Journal of Life Care Planning, Vol. 17, No. 1, (19-21)

What Life Care Planners Need to Know About the Professional Discipline of Physician Physiatrist

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Abstract

Physical medicine and rehabilitation (PM&R), or physiatry, is a medical specialty focused on prevention, diagnosis, rehabilitation, and therapy for patients who experience functional limitations. These limitations can result from injury, disease, or malformation. This specialty is a relatively young one (with beginnings in the early twentieth century in the USA), but fundamentals of the field originated during ancient times. The greatest advances in the field of physical medicine and rehabilitation are directly related to improved care of injuries. There are numerous sub specialties in the field. These include spinal cord injury, traumatic brain injury, pain medicine, sports medicine, electrodiagnostic medicine, and pediatric rehabilitation to name a few.

History and development of this profession

Physical medicine and rehabilitation as a medical specialty began in the 1930s, but the concept of rehabilitation has been advanced for much longer. Exercises to prevent and treat problems were first described by Herodicus in the 5th century BCE. In the USA the first comprehensive rehabilitation facility is attributed to Franklin D. Roosevelt. Roosevelt contracted polio in 1921. He started rehabilitation at Warm Springs, GA. It was thought that therapeutic swimming and sun exposure were beneficial. He purchased land there and tuned it into a comprehensive rehabilitation center to help other patients afflicted with polio.

The person who is considered the founding father of the medical specialty was Dr. Knudson. He became interested in the mid-1930s in using physical modalities to treat disease after he himself contracted tuberculosis. Dr. Knudson was at Temple University at the time when he developed the concept of physical medicine and rehabilitation (PM&R) as a specialty. Dr. Knudson then went to the Mayo Clinic in Rochester, where he established the first department of physical medicine and rehabilitation 1936.

With the beginning of World War II, physical medicine and rehabilitation was necessary to treat the service members who sustained injuries in war. As the service members returned via ships from both the Europe and the South Pacific, the initial rehabilitation units were set up along the east and west coasts. Prior to WWII, the treatment of polio patients was consistent with the concepts of PM&R until the polio vaccine was developed in 1955 (Becker, 2018).

The major advances in the field of rehabilitation have been as a result of treating war injuries. For the first time during the Vietnam war, spinal cord injury patients survived their initial injuries. Hence was born the field of spinal cord medicine. The areas that have seen much development as a result of the wars in Afghanistan and the Middle East include traumatic brain injuries, amputations and prosthetics, and burn treatments (Watson Institute, 2018).

Other names by which this profession may be known

These physician specialists may be called physiatrists, physical medicine and rehabilitation physicians, or PM&R physicians.

Education to enter the profession

Training for physical medicine and rehabilitation typically begins with undergraduate studies that often include courses in organic and inorganic chemistry, physics, calculus, and biology. Most students applying to medical schools will take the required courses in a four-year program. The acceptance rate into medical schools are relatively low, ranging from 1.4% at the Mayo Clinic to 16.1% at the University of Puerto Rico. The average GPA in undergraduate studies ranged from 3.9 at the Mayo Clinic to 3.794 at lower ranking schools (BeMo Academic Consulting, 2018).

Most medical training consists of four years of medical school followed by a three year residency. The coursework of medical school includes anatomy, physiology, pathology and microbiology in the first two years. The last two years are spent in clinical rotations. Students are exposed to pediatrics, internal medicine, surgery, and OB-GYN. In the final year of medical school, students pick electives based upon their interests, which provides students a chance to spend more time in that area of medicine they wish to pursue.

It is noted that due to the shortage in primary care physicians, some medical school programs have designed three-year medical school programs. The other potential reason for this is widespread medical school debt. Currently, one-third of medical students owe $200,000 and a fifth owe between $100,00 and $150,000 (Association of American Medical Colleges, 2017).

Most residency programs in PM&R currently require a year of general internship during which the physician will be exposed to pediatrics, neurology, general surgery and OB-GYN. The usual physical medicine rehabilitation program lasts for three years, during which physicians spend time caring for patients with traumatic brain injury, spinal cord injuries, cerebrovascular accidents and other diagnoses that require time on the rehabilitation unit. In an outpatient practice, the physician will treat patients with amputations, chronic pain, traumatic brain injuries, and spinal cord

injuries. Residents will also receive training in electrodiagnostic studies.

