

PHYSICAL MEDICINE & REHABILITATION

Physical Medicine and Rehabilitation is unique among medical fields in that its area of expertise addresses the function of the whole patient, as compared with a focus on an organ system or systems. Suffering an acute injury or living with chronic illness can affect the way people move and communicate, perceive themselves and their role in the home and workplace. Physical Medicine & Rehabilitation is about patient-centered care and maximizing independence and mobility with the goal of returning patients to their roles in society.

A Physical Medicine & Rehabilitation PA will manage a variety of disorders/diseases. Because of the broad spectrum of conditions treated and the comprehensive nature of the care needed, the Physician Assistant is uniquely positioned to adapt to new technologies, as well as changing trends in health care.

Areas of focus include:

Neurorehabilitation:

Spinal Cord Injury, Traumatic Brain Injury, Stroke, Multiple Sclerosis, Amyotrophic Lateral Sclerosis, Guillain-Barré, Myasthenia Gravis, Parkinson's disease

Pain medicine:

Chronic Pain Management, Complex Regional Pain Syndrome (previously named Reflex Sympathetic Dystrophy), Back Pain, Arthritis, Carpal Tunnel Syndrome

Musculoskeletal care:

Osteoarthritis, Osteoporosis, Rheumatoid Arthritis, Inflammatory Myopathies, Fibromyalgia, Spondyloarthropathies, Back Pain and Sacroiliac Joint Dysfunction

Sports injuries:

Achilles Tendonitis, Iliotibial Band Syndrome, Turf Toe, Medial & Lateral Epicondylitis, DeQuervain's Tenosynovitis, Rotator Cuff Pathology, Acromioclavicular Separation, Biceps Tendonitis, Stress Fractures, Concussion

Post-operative care:

Joint Replacement, Organ Transplantation, Amputations, Left-Ventricular Assistive Devices, Cardiac / Pulmonary Rehabilitation

Pediatric functional and developmental disorders:

Cerebral Palsy, Muscular Dystrophy, Spina Bifida, Down Syndrome

Prosthetics and Orthotics:

Gait and Movement Disorders, Assistive Devices and Ambulation Aids, Spinal Orthoses, Neuro-prostheses

Specialized rehabilitation:

Fine Arts (music, dance, vocal), Cancer, Cardiac, Burns, Pulmonary, Family Training (for home care), Pelvic Pain, Alternative and Complementary Medicine, Palliative Care

Care of the patients shall include but not be limited to: Performance of an appropriate history and physical exam, ordering, interpreting and performing appropriate diagnostic tests, Establishing a differential diagnosis, formulating and implementing appropriate treatment plans consistent with the standard of care, counseling, instructing and performing clinical skills approved by Board, prescribing physical and occupational therapy, including therapeutic modalities, manual traction and joint mobilization, and orthosis fabrication and application, prescribing medications and dispensing sample medications per the Physician Assistant's authorized prescriptive authority.

Medication formulary consists of those medications appropriate to the treatment of patients in a physical medicine & rehabilitation practice, including prescribing medical devices.

- Excluding - Anabolic steroids

Including - medications appropriate to the treatment of non-operative and post-operative patients or under verbal order of a supervising physician. Controlled substance prescriptive authority as approved by the Board.
- Including - non-steroidal anti-inflammatories, short-course oral or injectable steroidal anti-inflammatories, antibiotics, bisphosphates, antipyretics, non-narcotic analgesic, anti-fungals, anti-emetics, muscle relaxants, anti-depressants, oral contraceptives, and anti-coagulants.
- For inpatient encounters, the PA, if requested by the supervising physician may order parenteral medicine or Category II controlled substances under the verbal order of the supervision or alternate supervising MD. The PA may examine and write orders as directed by their supervising physician for admission and consultations requested.

Direct evaluation by a supervising physician or immediate consultation shall be indicated in patients who present with conditions requiring immediate hospitalization or surgery.

In the case of a life-threatening situation, the PA may direct ACLS / PALS / BLS protocols while awaiting the arrival of a supervising physician or physician assuming care of the patient.

Systems within the scope of practice of the physical medicine & rehabilitation physician-physician assistant team to initiate, continue, modify, or refer care include:

Skin and Appendages: (May identify, initiate work-up, and initiate care on referral)

Cauterize/ excise / biopsy lesions - obtain second opinion of suspicious lesions

Common dermatoses

Nail disorders and release of subungual hematoma

Eye (May identify, initiate work-up, and initiate care on referral)

Symptoms of ocular disease

Disorders of the lids and lacrimal apparatus

Conjunctivitis

Ocular trauma

Foreign body removal by irrigation

Ear, Nose and Throat: (May identify, initiate work-up, and initiate care on referral)

Diseases of the ear

Diseases of the nose and sinuses

Diseases of the oral cavity and pharynx

Diseases presenting as neck masses

Lung: (May identify, initiate work-up, and initiate care on referral)

Ordering of pulmonary function tests

Disorders of the airways

*Any patient presenting in acute respiratory distress or suspected pulmonary emboli is to be evaluated by a physician.

Heart: (May identify, initiate work-up, and initiate care on referral)

Valvular heart disease

Coronary heart disease

Disturbances of rate and rhythm

Conduction disturbances

Cardiac failure

Hypertension

*Chest pain suspicious of cardiac disease is to be evaluated by a Physician. EKG's are to be over-read.

Blood: (May identify, initiate work-up, and initiate care on referral)

Peri-operative anemia

Hyper-coagulable or hypo-coagulable states

*Peri-operative patients requiring transfusions shall be discussed by a physician.

