

WHAT IS A PHYSIATRIST?

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- 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

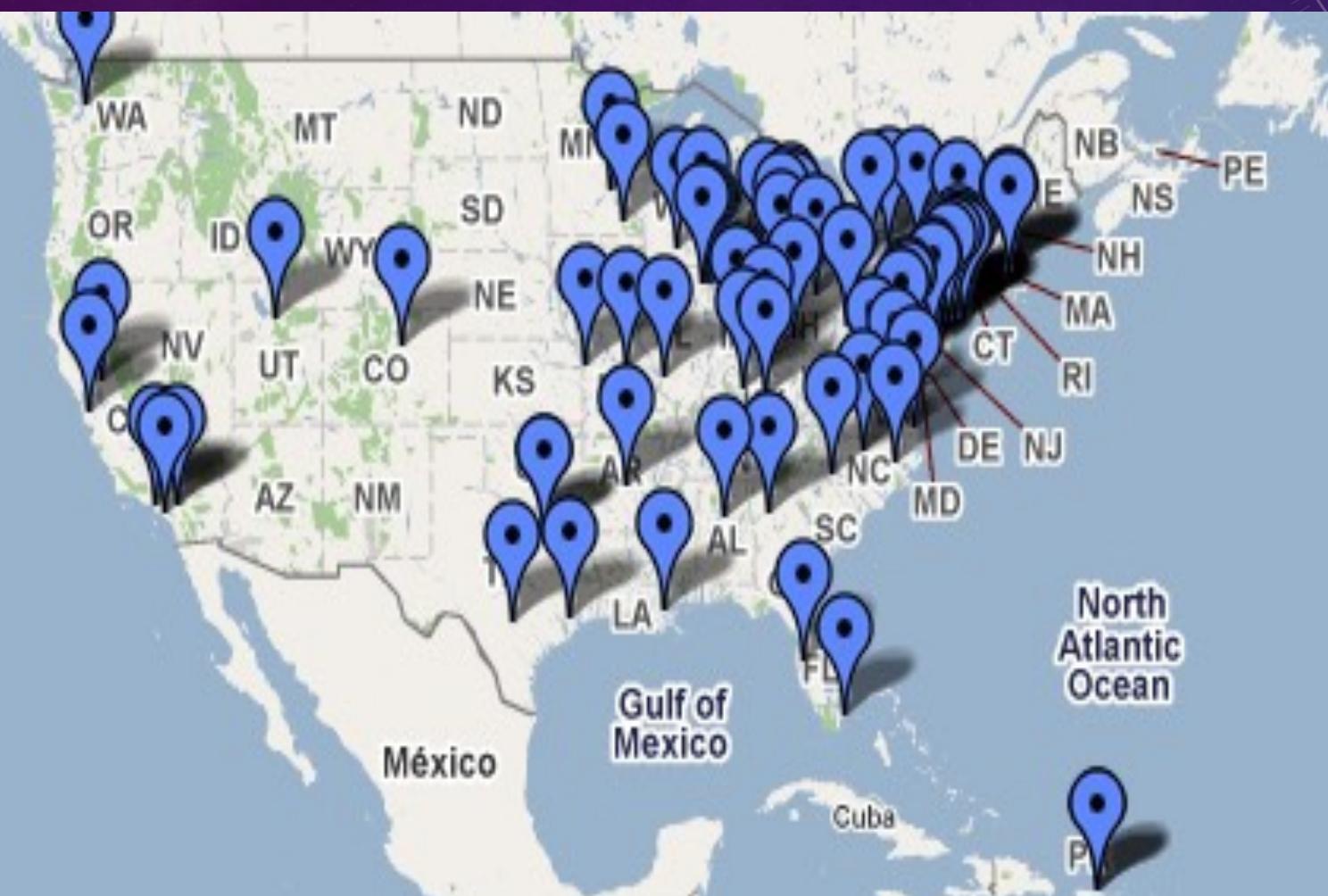
- Mind
- Body
- Spirit

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 training for 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

