

Physical medicine and rehabilitation

Physical medicine and rehabilitation is a medical specialty that helps people regain body functions they lost due to medical conditions or injury. This term is often used to describe the whole medical team, not just the doctors.

Rehabilitation can help many body functions, including bowel and bladder problems, chewing and swallowing, problems thinking or reasoning, movement or mobility, speech, and language.

Information

Many injuries or medical conditions can affect your ability to function:

- Brain disorders, such as [stroke](#), [multiple sclerosis](#), or [cerebral palsy](#)
- Chronic pain, including [back](#) and [neck pain](#)
- Major bone or joint surgery, severe [burns](#), or limb [amputation](#)
- Severe [arthritis](#) becoming worse over time
- Severe weakness after recovering from a serious illness (such as infection, [heart failure](#) or [respiratory failure](#))
- [Spinal cord injury](#) or [brain injury](#)

Children may need rehabilitation services for:

- [Down syndrome](#) or other [genetic](#) disorders
- [Intellectual disability](#)
- [Muscular dystrophy](#) or other neuromuscular disorders
- Sensory deprivation disorder, [autism](#) or developmental disorders
- [Speech disorders](#) and language problems

Physical medicine and rehabilitation services also include sports medicine and injury prevention.

WHERE REHABILITATION IS DONE

People can have rehabilitation in many settings. It will often begin while they are still in the hospital, recovering from an illness or injury. Sometimes it begins before someone has planned surgery.

After the person leaves the hospital, treatment may continue at a special inpatient rehabilitation center. A person may be transferred to this type of center if they have significant orthopedic problems, burns, a spinal cord injury or severe brain injury from stroke or trauma.

Rehabilitation often also takes place in a [skilled nursing facility](#) or rehabilitation center outside of a hospital.

Many people who are recovering eventually go home. Therapy is then continued at the provider's office or in another setting. You may visit the office of your physical medicine physician and other health professionals. Sometimes, a therapist will make home visits. Family members or other caregivers must also be available to help.

WHAT REHABILITATION DOES

The goal of rehabilitation therapy is to teach people how to take care of themselves as much as possible. The focus is often on daily tasks such as eating, bathing, using the bathroom and moving from a wheelchair to a bed.

Sometimes, the goal is more challenging, such as restoring full function to one or more parts of the body.

Rehabilitation experts use many tests to evaluate a person's problems and monitor their recovery.

A full rehabilitation program and treatment plan may be needed to help with medical, physical, social, emotional, and work-related problems, including:

- Therapy for specific medical problems
- Advice about setting up their home to maximize their function and safety
- Help with wheelchairs, splints and other medical equipment
- Help with financial and social issues

Family and caregivers may also need help adjusting to their loved one's condition and knowing where to find resources in the community.

THE REHABILITATION TEAM

Physical medicine and rehabilitation is a team approach. Team members are doctors, other health professionals, the patient, and their family or caregivers.

Physical medicine and rehabilitation doctors receive 4 or more extra years of training in this type of care after they have finished medical school. They are also called physiatrists.

Other types of doctors that may be members of a rehabilitation team include neurologists, orthopedic surgeons, psychiatrists and primary care doctors.

Other health professionals include occupational therapists, physical therapists, speech and language therapists, social workers, vocational counselors, nurses, psychologists, and dietitians (nutritionists).

Rehabilitation services are needed by people who have lost the ability to function normally, often because of an injury, a stroke, an infection, a tumor, surgery, or a progressive disorder (such as arthritis—see [Physical measures](#)). A pulmonary rehabilitation program (see [Breathing exercises](#)) is often appropriate for people who have chronic obstructive lung disease. People who become weak after prolonged bed rest (for example, because of a severe injury or after surgery) also need rehabilitation. Physical therapy, occupational therapy, treatment of any pain and inflammation, and retraining to compensate for specific lost functions are the typical focus of rehabilitation. Treatment usually involves continued sessions of one-on-one training for many weeks.

The need for rehabilitation crosses all age groups, although the type, level, and goals of rehabilitation often differ by age. People with chronic impairments, often older people, have different goals and require less intensive rehabilitation or a longer period of rehabilitation than do younger people with a temporary impairment (such as that due to a fracture or burn). For example, the goal of an older person who has severe heart failure and has had a stroke may simply be to regain the ability to do as many self-care activities—such as eating, dressing, bathing, transferring between a bed and a chair, using the toilet, and controlling bladder and bowel function—as possible. The goal of a younger person who has had a fracture is often to regain all functions as quickly as possible. Nonetheless, age alone is not a reason to alter goals or the intensity of rehabilitation, but the presence of other disorders or limitations may be.



