

The background is a deep blue gradient with a subtle pattern of white dots. Overlaid on this are several white geometric elements: a large circular scale on the left with degree markings from 150 to 260, and several smaller concentric circles with arrows indicating clockwise rotation. A dotted line also extends from the top left towards the center.

WHAT IS A PHYSIATRIST?

MARTIN P LANOFF, M.D.

- Physiatrist specializing in outpatient musculoskeletal medicine (Spine, Pain, Occupational injuries)
- Chairman of the Awareness Committee for the AAPM&R
- Board of Governor's of AAPM&R
- Chair the Medical Student Program at AAPM&R Annual Assembly
- Recently instituted Residency Fair at the Annual Assembly

PHYSIATRY: DEFINITION

Physiatry:

From Greek *physikos* (physical) and *iatreia* (art of healing)

Known as Physical & Rehabilitation Medicine



HISTORICAL PERSPECTIVE

- Physical modalities date to ancient times
- 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**
- One of **24 ABMS** recognized specialty societies
- 12,000 BC practicing Physiatrists nationwide
- 10,000 BC members are AAPM&R members

Holistic vs Wholistic

- Mind
- Body
- Spirit

PHYSIATRY: TRAINING

- 4-year medical school
- Residency programs
 - **80*** accredited programs in the US in 2024
 - 1-year fundamental clinical skills
 - 3 years PM&R training
- Fellowships
 - Fellowship programs allow for sub-specialization



U.S. PM&R RESIDENCY PROGRAMS



MULTISPECIALTY APPROACH

- Residency training is unique in its **multispecialty process**, which allows a very unique patient care approach
- **Training:** formal orthopedic, rheumatologic, musculoskeletal & neurologic traifor patients in both the inpatient and outpatient settings
- **Procedures:** electromyography, musculoskeletal ultrasound, advanced spinal/joint injections & pain procedures
- Priority is to avoid surgery while maintaining function

