

# CSA Journal

## THE MOST IMPORTANT SPECIALIST YOU'VE NEVER HEARD OF: Physical Medicine and Rehabilitation Physicians

Are you aware of the full range of physician specialists that your clients might need for pain or other problems? The author's experience as a Physical Medicine and Rehabilitation physician (physiatrist) offers keen insight into this under-recognized medical specialty and its potential benefits for your clients.

BY GERDA MAISSEL, MD, BCPA, CPE





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Imagine a medical specialist laser-focused on ensuring that people with paralysis, pain, and other physical impairments are living their best life. These doctors are experts in how to keep a person functioning as well as possible despite illness or injury. If the cause of someone's issue is not already well established, they order diagnostic tests. They offer injections, procedures, and medications always with a comprehensive view toward improving their patients' quality of life. And yet, they are called "the forgotten specialty."

Who is this amazing physician? A magical unicorn? Nope, a physiatrist. Not a psychiatrist. Not a podiatrist. A physiatrist: a Physical Medicine and Rehabilitation (PM&R) physician. The American Academy of Physical Medicine and Rehabilitation (AAPM&R, n.d.-a) defines the specialty as a field which:

aims to enhance and restore functional ability and quality of life to those with physical impairments or disabilities affecting the brain, spinal cord, nerves, bones, joints, muscles and tendons. Unlike other medical specialties that focus on a medical "cure," the goals of the physiatrist are to maximize patients' independence in activities of daily living and improve quality of life. Physiatrists are experts in designing comprehensive, patient-centered treatment plans, and are integral members of the care team. They utilize cutting-edge as well as time-tested treatments to maximize function and quality of life for their patients. (para. 1)

Many PM&R patients are older adults. The Centers for Disease Control and Prevention (2020) state that 26% of American adults have a disability, with

the percentage increasing to more than 40% after age 65. Similarly, the United Health Foundation's (2022) Senior Report states that, according to 2019 U.S. Census data, 47.1% of adults ages 75 and older reported having a disability including cognitive, visual, auditory, ambulatory, self-care, and/or independent living difficulties. Whether the person's disability is a result of stroke, back pain, balance problems, or other conditions, a physiatrist can help.

### An Obscure Field

You've never heard of a physiatrist? You are not alone. A common question is: what is the difference between a physiatrist and a physical therapist (PT)? A physiatrist is an MD or DO who has completed a medical residency. They write orders for testing and treatments such as medication or physical therapy. In contrast, physical therapists have degrees in physical therapy, now often a doctorate of physical therapy. In most states, they cannot make a medical diagnosis or order medications. PTs follow the orders of physicians.

Although physiatry has been a medical specialty since the 1940s, the numbers are still small. The American Board of Physical Medicine became incorporated on February 27, 1947 (AAPM&R, n.d.-b). When this author passed her PM&R boards in 1992, there were just over 3,000 others who had ever passed the PM&R boards.

The American Board of Medical Specialties (ABMS, 2021) reports that as of June 30, 2021 there are 11,992 physiatrists with active ABMS board certifications. In comparison, there are 253,914 physicians with an active board certification in Internal Medicine and 97,613 in Family Medicine. In all fields, not

all board-certified physicians do general care because some become subspecialists.

Even though physiatrists are medical doctor specialists, many doctors do not know a lot about physiatry. Other doctors rarely see the physiatrist in an inpatient rehabilitation facility or office. For some doctors, the rehabilitation process is a black box. The patient goes in, has treatment, and comes out better. As a result, some physicians do not know what physiatrists do.

### **Why I Chose Physical Medicine and Rehabilitation**

I became a physician because of my family's poor experiences with physicians when I was a child. My mother caught German Measles in 1957 when she was pregnant with my older brother. He was born with cognitive, visual, and hearing impairments. At first his developmental delays were blamed on her, but by the 1960s a clearer understanding of Congenital Rubella emerged. (In the 1940s and 50s an Austrian psychiatrist, Leo Kanner, blamed autism and other developmental issue on mothers. This theory was eventually debunked after traumatizing many families). I wanted to treat patients and their families respectfully and ensure that their opinions, values, and priorities were considered in their care plans.

When I entered my clerkships as a third-year medical student, I wasn't sure what field I wanted. I was considering family medicine but was not sure if I should become a specialist instead.

During medical rounds 30 years ago, patients were known by their room number and disease, such as "CHF room 3." The medical students who "won" were the ones who could name obscure causes for common diseases. I'll never forget my annoyance when a fellow student was praised for his suggestion of scorpion bites as a potential cause of a patient's pancreatitis. (In the northeast. In winter.)

I was drawn to a patient with multiple sclerosis. She had been admitted to the hospital to receive the main treatment available at that time: intravenous adrenocorticotrophic hormone (ACTH). To get this medicine, she had to subject herself to the indignities of spending 10 days in the hospital, wearing only an open-backed medical gown, and getting poked and prodded at our whim. The attending ordered a lumbar puncture, and I was told to do it so that I would get experience. (This procedure involves inserting a needle into someone's back and poking around until you can drain some cerebral spinal fluid into a tube. It is not exactly pain-free for the patient). Although I suspected that, since her diagnosis was already established,

this procedure was more for my benefit than hers, I did it. But it felt inhumane to me to view our patients' bodies as ours to play on. I did not share the view that patients who came into a teaching hospital knew what they signed up for, including procedure practice. Fortunately, today there are now simulation centers for new doctors to learn procedures.

