

Editor's Note

In the past two decades, Physical Medicine and Rehabilitation has seen changing trends. Now, it can be seen that there is hardly any field of Medicine, where need for PMR is not felt. More and more specialists in other fields of Medicine are finding need for PMR and are looking towards us helping them with the treatments they offer. Challenges in the diagnosis of the patients being treated were not many until the recent times, when we find ourselves engaged with making the final diagnosis. Perhaps, the basic nature of the Rehabilitation Medicine specialist being a good listener and looking after each and every aspect of the needs and care of the patient makes the PMR specialist spend more time with the patient. Such challenges have at times awed specialists in other fields, making them recognize and respect the field of PMR as an important field of medicine, elevating from the previous 'label' by a few as a mere service department. This demands from us still wider base of knowledge and more responsibility, giving us an impetus to be better diagnosticians, which comes so naturally to PMR specialists.

As the definition of disability is broadening, further research into various aspects of disability related issues and the nomenclatures came up. World Health Organization ventured to revise the International Classification of Impairments, Disability and Handicap (ICIDH), which was used as one of the references, making them more acceptable culturally. The trend is towards the usage of socially and culturally meaningful definitions, while avoiding certain words that give negative perspective to the disabled in the ICIDH-2 version. Surprisingly, it was primarily a group of psychiatrists, who ventured to take up the responsibility for modifying these definitions. But they felt it was wiser to compare their notes with the PMR specialists, even for defining the standards of severity of psychiatric disabilities comparing with those of the patients with Spinal Cord Injury. It can be seen that the responsibility on the shoulders of PMR specialists is increasing.

It would not be wrong to say that the PMR is being looked upon as a "light-house" in the field of disability and handicap. By continuing our participation in various research activities as well as laying down standards in disability issues, we can live beyond the expectations of our fellow specialists from other fields. The message in a nutshell is that the PMR specialists have to put on the firm attire of better diagnosticians, better managers and better researchers to really shine as a beacon.

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