Licensing or mandated certification requirements and authorizing entity that permits someone to practice in this profession

Medical licenses are issued and regulated by each state. There are currently 24 states and one territory and 31 medical and osteopathic boards in those states and territories that have reciprocity (Interstate Medical Licensure Compact, 2018). In order to obtain a license, one must submit documentation of completion of at least an internship and preferably a residency program. An applicant must also submit letters of recommendation and documentation verifying completion of an accredited medical school and passing the appropriate national boards.

State medical boards are in charge of policing physicians. Once a complaint is received, it is referred out to a physician case reviewer. The medical records are provided to that physician and the physician is given guidance as to what the questions are. If the reviewing physician believes that there was an issue of standard of care, the board will investigate further. If there has been a serious breach of practice, then the state board will take action against that practitioner. This may involve further continuing education, probationary period and in the most egregious cases, forfeiture of the physician's medical license.

Common specialty areas, roles, and credentials that can expand expertise and scope of contribution to life care plans

Specialty board certification is obtained through the American Academy of Physical Medicine and Rehabilitation. The first written examination occurs at the end of the residency program. Upon completion of the first year of practice, an oral examination is required. There is requirement of retaking tests every 10 years to maintain certification.

There are currently two organizations that certify physician life care planners. The International Commission on Healthcare Certification (ICHCC) is the main certifying body. Physician life care planners complete the same coursework and examination that all candidates do to obtain the Certified Life Care Planner (CLCP) designation. The obvious advantage for the physician in life care plan training is that training units dealing with medical issues require little extra learning. The physician life care planner is subject to the same rules regarding recertification as all other diplomats.

The American Academy of physician lifecare planners also certifies physicians for life care planning. They do not take the same coursework nor the same exams as diplomats of ICHCC. To date, this organization is not recognized as a specialization by the of American Board of Medical Specialties.

The kinds of patients and problems usually seen and addressed, and misconceptions about what this profession is, or can do, or cannot do

The major misconception about the professional specialty is exactly what we do. Disciplines that work with physical medicine and rehabilitation have no problems identifying what physiatry does but those who have no contact with PM&R have no idea exactly what this specialty does. Typically, an inpatient physiatry practice deals with traumatic brain injuries, spinal cord injuries, amputations, and polytrauma. The physiatrist is in charge of the team of ancillary disciplines (e.g., physical or occupational therapy) and handles the medical issues. Once the patient is discharged, the physiatrist will provide patient follow-up in the outpatient setting. Physical medicine and rehabilitation specialists follow the patients for years, until they relocate, pass away or the physician retires.

Other information important for life care planners to know

All PM&R training programs give the physician the ability to broadly opine in the life care plan. Physiatrists are educated to have a holistic and comprehensive approach caring for a patient and are trained to understand and anticipate many medical conditions, including those conditions where the actual treatment may be performed by a different physician specialist. While the physiatrist can comment on the patient's needs from other medical specialists, it is important that an effort be made to talk to other specialists personally to document what the needs are. Life care plans often come under intense scrutiny from opposing lawyers and there have been several cases where the life care planner has not survived a Daubert challenge because options are being offered that are beyond the scope of practice.

The advantage to using a physiatrist life care planning is discussed in Weed and Berens (2010), who indicate:

> Physicians specializing in physical medicine and rehabilitation (also known as physiatrists) are uniquely trained and qualified in the development and foundation of forward-looking life care plans. Physical medicine and rehabilitation is the medical specialty that focuses on patient long-term functional outcome following catastrophic injuries or illness (p. 18).

Conclusion

Physiatrists are experts in dealing with disabling, chronic illness and injury. This gives Physiatrists a unique role in lifecare planning. Since Physiatry deals with patients on a long-term basis, we know what to expect down the road with time. We are able to consider the normal aging process superimposed upon the residual of the injury. This experience allows physiatry to play a vital role in the development of life care plans.

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