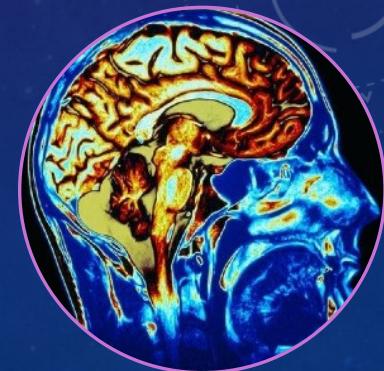
PHYSIATRY: CONDITIONS TREATED

- **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

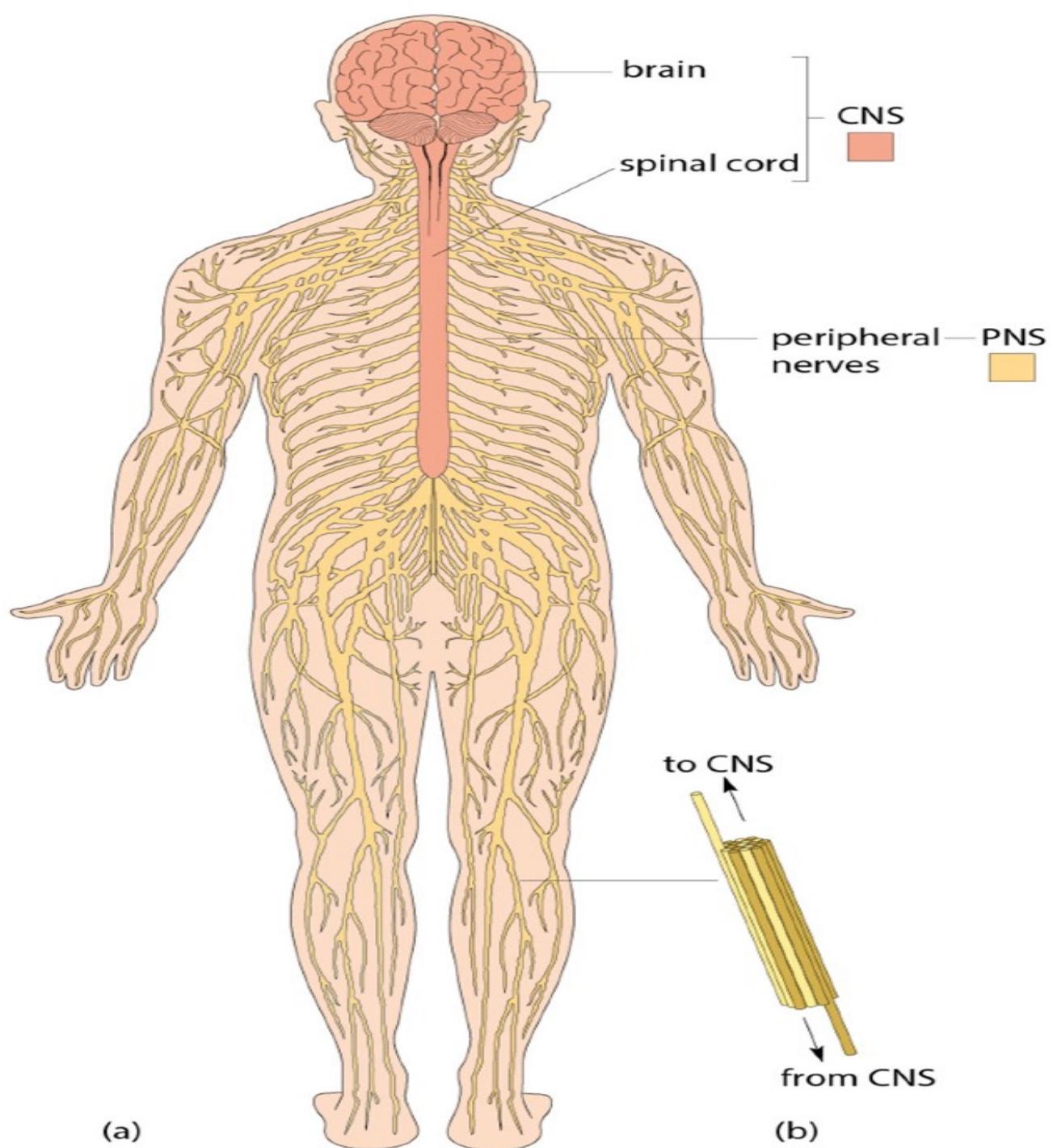
- Neurologic
 - Spinal cord injury
 - Traumatic brain injury
 - Stroke/CVA
 - Multiple sclerosis
 - Peripheral neuropathy
 - Movement disorders: Parkinson's disease, cervical dystonia, other focal dystonias
 - Motor neuron disease (ALS, SMA, Post-Polio)



