What is PM&R?

• Medical specialty focusing on the prevention, diagnosis, treatment, and rehabilitation of disorders that produce temporary or permanent functional impairment

• Unique is that our area of expertise is the function of the whole patient, rather than an organ system

• Patient-centered care and maximizing independence and mobility
What is a physiatrist?

• Specialist in PM&R
• Completed medical school (MD/DO)
• Completed a residency
  • 4 years: internship + 3 years in PM&R
• +/- 1-2 years of fellowship training
• Wide variety of practice opportunities
So what do you actually do???

- Treat any disability resulting from disease or injury
- From rotator cuff injury…
  - To a brain injury…
  - To amputation
- With the goal of improving **function** and quality of life
No really, what do you actually DO???

- Variety of practice settings…
  - Inpatient, Outpatient, consulting
- Prescribe medications
- Perform procedures
- Prescribe exercise, prosthetics/orthotics, and adaptive devices
- Consult with and refer to therapists and other physicians
So, I still don’t know what you actually do

So how is that different than being a physical therapist?
Interviews…

• Dr Allison Oki, pediatric and adult rehab
• Dr Stuart Willick, sports medicine
• Dr Don Ericson, inpatient and outpatient rehab
• Dr Bradeigh Godfrey, outpatient general rehab
Questions…

• What is a typical day for you?
• Describe a patient you recently saw.
• What is your favorite thing about your job?
• What do you love about PM&R?
Dr Allison Oki

- PCMC and University of Utah
What is a typical day for you?

- In my practice I see patients in the pediatric outpatient clinic, one day a week I see adult patients at the University Rehabilitation clinic. I see patients that I follow when they have acute issues in the Emergency department and inpatient. I participate in the inpatient call pool at Primary Children’s. I do injection procedures twice a week, with phenol and botulinum toxin for spasticity management. I am very involved with our patients with intrathecal baclofen pumps (ITB) for spasticity management.
I recently saw a patient for an intrathecal baclofen trial. She was an 8 yo girl with a diagnosis of Rett’s syndrome, which is a progressive genetic syndrome that causes neurologic dysfunction. She had stereotypic movements of her extremities and poor trunk control. She had symptoms of significant abnormal muscle tone. She had failed oral medications, and had bony pathology related to the imbalances in muscle tone causing spastic hip dysplasia and had undergone orthopedic surgery. During the trial she received a bolus dose of intrathecal baclofen and had a positive response. We monitored her tone, ROM and function before and after the medication administration. Family thought she had some improved movement during the trial and was able to use some signing equivalents, which she had not done in a long time. Family is interested in pursuing this therapy as she had a significant reduction in her resting muscle tone. This will hopefully have a positive impact on her comfort, reducing progression of contracture and re-occurrence of bony deformity, ease of caregiving and maybe function with communication.
Intrathecal baclofen

- Method of delivering baclofen, a medication for spasticity, into the intrathecal space to directly act on the spinal nerves to reduce spasticity. Implanted by neurosurgery, PM&R then monitors and adjusts the dose, titrating to best response.
What is your favorite thing about your job?

• My favorite thing about my job is using my training to help individual patients improve their quality of life and promote their highest level of functioning.
What do you love about PM&R?

• PMR is such a rewarding area of practice! It is very varied in its practice settings. The common thread is contributing to improving a patient’s function, and in my practice patient comfort and ease of caregiver burden.
Dr Stuart Willick

- Sports Medicine
- UUOC
- Park City Ski Clinic
- Medical director- paralympics
What is a typical day for you?

• One of the best things about my job is that every day is different. On some times I see patients with sports injuries and other musculoskeletal problems in clinic. I see all types of problems from head to toe. On other days I do minor procedures. During the winter, I work in the ski clinic 1-2 days per week. I also spend time doing research and teaching
Procedures

- Peripheral joint injections
  - +/- imaging guidance (ultrasound, fluoro)
- Spinal injections
  - Usually fluoroscopically guided
- EMGs
  - Nerve and muscle test
Describe a recent patient.

