Danbury Hospital Rotation in PM&R

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Educational purpose

Internists care for patients with a wide variety of impairments and musculoskeletal problems. They must understand the resources available to assist patients in optimizing function. This rotation aims to familiarize residents with assessment and formulation of care plans for patients with neuromuscular and skeletal problems. Residents gain familiarity with a spectrum of rehabilitation services. Residents gain skills in physiatric assessment and formulation and implementation of comprehensive patient care plans.

Principle teaching methods

I. Supervised direct patient care activities- approximately 50 percent inpatient, 50 percent outpatient.
   a. In the inpatient rehabilitation unit setting residents observe formulation of a comprehensive physiatric care plan, team conferences and therapy, which could include: PT, OT, ST, social work, rehabilitation psychology and rehabilitation nursing.
   b. Residents serve as PM&R consults for patients on the inpatient medical and surgical services. With the supervision of the attending physiatrist, residents assess appropriateness of patients for admission to the inpatient rehabilitation unit and assist with recommendations to foster enhanced function for those patients not appropriate for the inpatient unit.
   c. In the outpatient setting, residents perform supervised physiatric assessment and formulate care plans for patients with a variety of musculoskeletal and rehabilitation complaints. They have the opportunity to observe EMG/NCS; joint, tendon and trigger point injections; medical acupuncture and chemodenervation procedures.

II. Discussions and readings- Residents are referred to standard texts in physiatry and in outpatient musculoskeletal care. The teaching physician reviews and confirms appropriate data gathering techniques with the resident. Educational discussions of physiatric principles and practice are held related to encounter patients. Residents are expected to independently research a topic related to an encountered patient and present their findings to the attending physiatrist prior to the end of the rotation.

Learning objectives

I. Overall
   a. Understand the role of physiatrist in patient care and appropriate indications for physiatric consultation

II. Rehabilitation
   a. Inpatient

        i. Understand basic functional assessment
        ii. Be familiar with criteria, characteristics and appropriate utilization for various levels of rehabilitation services- acute rehab, subacute rehab, homecare
        iii. Be familiar with role of rehab team members- PT, OT, ST, SW, RN, Recreation therapy, Psychologist
    b. Outpatient
        i. Understand some of the long term rehabilitation/functional issues for some common rehab diagnoses
            1. CVA, TBI, SCI, MS
        ii. Be familiar with some rehabilitation diagnostic and therapeutic procedures
            1. EMG/NCV
            2. Botulinum toxin injection
            3. Joint/tendon/soft tissue injections

III. Musculoskeletal medicine
    a. Demonstrate adequate focused musculoskeletal examination for diagnosis of common complaints seen in primary care
        i. Spine
        ii. Knee
        iii. Shoulder
    b. Formulate appropriate differential diagnoses for common musculoskeletal complaints: neck pain, shoulder pain, low back pain, knee pain
    c. Outline non-operative and rehabilitative approach to common conditions:
        i. Lumbar disk disease
        ii. Spinal stenosis
        iii. Lumbar sprain-strain
        iv. Shoulder joint osteoarthritis
        v. Subacromial bursitis/tendinitis
        vi. Knee osteoarthritis
        vii. Knee bursitis
        viii. Patellofemoral syndrome