PHYSIATRY: CONDITIONS TREATED

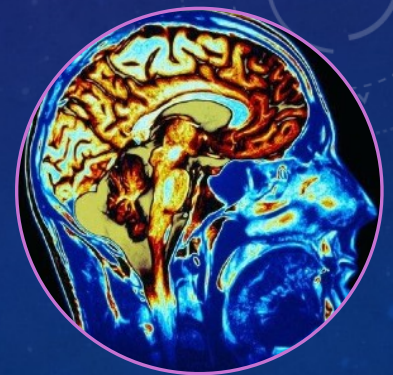
- **Musculoskeletal**

- 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

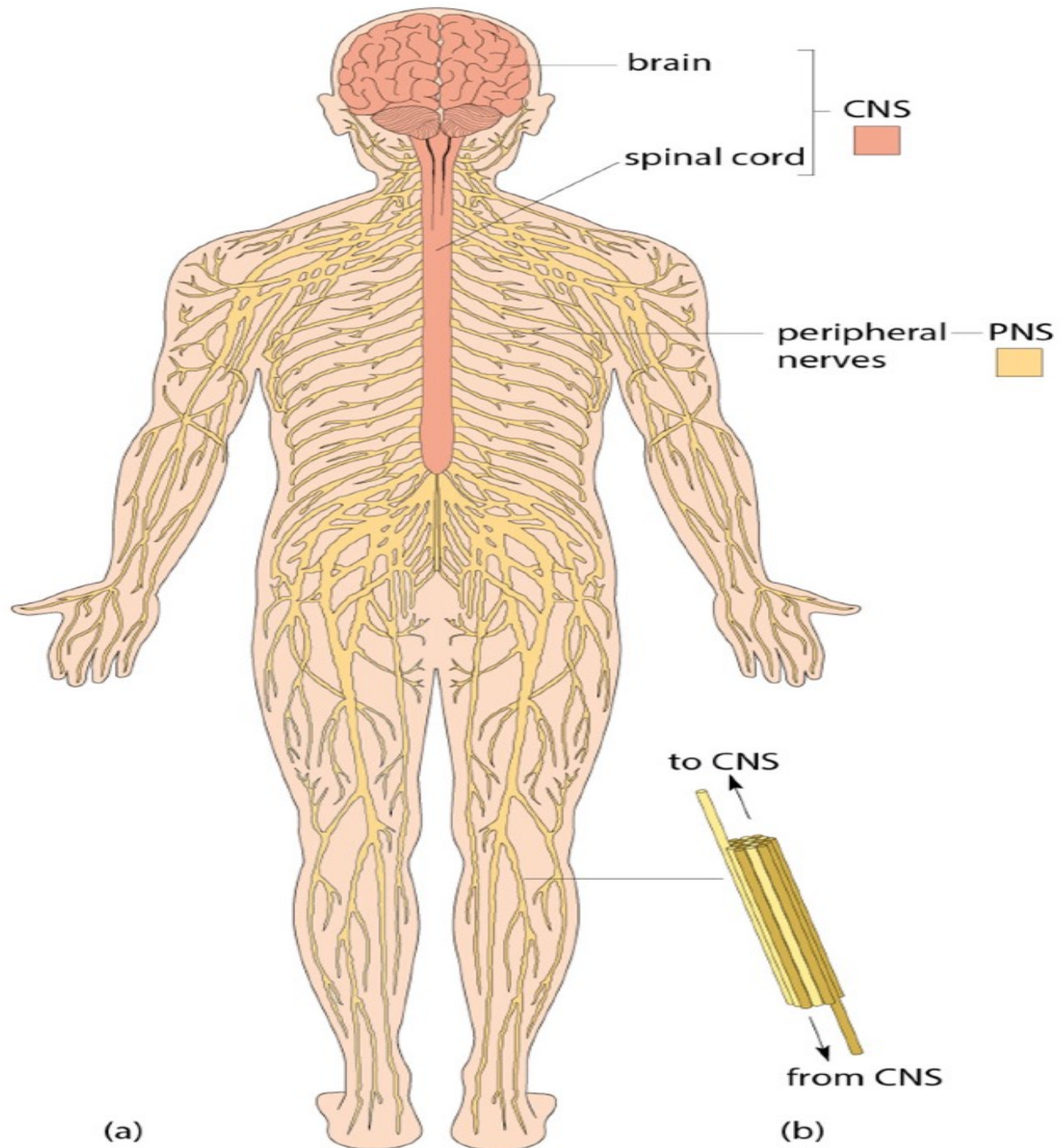
- **Neurologic**
 - **Spinal cord injury**
 - **Traumatic brain injury**
 - **Stroke/CVA**
 - **Multiple sclerosis**
 - **Peripheral neuropathy**
 - **Movement disorders: Parkinson's disease, cervical dystonia, other focal dystonias**
 - **Motor neuron disease (ALS, SMA, Post-Polio)**



