American Academy of Physical Medicine & Rehabilitation Evidence-Based Medicine Liaison Tool

About Physical Medicine and Rehabilitation

Rehabilitation physicians are medical doctors who have completed training in the medical specialty of physical medicine and rehabilitation (PM&R). Specifically, rehabilitation physicians:

- Restore maximum function lost through injury, illness or disabling conditions
- Treat the whole person, not just the problem area
- Diagnose and treat pain
- Lead a team of healthcare professionals
- Provide non-surgical treatments
- Explain medical problems and treatment/ prevention plan to patients

The job of a rehabilitation physician is to treat any disability resulting from disease or injury. The focus is on the development of a comprehensive program for putting the pieces of a person's life back together after injury or disease – without surgery. By providing an appropriate treatment plan, rehabilitation physicians help patients stay as active as possible at any age. Their broad medical expertise allows them to treat disabling conditions throughout a person's lifetime.

About AAPM&R

The American Academy of Physical Medicine and Rehabilitation (AAPM&R) represents more than 8,000 physicians specializing in physical medicine and rehabilitation. Physiatrists treat adults and children with acute and chronic pain, persons who have experienced catastrophic events resulting in paraplegia, quadriplegia, traumatic brain injury, rheumatologic conditions, musculoskeletal injuries, and individuals with neurologic disorders or any other disease process that results in impairment and/or disability. A core value of our specialty, and reflected in our organization's Mission Statement, is our commitment to advocate on public policy issues related to persons with disabling conditions

Key Talking Points

PM&R Populations / Persons with Disabling Conditions

- Address eliminating the barriers to quality care that people with disabilities now face by addressing the functional limitations of people with disabilities regarding the quality of health care provided.

- Encourage essential elements that reflect functional assessment as well as prevention, stabilization and reduction of disability. Note that measuring treatment is important but so is the measurement of effectiveness of care including rehabilitation and interventions to prevent, stabilize or reduce disability.

Functional Status / Outcomes

- Prioritize at least one functional outcome measure which is most applicable to this patient population. This measure would need to have been validated in this patient population.

- If the functional outcome measure identified is not patient-reported, identify and advocate for inclusion of an appropriate patient-rated functional outcome measure (if one such measure is available).

- Encourage stakeholder groups to include function and functional outcomes in their measures.

- Support the inclusion of Patient Reported Outcomes in measures the stakeholder groups suggest.

- Encourage stakeholders to include issues related to function and functional outcomes in policy decisions.

Co-morbidities / Medically Complex Patients

- If applicable, prioritize and advocate for inclusion of outcome measures that take into consideration pain, medical co-morbidities.

- Influence stakeholders to consider the complexity of factors including pain and fatigue that influence functional outcomes.

- Caution the stakeholders on the difficulties that these complexities contribute to identifying evidence based functional outcomes.

- Stress the pervasiveness of complexity (and existence of multiple diagnoses) in our patient populations, and how we as physiatrists have a unique skill set to optimally address this complexity.

Topic Selection / AAPM&R Priorities

- Influence stakeholder groups to address topics on the Academy Priority List.

- Focus on Academy defined priority areas.

Approaches to Quality Reporting

- Support approaches that minimize the data burden of quality reporting, such as encouraging computer assisted technology where appropriate.

AAPM&R Position Papers

Durable Medical Equipment

Access to Rehabilitation for the Underinsured and Underinsured Disabled

Relationship of Physiatrists and Non-physician Health Care Professionals

Role of a Non-Physician in the Determination of the Patient's D Credentialing Recommendations for the PM&R Specialist Performing Interventional Pain Management Procedures

Educational Goals and Objectives in Physical Medicine and Rehabilitation for the Medical School Graduate

Differential Diagnosis

Expert Witness Testimony

Code of Conduct

Position on Physiatrist Assisted Suicide

Admission Criteria to Comprehensive Medical Rehabilitation Hospitals/Units

Guidelines for Physiatric Practice and Inpatient Review Criteria

Inpatient Guidelines of Care for the Physiatrist

Quality Improvement Indicators for Physiatric Care in Inpatient Rehabilitation Facilities

Definition of Medically Necessary Physiatrist Visits

Workers' Compensation Managed Care

Problems and Safeguards for and People with Disabilities in Managed Care

How to Approach Managed Care Contracts For Physician Services: A Checklist of Issues

Patient Safety and Quality of Care

Physiatric Visits in Skilled Nursing Rehabilitation Facilities

AAPM&R Delineation of Privileges for Physiatrists

Clinical Privileges Request Form for Physical Medicine and Rehabilitation Physicians

Payment for Physiatric Visits Within a 30-Day Period While the Patient is Receiving Rehabilitation Therapies

Payment for Evaluation and Management Services and Procedures Performed on the Same Day

Payment for Evaluation and Management Services on the Same Day as Physical Therapy and/or Occupational Therapy

AAPM&R Delineation of Privileges

AAPM&R's Position Statement on Spine Care Referral Programs

Physiatric Scope of Practice

Fraud and Abuse Home Health Care and Durable Medical Equipment

Application of Physical Agents/Modalities and Procedures by a Physiatrist

Physiatrists as Primary Care Providers

Physiatric Involvement During Therapy Programs

Physiatrists as Entry Contact Physicians for Patients with Musculoskeletal or Neuromuscular Disorders

Physiatrist Responsibilities on a Hospital-Based Comprehensive Acute Rehabilitation Unit

Medical Director, Rehabilitation Hospital/Rehabilitation Unit

Physiatrists' Provision and Supervision of Therapy Services

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Resources for Liaisons

- Evidence-Based Practice committee chaired by Dr. Elliot Roth.
- Evidence Committee Chaired by Dr. Thiru Annaswamy.
- Clinical Practice Guidelines Committee chaired by Dr. Richard Zorowitz.
- Performance Metrics Committee chaired by Dr. M. Elizabeth Sandel.
- National Quality Forum representatives from aaPM&R: Dr. Richard Zorowitz & Dr. M. Elizabeth Sandel.
- Physician Consortium for Performance Improvement (PCPI) representatives from aaPM&R: Dr. Deepthi Saxena and Dr. David Berbrayer.
- Academy staff Pamela Gonzalez & Christina Hielsberg