Rehabilitation Medicine (PGY-1 Rotation)  

revised 8/2/07

Sites:  
San Francisco General Hospital Medical Center (SFGHMC)  
Laguna Honda Hospital and Rehabilitation Center (LHHRC)

Introduction:
The Rehabilitation Medicine rotation is comprised of a four-week block that introduces the Resident to the specialty of Physical Medicine and Rehabilitation (PM&R). The Resident will be presented with both inpatient and outpatient experiences designed to enhance their understanding of the field of PM&R and how it relates to the practice of Orthopaedic Surgery. The overall goal is for the Resident to increase their understanding of how medical and surgical interventions have both short- and long-term implications in the lives of patients in terms of functional ability and community reintegration.

Learner Objectives: (Based on ACGME Competencies)

Patient Care:
The Resident will be responsible for initiating and coordinating the care of patients on the Rehabilitation Service at LHH. This will include performing comprehensive rehabilitation-based evaluations and determination of interdisciplinary treatment plans. The Resident will lead the interdisciplinary case conference discussion for each patient, which will include the determination of ongoing care and progress towards treatment plan goals. The Resident will be involved in patient and family education, particularly as it relates to future function and health promotion activities in community-based settings.

- Rehabilitation in the Inpatient Setting
  1. The Resident will become familiar with, and participate directly in the management of, patients admitted to an Acute Rehabilitation and SNF level Rehabilitation setting at Laguna Honda Hospital and Rehabilitation Center (LHHRC). The Resident will acquire direct experience in:
     a. Performing a Comprehensive Rehabilitation Evaluation, which includes, but is not limited to:
        (1) Functional history
        (2) Detailed neuromusculoskeletal examination
        (3) Identification of impairments and disabilities
        (4) Determination of treatment goals
        (5) Development of a comprehensive PM&R treatment plan
     b. Managing a patient’s ongoing rehabilitation needs, which may include, but is not limited to: Evaluation for prosthetic or orthotic needs, treatment of spasticity, and treatment of neurogenic bladder and bowel in spinal cord injured patients. Emphasis will be placed on following patients with spinal cord injury, multiple fractures, and amputees, depending on the patient mix on the Rehabilitation Service during the rotation.
     c. Directing Interdisciplinary Team Meetings
        Monitoring a patient’s Function Independence Measure (FIM) status
     d. Directing discharge planning
     e. Providing inpatient physiatry consultations for SNF patients
2. The Resident will become familiar with the role of the Physiatrist in the Acute inpatient setting (SFGH). The Resident will become familiar with inpatient physiatry consultation services, with the goal of understanding how rehabilitation intervention(s) during the acute inpatient episode may affect length of stay, assist in determining discharge destination, and prevent future complications.

- **Rehabilitation in the Outpatient Setting**

The Resident will become familiar with, and participate directly in, the outpatient evaluation and treatment of patients referred for rehabilitation. The Resident will gain an increased understanding of the types of outpatient treatment modalities available from each rehabilitation discipline. The Resident will participate in the interdisciplinary Prosthetic and Orthotic Clinic, which may include analysis of patient gait, evaluation for the use of prosthetics or orthotics, and follow-up care of patients using these devices. The Resident will also attend outpatient Physical Therapy and Occupational Therapy treatment sessions.

**Medical Knowledge:**

Over the course of the rotation, the Resident should be able to:

1. Understand the concepts of illness, impairment, disability, and handicap (as defined by the World Health Organization):
   a. Describe the concept of Activities of Daily Living (ADLs) and its components.
   b. Describe the direct and indirect impact surgical interventions may have on each component.
   c. Understand and be able to communicate functional levels based on Functional Independence Measure (FIM) terminology.

2. Understand the role of rehabilitation in an Orthopaedic practice:
   a. Describe the training and scope of practice of various rehabilitation professionals.
   b. Identify the rehabilitation disciplines that would best benefit a patient.
   c. Formulate a rehabilitation treatment plan that defines short- and long-term goals for a patient.
   d. Write a rehabilitation prescription that includes treatment goals, and duration and frequency of treatment.
   e. Become familiar with adaptive equipment that may enhance a patient’s functional abilities.

3. Understand decision-making factors that may affect and determine amputation levels:
   a. Understand how specific amputation levels may affect a patient’s future ADLs, mobility, and prognosis for ambulation. This includes not only choice of the general amputation level (e.g., below the knee vs. above the knee), but also consideration as to length of residual limb and condition of residual limb (e.g., skin).
   b. Direct post-operative care to optimize progression to prosthetic fit and training, as it relates to post-operative casting, positioning, stump shrinkage, patient education, and the post-operative role(s) of the Physical Therapy, Occupational Therapy, Prosthetics and Orthotics, and/or Physiatry departments.
   c. Understand the basic components of upper- and lower-extremity prostheses, including knowledge of socket types and how different sockets may affect patient function. The Resident will be able to troubleshoot problems related to socket fit that may include pistoning, fluctuating stump size, and pressure areas.
   d. Understand the concept of energy expenditure as it relates to amputation level and gait kinetics. The Resident will understand how changes in alignment at various prosthetic component sites may affect a patient’s overall gait pattern.
   e. Become familiar with various prosthetic components that may be appropriate to different populations, depending on their premorbid lifestyle (e.g., sedentary vs. athletic), level of previous disability (e.g., patients with severe rheumatoid arthritis of the hand), and rehabilitation goal (e.g., prosthesis for transfers vs. ambulation vs. cosmesis).
   f. Demonstrate proficiency in managing a range of common prosthetic issues, which may include difficulties with fluctuation of residual limb size and skin breakdown or irritation.

4. Provide comprehensive care for spinal cord injured (SCI) patients:
   a. Understand and be able to determine American Spinal Injury Association Classification (ASIA) levels for SCI patients.
   b. Understand and be able to effectively manage medical sequelae of SCI, which include, but are not limited to:
1. Bladder dysfunction
2. Bowel dysfunction
3. Autonomic dysfunction
4. Spasticity
5. Heterotopic ossification
6. Thromboembolic risk
7. Pressure ulcers

c. Understand the relationship between functional level and the need for assistance or adaptive equipment.
5. Become familiar with the indications and use of electrodiagnostics (electromyography and nerve conduction studies) in Orthopaedic practice.
6. Become familiar with interventional procedures provided by PM&R Physiatrists that may enhance an Orthopaedic Surgery practice.

Practice Based Learning:
Residents will attend mini-lectures given by attendings. The topics may include, but are not limited to: ASIA Classification, Prosthetics and Orthotics, Electromyography, and Autonomic Dysfunction. Each Resident is required to present a lecture to the Rehabilitation Staff on a rehabilitation topic of their choice. Residents will also be given a study guide and self-assessment examination during the course of the rotation.

Interpersonal and Communication Skills:
The importance of effective communication cannot be overstated in the rehabilitation realm, as numerous interdisciplinary clinicians and other ancillary caregivers are involved in the patient’s care. The ability to collaborate effectively with colleagues and staff will be emphasized, and noted in interdisciplinary team conferences and on the Units.

Professionalism:
It is the expectation that the Resident will demonstrate professionalism, courtesy, and compassion during interactions with patients, families, and staff, being mindful and sensitive to cultural diversity and backgrounds.

Systems Based Practice:
The Resident will become familiar with the continuum of rehabilitation services provided by the Department of Public Health, and how the continuum of rehabilitation care may relate to individuals having, or without, insurance. The complicated implications of insurance eligibility and county residence as they relate to discharge options, discharge planning, future medical follow up, and the provision of equipment will be discussed over the course of the rotation.