Did You Know...

After a major disorder, injury, or surgical procedure, people must follow the recommended rehabilitation program if they want to recover as fully as possible.

Rehabilitation can be done in a doctor's office or at home as well as in rehabilitation centers.

To initiate a formal rehabilitation program, a doctor writes a referral (similar to a prescription) to a physiatrist (a doctor who is board-certified in rehabilitation medicine), an occupational or physical therapist, or a rehabilitation center. The referral establishes the goals of therapy, a description of the type of illness or injury, and its date of onset. The referral also specifies the type of therapy needed, such as ambulation training (help with walking) or training in activities of daily living.

Setting

Where rehabilitation takes place depends on the person's needs. Many people recovering from injuries can be treated as outpatients in a therapist's office. People with severe disabilities may need care in a hospital or inpatient rehabilitation center. In such settings, a rehabilitation team provides care. With the doctor or therapist, this team may include nurses, psychologists, social workers, speech pathologists (who evaluate speech, language, and voice), audiologists (who evaluate hearing), other health care practitioners, and family members. A team approach is best because significant loss of function can lead to other problems, such as depression, apathy, and financial problems.

Care at home can be appropriate for people who cannot travel easily but who require less care, such as those who can transfer from bed to a chair or from a chair to a toilet. However, family members or friends must be willing to participate in the rehabilitation process. Providing rehabilitation at home with the help of family members is highly desirable, but it can be physically and emotionally taxing for all involved. Sometimes a visiting physical therapist or occupational therapist can help with home care.

Rehabilitation

Overview of Rehabilitation

[Treatment of Pain and Inflammation](#)

[Physical Therapy \(PT\)](#)

[Occupational Therapy \(OT\)](#)

[Rehabilitation for Specific Problems](#)

[Rehabilitation for Heart Disorders](#)

[Rehabilitation After a Brain Injury](#)

[Rehabilitation After a Spinal Injury](#)

[Rehabilitation After a Hip Fracture](#)

[Rehabilitation After Limb Amputation](#)

[Rehabilitation for Speech Disorders](#)

[Rehabilitation for Blindness](#)

Many nursing homes have less intensive rehabilitation programs than rehabilitation centers. Less intensive programs are better suited to people less able to tolerate therapy, such as frail or older people.

Goals

The rehabilitation team or therapist sets both short-term and long-term goals for each problem. For example, a person with a hand injury may have restricted range of motion and weakness. The short-term goals may be to increase the range of motion by a certain amount and to increase grip strength by so many pounds. The long-term goal may be to play the piano again. Short-term goals are set to provide an immediate, achievable target. Long-term goals are set to help people understand what they can expect from rehabilitation and where they can expect to be in several months. People are encouraged to achieve each short-term goal, and the team closely monitors the progress. The goals may be changed if people become unwilling or unable (financially or otherwise) to continue or if they progress more slowly or quickly than expected.

In many situations, the goals are to help people walk again and to enable them to do the daily activities they need to do (such as dressing, grooming, bathing, feeding themselves, cooking, and shopping).

Regardless of the severity of the disability or the skill of the rehabilitation team, the final outcome of rehabilitation depends on the person's motivation. Some people delay recovery to gain attention from family members or friends.

SPOTLIGHT ON AGING

Disorders that require rehabilitation (such as stroke, heart attacks, hip fracture, and limb amputation) are common among older people. However, older people may have characteristics that make rehabilitation challenging:

- They may be physically inactive.
- Their muscles (including the heart muscle) may be weak.
- They may lack endurance.
- They may be depressed or have dementia.
- They may have problems with balance, coordination, or agility.
- Their joints may be stiff.

Nonetheless, age alone is not a reason to postpone or deny rehabilitation.

Older people may recover more slowly. Consequently, programs designed specifically for older people are preferable. Older people often have different goals, require less intensive rehabilitation, and need different types of care than do younger people. When older people are in programs designed for them, they are less likely to compare their progress with that of younger people and to become discouraged.