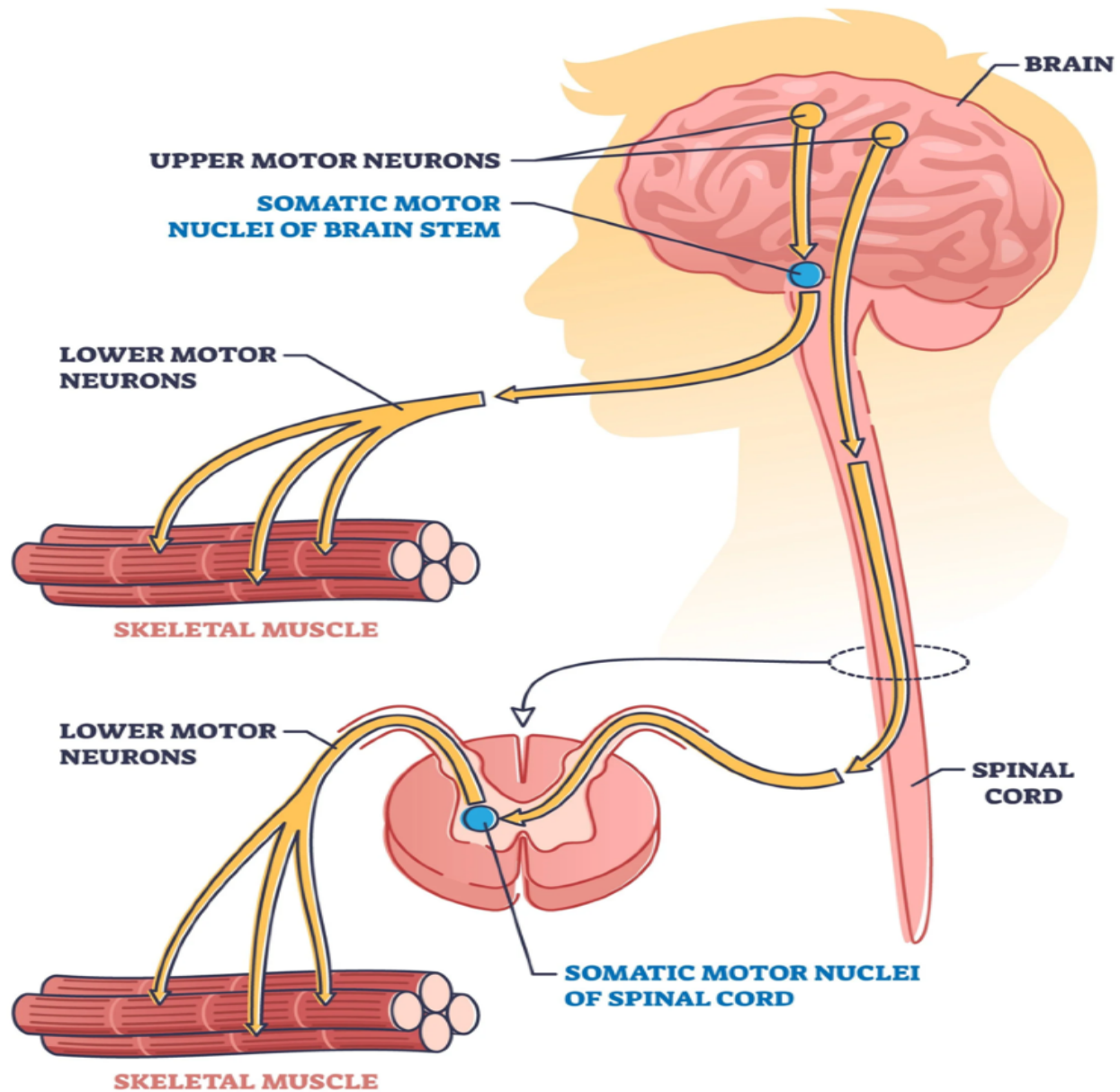
PHYSIATRY: CONDITIONS TREATED

- **Cardiovascular**
 - Cardiac rehabilitation
 - Vascular diseases
- **Pulmonary**
 - COPD/Other respiratory dysfunction
- **Others include:**
 - Rehabilitation for cancer, HIV, pediatrics, geriatrics
 - Multiple trauma



