues. I was surprised to hear from a Rheumatologist saying "What do the Psychiatrists know about the treatment of arthritis? You should be a doctor and know your immunology" displaying his lack of understanding of Psychiatry and Arthritis! Another one an examiner for the Physiotherapy students said, "So you are an orthopedic surgeon"?

Unfortunately this speciality has become an Orthopedically oriented speciality. Most of our distinguished senior colleagues are Orthopedic Surgeon turned Physical Medicine and Rehabilitation specialists. Their loyalty lies with orthopedic surgery first. Probably they were the first people to realize the value of this specialty and pursued it. We have to thank them for developing it. There is nothing wrong in it. But the parents should recognize the adulthood of their wards and stop looking over their shoulders and to let them develop on their own identity.

Every one should realize that this is an independent speciality and should be allowed to develop as such. There should be no condition the Dip. in Ortho is needed to become a PM&R Specialist or to get a promotion. With the orthopedics background you are basically a Surgeon and you do the best you know - OPERATE said Dr. Ernie Johnson of Ohio. A patient with back pain goes to the Orthopedic Surgeon and knives are thrown at him from all around. Later in the

mid seventies the Surgeons decided that surgery was not the answer for back pain. The best treatment for chronic back pain is TIME AND MOTHER NATURE says Dr. Ernie Johnson in his editorial in the AAP Journal and I tend to agree with him. The other Orthopedic Surgeon is reluctant to send his patient to another Orthopedic Surgeon basically because he thinks that what one Orthopedic Surgeon does the other can also do. In the end the patients are the ultimate losers as they get less than optimum care.

One of the biggest drawbacks we have is that our specialty does not have an organ of its own as in the case of a Cardiologist a Heart, Lung in Pulmonology, Kidney in Nephrology, Bone in Orthopedics. For PM&R we have the whole body, family and the environment. The Family Physician and the Specialist should be made aware of this fact. And as we have seen earlier in whole team takes over in the management of the patient. The creating of the awareness should be started at the undergraduate level. All the Medical Schools should have a fully equipped Physical Medicine and Rehabilitation unit manned by a well trained Physiatrist. The Universities should take a second look at the curriculum. The first clinical year students should be posted in the department for learning the musculo skeletal system assessment and later on the intergrated teaching should be encouraged. A disabled patient is to be followed by the student from admission to discharge with him taking an active role in the treatment planing and management decisions. This will let the students have a feel for all the areas in medicine and when he gets out he can send his patients to the appropriate specialists for help. He will also be encouraged to take up this speciality.

At the post graduate level we should revamp the curriculum. A PMR student go through General Medicine, ICU, Pulmonary Medicine, Neurology and Neurosurgery, Orthopedics and

Pediatrics. One need not know every Orthopedic Surgery or Neurosurgical techniques but should have a basic working knowledge to help him in the Rehabilitation of the patient. The same way the student should undergo a basic training in Physiotherapy, Occupational therapy, Orthotics and Prosthetics as well as exposure in Speech and Hearing the General Psychology. Again there is no need for him to know every technique in book but have good working knowledge to guide the paramedical professionals to help his patients. The post graduate course should be of four years duration to enable him/her to complete this sort of rotation. There should not be two level postgraduate studies in PMR and for that matter in any speciality. It is also time for us to go to the Government and tell them that PMR does not need D. Ortho. to get his promotion in the Government service any longer.

There is one important thing that is causing a lot of heart ache and belly aching at the same time. This is the relationship between the Physiatrist and Physical Therapist and the inability of the medical community to distinguish us. The attitude of one towards the other is causing an eternal misunderstanding. This is simply because each one has a bigger ego than the other. It is time every one takes pride in their own field of specialty and work for the benefit of our benefactors: the patients. It is also time that every one realizes that Physician is the one who evaluates the patient and makes a diagnosis taking into consideration of all concomitant disorders and problems with the patient and then prescribes the treatment. A Therapist is the one who, like the Nurse carries out the treatment plan after ascertaining the facts to his own satisfaction and communicates with the Physician to review the treatment plan and the Progress and to modify the treatment when needed. Deviation from this is not justified and injurious to both the professions and the patients as well in the long run.

To summarise the whole thing :

Reasons for slow recognition are -

1. Lack of awareness among Medical Profession and among the general public.
2. Lack of organised programs to highlight the importance of this speciality in Medical Schools.
3. Non recognition of this Speciality as an independent Speciality on its own right.
4. Lack of good working relationship between the Physiatrists and the Physiotherapists.

What do you do ?

1. Full fledged departments of Physical Medicine and Rehabilitation in every teaching hospital.
2. Integrating the PMR Department as an undergraduate teaching department.
3. Revamping the Physical Medicine and Rehabilitation curriculum.
4. Creating a good rapport among the Physiatrists and other Consultants.
5. Creating a good healthy professional relationship among Medical and Paramedical professionals.

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