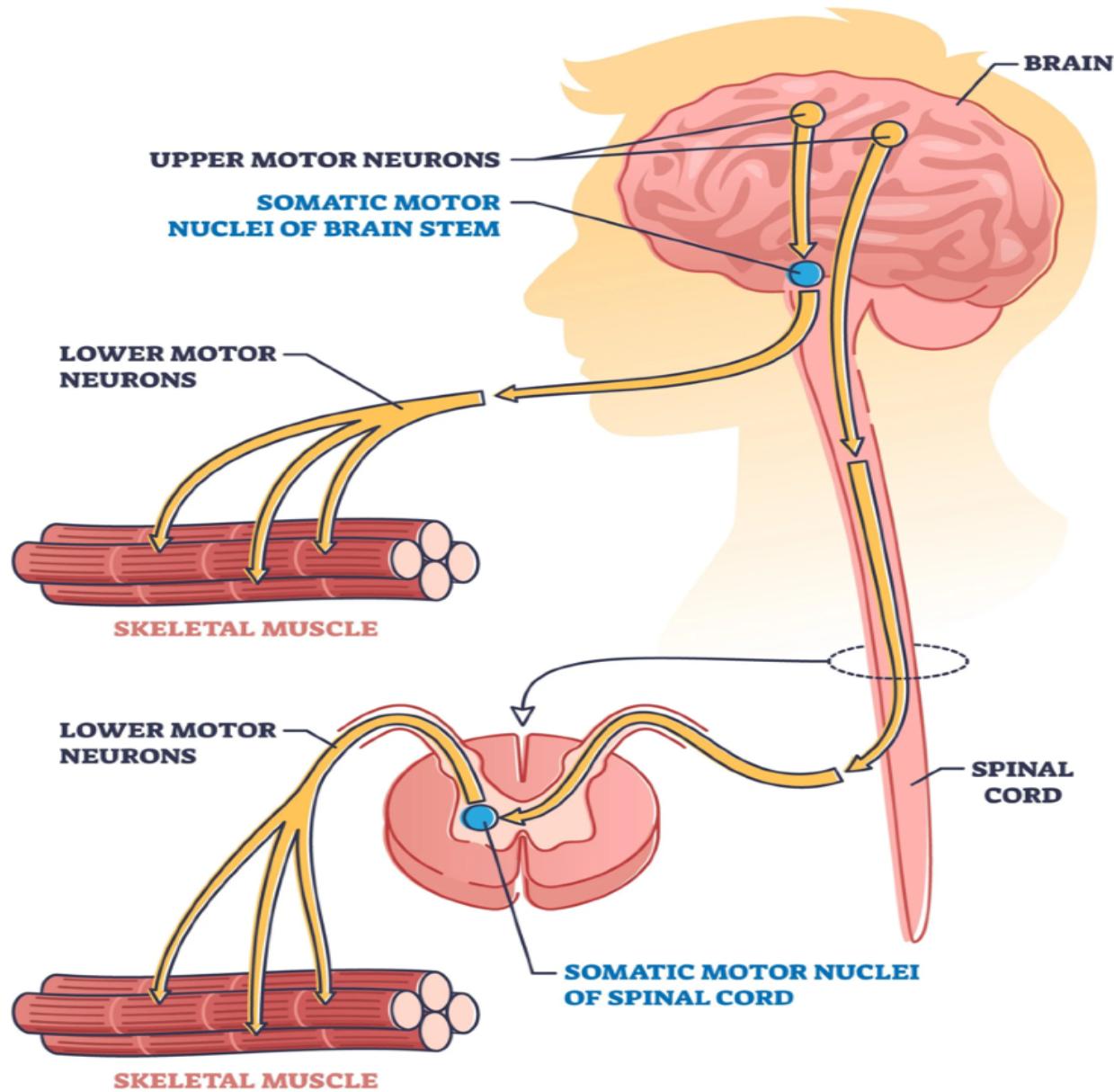
PHYSIATRY: CONDITIONS TREATED

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



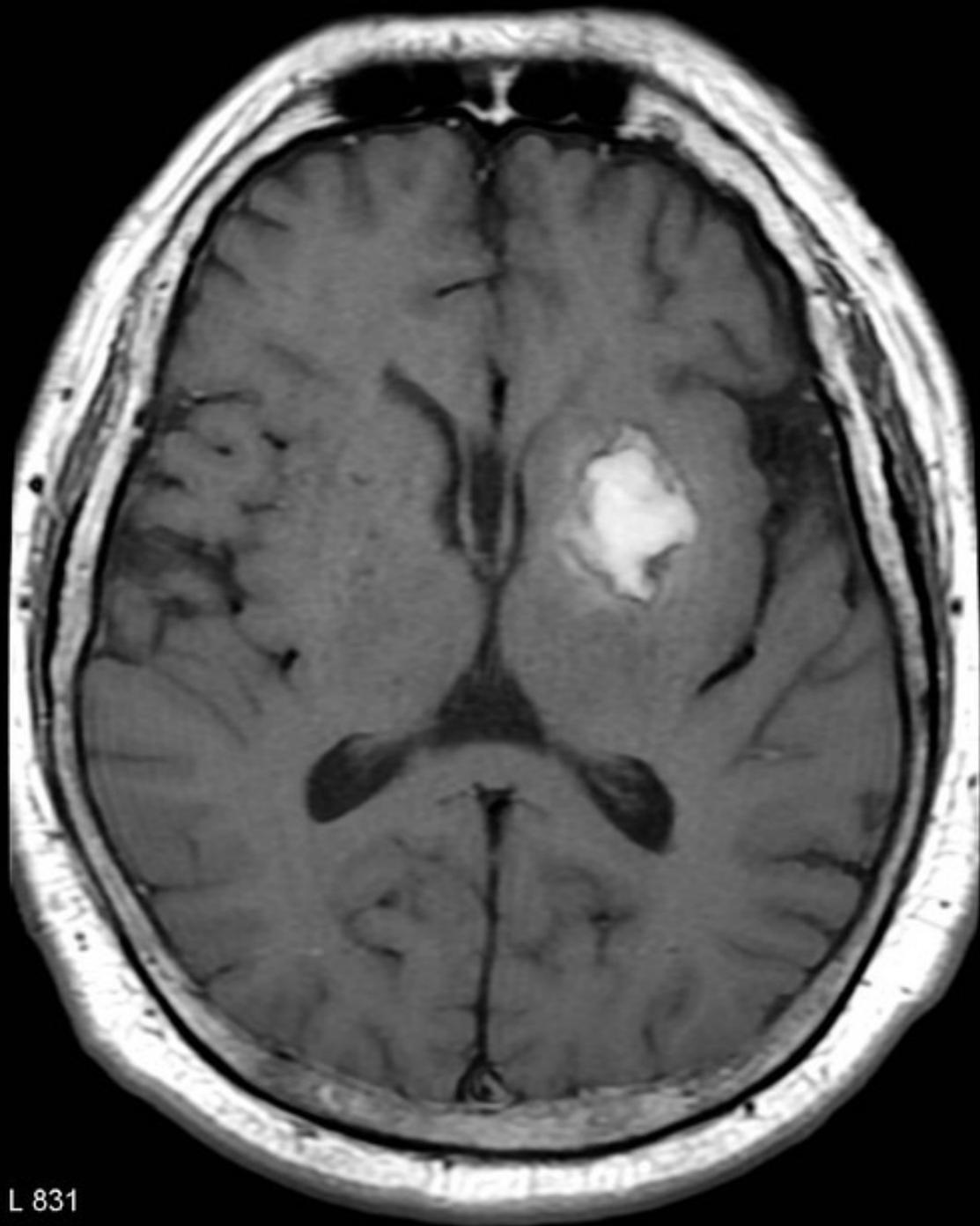


SOMATIC NERVOUS SYSTEM



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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

The background features a dark blue gradient with a subtle, abstract pattern. It includes several concentric circles of varying sizes, some with dashed lines and arrows pointing clockwise, suggesting a flow or cycle. The numbers 50, 160, 170, 180, 190, 200, 210, 220, 230, 240, 250, and 260 are scattered across the upper left quadrant, likely representing data points or coordinates.

THANK YOU!

ANY QUESTIONS...