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Perspectives of Physical Medicine and Rehabilitation

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'Rehabilitation Medicine' an unique speciality though practiced in India for more than three decades is not known to many/any doctors, medicos, patients and the public. The only two terms known to them in this regard are 1) Physiotherapy and 2) Orthopaedics. Physiotherapy, a modality to treat diseases by physical means and agents has been practiced for much longer time, much earlier than the speciality of Physical Medicine and Rehabilitation which was introduced in the medical field at a much later date. The first Physiotherapist, Mary Mc Millan who was an American Physical educationist-turned-therapist advocated massage, manipulation and excercises on patients with musculoskeletal disorders during world war I, and found them very useful.

The speciality of orthopaedics is also a well known recognised branch of surgery which aims at treating patients with musculoskeletal disorders, and was practiced by many for a very long time.

The word 'Physical Medicine' was coined in 1931, in England by the Physicians who treated the locomotor disorders particularly rheumatism with hydrotherapy, movements and electrotherapy following certain physical laws, and using physical methods such as exercises and physical agents such as heat, light, electricity, magnetism and sound. They designated themselves as "PHYSIATRISTS" (Physio=Physical agents; IATROS=Physician). The term 'physiatry' is often misleading and cofused with 'physiotherapy' or 'psychiatry'.

'Rheumatological diseases' were the main cause for development of deformities and disabilities in England. Efforts to restore physical ability, activities of daily living to the disabled patients paved the way to use the word 'Rehabilitiation' which means restoration and the speciality of 'Physical Medicine and Rehabilitation' was thus born. But in modern practice the term 'Rehabilitiation Medicine' is preferable and appropriate.

In the wake of the second world war 1941-42, as many armed forces personnel were affected with disability due to many causes, it was Dr. Howard Rusk, a physician of Internal Medicine who took the initiaitive to establish this speciality in U.S.A. by the opening of Institute of Rehabilitiation Medicine, New York, where rehabilitation was imparted in the form of physiotherapy, occupational therapy, Prosthetic-orthotic fittings, psychotherapy, speech therapy, social assistance, vocational evaluation and vocational guidance (a programme of TOTAL REHABILITATION). He can be rightly called the father of 'Rehabilitation Medicine'.

In India the starting of Rehabilitation services was done by the Ministry of Defence for the Armed Forces personnel by the opening of the army artificial limb centre and the spinal injuries (Paraplegia centre), kirkee, during the same time in 1941-42.

For the civilian population, a total comprehensive rehabilitation programme was instituted

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by the starting of All India Institute of Physical Medicine and Rehabilitation, Bombay by Govt. of India, in 1950 by its founder-Director Dr. M.V. Sant. Though Dr. Sant was an orthopaedic surgeon, for the major part of his life he dedicated himself to the cause of the development of the speciality of' Rehabilitation Medicine' by practicing only that speciality and by training the paramedical personnel such as Physiotherapists, occupational therapists prosthetists- orthotists, social workers etc. He conducted many short term training courses in his Institute for the doctors and the paramedical personnel and taught them the subject of 'Rehabilitation Medicine'. Following his example some orthopaedic surgeons also abandoned their parent speciality and took up the new speciality and devoted and dedicated themselves for the cause of Rehabilitation of the disabled of this country.

In other parts of the country - a few orthopaedic surgeons developed only physiotherapy services to treat their own patients suffering from trauma and orthopaedic disorders, as the results of their treatment of these conditions would not be successful and complete without physiotherapy.

In the study of modern medicine which comprises of the three phases, namely 1) Community Medicine 2) Curative Medicine and 3) Rehabilitation-Medicine, the branch of'Curative medicine' is most attractive and very glamorous to the younger generation of doctors and the other two branches though very important and have potentialities are not well recognised and well received. In 1971, WHO came out with the definition of doctor of modern medicine as a medical graduate who has undergone a 4½ year duration course and an internship of one year and becomes independent in 1) Prevention 2) Diagnosis 3) Treatment and 4) Rehabiliation. The word 'Rehabiliation' was added recently showing that this trend is modern. Though 'Rehabilitation' was thus added to the programme of medical education no efforts have been taken to include this subject in the undergraduate curriculum in this country.

India is now a developing country as all modern technology in all fields including medicine have been introduced. There are 35 countries in the world practicing the speciality of Physical Medicine and Rehabilitation and India is one of the countries where this speciality is not well known and well recognised. There are many reasons for this state of affairs.

The wrong notions held by many that this speciality is only for chronically ill patients, for patients with incurable diseases, a dumping ground for the abandoned, a place only for distribution of aids, crutches, calipers and wheelchairs, a place where limbs are moved this way and that way, have all to be condemned. It should be realised by all that even patients will acute musculoskeletal disorders are treated by this scientific means and rehabilitation starts even from the time of the injury or the onset of disease.

Rehabilitation is distinctly not a separate phase of care following diagnosis of acute disorders and their treatment like a dessert at the end of a 3 course meal. It is a part and parcel of the main meal. It is an integral part of all medical management throughout the period of actue care, reactivation and readaptation.