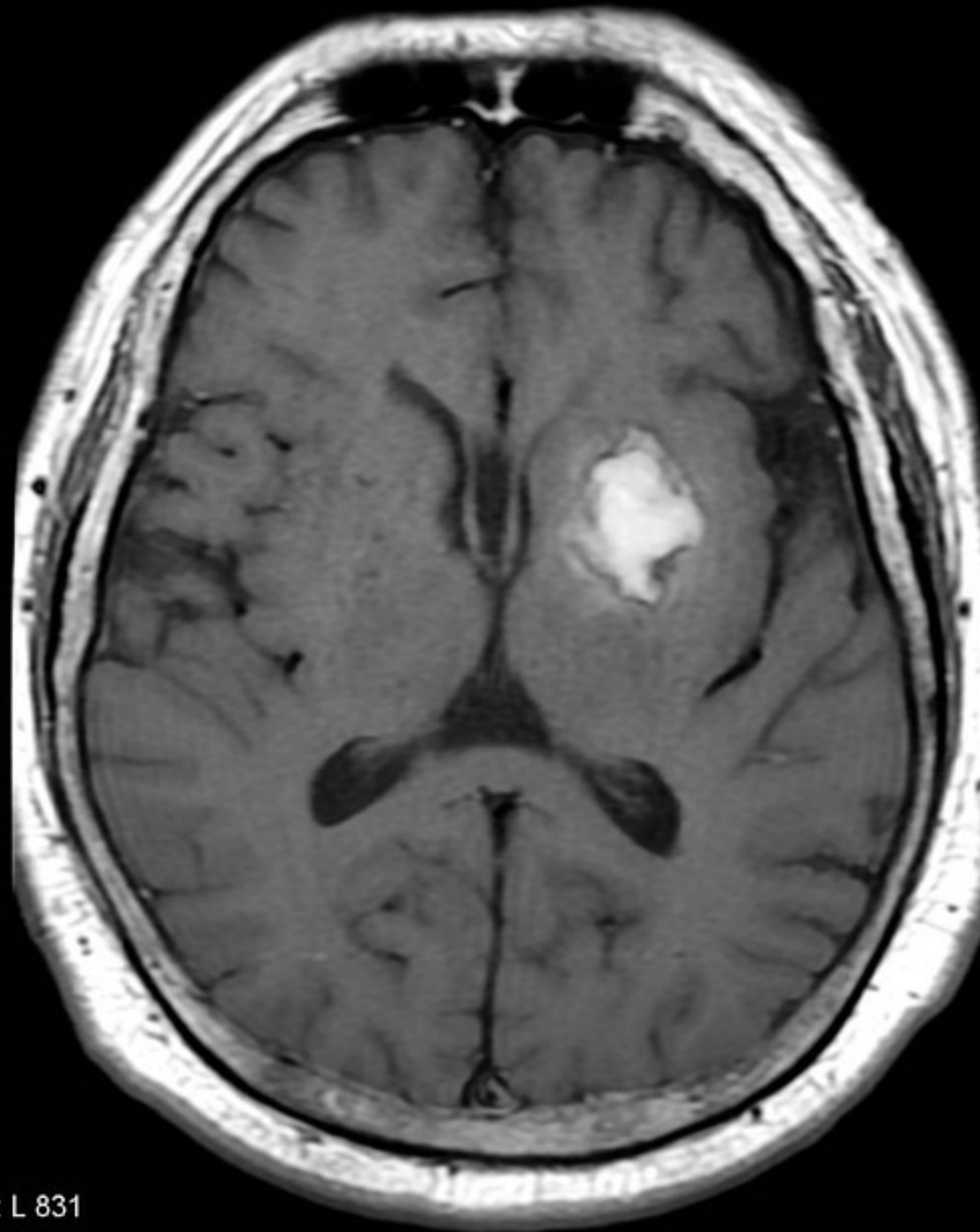


SOMATIC NERVOUS SYSTEM



T2





PHYSIATRY: FELLOWSHIPS

- Hospice and palliative (non-M&R)
- Neuromuscular
- Pain (non-PM&R)
- Pediatric (pediatric sports, non-PM&R)
- Spinal cord injury
- Sports medicine (PM&R and non-PM&R)
- TBI/brain injury
- MS
- Cancer
- Amputee



Patient-Tailored Rehabilitation CVA Prescriptions:

- Prevention/management of skin breakdown, spasticity, contractures, blood clots
- Treatment of bowel and bladder incontinence
- Prevention and management of shoulder and central pain
- Fall prevention
- Seizure prophylaxis
- Assessment for and management of emotional and behavioral states, post-stroke osteoporosis
- Treatment of communication deficits
- MOST IMPORTANTLY assessment and management of mobility, self-care and disability needs including which may be due to weakness, vision, speech, apraxia, communication, balance, ataxia, hearing, memory, swallowing and sensation deficits

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
 - **Sprained ankle:** strengthen and improve proprioception
 - **Spinal cord injury:** manage spasticity and assess need for appropriate adaptive equipment
 - **Post-stroke:** increase mobility and ROM with spasticity, botulinum toxin or phenol injections, physical/occupational therapy

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THANK YOU!

ANY QUESTIONS...