

## Miles to go ...

In the era of twenty first century most of the medical specialities are trying their level best to deliver their expertise throughout the country. Since few decades after inception Physiatry is lagging behind not only by the number of experts but also the quantity and quality of the services delivered in India. In reality only few states of the country are getting any kind of PMR services till the present day.

There are lots of issues which should be addressed regarding this. First and foremost issue is 'identity crisis'. What should be our job as a physiatrist? Some centres are focussing primarily on amputation and prosthetic management. Few are giving more emphasis on physiotherapy especially on exercise therapy. Few are doing well in neuro-rehabilitation. Some centres are more concerned with rheumatologic diseases. Similarly scattered focuses are on paediatric, geriatric, cardio-pulmonary rehabilitation etc. Another group of physiatrists are convinced that only interventional pain and spasticity management are the key areas to focus in rehabilitation medicine. Until and unless we all practise comprehensive holistic rehabilitation medicine, the confusion will be increased daily in the mind of patients, other medical specialists, undergraduate students and above all in the mind of PMR post graduate students. Let us fix our job responsibility first. I personally feel that my job is just like the duties of another expert physician. E.g.

1. To do regular medical job for our indoor patients.
2. To diagnose and treat medical complications.
3. To detect the medical emergencies, start treatment (initial few minutes are most vital for patient's life) and ask for help from hospital emergency team.
4. To practise PMR specific diagnostics like NCS, Urodynamics, Musculoskeletal USG, Gait analysis etc.
5. To practise PMR specific interventions like interventional pain and spasticity management.
6. Most importantly to lead the whole team especially during multidisciplinary team meetings. That's why we need to gather knowledge about physiotherapy, occupational therapy, PO, speech therapy techniques.
7. To give enough space to our therapists to practise their expertise under our supervision.
8. To make liaison with other specialists and NGOs and GOs through social worker for resettlement.

Secondly it is clearly noticeable that most of us are trying only to re-able our patients. We are hardly in a position to resettle them. The availability of counsellors, social workers, attitude of employers, policies and schemes of NGOs and GOs etc are grossly suboptimal for resettlement of our differently able patients.

Thirdly there is scarcity of speech and language therapists, psychological counsellors and vocational counsellors throughout the country. These are creating extra challenges to the physiatrists especially in neuro rehabilitation and other specialised rehabs. Hence a properly balanced rehab team is the order of the day for delivering modern rehab services.

Fourthly it is very difficult to excel as a rehab physician without knowing the mother subject very well. Current post graduation system can only make us like 'Jack of all trades but master of none'. None can be master of paediatric and geriatric rehab simultaneously. So the need of the day is to start super speciality in different fields to deliver quality services.

Last but not the least only few centres are doing very well with modern PMR gadgets and equipments but rendering their services to a segregated society. Most of our common people don't have the affordability or accessibility to these costly set ups.

To conclude we need to really work hard to formulate a holistic rehabilitation strategies and policies for the common people nationwide. Then only we can help most of our differently able patients throughout the country.

Hence may we quote Robert Frost:

The woods are lovely, dark and deep,  
But I have promises to keep,  
And miles to go before I sleep.  
And miles to go before I sleep.