Alimentary Tract: (May identify, initiate work-up, and initiate care on referral)

Symptoms and signs of gastrointestinal disease

Diseases of the esophagus

Diseases of the stomach and duodenum

Diseases of the small intestine

Diseases of the colon and rectum

Anorectal diseases

Liver, Biliary Tract, and Pancreas (May identify, initiate work-up, and initiate care on referral)

Diseases of the Liver

Diseases of the Biliary Tract

Diseases of the Pancreas

Gynecology (May identify, initiate work-up, and initiate care on referral - gynecological exam not part of clinical skills)

Dysmenorrhea

Contraception (as it relates to amenorrhea in athletic population)

Menopausal Syndrome

Allergic and Immunologic Disorders (May identify, initiate work-up, and initiate care on referral)

Allergic diseases

Arthritis and Musculoskeletal Disorders

All musculoskeletal disorders within the scope of practice of the supervising physicians including, but not limited to: acute and chronic injuries, repetitive stress injuries, sprains, strains, fractures, dislocations, infections, and benign or malignant lesions.

Degenerative and Crystal-Induced Arthritis

Pain Syndromes

Soft tissue injuries

Other Rheumatic Disorders

Sports related injuries

Fluid and Electrolyte Disorders (May identify, initiate work-up, and initiate care)

Diagnosis of fluid and electrolyte disorders in the post-operative patient

Treatment of specific fluid, electrolyte and acid-base disorders in the post-operative patient

Fluid management in the post-operative patient

Urology (May identify, initiate work-up, and initiate care on referral)

Evaluation of hematuria

Uncomplicated genitourinary tract infections in the post-operative patient

Urinary stone disease (in patients with metabolic bone disease)

Urinary incontinence in the post-operative patient

Male erectile dysfunction and sexual dysfunction in the chronic pain patient

Benign prostatic hyperplasia in the post-operative patient

Malignant genitourinary tract disorders in the post-operative patient

Acute or chronic renal disease in the post-operative patient

Nervous System (May identify, initiate work-up, and initiate care on referral)

Headache

Weakness and paralysis

Transient Ischemic Attacks- Obtain consultation with MD

Stroke- Obtain consultation with MD

Movement disorders

Dementia

Multiple Sclerosis

Stupor and coma

Head injury- Obtain consultation with MD if intracranial pathology suspected

Spinal trauma- Obtain consultation with MD

Peripheral neuropathies

Psychiatric Disorders (May identify, initiate work-up, and initiate care on referral)

Psychiatric assessment

Common psychiatric disorders

Substance use disorders

Endocrinology (May identify, initiate work-up, and initiate care on referral)

Common presentations in endocrinology

Diseases of the thyroid gland as it relates to the patient with neuropathy and metabolic bone disease

Metabolic bone disease

Diabetes mellitus and Hypoglycemia (May identify, initiate work-up, and initiate care on referral)

Diabetes mellitus

Hypoglycemic states

Lipid abnormalities

Lipid fractions and the risk of coronary heart disease

Therapeutic effects of lowering cholesterol for heart disease and bone mineral density

General Problems in Infectious Diseases (May identify, initiate work-up, and initiate care on referral)

Fever of unknown origin (FUO)

Animal and human bite wounds

Joint disorders as they relate to infectious diseases

Disorders Due to Physical Agents (May identify, initiate work-up, and initiate care on referral)

Disorders due to cold

Disorders due to heat

Burns

Electric shock

Drowning

Other disorders due to physical agents

Poisoning (May identify, initiate work-up, and initiate care on referral)

General Approach to the Patient; Health Maintenance and Disease Prevention. (May identify, initiate work-up, and initiate care on referral)

Health maintenance and disease prevention

Substance abuse

Common symptoms

Pain

Fever and hypothermia

Weight loss

Fatigue

Geriatric Medicine (May identify, initiate work-up, and initiate care on referral)

General principles of geriatric medicine

Evaluation of the elderly

Extended care facility rounds for physical medicine & rehabilitation patients

Cancer: Upon diagnosis- all cancer patients are to be discussed with MD and appropriate referral made. (May identify, initiate work-up, and initiate care on referral)

Incidence and etiology

CLINICAL SKILLS SPECIFIC TO PHYSICIAN ASSISTANTS IN PHYSICAL MEDICINE & REHABILITATION

Peripheral joint injections: injections to help diagnose and treat bone and soft tissue disorders often seen in orthopedic, rheumatologic, and sports medicine disorders such as knee osteoarthritis, rotator cuff tendinopathy, and epicondylitis.

Trigger point injections: lidocaine or dry needling can be used as an adjunct to proper exercise and physical therapy to treat trigger points, thought to be sources of chronic myofascial (soft-tissue) pain.

Spasticity management: spasticity is a common complication related to CNS injury (e.g., SCI, stroke, cerebral palsy). Intrathecal baclofen pump management including access, flush and refill intrathecal catheters to improve function and decrease pain.

Offer biofeedback services, including Alpha Stim and N Stem

Manage spinal cord stimulator devices

EMG (electromyography): inserting fine needle electrodes in muscles and observing the recorded motor unit potentials when the muscles are activated to help distinguish whether weakness is due to muscle or nerve dysfunction (i.e., myopathy vs. neuropathy).

NCS (nerve conduction studies): use of electrodes to record motor and sensory responses that are propagated by electrical stimuli. This test can help distinguish location of a nervous system lesion (radiculopathy, peripheral neuropathy, motor neuron disease, or neuromuscular junction).