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# Introduction

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PHYSICAL MEDICINE AND REHABILITATION (PM&R) is a wide-ranging and multifaceted specialty. However, quoting Dr. Edward Lowman, (1), "Its focus...is the patient, and its effectiveness is in direct proportion to one's skill in recognizing and dynamically meeting the total needs of [one's] patient despite the residual disability and its implications...." (1)

The PM&R specialist (physiatrist) encounters patients with diverse diagnoses (e.g., traumatic brain injury [TBI], spinal cord injury [SCI], stroke, arthritis, cardiovascular disease, congenital disorders, etc.). Frequent interaction between the physiatrist and other medical and surgical specialists is therefore required. In addition, the resulting disabilities (e.g., hemiplegia, paraplegia, tetraplegia, ataxia, back pain, deconditioning, limb loss, etc.) require the physiatrist to coordinate the efforts of an interdisciplinary team. This team may include physical therapists, occupational therapists, nurses, social workers, psychologists, speech pathologists, vocational counselors, and recreational therapists, among others.

In this first-ever theme issue of *The Mount Sinai Journal of Medicine* focusing on rehabilitation medicine, Dr. Kristjan Ragnarsson (Fig.), who assumed the chairmanship of the department in July 1986, traces the history of this specialty at the Mount Sinai Medical Center. He also addresses the future of the specialty in the changing health care environment.

Rehabilitation medicine helps people after devastating injuries. Drs. Dyson-Hudson and Stein explore the acute management of people who have sustained traumatic cervical SCI. Dr. Spungen and her colleagues at the Bronx Veterans Affairs

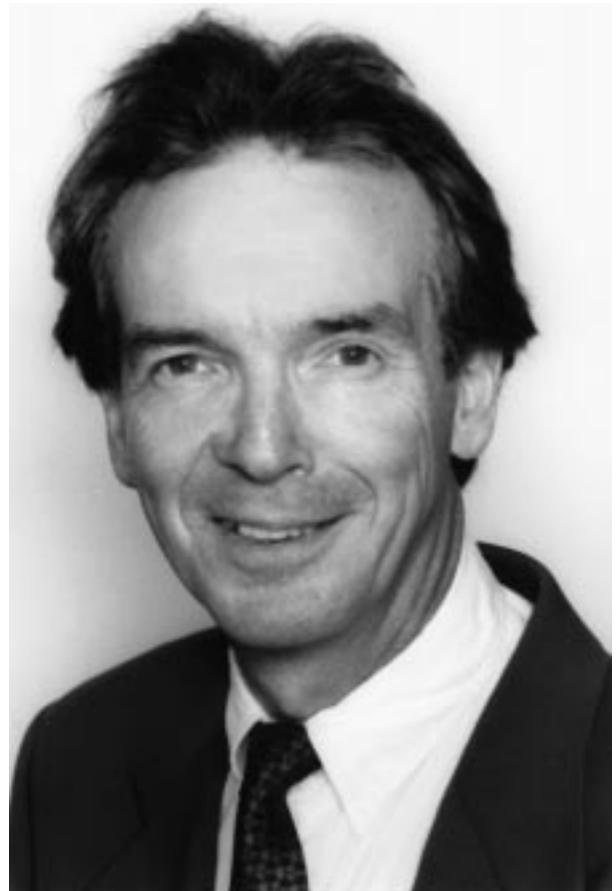


Fig. Dr. Kristjan Ragnarsson.

Medical Center examine how a medication may improve breathing in people with this disability.

PM&R is also concerned with people who sustain less obvious injuries. Dr. Flanagan discusses mild TBI, and emphasizes the need for a high

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index of suspicion for symptoms of this disorder.

As longevity has increased, so has the need for delivery of primary health care services for people with disabilities. Dr. Thomas explores this problem in his article.

Rehabilitation medicine has much to offer the general population as it ages. In my article, I examine the commonalities between PM&R and geriatrics, as both fields work to improve the prevention and treatment of illness and disability in the elderly.

Osteoporosis is a widespread bone disorder that has received increased attention in recent years. Dr. Sheth addresses the role of exercise in the management of this condition.

Dr. Nainzadeh and her colleagues explore the role of rehabilitation medicine in the management of repetitive strain injury, in view of the increasing incidence of this condition in the home and the workplace.

Since its inception, PM&R has been concerned with improving quality of life (QOL).

However, defining and measuring QOL have been problematic, as Drs. Brown and Gordon demonstrate in their article.

A major contribution to an improved QOL is increased function. Dr. Eastwood describes how monitoring organizations and regulatory agencies are using diverse data collection systems (e.g., the Functional Independence Measure [FIM]) to document functional changes.

Increasing research, improving education, and developing more creative means of service delivery are the keys to progress in PM&R (and many other fields). This issue of *The Mount Sinai Journal of Medicine* addresses some of these efforts by our Department of Rehabilitation Medicine. The value of these contributions, however, will best be judged in the next century.

#### Reference

1. Lowman EW, editor. Symposium on rehabilitation. Med Clin North Am. Philadelphia: W.B. Saunders. 1969. p. 486.