

Use and Abuse of Modalities

Modalities have been there for ages. In India, these have been used for ages with the traditional systems of medicine still taking the lead with one of the most commonly used type, heat. Even as a home remedy their use is rampant. Hot pack, hot water bottle, ice packs, a towel dipped in hot water, hot sand, an iron used direct, a brick heated up on a traditional 'angeethi' (an iron outer with earth lined heating system where coal is burnt), magnets and what not. This has been so much used that people don't think twice before heating up any part of the body for whatever condition they can imagine or think of. Even those who had sensory deficits, paralysis or the vascular conditions have been given heat and even burnt badly. Indians just don't stop at trying. I have even come across patients who have even tried to put grease (automotive) all over their bodies or just around the joints trying to replenish the 'grease' depleted from the joints due to osteoarthritis. Even the unimaginable can be imagined. Perhaps the potential 'wonders' of the modalities went too much into the heads of the general population and also found a way, rational or irrational, into the prescribers and the facilitators of the modalities. If we review the prescription patterns of the modalities in most of the non-PMR specialists, it would be found that a majority of the times either these are not prescribed or the patients are just referred for therapy without an appropriate prescription. The fault is not entirely theirs. It is perhaps with the system. If we happen to go through the pages of most books on medicine, orthopaedics or rheumatology, it would be seen that it is just a general note written in the treatment of a particular condition where a modality or just physiotherapy is mentioned in the form next to the medical, pharmaceutical or surgical intervention. Hence, those reading about the management of the condition, if they follow the book, would not be doing anything wrong. On the other hand, one would appreciate that these physicians or surgeons did not stop at that but also thought of something else to do. They were rather more concerned about their patients to think beyond these boundaries. So, why criticize them. The patient would naturally be referred to the appropriate professional to be given the modality along with therapy. The onus of being given the right therapy and the right modality would then rest on the professional. What happens next is what is happening and that is what I am trying to get at. Multiple prescriptions of modalities with some rational with some and far away from the rationality in others. I remember the days during my tenure of dermatology residency. It is a well known

fact with most of the doctors who have not worked in dermatology would feel very scared about the real dermatological diagnosis more than the description of a papule, pustule, macula or plaque etc. When coming to the prescription, a real confident dermatologist would never use the commonly used ointment containing a mixture of four drugs: a steroid, an antibiotic, an antifungal and a soothing agent or emollient etc. He would rather use a combination of one or two ointments for local application rather than shoot in the dark not knowing what is the condition and what is the remedy. The condition with the prescription of the modalities is no different. If one happens to see the use of modalities in the sports field and read the books written by the orthopaedic surgeons, the frustrations are pretty obvious with the surgeons shouting foul at the players made to continue to play with an attitude of 'now or never' despite having an injury with pain suppressed with a cold spray or taping done to make the player keep running or even a diathermy applied in acute injury and not many bothering to establish a diagnosis whether the player needs to rest or continue to play. The game is important and perhaps the professional wishes to be a hero to continue or make a player to continue. If the records of patients receiving therapy are reviewed, it would be noticed that many of them are receiving therapy with multiple modalities, wax bath, interferential therapy, short wave diathermy and ultra-sound, all of them together. Which one is justified, which one is abused remains to be pondered over. Not unlike the skin ointment with four drugs, an attempt to cure all illnesses. Why can't one just attack or at least try to hit the bull's eye choosing the modality right aiming at the illness being treated with the results aimed to be achieved. Is it that the professionals who prescribe or give a particular modality are unsure of how they act or are they just trying to 'gain' something out of the use of a particular modality. I have even seen the learned PMR specialists prescribing a traction and a diathermy in the acute prolapse inter-vertebral disc prolapse where rest would be much more logical to prescribe why look at those who have not been privileged to learn the science and logic of prescriptions. The next time, every time you prescribe or see the prescription or be a witness to a modality being used, question if there was a rational behind or was it abuse. I am sure you will be surprised.

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