

## AMERICAN ACADEMY OF PHYSICAL MEDICINE AND REHABILITATION COMPETENCIES FOR RESIDENCY CURRICULUM

### Statement

As the ACGME requirements below indicate, rehabilitation physicians (also known as physiatrists) are trained to treat adults and children with a wide range of conditions, including pain. The primary aim of physiatrists is to restore function in patients afflicted with function limiting and/or painful conditions involving the central and peripheral nervous systems, cardiopulmonary and musculoskeletal systems. This includes but is not limited to disorders of the spine, peripheral joints, soft tissues, bone injuries, sprains/strains, disc herniations, rheumatologic conditions and athletic injuries. It also includes persons who have experienced catastrophic events, resulting in paraplegia, quadriplegia, or traumatic brain injury, rheumatologic conditions, musculoskeletal injuries, and individuals with neurologic disorders such as stroke, multiple sclerosis, polio, amyotrophic lateral sclerosis (ALS) or any other disease process that results in impairment and/or disability. Their goal is to decrease pain and enhance performance without surgery. Physiatrists, who have unrestricted licenses, treat acute and chronic pain utilizing modalities and or pharmacologic agents including narcotics. For many physiatrists, pain management is a fundamental component of their practices and their patients expect that the physiatrist treating their pain will have access to the full complement of treatment options, including narcotics if medically indicated. The physiatrist is trained to make such patient assessments and to develop an appropriate plan of care. Rehabilitation physicians take the time needed to accurately pinpoint the source of an ailment. Their broad medical expertise allows them to treat disabling conditions throughout a person's lifetime. Because of their training and diverse clinical areas of focus, physiatrists incorporate the treatment of pain and pain management into every type of practice. Pain is integral to the entire specialty of physical medicine and rehabilitation.

**The following language represents the ACGME program requirements for graduate medical education in physical medicine and rehabilitation.**

**IV.A.5.a).(7) must have progressive responsibility in diagnosing, assessing, and managing the conditions commonly encountered by the physiatrist in the rehabilitative management of patients of all ages in the following areas:**

(a) acute and chronic musculoskeletal syndromes, including sports and occupational injuries;

**IV.A.5.a).(7).(b) acute and chronic pain management**



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Physical Medicine and Rehabilitation

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## APPENDIX

### IV. A. 5. ACGME Competencies

The program must integrate the following ACGME competencies into the curriculum:

#### IV.A.5.a).(6) must attain competence in the following areas:

(a) history and physical examination pertinent to physical medicine and rehabilitation ;(b) assessment of neurological, musculoskeletal and cardiovascular-pulmonary systems; (c) assessment of disability and impairment and familiarity with the ratings of disability and impairment;(d) data gathering and interpreting of psychosocial and vocational factors;  
(e) performance of electrodiagnostic studies. In general, involvement in approximately 200 electrodiagnostic consultations per resident, under appropriate supervision, represents an adequate number (f) therapeutic and diagnostic injection techniques; (g) prescriptions for orthotics, prosthetics, wheelchairs and ambulatory devices, special beds and other assistive devices; (h) written prescriptions with specific details appropriate to the patient for therapeutic modalities, therapeutic exercises and testing performed by physical therapists, occupational therapists, speech/language pathologists. It is necessary to provide for an understanding and coordination of psychologic and vocational interventions and tests;  
(i) familiarity with the safety, maintenance, as well as the actual use, of medical equipment common to the various therapy areas and laboratories; (j) pediatric rehabilitation; and, (k) geriatric rehabilitation.

**IV.A.5.a).(7).** (c) congenital or acquired myopathies, peripheral neuropathies, motor neuron and motor system diseases and other neuromuscular diseases; d) hereditary, developmental and acquired central nervous system disorders, including cerebral palsy, stroke, myelomeningocele, and multiple sclerosis e) rehabilitative care of traumatic brain injury; f) rehabilitative care of spinal cord trauma and diseases, including management of bladder and bowel dysfunction and pressure ulcer prevention and treatment; g) rehabilitative care of amputations for both congenital and acquired conditions ;(h) sexual dysfunction common to the physically impaired;(i) postfracture care and rehabilitation of postoperative joint arthroplasty;(j) experience in evaluation and application of cardiac and pulmonary rehabilitation as related to physiatric responsibilities;(k)pulmonary, cardiac, oncologic, infectious, immunosuppressive and other common medical conditions seen in patients with physical disabilities;(l) diseases, impairments and functional limitations seen in the geriatric population; m) rheumatologic disorders treated by the physiatrist;  
(n) medical conditioning, reconditioning and fitness; and, (o) tissue disorders such as burns, ulcers and wound care.



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