The Speciality of 'Rehabilitation Medicine' should be developed as an independent speciality and not as a sub-speciality under another well known speciality. A Rehabilitation Medicine specialist is preferably a Physician well versed in internal medicine, including subjects such as cardiopulmonary, rheumatology, neurology, pediatrics, geriatrics, Orthopaedic MEDICINE and also he should be familiar with physical and other paramedical therapies and drugs used for various ailments with a view for total care of the disabled. He should know the basic fundamentals of physiotherapy, occupational therapy, psychotherapy and speech therapy. He should be familiar with the instrumentation, application of therapies and handling of the equipments used in his department. Prescription and check up of prosthetic and

orthotics fittings and gait training should be precisely known to him. A definite daily programme should be charted out by him for the patients and he should be able to meet the medical emergencies arising in the outpatients and wards.

Apart from training of doctors in this new field, it is also necessary to train paramedical personnel. Hence degree courses in physiotherapy, occupational therapy and prosthetics-orthotics Engineering should be started in Dept. of Physical Medicine & Rehabiliation in all the medical colleges. This could be done only under the leadership of Rehabilitation Medicine specialists. There should be cordial relationship between the doctors and the paramedical personnel. The physiotherapists are the masters of their art and due value should be given to their opinion and suggestions to modify the treatment prescribed, though the final decision may be the doctor's.

The Rehabilitation Medicine specialist is a clinician an expert in clinical examination, assessment, diagnosis, prescription application of therapies, follow up and total care of the patients. He works with a team of dedicated paramedical personnel. Since it is a multidisciplinary approach, he has a complete knowledge of all therapies advocated to the patient and hence most suitable to be the leader of the team. social and vocational rehabilitation, though may form a part of his responsiblity may be entrusted to non-medical personnel who may have more time and expertise to spend on this particular aspect so that the rehabilitation medicine specialist can devote all his time in advocating medical technology so that he can gain a better place in the midst of his other medical colleagues. Medern medical technology such as 1) Laser therapy 2) Functional Electrical Stimulation 3) Computerised gait analysis 4) Ionotophoresis and 5) Geriatrics are some of the areas on which he can concentrate.

Pain and spasticity are still unsolved problems and attention to devise new technics of treatment in these areas are necessary.

Rehabilitation medicine being a medical speciality, there is no place for 'Surgery'. Practice of surgery which may be called as 'Rehabilitation Surgery' or corrective surgery can be done by other specialists such as Orthopaedic surgeons, neurosurgeons and plastic surgeons who may have more time to spend on this aspect. If the rehabilitation medicine specialist spends his time in the operation theatre he is not devoting 100% of his time in imparting the other aspects of rehabilitation which is not justifiable and reasonable. He should of course know the indications, contraindications and the appropriate stage at which the patient should be referred for surgery. Many of the musculosketal conditions can be treated by conservative means and when surgery is absolutely needed, the concerned specialist surgeon may be consulted and requested to do the same and return the patients to rehabilitation department so that further care and follow-up can be done. Thus the specialities of orthopaedics, neurosurgery and plastic surgery, to some extent, can become a part of rehabilitation medicine, instead of Rehabilitation being a part of those specialities. The status of the speciality of Rehab. Medicine can thus be elevated and made as a interdisciplinary approach to problems.

However, minor surgical procedures such as aspirations, local hydrocortisone injections and injections of other drugs such as phenol can be done by doctors in Physical Medicine & Rehabilitation. Application of P.O.P. and making of small splints can also be undertaken by them.

To propogate this speciality, the doctors in PMR should be active and dynamic. They should attend all clinical meetings, conferences, present papers and write articles on their speciality and impress the audience on the new aspects which can be done only by them. The postgraduates in this speciality should continue to attend such meetings and conferences even after completion of their academic course, to keep in touch with the subject and to come in contact with their colleagues of the

same speciality.

The institution of "National Professorship" in this regard by this Association is a welcome feature. By this it will be possible for the senior members of the speciality to travel to places and talk to the medical personnel exposing this new speciality.Institution based rehabilitation for the population in the uraban areas and community Based rehabilitation for those in the rural areas are both very essential.

The following are the specific areas in which the rehabilitation Medicine specialist can outstand others:

1) Disability evaluation
2) Community Based Rehabilitatation
3) Paramedical therapies Education
4) Consulatncy in the design of Mobility Aids
5) Field of Prosthetics - Orthotics
6) Gait Evaluation
7) Total care of the disabled.

No one except a Rehabilitation Medicine specialist can do these. "Electrodiagnosis', though an important duty of them, the neurologists and physiologists also carry out this investigation.

Action to be taken :

1) Create awareness among all
2) Include in M.B.B.S. curriculum
3) Develop paramedical therapies education
4) Organise CME programmes
5) Invite colleagaues of other specialities and general practitioners.
6) Keep abreast with advances
7) Explore New Areas for study and Reaserach.

Rehabilitation is everybody's concern. But cannot be done by everybody as it requires involvement, devotion and dedication - 100% for the welfare of the patient. None other, than the Rehab. Medicine specialist has got them.

To identify as Rehab. Medicine specialist, practice only 'Rehabilitation Medicine.' Do not co-practice other specialities.

1) It has a wide application and potentialities
2) It is remunerative
3) It has a good scope for Expansion & research
4) It is a new field

We belong to the noblest speciality of the noble profession as we: 1) Add life to years; 2) Improve quality of life 3) Make the patient live with activity and dynamism

FUTURE IS PROMISING.