

Physiatrist Responsibilities on a Hospital-Based Comprehensive Acute Rehabilitation Unit

The roles of a physiatrist on an inpatient rehabilitation unit include those of physician, program director, team facilitator, counselor and patient advocate.

The role of a physiatrist includes both the provision of rehabilitation services to address functional and psychosocial needs of the persons served, and the provision of medical services.

1. Rehabilitation Services

- a. A physiatrist should have responsibility for the person's rehabilitation program. This responsibility should include decisions of admission, determination of goals, medical management and discharge planning.
- b. Decisions of admission are based upon specific criteria such as:
 1. having primarily motor (neuromuscular or musculoskeletal) or cognitive disability with;
 2. prognosis for significant functional recovery;
 3. need for multidisciplinary treatment services;
 4. ability to respond to and cooperate in an intensive treatment program; and
 5. a realistic discharge plan.

These criteria must be judged by the physiatrist in pre-admission consultation or during a brief initial evaluation period following admission.

- c. Goals of rehabilitation and discharge planning are accomplished through physiatrist participation in periodic interdisciplinary conferences concerning progress of the persons being served.
- d. This necessitates regular, direct individual contact by the physiatrist with persons being served. This contact should take place no less than once per day on any day that the person being served is receiving full interdisciplinary therapy services.
- e. The physiatrist is responsible for the ongoing monitoring of quality of care to ensure cost-effective utilization of services within the rehabilitation program. This program must be prescribed by the physiatrist.
- f. The physiatrist must be available to ensure appropriate counseling of the person being served and, where appropriate, significant others such as family members, etc.
- g. The physiatrist must be prepared to serve as an advocate to make all efforts possible to obtain services needed for the person being served.

2. Medical Services

- b. The intensity of physician medical services and the frequency of regular direct contacts for medical care with the person served should be determined by the pathophysiologic needs of the person served.

The physiatrist should be capable, based on education, training and experience, of providing care at least at a basic level of general medical practice (see definitions).

When care beyond the basic general medical practice level (see definition) is documented to be required, it may be provided by concomitant attending or consulting physicians with more specialized credentials either individually or in combination.

The number of visits for medical care services beyond basic general medical intensity should be based on the needs of each patient and documented in the medical record.

- c. A physician should be available for medical management seven days per week.

Definitions

1. **Full Interdisciplinary Therapy Services:** Refers to the provision of those services necessary for a comprehensive rehabilitation program including the specific therapies necessary to contribute to the significant functional gains expected of an inpatient comprehensive rehabilitation program.
2. **Basic Level of General Medical Practice:** Physicians with these privileges may render emergency care and treat illnesses that are uncomplicated and that are expected to require treatment for a short period of time. When doubt exists as to the diagnosis, or in cases where expected improvement is not apparent, consultation should be obtained.
3. **Examples of Physician Care Beyond the Basic Level of General Practice Include:** (A) The rehabilitation attending physician is credentialed by reason of education, training and experience in another specialty or subspecialty consistent with the care needs, or (B) Concurrent care in more complicated cases requiring consultant ongoing medical/surgical specialty or subspecialty concurrent care.

Quality Assessment Subcommittee
Approved BOG 3/93
Approved Bog 8/2012
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