Maybe because I felt badly, when I had a moment, I would hang out with the lady with multiple sclerosis. She accepted my interest in her experience with kindness and grace. I watched her struggle to walk up and down the parallel bars in PT. Her feet dragged behind her like dachshunds on a rainy day. What started as slow and painstaking walking was better by the end of her stay. When I asked her why she was putting herself through all of this, she told me that she wanted to walk her son down the aisle at his upcoming wedding.

When I contrasted the meaningfulness of someone who would walk their son down the aisle at their wedding with chasing esoteric factoids, I became clearer on what specialty I wanted to pursue. I knew that I wanted to help people, even if they had a crummy illness, get the most out of their life.

The community hospital where I was assigned had a small group of Physical Medicine and Rehabilitation doctors, and I heard one of them speak for an hour describing the field. The focus on the patient and their family, their personal goals, functional improvement, a team environment, and the lure of specialized knowledge intrigued me enough to spend several weeks on a rotation with them. I then did another rotation at a busy urban rehabilitation center as a contrast. That was it: I had my specialty.

### **How Rehabilitation Doctors Train**

Physiatrists do a year of a broad internship and then three years of specialty-specific training. The training of physiatrists combines neurology and orthopedics with a focus on treatments that improve people's ability to dress, walk, run, work, and do what they want in their life.

Physical Medicine and Rehabilitation physicians have exposure to patients in acute care hospitals, rehabilitation hospitals, and outpatient settings. They are expected to work closely with and learn from physical therapists, occupational therapists, speech and language pathologists, nurses, psychologists, and social workers. They may spend time working with orthopedists, neurosurgeons, pediatricians, internists, neurologists, and/or geriatricians.

Physiatrists become board certified through the American Board of Physical Medicine and Rehabilitation (ABPMR). For those with special interests and



training, there are seven subspecialty certifications in PM&R. They are Brain Injury, Hospice, Neuromuscular, Pain, Pediatrics, Spinal Cord, and Sports.

## Which Doctor?

Because their training is broad, physiatrists can have diagnostic skill sets that overlap with those of other physicians. When you are thinking about which kind of doctor you or a client might need, keep the following in mind. Physiatrists love to work on things that improve people's ability to function in their day-to-day lives. This may include reviewing mobility, exercise, nerve pain, joint and even bowel and bladder functioning. Orthopedic surgeons focus on bone problems and spend much of their time in the operating room. Neurologists understand neurologic conditions and love to diagnose the exact problem. Geriatricians know the changes that come with aging and focus on illnesses that affect older adults. Geriatricians and physiatrists often emphasize function.

It is quite common to see outpatient physiatrists partner with other doctors so that together they ensure that the patient gets all the care needed. For example, an orthopedist may have a physiatrist see the patient and try conservative care before the orthopedist operates. The physiatrist guides the recovery process and may help the patient avoid surgery when possible.

When a person has a stroke, head injury, spinal cord injury, or major illness, the time in the hospital and the rehabilitation hospital is a brief part of their journey. They may be left with residual problems that affect their body and spirit. However, no matter what type of living arrangement a person has, a physiatrist can update the plan for recovery.

When a person stays in an inpatient rehabilitation hospital, they probably have a physiatrist as their attending doctor. The physiatrist orders the therapy and equipment, coordinates the team, and manages any medical problems that come up during the stay. In the blur of the stay, patients often do not realize that their doctor is a physiatrist. After the rehabilitation hospital stay, patients may have residual issues. Physiatrists can discuss modern technologies, manage spasticity, prevent contracture, manage neurogenic bowel and bladder function, and help with complications such as autonomic dysreflexia.

Another reason that patients see physiatrists is for help with their pain or other muscular or bone-related problems. Their primary care doctor or surgeon might make a referral. Physiatrists in outpatient office practices see patients with pain, sports injuries, and other rehabilitation needs. They evaluate and treat a wide variety of musculoskeletal conditions

such as arthritis, athletic injuries, and back pain. They offer diagnoses, injections, procedures, medications, exercises, and specific physical therapy prescriptions. Additionally, some physiatrists work in pain centers where they focus on medications and injections to manage pain.

## How to Help Someone Find a Physiatrist

It may be up to an advisor, including CSAs, to let others know about the benefits of a physiatrist. Today, nearly all communities have physiatrists. If you want to find one, try searching through AAPM&R ([https://members.aapmr.org/AAPMR/AAPMR\\_FINDER.aspx](https://members.aapmr.org/AAPMR/AAPMR_FINDER.aspx)).

Once a patient finds a physiatrist, they are often incredibly happy to have a physician who will take a broader view of their problem. For people with conditions such as spinal cord or head injuries, they may see a physiatrist for the rest of their lives. Whether your client needs a short-term or long-term intervention, consider suggesting this often-forgotten specialist. •CSA



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