The Roles of the Physiatrist in the Acute Care Setting and Acute Rehab Setting

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Disclosures

- Me
- My brother
Objectives

1) Discuss the unique training and skill set of the rehabilitation physician.

2) Discuss the rehabilitation team approach to patient care.

3) Discuss the decision-making behind selecting various levels of post-acute care.
Physical Medicine & Rehabilitation (PM&R) Training

- 1 year internship
- 3 years specialty training
- Subspecialties Available: 1-year fellowship training
  - Spinal Cord Injury (SCI)
  - Brain Injury (BI)
  - Sports Medicine
  - Neuromuscular Medicine
  - Pediatric Rehabilitation
  - Hospice and Palliative Medicine
Trauma-Related Diagnoses Treated

- SCI
- BI
- Amputations
- Burns
- Peripheral nerve injury
- Multitrauma
- Pain, musculoskeletal dysfunction
PM&R Niche: Disability and Function

• Manage medical complications unique to people with disabilities
  – Spasticity/upper motor neuron syndrome
  – Neuropathic pain
  – Neurogenic bowel & bladder
  – Musculoskeletal dysfunction

• Coordinate efforts of multiple types of practitioners
  – Physical Therapy (PT), Occupational Therapy (OT), Nursing, Psychology, physician consultants

• Practice a holistic approach that spans multiple body systems

• Focus on quality of life, resumption of preinjury life roles
Physiatrist’s Role in Acute Care

- Prevent complications that interfere with later efforts at rehabilitation
- Evaluate for appropriateness for various levels of care
  - Inpatient Rehabilitation Facility (IRF)
  - Long Term Acute Care (LTAC)
  - Skilled Nursing Facility (SNF)
- Discuss prognosis
  - Prognosis for neurologic recovery
  - Prognosis for quality of life
- Manage agitation in patients with brain injury
Physiatrist’s Role in Acute Care

• Manage complications specific to rehab-related diagnoses:
  – Agitation in patients with brain injury
  – Spasticity
  – Neurogenic bowel and bladder
  – Autonomic dysfunction
Levels of Care: Long-Term Acute Care

• Patients have primary medical or respiratory complexity that requires daily intervention by a physician or physician extender.
• PT/OT are available, typically not at the same level intensity seen in an IRF.
• Diagnoses:
  – Respiratory failure
  – Wound care
  – Infectious Disease
  – Medically Complex
Levels of Care: Skilled Nursing Facility

- Daily visits from a physician or physician extender not necessary.
- Daily intervention from a skilled healthcare provider are necessary:
  - Nursing
  - Physical Therapy
  - Occupational Therapy
  - Speech Therapy
Levels of Care:
Inpatient Rehabilitation Facility

- Patient must tolerate 3 hours of therapy/day
- Patient must need 2 of 3 types of therapies: Physical, Occupational, and Speech
- Medical needs can be managed in the rehabilitation setting
- Medical and rehabilitative needs cannot be met on an outpatient basis
- 13 Medicare diagnoses: 60% of our patients must fall into one of these categories
13 CMS Diagnoses for IRFs

- Amputation
- Brain injury
- Burns
- Spinal Cord Injury
- Stroke
- Congenital deformity
- Hip fracture
- Joint Replacements
- Major multiple trauma
  - Multiple fracture
- Systemic vasculidities with joint inflammation

- Neurological disorders
  - Multiple sclerosis
  - Motor neuron disease
  - Encephalopathy
  - Critical illness myopathy/polyneuropathy
  - ALS
  - Parkinson’s disease
  - Guillain Barré

- Active rheumatoid arthritis, Psoriatic Arthritis, Seronegative Arthopathies
- Severe or Advances Osteoarthritis

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What Happens in Rehab?
Neurologic Recovery
What Happens in Rehab?
Adaptation to Disability
What Happens in Rehab?
Hi-tech solutions
What Happens in Rehab?
Low-Tech solutions
The Inpatient Rehabilitation Team:

- Physiatrist
- Nurse (CRN)
- Physical Therapist
- Occupational Therapist
- Speech Therapist
- Psychologist
- Social Worker
- Case Manager
The Goal