



New Frontiers in Rehabilitation

New frontiers always emerge. Sometimes it is a new technology; sometimes it is a new application of an existing knowledge. And at other times new concepts evolve or new demands of care surface. During the last four decades all these have happened to PMR. The specialty has become an essential component of medical care and demand for physiatrists expands at a pace that surpasses availability of human resources.

Just look at the soft campaign 'Pick PMR' that we saw in Medscape recently. The IAPMR's yahoo group had a nice little discussion in its forum. In the UK, PMR exists in discrete components like spinal injury, rheumatology and other sub-specializations. In the Eastern Europe, PMR is already a well established specialty and manages most problems of pain. In India however expansion of frontiers has been somewhat slow in the initial period of the development of the specialty. This could be because the initial generation of physiatrists gravitated from orthopedics and brought with them the idea that PMR is a full fledged surgical specialty; even today the MCI and the National Board classifies PMR under surgery. With the subsequent generations of physiatrists coming onto the central stage, exciting new developments did happen upon the areas established by their seniors.

Today, physiatrists are an integral part of teams working in the field of chronic musculo-skeletal pain, spasticity management, athletic medicine, strokes, cardiovascular diseases, spinal cord & brain medicine and obesity. Physiatrists do take keen interest in understanding impacts of permanent disablements upon individuals, their families and the society. They deal with disability management and accessibility in quantifiable terms and help clients achieve better quality of life. With most specialties getting divided into sub-specialties and disease level interventions, rehabilitation requirement has made tremendous increase in the recent past. This has forced new openings for the physiatrists in the public sector and of late the corporate and the private sector institutions feel the need to have a vibrant PMR unit.

Planning and designing Assistive Technology (AT) in rehabilitation is a vast area of study. AT is in use for improving vision, hearing or movement and this needs a careful study into the functional levels of clients and their ability to use them with advantage. Computer interfaced devices can give a game like world where through a support system for the upper limb patients can use their self motivation to get trained in innumerable functional activities. Some studies on functional improvement try to look at similarities between cognitive function of ADHD and TBI and whether molecules like Ritalin might induce favourable changes in TBI as well. The newer SSRIs, human enhancement technologies, and stem cell research offer real exciting opportunity for the emerging physiatrists.

Standardization of rehabilitation interventions is another area that is receiving attention. Research actively pursues as to how protocols can be established in various strategies in rehabilitation. Indications, planning interventions, outcome measurements, costing, insurance and QOL assessments are domains of current interest. When such scales become universally implemented, better spread of rehabilitation medicine would result.

This year's National Conference of the IAPMR takes place when lots of new things are happening in rehabilitation. The conference showcases some of the emerging fields of interest in PMR and brings physiatrists across India and overseas to come together to present their work and share thoughts, concepts and experiences.