



Interventional Physiatry : need of the day



Decades back Rehabilitation Medicine started its noble journey to help the differently abled persons. In the last century this specialty of medical science tried its level best with the aid of few heat, electrical modalities and orthoses and prostheses. Although it was not a smooth journey, the subject has been developed up like a growing kid. In the meantime all the branches of medical fraternity became well equipped with different types of interventional technologies. With the advancement of medical equipment a real new era of medicine has begun. Everyday a newer weapon was sprucing up the armamentarium of physiatrist also. Over the last decade the concept of interventional physiatry has established itself particularly in USA. Even in 2001 there was an editorial in North American journal of Physical Medicine and Rehabilitation on “Interventional Physiatrist – a new concept”.

Interventional pain management is one of burning issue in-today’s medical practice. It is now well established, that The Physiatrist is one of the key professional to combat pain. Both somatic and sympathetically mediated pain is real challenge to not only the pain management team but also the patient. With the development of medical statistics and research work, it is becoming evident day by day that most of the modalities are not efficient enough to win the battle. Above all, the concept to hit the culprit (facet joint, intervertebral disc, lateral recess etc.) straightway makes the difference. Not only spinal interventions like epidural block, facet joint block etc. but also plexus block and stellate ganglion block is technically demanding particularly in the field of cancer rehabilitation. Peripheral nerve block is also sometimes very helpful to improve activity of daily living of lots of our patient. Even the interventional physiatrists are practising radiofrequency ablation, percutaneous discectomy etc. in different countries. Ozone therapy is becoming popular in several countries.

If pain management is the bread and butter for the physiatrist then spasticity management is the soul of the physiatrist’s practice. The role of botulinum toxin and Phenol block is already well established in PMR literatures. Baclofen pump is another very important tool to counteract spasticity. Last but not the least the rehabilitation physicians are confidently tackling different types of endoscopes like cystoscopy in urorehabilitation and arthroscopies in soft tissue injury management etc.

Hence there is no other way rather than to accept the day’s call. We are already showing our commitment in conventional physiatry for decades. There is no harm in enriching the basket of physiatrist of newer generation. In the era of twenty-first century’s medical science we, the physiatrists of India , are hearing the bell, ready to gear up the subject’s tool, happy to accept that “ Interventional Physiatry : Need of the day”.

Rathindranath Haldar

Rajesh Pramanik