- I recently saw a 28 year-old cyclist with left anterior hip pain. I took a comprehensive history, performed a thorough physical examination, obtained radiographs and established a diagnosis of femoroacetabular impingement. I performed an ultrasound guided, intra-articular injection of anesthetic and corticosteroid into his hip joint, provided him with a few exercises, and referred him to our Cycling Clinic for additional rehabilitation and to check his cycling fit and cycling mechanics.
Referring to therapists

• We are not physical therapists, that is a separate degree.
• We refer to therapists and work closely with them to maximize patient outcomes.
• The therapist refers back to us for additional work-up, injections, medications, etc.
What is your favorite thing about your job?

• The favorite thing about my job is prescribing exercise and helping people to get active and/or stay active.

Dr Willick with Chilean Paralympic ski racer, Santiago Vega, at the bottom of the alpine ski race course in Sochi, Russia in 2014. Santiago has multiple limb deficiencies and gets his medical care at Shriner’s in SLC.
What do you love about PM&R?

• We help improve our patients’ function.
Dr Don Ericson

• Works in University inpatient rehab and PM&R outpatient clinic.
• Inpatient, outpatient, and consults.
What is a typical day for you?

- My day to day work varies quite a bit. I typically round on patients in inpatient rehabilitation in the morning, but after that the rest of the day is a balance of work in the PM&R neurorehab clinic, seeing patients on the hospital consult service and addressing the needs of patients in inpatient rehab. No two days are alike. I do quite a few botulinum toxin injections in clinic, occasional EMGs, and occasional joint injections and trigger point injections. I see patients of all description – anyone who needs help improving function
Botulinum toxin injections

- Target spastic muscles following an upper motor neuron lesion.
- Work closely with therapists in achieving therapeutic goals.
Describe a typical patient

- I recently saw a guy with a history of inflammatory myopathy which has weakened the extensor muscles of his spine. He was struggling with maintaining his level of physical activity and fitness, and struggling to maintain a quality of life he was happy with, because he could not maintain a stable upright posture. When he walked, he continually slumped forward into a flexed posture. We worked out a physical therapy plan and I prescribed for him a spinal orthosis which helped stabilize his trunk. No medications and no procedures, just exercise and a brace. I heard from him last week, and he’s doing great. Walking every day, keeping up with his family and enjoyed the lifestyle he’d been missing.
What is your favorite thing about your job?

- I get to spend my days helping people do the things in life that they want to do!
What do you love about PM&R?

• The focus on function!
Dr Bradeigh Godfrey

- VA outpatient general rehab
- Amputees, EMG, procedures
What is a typical day?

• I do something different every day!
• EMGs, amputee clinic, stroke clinic, spinal cord injury clinic, botulinum toxin injections, research and teaching.
EMG
Describe a typical patient.

- I recently saw a 32 year old veteran who injured his leg in an IED explosion in Afghanistan. After failed limb salvage, he elected to have a below-knee amputation. He then developed osteomyelitis and was revised to an above-knee amputation. He also has shoulder and back pain.

- We discussed his goals, ordered him a new prosthesis, started him on a medication for phantom limb pain, sent him to physical therapy for gait training and high-level activities (such as running), ordered x-rays of his shoulder and back, and referred him to our PM&R Musculoskeletal clinic to look further at those issues.
What is your favorite thing about your job?

• My patients. I love helping them achieve their goals despite some very difficult and even tragic circumstances. I get to build relationships with them that last years.
What do you love about PM&R?

- Function, Variety, Relationships
FUNCTION
So how do I get there?

- Early med school (year 1 and 2)
  - AAPM&R website – medical student information
  - Shadowing opportunities
  - Meet with a resident or attending and chat
- Later med school (year 3 and 4)
  - Get involved in PM&R research
  - Do a PM&R rotation, here and/or away
  - Do some related rotations
What’s the path after med school?

• PM&R= 1 year internship + 3 years PM&R residency
  • Categorical (internship & residency at single program, match into both at once)
  • Advanced (internship & residency at separate programs, match separately)
• Possible fellowship after residency if interested in subspecializing, but NOT necessary.
What is residency like?

- 1-3 months in each of the “core” inpatient rotations:
  - Stroke, SCI, TBI
- 1-3 months in pediatrics
- Inpatient consult
- Outpatient:
  - Amputee, MSK, spine, sports, cancer, stroke, SCI, etc.
- Procedural:
  - EMGs, botulinum toxin, peripheral joint, spinal injections
Where will I work? How much will I make?

- Outpatient, inpatient, combo
- Solo or group practice
- Rural or urban
- Medical directorships
- Academics
- VA
Advice...
Questions?